Texas Statewide Behavioral Health

Fiscal Years 2017 – 2021

Strategic Plan Update

and the Foundation for the IDD Strategic Plan

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

TEXAS
Health and Human Services

Statewide Behavioral Health Coordinating Council

Second Edition
February 2019

HHS COMM 19D0384 • February 2019, V3

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Message from the Council

Behavioral health services in Texas—which encompass both mental health and substance use disorders (SUDs)—have evolved and transformed over the past decade. Much of this transformation is due to the large investment and stewardship of the Texas Governor and Texas Legislature to improve the behavioral health service delivery system. The Medicaid 1115 Texas Healthcare Transformation and Quality Improvement Waiver ("the 1115 Transformation Waiver"), the movement toward managed care, the increased treatment alternatives to incarceration, the improved psychiatric crisis system, as well as enhanced local community collaboration and leveraged funding efforts, have all contributed to significant advancements in behavioral health care in Texas.

Texas has come to recognize the unique needs of individuals with complex behavioral health issues. These individuals experience a range of other risk factors, including unemployment, homelessness, and co-occurring health issues. Texas also appreciates the need for specialized services for individuals with intellectual disabilities, new mothers with depression, and military-trauma affected veterans and their families.

Technological innovations such as telehealth and telemedicine allow people to have greater access to the care they need without having to drive hours to receive it. Agencies now have increased access to behavioral health data to inform decision making. Advanced web-based resources such as 2-1-1, MentalHealthTX.org, the ASK: Ask About Suicide App, Behavioral Health Wellness and Mental Health First Aid (MHFA) trainings, and the Texas Veterans Phone App connect Texans to behavioral health services and live supports. Texas state agencies have continued to move toward research-based assessment tools and services that enable us to do a better job defining and coordinating services. There are also noted improvements in cross agency coordination and collaboration observed in recent response to Hurricane Harvey and efforts tied to implementation of the Governors School Safety Plan which teamed up the efforts of school districts, local mental health authorities (LMHAs), and Council agencies.

In spite of these advancements, the behavioral health system continues to experience challenges addressing the behavioral health needs of Texans. In an effort to improve coordination between state agencies and to create a strategic approach to providing behavioral health services, lawmakers directed the creation of a statewide mental health coordinator position through the 2014-15 General Appropriations Act, Senate Bill (S.B.) 1, 83rd Legislature, Regular Session, 2013 (Article II, Health and Human Services Commission, Rider 82).

Texas lawmakers took another step through the 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04) by directing 18 state agencies that receive general revenue behavioral health funding to work collectively to develop this collaborative five-year behavioral health strategic plan and coordinated expenditures proposal.

The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04) added three agencies to the Council: Texas Department of Housing and Community Affairs, Texas Workforce Commission, and Texas Education Agency. It also required community collaboratives that receive funding under the provisions of the bill to report twice annually to the Statewide Behavioral Health Coordinating Council ("the Council").

While this strategic plan was originally intended to help legislators understand the scope of programs and outcomes related to behavioral health-related appropriated funds, this plan does reference programs and initiatives implemented using multiple or other funding sources.

Through implementation of this strategic plan, we have experienced the beginnings of more efficient and effective behavioral health services delivered through Texas state agencies. Those agencies have worked more collaboratively to coordinate behavioral health services, resources, competencies, and infrastructures to minimize duplication of effort and enhance prevention and early intervention services, as well as increase access to effective behavioral health services.

As state agency leaders, our vision for the ongoing implementation of this strategic plan is to create a unified approach to the delivery of behavioral health services in Texas that allows all Texans to have access to care at both the right time and place. Our expectation is to see evidence of reductions in areas such as suicide rates, increased diversion of individuals with mental health conditions from our jails, and a better trained and informed behavioral health workforce.

Updated in January 2019, this plan creates a framework for gaps and challenges to be addressed. The state agencies on the Council are invested in the implementation of this plan and affecting long-term change. While this plan will not solve every behavioral health problem or remedy every challenge, implementation of the strategic plan is a step in the right direction and offers a hopeful path to wellness and recovery.

In addition to developing a five-year strategic plan to address gaps in the behavioral health services system, stakeholders across Texas recognize the unique challenges faced by individuals with intellectual and developmental disabilities (IDD). In response, stakeholders identified the need to develop a Statewide IDD Strategic Plan to focus on the IDD system across the state. The Foundation of the Statewide IDD Strategic Plan is the first phase in the development of the full plan and is included in this document. You will find an IDD executive summary and details for this plan in Sections 8 through 12. The Foundation of the Statewide IDD Strategic Plan includes an overview of the IDD population in Texas; statewide IDD gap survey and stakeholder input results; and an IDD program inventory completed by relevant Council member agencies. The Foundation of the Statewide IDD Strategic Plan is meant to provide an initial understanding of the Texas system for individuals with IDD.

Behavioral Health Coordinating Council

The Office of the Governor (OOG)

Texas Veterans Commission (TVC)

Health and Human Services Commission (HHSC)

Department of State Health Services (DSHS)

Department of Family and Protective Services (DFPS)

Texas Civil Commitment Office (TCCO)

The University of Texas Health Science Center at Houston (UTHSC–Houston)

The University of Texas Health Science Center at Tyler (UTHSC–Tyler)

Texas Department of Criminal Justice (TDCJ) – including the Texas Correctional Office on Offenders with Medical or Mental Impairments (TDCJ-TCOOMMI)

Texas Juvenile Justice Department (TJJD)

Texas Military Department (TMD)

Health Professions Council representing the Texas Medical Board, Texas Board of Pharmacy, Texas Board of Dental Examiners, Texas Board of Nursing, Texas Optometry Board, and Texas Board of Veterinary Medical Examiners

Texas Education Agency (TEA)

Texas Tech University Health Sciences Center (TTUHSC)

Texas Commission on Jail Standards

Texas Workforce Commission (TWC)

Texas Department of Housing and Community Affairs (TDHCA)

Texas Indigent Defense Commission

Court of Criminal Appeals

1. Legislative Charge

The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04) created the Council. Table 1 lists the total "All Funds" expended for behavioral health services by the Council agencies as noted in Article IX, Section 10.04.[1] Table 1 does not include Medicaid funding, which totaled $3.3 billion All Funds for fiscal years 2018 and 2019.

Table 1: Behavioral Health Services Expenditures for Fiscal Years 2018 and 2019

Agency	Expenditures in Millions FY 2018	FY 2019
Article I		
Trusteed Programs, OOG	$31.9	$120.4
TVC	6.4	5.8
Subtotal	**38.3**	**$126.2**
Article II		
DFPD	$26.4	$26.4
HHSC	1,657.4	1,655.7
TCCO	0.2	0.2
Subtotal	**$1,684.0**	**$1,682.3**
Article III		
UTHSC–Tyler	$4.0	$4.0
UTHSC–Houston	8.0	8.0
Subtotal	**$12.0**	**$12.0**
Article IV		
Court of Criminal Appeals	$0.2	$0.4
Subtotal	**$0.2**	**$0.4**
Article V		
Texas Commission on Jail Standards	$0.2	$0.2
TDCJ	$257.0	$258.8
TJJD	89.0	86.6
TMD	1.0	0.9
Subtotal	**$347.2**	**$346.5**
Article VIII		
Board of Dental Examiners	$0.1	$0.1
Board of Pharmacy	0.2	0.2
Board of Veterinary Medical Examiners	0.05	0.05
Optometry Board	0.04	0.04
Texas Board of Nursing	1.0	1.0
Texas Medical Board	0.5	0.5
Subtotal	**$2.0**	**$2.0**
Cross Article Grand Total	**$2,083.7**	**$2,169.4**

1.1 Five-Year Statewide Behavioral Health Strategic Plan

The legislation appointing state agencies to the Council also outlines the requirements of the five-year statewide behavioral health strategic plan. This plan addresses key deliverables outlined in Article XI, Section 10.04, including a plan to coordinate programs and services to eliminate duplication; guiding principles that emphasize utilizing best practices in contracting standards; and goals that perpetuate successful models, ensure optimal delivery, and identify and collect comparable data on results and effectiveness.

Also required by legislation is an inventory of behavioral health programs and services provided by agencies on the Council, including a report on the number of persons served by each agency, found in Appendix A.

The Council convenes regularly to discuss implementation of the strategic plan and report on progress.

1.2 Coordination of Behavioral Health Expenditures

The coordination of behavioral health related expenditures is a key component of the legislative direction provided to the Council in Article IX, Section 10.04. Consequently, Council agencies have worked to ensure that related items in their legislative appropriation requests (LARs) avoid duplication, include collaboration and coordination, and are consistent with the goals of the strategic plan.

As part of the collaborative process, Council agencies have completed three coordinated expenditure proposals thus far (fiscal years 2017, 2018, and 2019), detailing currently funded behavioral health programs. Additionally, the Council completed the Consolidated Behavioral Health Schedule and Exceptional Item Review in October 2016, as a result of direction from the Legislative Budget Board, Office of the Governor, and the Senate Finance Committee. This report details behavioral health-related funding and exceptional items included in each Council agency's LAR. Exceptional items were reviewed by the Council to ensure they avoided duplication, included collaboration and coordination, and supported the goals and strategies of the Strategic Plan. The Council also produced a Consolidated Behavioral Health Schedule and Exceptional Item review for the 86th Legislature.

Fiscal Year 2019 Coordinated Expenditure Proposal

Pursuant to 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04(d)), HHSC requested approval from the Legislative Budget Board for the fiscal year 2019 Coordinated Statewide Behavioral Health Expenditure Proposal. Section 10.04(d) charges the Council with implementing the strategic plan through 2021 and completing separate expenditure proposals for fiscal years 2018 and 2019.

The proposal provides information on behavioral health funding, including Medicaid, as reported by Council member agencies and institutions of higher education.

The proposal links expenditures to strategies in the strategic plan to demonstrate how state appropriations will be used to further strategic plan goals during fiscal year 2019. Strategic plan goals, objectives, and strategies will assist agencies and institutions of higher education in enhancing coordination, eliminating duplication, and ensuring optimal service delivery.

Table 2. Fiscal Year 2019 Coordinated Expenditure Proposal

Agency	GAA, Article IX, Sec. 10.04, FY 2019 Expenditures- *All Funds*	Proposed FY 2019 Expenditures *- General Revenue*	Proposed FY 2019 Expenditures *- All Funds*	Variance between GAA, Article IX, Sec. 10.04 and Proposed Expenditures - *FY 2019 All Funds*
Article I				
OOG[2]	$ 7,400,000	$ 2,000,000	$ 120,460,215	$ 113,060,215
TVC[3]	$ 3,582,853	$ -	$ 5,789,000	$ 2,206,147
Subtotal	**$ 10,982,853**	**$ 2,000,000**	**$ 126,249,215**	**$ 115,266,362**
Article II				
DFPS	$ 26,423,236	$ 13,404,564	$ 26,423,236	$ -
HHSC[4]	$ 1,622,603,238	$ 1,071,943,409	$ 1,655,677,116	$ 33,073,878
TCCO	$ 154,611	$ 154,611	$ 154,611	$ -
Subtotal	**$ 1,649,181,085**	**$ 1,120,889,489**	**$ 1,683,822,036**	**$ 34,760,951**
Article III				
UTHSC–Houston	$ 8,000,000	$ 8,000,000	$ 8,000,000	$ -
UTHSC–Tyler	$ 4,000,000	$ 4,000,000	$ 4,000,000	$ -
Subtotal	**$ 12,000,000**	**$ 12,000,000**	**$ 12,000,000**	**$ -**
Article IV				
Court of Criminal Appeals	$ 318,500	$ 204,181	$ 387,461	$ 68,961
Subtotal	**$ 318,500**	**$ 204,181**	**$ 387,461**	**$ 68,961**
Article V				
Texas Commission on Jail Standards	$ 185,865	$ 185,865	$ 185,865	$ -

Agency	GAA, Article IX, Sec. 10.04, FY 2019 Expenditures- *All Funds*	Proposed FY 2019 Expenditures *- General Revenue*	Proposed FY 2019 Expenditures *- All Funds*	Variance between GAA, Article IX, Sec. 10.04 and Proposed Expenditures - *FY 2019 All Funds*
TDCJ	$ 257,966,551	$ 258,278,777	$ 258,772,974	$ 806,423
TJJD[5]	$ 89,129,838	$ 84,744,906	$ 86,555,728	$ (2,574,110)
TMD	$ 944,900	$ 944,900	$ 944,900	$ -
Subtotal	**$ 348,227,154**	**$ 344,154,448**	**$ 346,459,467**	**$ (1,767,687)**
Article VIII				
Texas State Board of Dental Examiners	$ 131,928	$ 131,928	$ 131,928	$ -
Texas State Board of Pharmacy	$ 247,927	$ 247,927	$ 247,927	$ -
Texas Board of Veterinary Medical Examiners	$ 45,000	$ 45,000	$ 45,000	$ -
Texas Optometry Board	$ 36,000	$ 36,000	$ 36,000	$ -
Texas Board of Nursing	$ 1,005,458	$ 1,005,458	$ 1,005,458	$ -
Texas Medical Board	$ 543,012	$ 543,012	$ 543,012	$ -
Subtotal	**$ 2,009,325**	**$ 2,009,325**	**$ 2,009,325**	**$ -**
Cross Article Total	**$ 2,022,718,917**	**$ 1,481,257,443**	**$ 2,170,927,504**	**$ 148,208,587**

2. History of the Strategic Planning Process

The Council was charged with developing a five-year strategic plan for the time period 2017 through 2021, with fiscal year 2017 serving as the base year, and projecting out the next two biennia, 2018-19 and 2020-21. This planning time period aligns with the development of the Council agencies' LAR.

The Council met several times to develop this strategic plan, including its vision, mission, and guiding principles discussed in greater detail in Section 3. Council members developed draft goals and objectives, and stakeholders were asked to prioritize and rank the objectives under each goal via a statewide online survey conducted December 9, 2015, to February 28, 2016. From this effort, 5 goals and 14 objectives were identified and described in Section 6. Stakeholder input, obtained through surveys and workgroups, was key in identifying strengths, opportunities, and unmet needs through the gap analysis discussed in Section 5.

Council agencies identified wide-ranging strategies to accomplish the plan's objectives. Some strategies were short-term in nature, while others may take the entire five-year planning period and beyond to accomplish. Such long-term collaboration opportunities underscore the commitment of the Council agencies to address the state's pressing behavioral health needs.

In developing their respective LARs for the 2018-19 biennium, each Council agency linked these strategies to its budget request as appropriate. Implementation of these strategies and activities will be monitored and evaluated for efficacy, cost-effectiveness, and efficiency to ensure that the identified unmet needs and gaps are addressed. To complete the management cycle, the results from this evaluation will inform updates to the strategic plan, and outline recommended changes to goals, objectives, and strategies.

3. Vision, Mission, and Guiding Principles

Untreated behavioral health needs can affect all aspects of life including economic productivity, student success, criminal justice, and public health and safety. Article IX, Section 10.04, defines behavioral health services as "programs or services concerned with research, prevention, and detection of mental disorders and disabilities, and all services necessary to treat, care for, control, supervise, and rehabilitate persons who have a mental disorder or disability, including persons whose mental disorders or disabilities result from alcoholism or drug addiction." For the purpose of this strategic plan, behavioral health is inclusive of mental health and substance use.

The vision of this strategic plan is to ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place.

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

As a first step in achieving this vision, the following guiding principles will lead the implementation and evaluation of behavioral health services.

***Vision**: To ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place.*

***Mission**: To develop a coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans.*

The system must:

- Demonstrate coordination across Texas agencies and organizations to enhance continuity of care;
- Support recovery as an ever-evolving process where Texans with behavioral health challenges are empowered to take control of their lives;
- Value peers, family, friends, behavioral health professionals, and other stakeholders and their vital roles in a person's journey;
- Be trauma-informed and acknowledge the widespread impact of trauma, understand potential paths for recovery, and seek to actively resist re-traumatization; and
- Utilize best practices in contracting standards and follow state guidelines.

Programs and services must be:

- Person-centered with the strengths and the needs of the person determining the types of services and supports provided;
- Culturally and linguistically sensitive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve;
- Delivered in a flexible manner, where possible, to meet the needs of each child, family, or adult close to their community;
- Accessible to all Texans regardless of setting (i.e. prison, jail, school, etc.) through the use of innovative technologies, such as telemedicine, which increase access to treatment and address transportation barriers; and
- Ensure each child, family, or adult receives care based on the person's unique needs.

Fundamental to achieving this vision is access to integrated care. At the most basic level, integrated care means that both adults and youth have prompt access to mental health care, SUD intervention and treatment, and medical care. This care encompasses outpatient and inpatient care delivered by professionals working in concert to address the needs and goals of the individual and their family. It also includes the supports that make it possible for people to consistently participate in care and move toward recovery.

This strategic plan envisions a future where there is measurable improvement in cross-agency behavioral health coordination and Texans have greater awareness of and access to mental health, SUD, and physical health care services in order to reduce the likelihood that persons with behavioral health disorders become involved in the criminal justice system, die from co-morbid conditions earlier than the average adult, or require inpatient psychiatric hospitalization. At the same time, the system must also ensure that care provided in these settings is equally accessible and maximizes the person's opportunity to work toward recovery by providing comprehensive care on-site and helping to engage them in community-based services and supports as they transition out of state care.

4. Current Behavioral Health System in Texas

4.1 Statewide Behavioral Health Populations Served

With the Texas population steadily increasing over time, both prevalence rates and workforce shortages for behavioral health have risen. Increasingly, people with mental illness involved in the criminal and juvenile justice systems fill state hospitals, prompting an investment in locally purchased community-based psychiatric beds for people without pending criminal charges (i.e., civil commitments or voluntary patients). Nearly 70,000 Texas Operation Enduring Freedom and Operation Iraqi Freedom veterans will confront a mental health condition.[6] Additionally, there is a growing number of young people who need behavioral health treatment, as well as intervention and prevention services, in our communities, schools, and local service delivery system.

4.1.1 Texas Population

In 2017, Texas had an estimated population of more than 28 million people.[7] Of the state's 254 counties, 177 are considered rural.[8] Given the number of rural and border areas in the state, Texas has unique cultural, ethnic, and linguistic challenges to the delivery of behavioral health care.[9]

The state's central location and strong economy have long attracted new residents. From 2010 to 2017, Texas' population increased by 12.6 percent.[10] Furthermore, the population is expected to double to 54.4 million people by 2050. The state's population is younger, more diverse, and increasing at a faster rate than the nation as a whole. This diverse population requires community-based and culturally sensitive behavioral health service options.

Geographic location and population density can affect how Texans access behavioral health services, the availability of behavioral health services, and the qualified workforce to provide those services.

4.1.2 Texas Council Agencies and Populations of Focus

Texas state agencies providing behavioral health services have unique missions and populations they serve. These populations are diverse and include children and youth, military personnel and veterans, and criminal justice populations. Age and other eligibility criteria shape the populations served by each agency.

Programs funded across various Council agencies have differing criteria for eligibility, including behavioral health need or diagnosis, age, and income level. Medical indigence is often the primary indicator of financial eligibility for state behavioral health programs; however, income level may or may not be a consideration for individuals receiving behavioral health services in other state agency contexts. Therefore, the behavioral health services an individual receives will vary by state agency.

Table 3 outlines the populations served across five broad categories: youth, adults, veterans, criminal and juvenile justice, and individuals with IDD. Appendix F further details populations served by Council agencies and includes information on eligibility requirements for funded programs and services. At a high level, intersections among populations served provide opportunities for collaboration to improve outcomes for individuals.

Table 3: Behavioral Health Population Served by Council Agencies

Agency	Youth	Adults	Veterans	Criminal & Juvenile Justice	IDD
Office of the Governor	●	●	●	●	
TVC	●	●	●		
HHSC	●	●	●	●	●
DFPS	●	●			●
TCCO		●			
UTHSC–Houston	●	●		●	
UTHSC–Tyler	●	●			
TDCJ	●	●	●	●	●
TJJD	●			●	
TMD		●	●		
Health Professions Council*		●			
TEA	●				●

* The Health Professions Council represents the Texas Board of Dental Examiners, Texas Board of Pharmacy, Texas State Board of Veterinary Examiners, Texas Optometry Board, Texas Peer Assistance Program for Nurses, and Texas Medical Board.

4.1.3 Behavioral Health in Texas: Estimated Prevalence

It is important to discuss behavioral health conditions in broad terms, because the goals of this strategic plan affect the populations served by Council agencies as diverse as TVC, TEA, DFPS, and TDCJ. Council agencies serve populations with differing behavioral health needs and have differing eligibility requirements often determined by funding requirements or statute.

Drawing a distinction between the different definitions of behavioral health used by state agencies highlights the implications of accounting for overlap in each population, especially as it pertains to prevention and early intervention and the array of behavioral health services provided by Council agencies in Texas.

Mental Health Disorders

Of the more than 28 million Texans, it is estimated that there are approximately 21 million adults age 18 years and older and 7 million children age 17 years old and younger.[11]

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines *serious mental illness* (SMI) as a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment among people who are age 18 and older that substantially interferes with or limits one or more major life activities. In 2016, 4.2 percent of U.S. (United States) adults had an SMI, which translates to approximately 880,000 Texas adults.[12]

An estimated 220,000 Texas veterans have a mental health condition, of whom more than 50,000 have an SMI.[13] It is noteworthy that, nationwide, approximately 18.5 percent of service members returning from Iraq or Afghanistan have post-traumatic stress disorder or depression, and 19.5 percent report experiencing a traumatic brain injury during deployment.[14]

SAMHSA refers to severe mental health needs for children ages 17 years and younger as serious emotional disturbance (SED). These are diagnosable mental, behavioral, or emotional disorders in the past year which resulted in functional impairment that substantially interfered with or limited the child's role or functioning in family, school, or community activities. Each year, about one-half million children and adolescents in Texas experience an SED. [15]

Texas schools use the term *emotional disturbance* when students are eligible for special education services based on the criteria that an emotional disturbance is determined to be the primary disability that adversely affects a child's educational performance in accordance with federal law outlined in 34 Code of Federal Regulations (CFR), Section 300.8(c)(4).[16] The written evaluation report for students in schools must include specific recommendations for behavioral supports and interventions.

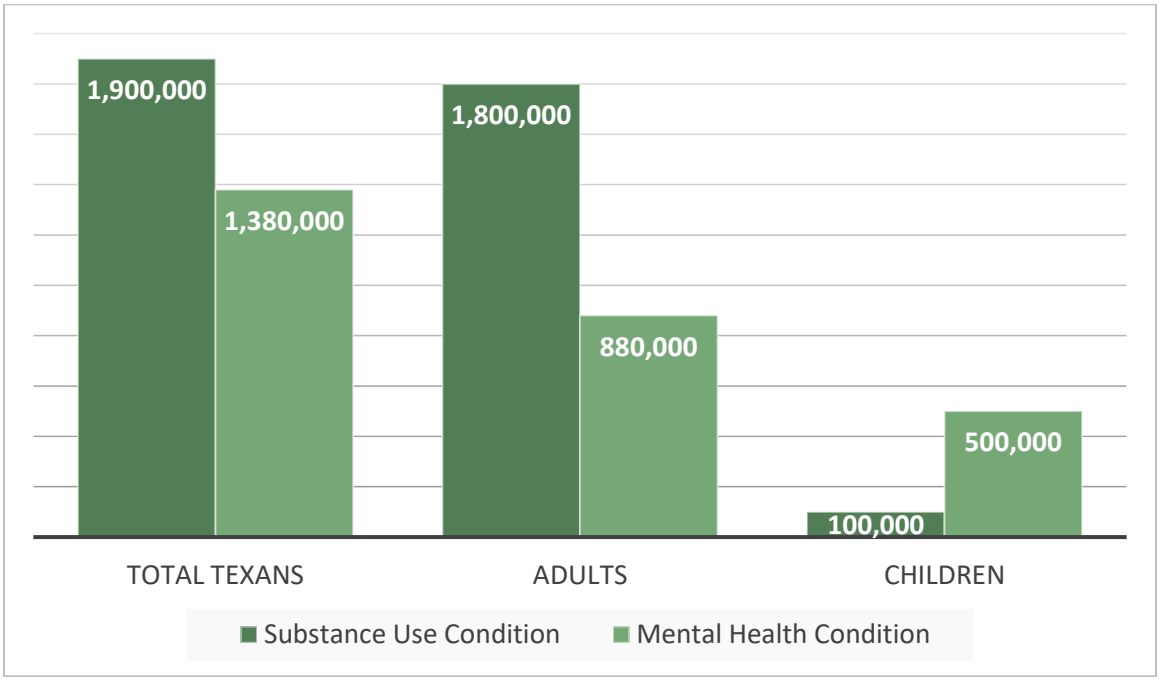
Medical indigence is the primary indicator to determine financial eligibility for state behavioral health programs provided through HHSC. Section 552.012 of the Texas Health and Safety Code defines a medically indigent person as one who (1) does not own property; (2) is not under the care of someone who is legally responsible for the patient's support; and (3) does not have the ability to reimburse the state for the cost of the treatment and related costs.[17] Individuals who meet these criteria are eligible for indigent care services from the state of Texas. [18]

As an example, HHSC operationalizes medical indigence by requiring that a person or family be living at or below 150 percent of the federal poverty level (FPL) to receive full state funding for mental health treatment; whereas, if an individual needs SUD treatment, that person's or family's adjusted income must be at or below 200 percent of the FPL. At the individual level, $24,280 annual income for a family of one, or $50,200 annual income for a family of four is considered 200 percent of the FPL in 2018. If a person does not meet these criteria, a fee is assessed for services using a sliding scale.[19]

Substance Use Disorders

According to SAMHSA, SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[20] An estimated 5 percent of adolescents aged 12 to 17, 16.3 percent of young adults aged 18 to 25, and 7.1 percent of adults aged 26 or older had SUDs in 2014.[21] In addition, between 2004 and 2006, 7.1 percent of U.S. veterans met the criteria for a SUD.[22] According to the National Institute of Mental Health, 20.2 million adults in the U.S. had a SUD and 7.9 million adults in the U.S. had both a SUD and a mental illness in 2014.[23] Figure 1 shows the estimated prevalence in Texas. SUD prevention and treatment programs are funded through a variety of Council agencies, including HHSC, TDCJ, TJJD, the Health Professions Council, and the Office of the Governor.

Figure 1: Estimated Prevalence for Texas Populations by Behavioral Health Condition*

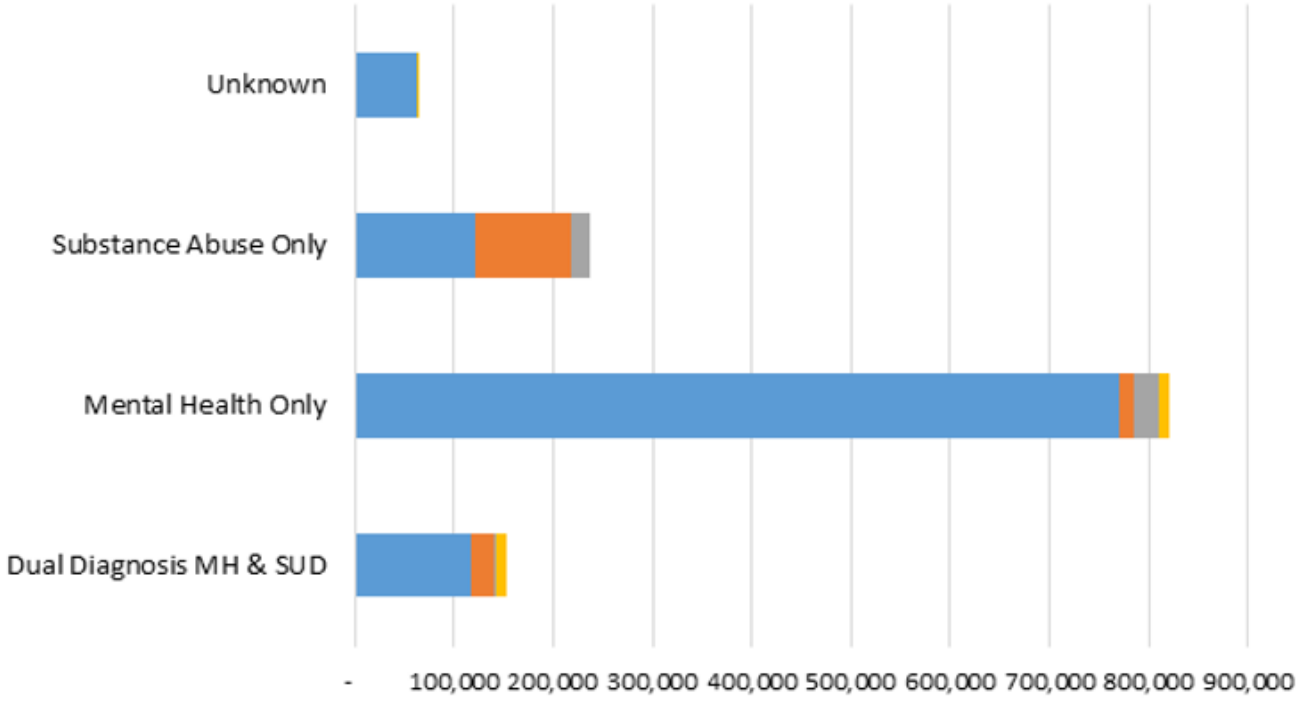


*Based on multiple data sources noted previously in this section.

There is currently no method available for Council agencies to uniquely identify clients across programs and agencies, with the exception of clients served by Medicaid. Council agencies are researching how to pool data to gain a better sense of number of clients served across the Texas behavioral health system, particularly an unduplicated count of those clients that receive services from multiple Council agencies.

The data presented in Figure 2 below is unduplicated using Medicaid identification numbers, where available. These figures may include duplication of clients across programs and agencies, thereby inflating the number of distinct clients served. As such, totals should be interpreted cautiously. The DFPS numbers include foster care and Adult Protective Services in-home program data. The TJJD numbers include youth admitted to TJJD and those on probation, while the TDCJ numbers include only incarcerated adults.

Figure. 2 Number of Clients Served by Select Council Agencies in Fiscal Year 2016



	Dual Diagnosis MH & SUD	Mental Health Only	Substance Abuse Only	Diagnosis Unknown
HHSC	116,855	770,305	121,369	62,142
TDCJ	23,327	13,856	97,688	-
DFPS	1,378	25,936	18,891	287
TJJD	11,042	10,863	-	2,669

4.1.4 State Hospital System

While a full array of community-based services can reduce the need for inpatient care, the state hospitals are a critical component of the behavioral health system.

State Hospitals

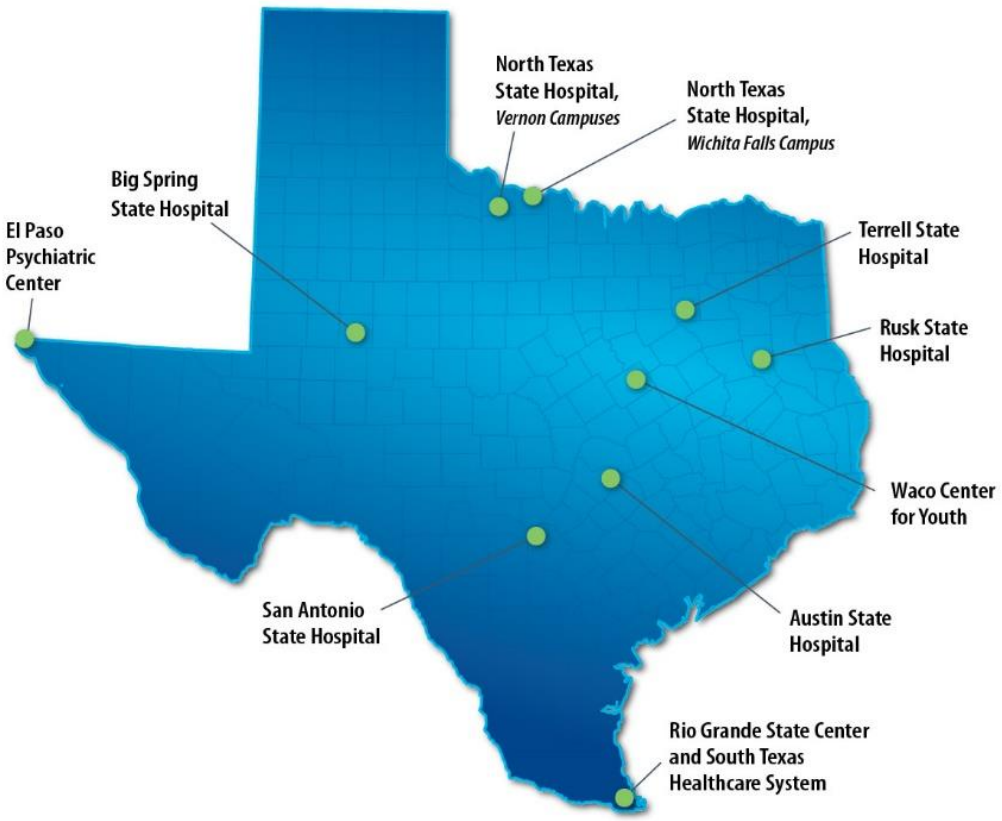
HHSC has nine state psychiatric hospitals (one with three campuses), an adolescent psychiatric residential treatment center, and an outpatient primary care clinic, as shown in Figure 3 below. Each state hospital provides forensic and civil inpatient psychiatric services for adults who meet statutory admission requirements. Increasingly, civil patients admitted to state hospitals are individuals with complex needs who require extended treatment and cannot be appropriately served in community beds. In September 2018, the state hospital system capacity was 2,269 beds. Eight of the state hospitals serve a regional catchment area and provide adult, civil, and forensic services. Five of the hospitals provide children and/or adolescent services:

- Austin State Hospital (263 beds)
- Big Spring State Hospital (180 beds)
- El Paso Psychiatric Center (71 beds)
- North Texas State Hospital – Wichita Falls campus (268 beds)
- Terrell State Hospital (291 beds)
- Rusk State Hospital (288 beds, including 40 maximum security beds)
- Rio Grande State Center (52 mental health beds)
- San Antonio State Hospital (268 beds)
- Waco Center for Youth (74 beds)

Five campuses provide specialized services for the entire state:

- Kerrville State Hospital (220 transitional forensic services beds)
- North Texas State Hospital – Vernon campus (262 adult maximum-security beds)
- North Texas State Hospital – Vernon South (32 forensic adolescent services beds)
- Rusk State Hospital – (40 adult maximum-security beds)
- Waco Center for Youth (74 adolescent psychiatric residential treatment services beds)

Figure 3. Map of Texas State Hospitals.



An Aging Infrastructure

State hospital infrastructure is aging, which has presented challenges to ensuring patient and staff safety. Infrastructure issues have resulted in reduced capacity, increased emergency maintenance expenditures, and risk to The Joint Commission accreditation and Medicare certification. Additionally, most of the older state hospital buildings are based on outdated models of inpatient care and lack the information technology infrastructure necessary for modern business practices.

To address infrastructure needs, HHSC is embarking on a multiyear project to expand, renovate, and transform the state hospitals. Throughout this process, HHSC will focus on finding new ways to maximize the investments made in behavioral health. S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 147) outlines the Legislature's intent for a three-phased approach to redesign the state hospitals. HHSC was appropriated $300 million to implement Phase I of the projects during the 2018-2019 biennium.

These projects and other changes are designed to:

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

The strategy for the State Hospital Improvement Initiative was outlined in the Comprehensive Inpatient Mental Health Plan, submitted to the Governor and Legislature on August 23, 2017. In the plan, HHSC established three guiding principles for the improvement projects:

- Unparalleled care – Texas state hospitals were built when mental health care and office space had different needs. The planned renovations and new buildings will incorporate the latest design elements, complementing cutting-edge services. The design of behavioral health facilities can affect treatment and care. Projects funded in association with this plan will have a design focus on up-to-date mental health care.
- Easy access – HHSC developed the plan based on the idea that people and their families are better served when services are available close to home. The plan allows HHSC to provide services in locations that lack adequate inpatient treatment in their region and to incorporate technology that can help bridge geographic gaps, especially in areas where psychiatric staff are difficult to recruit.
- Systems-based continuum of care – This goal focuses on the array of mental health services and effective use of alternatives to inpatient psychiatric treatment. The plan recognizes that the inpatient care provided at the state hospitals should not be the first line of treatment for a person. Texans need access to the full array of mental health services, of which state hospitals are a critical component.

As outlined in the Comprehensive Plan, the State Hospital Improvement Initiative consists of three phases. In fiscal year 2018, HHSC began implementing Phase I, which involves expanding capacity as quickly as possible. Phase I projects focus on:

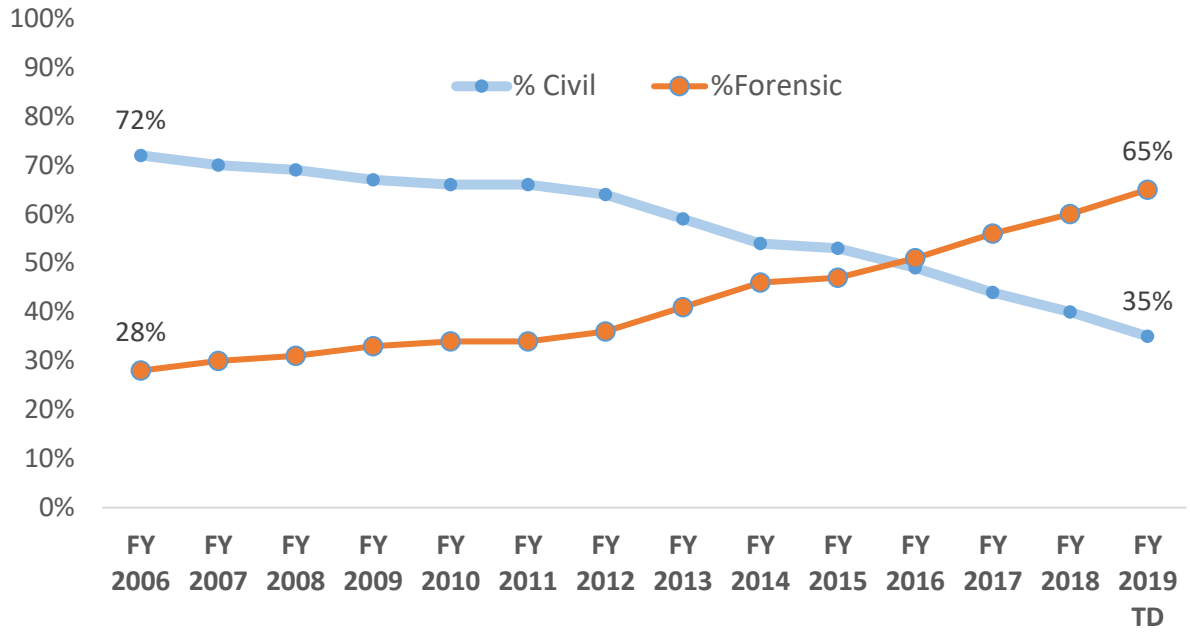
- Hospital improvements for which pre-planning has already occurred;
- Hospitals where major renovations can bring beds online as soon as possible; and
- Hospitals that will support maximum security units.

Each phase of the construction projects can take anywhere from one to three or more years. Pre-planning is the exploratory stage where community resources and specific facility design elements are developed with stakeholder involvement. Planning is the development of the architectural and engineering design. Construction is the final stage of building or renovation.

A Changing Population

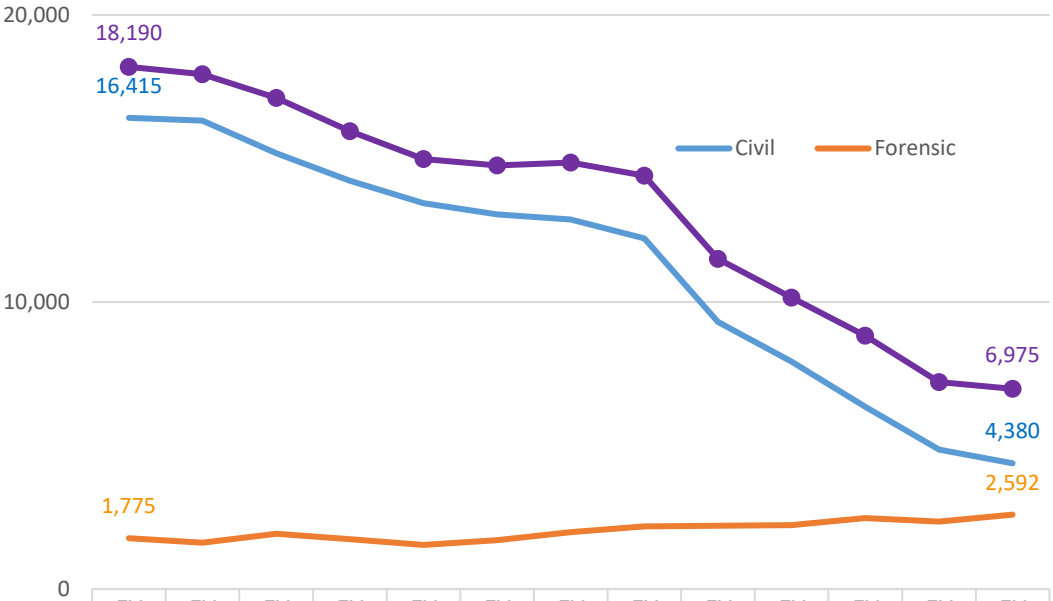
A defining trend for the state hospitals has been a shift toward an increasing percentage of individuals admitted on forensic commitment (e.g. incompetent to stand trial and not guilty by reason of insanity). This shift has resulted in significant changes in state hospital operations as shown in Figure 4.

Figure 4. State Hospital Forensic Shift by Fiscal Year



The population of forensic patients in the state hospitals has increased to more than 60 percent of the total patient population as shown in Figure 5, which leads to a reduction of total admissions. The state hospitals have been able to compensate somewhat in regard to civil admission by contracting with private psychiatric hospitals, but the waiting lists for forensic patients have increased steadily over the past few years. Fiscal year 2019 identifies data collected to date and does not represent the full fiscal year.

Figure 5. State Hospital Admissions



	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Civil	16,41	16,31	15,17	14,22	13,43	13,05	12,87	12,21	9,308	7,925	6,355	4,856	4,380
Forensic	1,775	1,619	1,926	1,735	1,537	1,700	1,977	2,184	2,199	2,231	2,472	2,352	2,592
Total	18,19	17,93	17,10	15,95	14,97	14,75	14,85	14,39	11,50	10,15	8,827	7,208	6,975

Individuals who are forensically committed to state hospitals have longer lengths of stay, which averaged 187 days in fiscal year 2018, compared to individuals who are civilly committed, whose average length of stay in fiscal year 2018 was 75 days. The longer lengths of stay have increased both the number of individuals who are waiting for state hospital services and the average waiting time for state hospital admission.

Another consequence of the increased percentage of individuals admitted on forensic commitments is the decreased revenue collected from third party sources. As the percentage of forensic commitments has risen, the number of civil commitments admitted to state hospitals has decreased. Since third party sources will only cover civil commitments and not forensic commitments, the revenue that was previously collected by state hospitals from civil commitments is now being directed toward contracted beds. As a result, funding for state hospital operations is increasingly reliant upon state appropriations.

Community Beds

To supplement state hospital capacity and keep individuals close to home, HHSC purchases hospital beds in community and private psychiatric hospitals to serve adults, adolescents, and youth. In addition, the state provides funding for the Montgomery County Mental Health Treatment Facility. As of September 2018, HHSC has 601 contracted community beds.

4.2 Texas Behavioral Health Advancements and Best Practices

Due to the large investment and leadership of the Office of the Governor and the Legislature to improve the behavioral health service delivery system, there have been significant improvements in the system. Examples include a focus on integrated health, increased treatment alternatives to incarceration, enhanced local community collaboration, and coordinated funding efforts. These have all contributed to significant advancements in behavioral health care in Texas.

While this strategic plan focuses on creating a framework for improvements in cross-agency coordination, prevention, service delivery, and data collection, it is important to acknowledge the major advancements in service delivery and funding mechanisms that Texas has already achieved.

Texas state agencies have implemented programs and systems that significantly improved behavioral health outcomes in areas such as reductions in recidivism and enhanced servce intergration. Multi-agency examples of these initiatives are listed below, and single agency examples are listed in Appendix C.

United Services for All Children Workgroup

The United Services for All Children (USAC) interagency workgroup was created to develop a unified system of services to help school-age children achieve mental and behavioral wellness. USAC has worked to coordinated behavioral health services to support students, families, and schools and expands awareness and opportunities for education and training at the state, local, and individual levels during 2018 by:

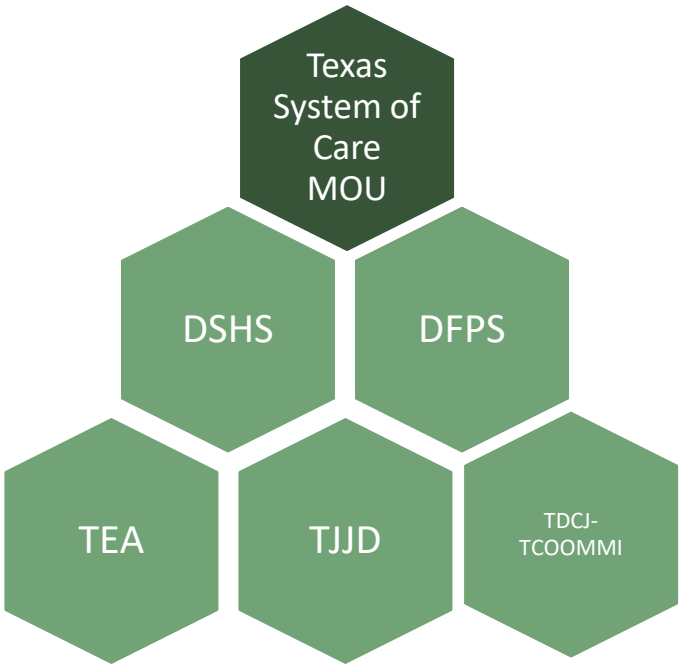
- Expanding workgroup membership from two agencies HHSC and TEA to seven (see Figure 6);
- Hosting its third annual Advancing Behavioral Health Collaborative for Achieving Student Success Summit in November 2018, which is a professional development gathering of school-connected behavioral health champions (including both mental health and substance abuse services) from multiple child and youth-serving systems;
- Updating the *Behavioral Health Resources for School Aged Children* document, which is a compilation of resources and other information from collaborators; and
- Serving as an advisory body for grantees awarded through the Project Advancing Wellness and Resilience Education (AWARE) grant.

Figure 6: 2018 USAC Interagency Workgroup

Texas System of Care

HHSC executed a system of care memorandum of understanding (MOU) with DSHS, DFPS, TEA, TJJD, and TDCJ-TCOOMMI. See MOU agencies diagram in Figure 7. The MOU outlines the roles and responsibilities of each agency in implementing a comprehensive plan to deliver mental health services and supports to children, youth, and their families using a system of care framework. This includes a collaboration with the Community Resource Collaboration Groups (CRCG) program to help improve state and local systems. To achieve this, CRCGs will identify gaps in services and supports and communicate them to their local systems of care. The local system of care will work to fill these gaps through collaborations with community partners. (Also discussed in Section 4.4: Behavioral Health Bill Implementation: 85th Legislature.)

Figure 7: Texas System of Care MOU Agencies



As part of their local system of care development, the LMHAs, Burke and LifePath Systems, have collaborated with Child Protective Services (CPS) local juvenile probation departments to provide wraparound services to children in their communities, in residential treatment centers (RTCs), and in post-adjudication placements to decrease the length of stay in out-of-home placement, reduce recidivism rates, and improve the family reunification process.

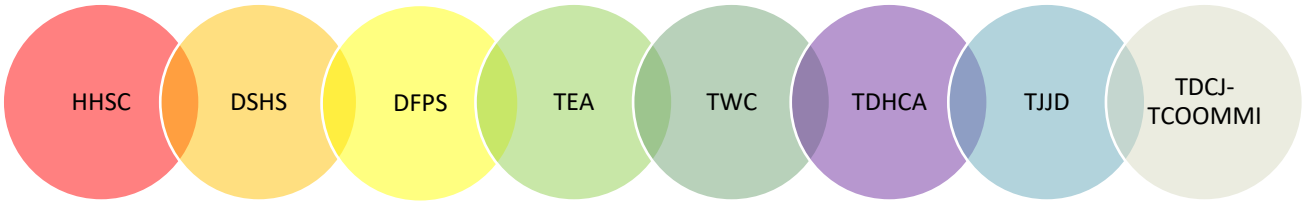
Over the past year, HHSC has collaborated with DFPS on the Texas Building Bridges Initiative to help transform Texas RTCs and to partner with RTCs on the implementation of best practices including the elimination of level systems, reduction of restraint and seclusion, increased family involvement, and community collaboration. DFPS leadership has been instrumental in identifying RTCs to participate in this initiative and in promoting long-term positive outcomes.

Community Resource Coordination Group MOU

CRCGs are county-based groups comprised of public and private agencies that partner with individuals with complex multi-agency needs to identify and coordinate needed resources and services in their communities. CRCGs were a result of S.B. 298, 70th Texas Legislature, Regular Session, 1987, which served to address gaps in services for children with complex needs whose needs could not be met by a single agency and required interagency collaboration. CRCGs now serve children, families and adults, and as of 2016, there were approximately 140 distinct CRCG groups covering 236 of the 254 counties in Texas. CRCGs embrace Systems of Care values, seek to find the least restrictive community-based solutions, and are a conduit to inform local and state systems of gaps and barriers in order to find creative, innovative solutions.

Per H.B. 2904, 85th Legislature, Regular Session, 2017, all eight partner agencies signed a joint MOU. The MOU strengthens agency commitment to CRCGs, expands the responsibilities of the State CRCG Workgroup, defines "least restrictive setting" and requires that local CRCGs coordinate services for persons needing multiagency services in the least restrictive setting appropriate.

Figure 8: CRCG Partner Agencies



2018 Texas Veterans Commission Mental Health Summit

TVC organized a June 2018 summit hosting working groups of leaders, planners, implementers and researchers from multiple state, federal and local organizations to discuss gaps identified in this strategic plan concerning issues affecting veterans and their families. The summit began with a consumer panel comprised of veterans and family members who discussed their lived experiences in accessing and receiving mental health services.

After the panel, TVC and HHSC co-facilitated work sessions addressing three areas:

- Barriers to Access - Workgroups discussed ways to address the three most common concerns veterans face when attempting to access services: transportation, childcare and provider office hours;
- Eligibility Criteria - Summit participants discussed how military discharge status can impact eligibility for services as well as other eligibility requirements that may potentially bar access to services; and
- Awareness of Mental Health Services - Organizations' efforts to connect veterans and their families with services can be challenged by lack of community awareness about what those organizations offer. Focus groups discussed identified obstacles and ways to overcome them.

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

Texas Human Trafficking Resource Center

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

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

- Conducted an environmental scan which provides an overview of current programs, benefits, and services at HHSC and DFPS serving or available to victims of trafficking;
- Established and maintained collaboration with the OOG, DFPS, HHSC, and DSHS to ensure educational efforts are streamlined;
- Launched the HHSC Texas Human Trafficking Resource Center webpage[24];
- Published an awareness article on human trafficking during the month of January that was distributed to all Health and Human Services (HHS) system employees across the state.

THTRC is developing a human trafficking training module and toolkit for health care providers. The program will launch the training component and toolkit in 2019.

IDD-BH Cross-Agency Collaboration Workgroup

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

HHSC coordinated among agencies to identify appropriate services to meet the youths' needs on a case-by-case basis. Through coordination, use of shared resources, and flexible/creative arrangements, youth have received needed services. However, the frequency of this issue and continued challenge of finding appropriate services for these youth highlights this as a systemic problem with a need for more agencies to be involved in the process. Therefore, the Workgroup now includes TDCJ and DFPS in addition to HHSC and TJJD.

As the workgroup developed their vision and mission, the agencies agreed consideration across the life span is necessary to improve services for people with IDD and co-occurring behavioral health needs, which has expanded the scope of the workgroup vision and mission to include youth and adults.

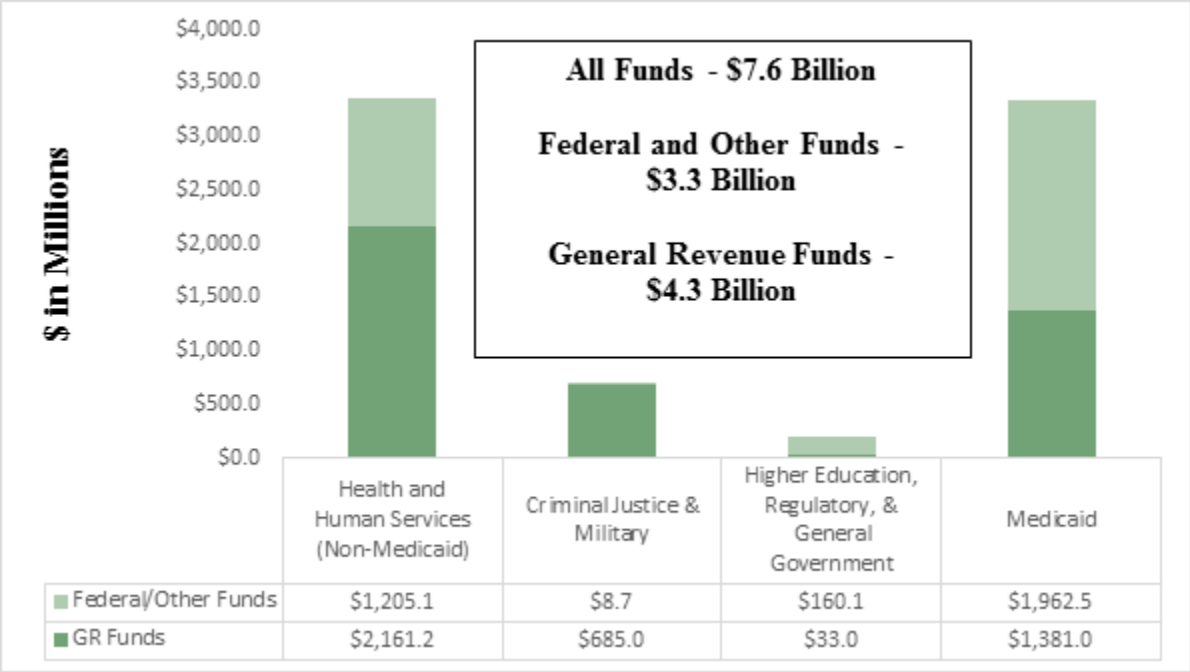
4.3 Behavioral Health Services Funding in Texas

The Texas state budget for the fiscal year 2018-19 biennium specifically identifies $4.0 billion related to behavioral health services in Article IX, Section 10.04. This funding crosses 18 state agencies (per Article IX, Sec. 10.04) and several areas of state government represented on the Council, including health and human services, criminal justice, higher education, general government, and regulatory services.

In addition to funding specifically identified in Article IX, Section 10.04, Texas Medicaid is a major source of behavioral health funding, both through payments to health care providers for behavioral services and through the Delivery System Reform Incentive Payments (DSRIP) program included in the state's 1115 Transformation Waiver. Behavioral health-related Medicaid provider payments are estimated to be $3.4 billion in the 2018-19 biennium.

Figure 9 illustrates the amount of funding Texas has allocated to behavioral health services in the 2018-19 biennium by major program areas, reflecting the significant behavioral health investment made by the 85th Legislature.

Figure 9: Behavioral Health Funding for Fiscal Years 2018 and 2019 by Program



Notes:

- Medicaid expenditures include all claims with a primary diagnosis code that represents a behavioral health condition.
- Estimates for Medicaid do not include DSRIP.

4.3.1 Additional Funding Mechanisms

Delivery System Reform Incentive Payments Program

The Centers for Medicare & Medicaid Services (CMS) originally approved the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, as a five-year demonstration waiver running through September 2016. The waiver allowed the state to expand Medicaid managed care while preserving federal supplemental hospital funding historically provided under the upper limit payment program. Part of the 1115 Transformation Waiver is the DSRIP funding pool, which provides incentive payments to providers for health care innovation and quality improvements.

The total amount of the original DSRIP pool was $11.4 billion (All Funds) over the initial five years of the waiver. On May 1, 2016, CMS approved a 15-month extension of the waiver through December 2017, or demonstration year 6, during which HHSC and CMS negotiated a longer-term extension. On December 21, 2017, CMS approved a five-year extension of the waiver from October 2017 through September 2022, or demonstration years 7 through 11. The extension agreement extends the DSRIP funding pool for four years, through September 2021. During the extension, the DSRIP pool sizes (All Funds) are $3.1 billion in demonstration years 7 and 8, $2.91 billion in demonstration year 9, $2.49 billion in demonstration year 10, and $0 in demonstration year 11.
It is important to note that while DSRIP is not an ongoing funding stream, DSRIP funding was a major catalyst for spearheading more than 400 innovative behavioral health projects during demonstration years 2 through 6 across Texas that reinforced and improved the state behavioral health system. DSRIP behavioral health projects, which ended in September 2017, have earned approximately $3.3 billion in incentive payments as of September 2018. Beginning in demonstration year 7, DSRIP providers who will be reporting on behavioral health-related outcomes have the potential to earn more than $900 million in payments by the end of demonstration year 8 (federal fiscal year 2019).

Medicaid

Medicaid is a jointly funded state-federal health care program, established in Texas in 1967 and administered by HHSC. To participate in Medicaid, federal law requires states to cover certain population groups known as mandatory eligibility groups, and gives states the flexibility to cover other population groups, known as optional eligibility groups. Each state chooses its own eligibility criteria within federal minimum standards.

Because Medicaid is an entitlement program Texas cannot limit the number of eligible people who can enroll in Medicaid and must pay for any medically necessary services covered under the program.

Texas Medicaid funds the following behavioral health services:

- Mental Health Targeted Case Management (TCM)
- Mental Health Rehabilitation
- Individual Psychotherapy
- Family Psychotherapy
- Group Psychotherapy
- Psychological and Neuropsychological testing
- Psychiatric Diagnostic Evaluation
- Inpatient Psychiatric Hospitalization
- Pharmacological Management
- Psychotropic Medications
- SUD Treatment Assessment
- Medication Assisted Treatment
- Hospital-Based Withdrawal Management
- Residential Withdrawal Management
- Outpatient Withdrawal Management
- Outpatient and Residential SUD Treatment
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

As shown in Table 4, as of January 2018, 4 million of the more than 28 million Texans, or about one in seven Texans, relied on Medicaid for health coverage. Additional information on Texas Medicaid enrollment can be found in the *Texas Medicaid and CHIP Reference Guide*.[25]

Table 4: Texas Medicaid Enrollment, January 2018

Texas Medicaid Enrollment as of January 2018*	
Medicaid Enrollment (Full Benefits)	
Managed Care	**Enrollment**
STAR	3,032,977
STAR+PLUS	525,433
STAR Kids	163,265
Dual Demo	44,169
STAR Health	33,538
Managed Care Sub-total	**3,799,382**
Fee-for-Service Sub-total	**250,867**
Total Medicaid	**4,050,249**

Substance Abuse and Mental Health Services Administration Block Grant

HHSC currently spends $177 million on SUD prevention, intervention and treatment, 76 percent of which is federal block grant money.

For the 2018-2019 biennium (September 1, 2017, through August 31, 2019), HHSC has $1.54 billion in funding for mental health services for adults with a serious mental illness and children with a serious emotional disturbance, of which, 83.3 percent is from state funds, 6.2 percent is from block grant funding, and 10.4 percent is from other federal funding.

4.3.2 Examples of Collaborative Funding

Many state programs effectively leverage general revenue funding to draw down local public, private, and federal dollars to promote, support, and sustain behavioral health programs. In large measure, these programs are effective because they foster collaborations with local decision makers, ensuring the programs reflect community needs. The following information describes several examples of collaborative funding.

Community Mental Health Grant Program

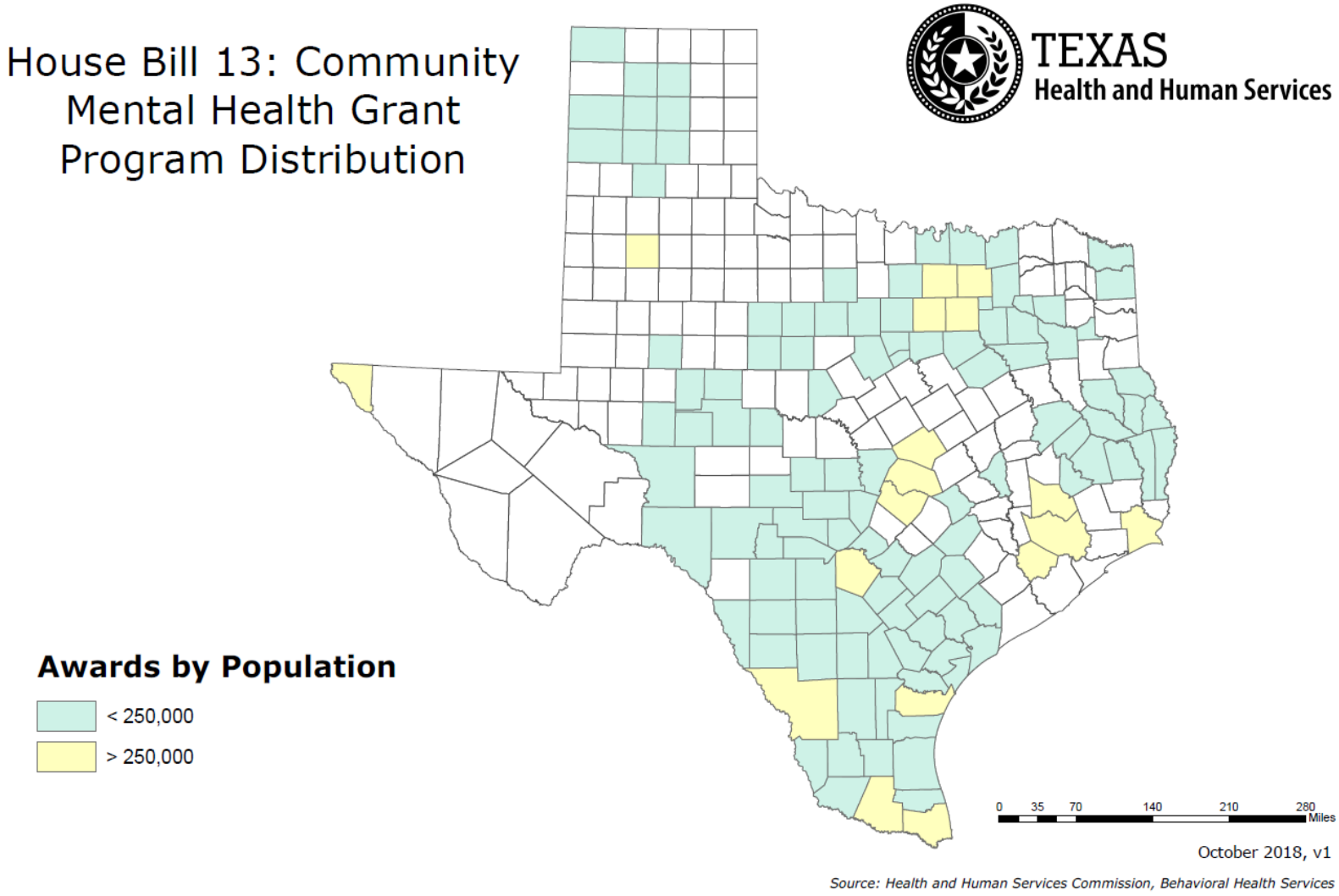
The Community Mental Health Grant Program is a grant program authorized by H.B. 13, 85th Legislature, Regular Session, 2017, to support community mental health programs providing services and treatment for individuals experiencing mental illness. The program is designed to foster community collaboration, maximize existing community mental health resources, and strengthen continuity of care for individuals receiving services through a diverse local provider network. The program is financed with both state general revenue and local funding secured by selected applicants. Matching grants are typically required to either multiply the effects of state funds or help awardees achieve self-sustaining status.

The purpose of the grant program is to:

- Support community programs providing mental health care services and treatment to individuals with a mental illness; and
- Coordinate mental health care services for individuals with a mental illness with other transition support services.

Figure 10 shows the distributions of grants for the Community Mental Health Grant program for fiscal years 2018 and 2019.

Figure 10. Community Mental Health Grant Program Distribution for Fiscal Years 2018-2019



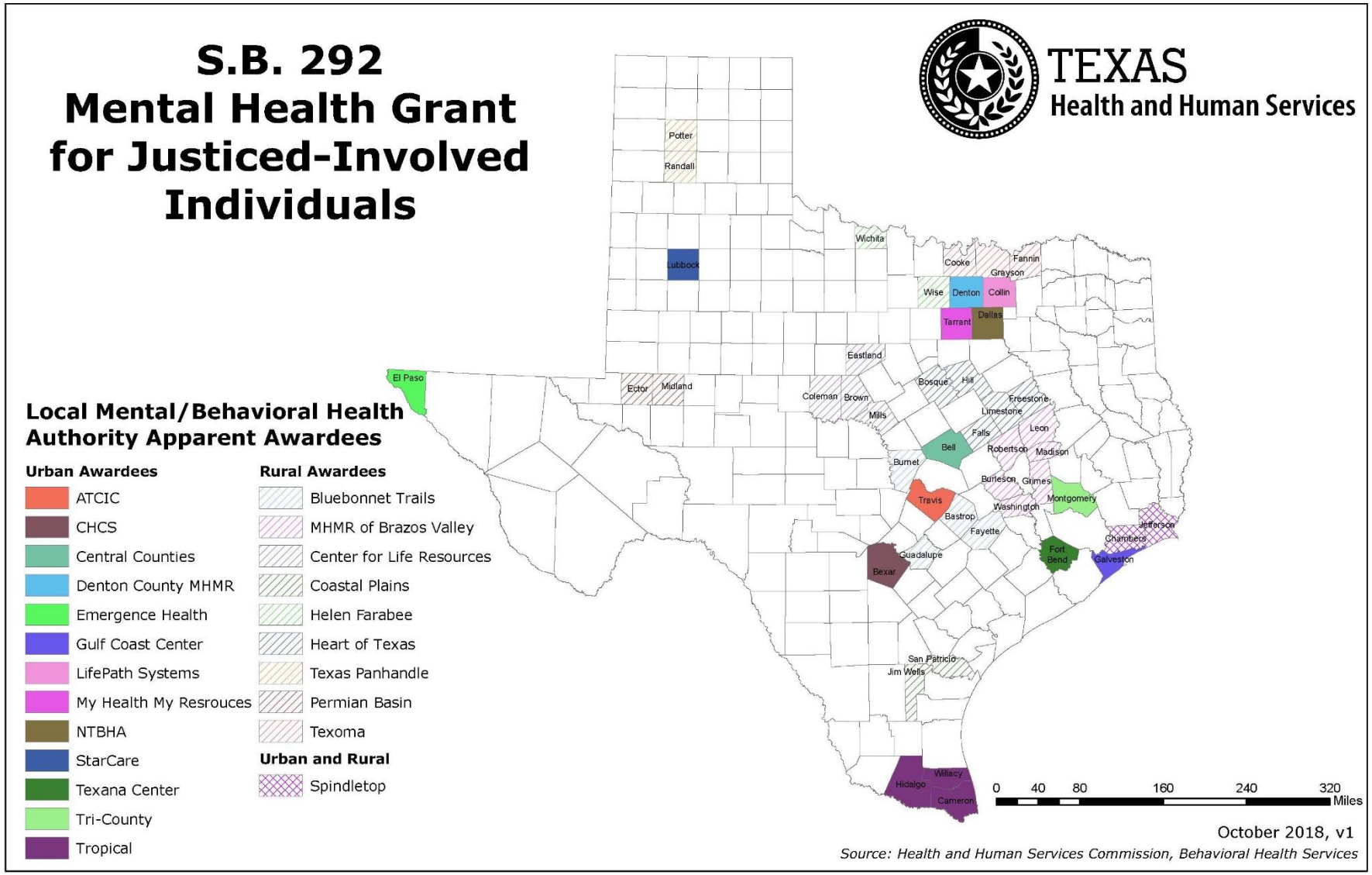
Grant Program for Justice-Involved Individuals

S.B. 292, 85th Legislature, Regular Session, 2017, authorized the Mental Health Grant Program for Justice-Involved Individuals to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as the wait time for forensic commitments. These new grants will fund local collaborative efforts between counties, mental health authorities, hospital districts, and other designated entities.

- Providing behavioral health care services to individuals 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 individuals with mental illness involved in the criminal justice system.

Figure 11 identifies the apparent awardees for the Mental Health Grant for Justice-Involved program for fiscal years 2018 and 2019.

Figure 11. Mental Health Grant for Justice-Involved Individuals Apparent Awardees for Fiscal Years 2018-2019



Healthy Community Collaboratives

S.B. 58, 83rd Legislature, Regular Session, 2013 required HHSC to create a grant program to establish or expand community collaboratives, partnerships which bring the public and private sectors together to provide services to persons experiencing homelessness and mental health and substance use issues. Collaboratives are expected to leverage matching funds in an amount at least equal to the state grant award. Matching funds encourage community buy-in and commitment, create opportunities for creativity, and can increase the long-term sustainability of services after the grant funding ends.

The 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, 2013 (Article II, DSHS Rider 90) appropriated $25 million to award a maximum of five grants in municipalities located in counties with a population of over 1 million. The Legislature continued funding the Healthy Community Collaborative (HCC) program with appropriations for the 2016-2017 and 2018-2019 biennia. S.B. 1849, 85th Legislature, Regular Session, 2017, amended Texas Government Code, Chapter 539, to expand the HCC program into rural or less densely populated areas of the state. A solicitation related to the expansion of HCC will be posted in fiscal year 2019.

Residential Treatment Center Project

The RTC Project is a cross-agency collaboration between HHSC and DFPS to prevent parental relinquishment of children to the state due solely to a lack of mental health resources for children with SED in circumstances where many other treatment options have failed and RTC placement is medically necessary. To address the need of increased access to care, the 83rd Legislature allocated $2.1 million in additional funds to DSHS for children mental health in the 2014-15 biennium to fund 10 beds in private RTCs for children and youth referred by DFPS. Since the 83rd Legislature the need to access RTC services has been documented through the referrals received from DFPS to the RTC Project, and the number of beds have been expanded accordingly.

During the 84th Legislature, the additional appropriation of funds expanded the number of beds from 10 to 30. The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 199(b)) appropriated $3,795,141 for fiscal year 2018 and $4,178,875 for fiscal year 2019 to pay for 40 beds statewide for the RTC Project. This expanded the number of RTC beds from 30 beds to 40 beds. To help children achieve successful reunification and recovery, the RTC Project utilizes Building Bridges Initiative best practices, including weekly family therapy and communication between the LMHA and the RTC.

Mental Health Programs for Veterans

The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 62) appropriated $5 million each fiscal year of the biennium to provide specific services to veterans through a mental health program. HHSC coordinates with TVC to administer the Mental Health Program for Veterans through its partnerships with 37 LMHAs in accordance with H.B. 2392, 83rd Legislature, Regular Session, 2013. The Mental Health Program for Veterans includes the provision of peer-to-peer counseling, access to licensed mental health professionals, jail diversion services, and peer training.

In fiscal year 2018, LMHAs reported an overall increase in the number of services delivered and the number of individuals trained compared to fiscal year 2017:

- 168,947 peer services were delivered, representing a 27 percent increase;
- 6,807 peers were trained, representing a 12 percent increase; and
- 28,315 interactions with justice-involved individuals occurred, representing a 56 percent increase.

The above data was taken from the *Report on Mental Health Program for Veterans* published on December 1, 2018.[26]

Prescription Assistance Programs

Also known as patient or medication assistance programs, prescription assistance programs have emerged in an effort to help patients who lack health insurance or prescription drug coverage obtain the medications they need. These programs are typically offered by pharmaceutical companies to provide free or low-cost prescription drugs to qualifying individuals. By providing financial assistance for hundreds of psychotropic medications, prescription assistance programs provide a valuable resource to patients, helping them comply with recommended drug regimens, and in turn, obtain better health outcomes. Millions of Americans use prescription assistance programs to get the medicines they need, but cannot afford. LMHAs actively support people who are medically indigent in gaining access to prescription assistance programs to secure medically necessary medications from pharmaceutical companies. In 2017, more than $134 million in medications were secured for people who otherwise would have relied on general revenue-funded medications.

1115 Transformation Waiver: DSRIP Program

Under the current 1115 waiver, HHSC must submit a DSRIP Transition Plan to CMS by October 1, 2019. The plan will describe how Texas will further develop delivery system reform efforts after DSRIP ends and will include milestones for HHSC/Texas for demonstration years 9 and10 (federal fiscal years 2020-2021). Milestones may relate to the use of alternative payment models, the state's adoption of managed care payment models, payment mechanisms to support delivery system reform efforts, and other opportunities.

In October 2018, HHSC released a request for new program ideas from stakeholders. The purpose of the request was to identify initial stakeholder proposals for programs and services after DSRIP ends and inform the development of the DSRIP Transition Plan and discussions with state leadership. HHSC received proposals from more than 30 stakeholder groups and individuals. HHSC is not scoring or ranking the proposals, but rather reviewing them to identify common themes for leadership consideration. Following the 86th Texas Legislative Session, HHSC will post an initial draft of the DSRIP Transition Plan for stakeholder review and comment prior to submitting the plan to CMS in September 2019. HHSC will work with CMS to finalize the plan by March 31, 2020

Texas IDD and Behavioral Health Funders Summit

The Texas IDD and Behavioral Health Funders Summit strengthens public-private partnerships and maximizes the reach and scope of funding for behavioral health initiatives across Texas. The first summit was held November 3, 2017, in Dallas and brought together nearly 30 Council members and representatives of private philanthropic organizations to discuss the strategic plan, align and coordinate funding for matching grant programs, and identify opportunities for public and private funders to align interests and investments related to behavioral health. The 2018 summit took place in December 2018.

Centers for Disease Control Cooperative Agreement for Opioid Crisis Response

Recognizing the need for opioid crisis response in Texas, DSHS established a cooperative agreement with the U.S. Centers for Disease Control and Prevention. DSHS has received a $2.6 million grant to expand the state's public health response to opioids over the next year. The grant funds will help local health departments and health care providers prevent overdose deaths, enhance the available data on opioid use in Texas, and expand the prescriber network for medication assisted treatment.

The funds will also improve DSHS' ability to track opioid-related illnesses and other conditions being seen in Texas emergency rooms. The DSHS Texas Health Data website[27] will provide researchers and the public with more information on opioid use and its consequences, allowing access to data quickly.

Additional funds will be used to train public health personnel at the community level on when and how to properly administer naloxone, a drug that can help prevent someone from dying from an opioid overdose, so they can then train first responders and others in their communities. The grant will increase the number of doctors, physician assistants, and nurse practitioners permitted to prescribe buprenorphine, a medication to treat opioid use in an office setting.

TexasAIM for Obstetric Care for Women with Opioid Use Disorder

As part of the *TexasAIM* initiative to implement maternal safety bundles by the Alliance for Innovation on Maternal Health (AIM), DSHS is partnering with 10 hospitals to pilot newly developed best-practice guidelines on obstetric care for women with opioid use disorder:

- Baptist Medical Center
- Ben Taub Hospital
- Corpus Christi Medical Center
- John Peter Smith Hospital
- Memorial Hermann Greater Heights
- St. David's North Austin Medical Center
- Parkland Health System
- Seton Medical Center of Austin
- Shannon Medical Center
- University Health System

- The maternal safety bundle for opioid use disorder aims to:
- Improve identification and care of women with opioid use disorder through screening and linkage to care;
- Optimize medical care of pregnant women with opioid use disorder;
- Increase access to medication-assisted treatment for pregnant and postpartum women with opioid use disorder;
- Prevent opioid use disorder by reducing the number of opioids prescribed for deliveries; and
- Optimize the care of opioid-exposed newborns by improving maternal engagement in infant management.

Pilot implementation of the safety bundle at the 10 hospitals began in September 2018, with statewide implementation beginning in the winter of 2020.

Other Local Resource Development Initiatives

Additional initiatives include:

- Local and private grants have been awarded to integrate primary and mental health care, increase access to autism services for children, provide Mental Health First Aid training, expand mental health services beyond the state target population, and enhance access to peer support services;
- As reflected in the 2014 *HHSC and System Issues Staff Report* for the Sunset Advisory Commission, LMHAs dramatically exceeded the state-required local match requirement. In fiscal year 2014, local taxing authorities (i.e., counties, cities, hospital districts, and school districts) invested more than $73 million across mental health and intellectual disability services, with most of this investment focused on mental health services; and
- Proceeds from Texas Lottery Commission scratch-off games, and donations received via the Texas Department of Public Safety, the Texas Department of Motor Vehicles, and the Texas Parks and Wildlife Department forms fund TVC's Fund for Veterans' Assistance grant program. TVC awards reimbursement grants to nonprofit organizations and units of local government to provide direct mental health services to veterans and their families.

4.3.3 Student Loan Repayment Programs

Several programs are available to assist behavioral health professionals with student loan repayment. Due to the shortage of behavioral health providers in this state, the student loan repayment programs would allow the state to recruit and retain students by incentivizing them with repayment of their student loans while serving in those communities with the greatest need.

Texas Higher Education Coordinating Board

The Texas Higher Education Coordinating Board (THECB) administers multiple programs. Information regarding these programs is available at the THECB Student Loans website[28]

- The Physician Education Loan Repayment Program provides loan repayment funds for physicians, including psychiatrists, who agree to practice in a Health Professional Shortage Area (HPSA) for at least four years. HPSAs are designated by the federal Health Resources and Services Administration as having shortages of primary care, dental care, or mental health providers. Participating physicians must provide health care services to recipients enrolled in Medicaid and CHIP. Also, up to 10 physicians per year may qualify by serving patients in a TJJD or TDCJ facility.
- The Loan Repayment Program for Mental Health Professionals provides loan repayment funds to encourage certain mental health professionals to provide services in designated Mental Health Professional Shortage Areas (MHPSAs) for at least five years. MHPSAs are the same as HPSA's, however, they are specific to mental health providers (e.g., licensed chemical dependency counselors, advance practice nurse board certified in psychiatric or mental health nursing, licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, psychiatrists, and psychologists). This program is available to licensed chemical dependency counselors who have an associate's degree related to chemical dependency counseling or behavioral science, advanced practice registered nurses who are board certified in psychiatric or mental health nursing, licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, psychiatrists, and psychologists.
- The purpose of the St. David's Foundation Public Health Corps Loan Repayment Program is to recruit and retain qualified primary care and behavioral health providers at eligible sites located in Bastrop, Caldwell, Hays, Travis and Williamson counties. (This program is on hold, as funding from the THECB is not currently available.)

Texas Department of Agriculture's State Office of Rural Health

The Rural Communities Health Care Investment Program assists rural communities in recruiting health care providers, other than physicians, to practice in their community by providing partial student loan reimbursements or stipend payments to non-physicians for one year of service. This program is available for "licensed non-physician mental health practitioners" per information on the Texas Department of Agriculture's website[29].

Health Resources and Services Administration's Bureau of Health Workforce

- The NURSE Corps Loan Repayment Program provides federal loan repayment program for registered nurses and advance nurse practitioners working at critical shortage facilities located in Health Professional Shortage Areas.[30] A critical shortage facility is a public or private nonprofit health care facility located in, designated as, or serving an HPSA.
- The Faculty Loan Repayment Program helps eligible health professions faculty from disadvantaged backgrounds to repay their student loans.[31]

Other Federal Agencies

- National Institutes of Health Loan Repayment Programs. A set of programs established by Congress and designed to recruit and retain highly qualified health professionals into biomedical or biobehavioral research careers.[32]
- US Department of Education Public Service Loan Forgiveness Program. A program which forgives the remaining balance on direct student loans after an individual makes 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer -- government agencies and non-profit organizations that provide qualifying public services.[33]

4.4 Behavioral Health Bill Implementation: 85th Legislature

The 85th Legislature resulted in several opportunities for Council agencies to improve behavioral health in Texas. Listed below are the most significant pieces of behavioral health legislation from that session and how each bill has been implemented.

Legend:

H.B. 10, Parity Workgroup	**Author:** Four Price
Description: Relating to access to and benefits for mental health conditions and substance use disorders. Requires HHSC to establish and facilitate parity work group.	
Implementation: This workgroup has been established as a subcommittee of HHSC's Behavioral Health Advisory Committee and meets every two months. The workgroup submitted a progress report to the Governor and Legislature on September 1, 2018. In addition, HHSC submitted the *Report to Assess Medical or Surgical Benefits, and Benefits for Mental Health and Substance Use Disorders* on September 1, 2018.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services	**Addresses Strategies:** 5.1.1 5.1.2 5.1.3 5.2.1

H.B. 13, Community Mental Health Grant	Author: Four Price
Description: Relating to the creation of a matching grant program to support community mental health programs for individuals experiencing mental illness. Establishes matching grant program, with match requirements based on county population with one-half of grant funds reserved for small counties.	
Implementation: HHSC established the Community Mental Health Grant Program in 2017 to support community programs providing and coordinating mental health services and supports for individuals experiencing mental illness. The Legislature appropriated $30 million for the 2018-19 biennium, and HHSC awarded grants to 56 organizations to fund 64 projects across the state.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 6, Access to Timely Treatment Services	**Addresses Strategies:** 4.1.2 4.1.3

H.B. 1486, Peer Specialists	Author: Four Price
Description: Relating to peer specialists, peer services, and the provision of those services under the medical assistance program. Requires HHSC to convene stakeholder meetings in the development of rules for peer specialists.	
Implementation: The rules for peer specialist certification and peer specialist services in Medicaid were adopted and effective by January 1, 2019. The required stakeholder group has been instrumental in drafting the rules, as well as assisting HHSC staff to plan for implementation.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 8, Use of Peer Services	**Addresses Strategies:** 3.1.1 3.1.2 3.1.3

H.B. 1600 and H.B. 2466, Maternal Depression Screenings	Author: Senfronia Thompson; Sarah Davis et al
Description: Relating to certain mental health screenings under the Texas Health Steps program. Relating to the content of an application for Medicaid and coverage for certain services related to maternal depression under the Medicaid and child health plan programs. Requires HHSC to allow for additional maternal depression screenings during well-child visits for children receiving services through Medicaid or CHIP.	
Implementation: The Texas Administrative Code changes required by the bills were adopted and effective on June 25, 2018, and August 29, 2018, respectively.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 11, Prevention and Early Intervention Services	**Addresses Strategies:** 3.2.1

H.B. 1794, Mental Health Access for First Responders	Author: James Bell
Description: Relating to the establishment of the Work Group on Mental Health Access for First Responders.	
Implementation: This workgroup met several times in 2018, surveyed Texas first responders, and submitted a report to the Governor and Legislature on the survey results and workgroup recommendations.	
Addresses Gaps: Gap 3, Coordination Across State Agencies Gap 14, Services for Special Populations	**Addresses Strategies:** 1.1.1 1.1.2 2.4.2

H.B. 2904, Community Resource Coordination Groups	Author: James White
Description: Relating to the MOU among certain agencies to coordinate services provided to persons needing multiagency services. Modifies existing requirements for CRCG MOU. Makes HHSC responsible for the MOU.	
Implementation: The MOU was revised to include new requirements and signed by all mandated agencies in March of 2018.	
Addresses Gaps: Gap 3, Coordination Across State Agencies Gap 6, Access to Timely Treatment Services	**Addresses Strategies:** 1.2.1 1.2.2

H.B. 4056, Best Practice-Based Programs and Research-Based Practices in Public Schools	Author: Toni Rose
Description: Relating to certain research-based practices for use by public school personnel. Adds new research-based programs to existing list of programs for prevention and intervention for use by school districts.	
Implementation: H.B. 1386, 82nd Legislature, Regular Session, 2011, directed DSHS to coordinate with TEA to provide and annually update a list of recommended early mental health intervention and suicide prevention programs for implementation in public elementary, junior high, middle, and high schools within the general education setting. These programs are to be based upon best practices. H.B. 4056 broadened this by requiring the list to include research-based practices in the following areas: physical or emotional trauma intervention, social and emotional learning, positive school climate, and positive behavior supports, in addition to the list of recommended best practice-based programs. The updated list posted on the TEA website in May 2018.[34]	
Addresses Gaps: Gap 2, Behavioral Health Needs of Public School Students Gap 7, Implementation of Evidence-based Practices	**Addresses Strategies:** 2.1.1 2.1.2 2.2.2

S.B. 27, Mental Health Program for Veterans	**Author:** Donna Campbell
Description: Relating to the mental health program for veterans and the authority to establish a trauma-affected veterans' clinical care and research center at The University of Texas Health Science Center at San Antonio. Removes requirement for a grant program in the existing Mental Health Program for Veterans within HHSC.	
Implementation: The Mental Health Program for Veterans portion of this bill has been implemented. The funding for grants was reallocated to increase access to mental health services for veterans through embedded Veteran Counselors at six pilot LMHA and local behavioral health authority (LBHA) locations, effective September 1, 2018. All six pilot locations have executed contracts.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 4, Veteran and Military Service Member Supports Gap 6, Access to Timely Treatment Services Gap 8, Use of Peer Services	**Addresses Strategies:** 1.2.1 1.2.2 2.3.2 2.4.1 2.5.2

S.B. 74, TCM and Mental Health Rehabilitation	**Author:** Jane Nelson
Description: Relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization (MCO). Allows providers of TCM and psychiatric rehabilitative services to contract with MCOs to provide such services to children, adolescents, and families.	
Implementation: Rules establishing requirements for providing targeted case management and mental health rehabilitation under Medicaid managed care were adopted effective October 17, 2018. See Texas Administrative Code Title 1, Part 15, Chapter 353, Subchapter P and Title 1, Part 15, Chapter 354, Subchapter M.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 6, Access to Timely Treatment Services Gap 11, Prevention and Early Intervention Services	**Addresses Strategies:** 2.3.1 2.3.2 3.2.2

S.B. 179, Resources Regarding Students with Mental Health Needs	**Author:** Jose Menendez
Description: Relating to bullying and cyberbullying, the law also adds new resources to be maintained on an Internet website regarding working with students with mental health needs for use by school districts and open-enrollment charter schools.	
Implementation: S.B.179 amended the Texas Education Code, Section 21.462 to require TEA, in coordination with HHSC, to establish and maintain a web site that provides resources for school district or open-enrollment charter school employees regarding working with students with mental health conditions. The web site must include information about: grief-informed and trauma-informed practices, building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision making, positive behavioral interventions and supports, and a safe and supportive school climate. TEA and HHSC analyzed additional best practice resources, then recommended and coordinated the new resources with the list of Texas Health and Safety Code Section 161.325 recommended best practice-based programs. TEA published the integrated list of best practices on the TEA web site with a series of Mental Health and Behavioral Health web pages and an easy-lookup directory listing in May 2018.[35]	
Addresses Gaps: Gap 2, Behavioral Health Needs of Public School Students Gap 7, Implementation of Evidence-based Practices	**Addresses Strategies:** 2.1.1 2.1.2 2.2.2

S.B. 292, Mental Health Grant for Justice-Involved Individuals	**Author:** Joan Huffman
Description: Relating to the creation of a grant program to reduce recidivism, arrest, and incarceration of individuals with mental illness. Establishes statewide forensic grant program with match requirements based on county population.	
Implementation: HHSC established the Mental Health Grant for Justice-Involved Individuals in 2017 to reduce recidivism rates through frequency of arrests and incarceration among individuals with mental illness, as well as the wait time for those placed on forensic commitment to a state hospital. The Legislature appropriated $37.5 million for the 2018-19 biennium, and HHSC awarded grants to 24 county-based collaboratives to fund projects across the state.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 14, Services for Special Populations	**Addresses Strategies:** 1.1.1 1.1.2 1.2.2 2.5.1 2.5.2 2.5.4

	Author: Eddie Lucio, Jr.
Description: Relating to an HHSC veteran suicide prevention action plan. HHSC must develop and implement a comprehensive action plan addressing veteran suicide with short-term and long-term recommendations.	
Implementation: Short-term action plan in development and expected to be approved by the HHSC Executive Commissioner by July of 2019. Long-term recommendations will follow the short-term action plan.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 3, Coordination Across State Agencies Gap 6, Access to Timely Treatment Services Gap 8, Use of Peer Services Gap 11, Prevention and Early Intervention Services	**Addresses Strategies:** 3.1.3

S.B. 591, Veteran Outreach Campaign	**Author:** Eddie Lucio, Jr.
Description: Relating to a community outreach campaign to increase awareness of veterans' benefits and services. TVC must implement outreach campaign.	
Implementation: The Texas Veterans Commission's Communication and Outreach Program utilizes several free media channels and platforms to conduct community outreach, including a call center, radio and television, print publications, social media, outreach and engagement events, and other events across the state. Additionally, TVC is finalizing a Request for Proposal for release no later than March 1, 2019, to seek and retain a qualified advertising agency to develop the TVC brand and promote agency services via online and social media advertising.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 4, Veteran and Military Service Member Supports Gap 11, Prevention and Early Intervention Services	**Addresses Strategies:** 1.1.1 2.5.1 2.5.2 3.1.3 3.2.1 3.2.2

S.B. 613, Sexually Violent Offenders	**Author:** John Whitmire
Description: Relating to services provided by HHSC to sexually violent offenders who are incompetent to attend sex offender treatment. HHSC must provide inpatient mental health services for committed individuals the TCCO determines are unable to effectively participate in sex offender treatment program due to mental illness.	
Implementation: Four residents from the Texas Civil Commitment Center are receiving inpatient psychiatric services at State Hospitals. State agency staff continue to collaborate.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 3, Coordination Across State Agencies Gap 14, Services for Special Populations	**Addresses Strategies:** 1.1.3 2.3.2 2.5.1 2.5.2

S.B. 1021, System of Care	**Author:** Jane Nelson
Description: Relating to the re-creation of the Texas System of Care framework. Reestablishes the system of care framework in statute and requires a new MOU related to System of Care.	
Implementation: HHSC executed a system of care MOU with DSHS, DFPS, TEA, TJJD, and TDCJ-TCOOMMI. The MOU outlines the roles and responsibilities of each agency in implementing a comprehensive plan to deliver mental health services and supports to children, youth, and their families using a system of care framework. This includes a collaboration with the CRCG program to help improve state and local systems. CRCGs will identify gaps in services and supports and communicate them to their local systems of care. The local system of care will work to fill these gaps through collaborations with community partners.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 3, Coordination Across State Agencies	**Addresses Strategies:** 1.1.1 1.2.1 1.2.2 2.3.2

S.B. 1326, Jail-Based Competency Restoration	**Author:** Judith Zaffirini
Description: Relating to procedures regarding criminal defendants who are or may be persons with a mental illness or intellectual disability. Allows counties to establish jail based competency restoration (JBCR) programs. Enables HHSC to inspect county-level JBCR programs. JBCR pilot program continued indefinitely.	
Implementation: HHSC is currently developing an onsite tool and provider information for county-level JBCR inspections. HHSC quality management teams will conduct first review inspections of all county-level JBCR programs by the end of fiscal year 2019. County-based JBCR programs (funded under S.B. 292): StarCare – Lubbock County Detention Center Tarrant – Tarrant County Jail North Texas Behavioral Health Authority – Dallas County Jail Permian Basin – Midland County Jail	
Addresses Gaps: Gap 3, Coordination Across State Agencies Gap 5, Continuity of Care for Individuals Exiting County and Local Jails	**Addresses Strategies:** 1.1.1 2.3.2

S.B. 1533, MHFA	**Author:** Jose Rodriguez
Description: Relating to MHFA program training for university employees. Expands population of individuals eligible to participate in MHFA training to university employees.	
Implementation: S.B. 1533 went into effect in May 2017; however, preparations to make amendments to add university employees as an eligible population into the contracts started immediately. As of September 15, 2017, all 39 amendments were executed as directed by S.B. 1533. In fiscal year 2017, 219 university employees received MHFA training. In fiscal year 2018, 917 university employees received the training.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 6, Access to Timely Treatment Services Gap 11, Prevention and Early Intervention Services	**Addresses Strategies:** 3.2.1 3.2.2

S.B. 1849, Healthy Community Collaboratives Grants	**Author:** John Whitmire
Description: Relating to interactions between law enforcement and individuals detained or arrested on suspicion of the commission of criminal offenses; to the confinement, conviction, or release of those individuals; and to grants supporting populations that are more likely to interact frequently with law enforcement. Renewed directive on awarding grants in existing HCC program to extend to rural communities.	
Implementation: HHSC expanded the existing HCC grant program to include awarding grants to community collaboratives serving two or more counties with a population of less than 100,000 through the existing appropriated funding. Due to anticipated challenges, rural communities may face in establishing collaboratives to implement grant projects, HHSC selected University of North Texas to facilitate a learning collaborative for rural communities interested in pursuing grant funds.	
Addresses Gaps: Gap 1, Access to Appropriate Behavioral Health Services Gap 6, Access to Timely Treatment Services Gap 12, Access to Housing	**Addresses Strategies:** 2.3.1 2.3.2 2.3.3 2.5.3 4.2.2

5. Gaps in the Texas Behavioral Health System

5.1 Gaps in Services

When this plan was first developed, Council agency members and community stakeholder groups provided valuable insight to identify gaps and challenges related to coordination, access, and service provision within the behavioral health system in Texas. Identified gaps provide opportunities to strengthen the system as the strategic plan is implemented.

Gap 1: Access to Appropriate Behavioral Health Services

Council agency members identified specific populations that are underserved in the current behavioral health system. These populations include individuals with SUD; individuals with co-occurring psychiatric and substance use disorders; individuals with SMI; and those who are frequent users of jail, emergency room, and inpatient services.

Studies indicate there is an overwhelming co-occurrence of substance use and psychiatric disorders. Best practices indicate treatment of psychiatric disorders and SUDs should occur simultaneously.[36] However, in fiscal year 2017, only an estimated 2.4 percent of adults and 3.9 percent of youth with chemical dependence and medical indigence were served by HHSC-funded SUD.

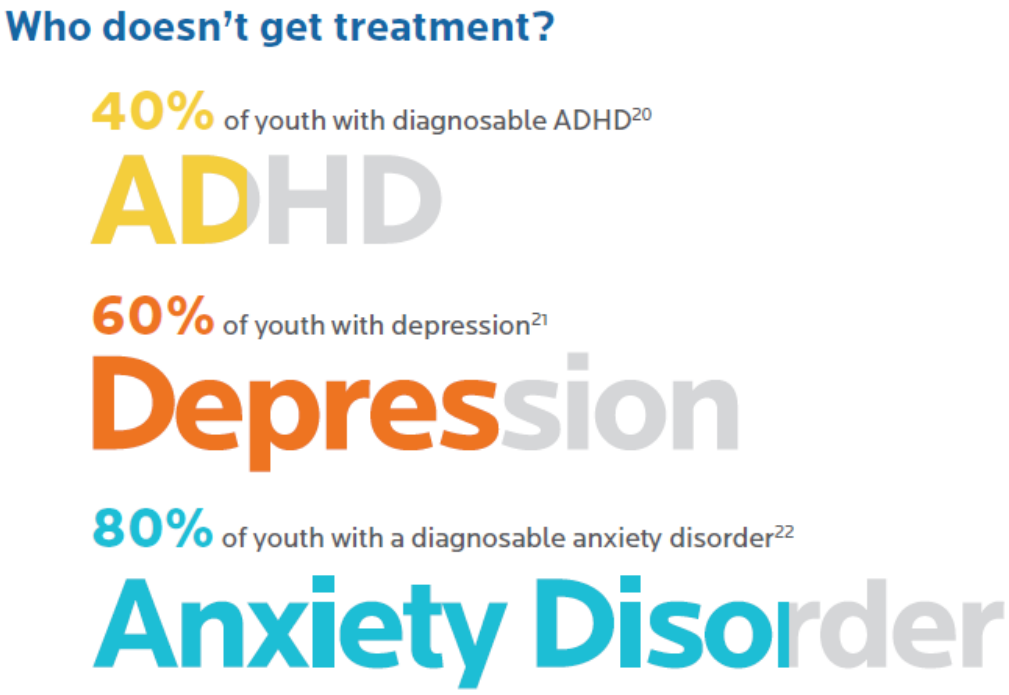
Another potential barrier to treatment of mental illness is the tendency to group a range of diverse needs under a single label, such as SMI. Though generally not the practice in other areas of medicine, overgeneralizations can hinder access to care at the appropriate level of service for subpopulations with specific needs.

Another group with unmet behavioral health needs in the current system are individuals with complex behavioral and medical needs, which is inclusive of adults and children who experience high criminal justice, emergency room, and psychiatric inpatient utilization due to their complex needs. The Kaiser Family Foundation found that, nationally, approximately 5 percent of Medicaid beneficiaries drove more than 50 percent of total Medicaid spending.[37] Texas is not unique in facing challenges in effectively intervening with these individuals. Texas agencies that provide behavioral health services should collaborate to identify and address the behavioral health needs of these individuals effectively, using a person-centered system of care.

Gap 2: Behavioral Health Needs of Public School Students

Recent national statistics indicate that school-age children are not receiving treatment for mental health conditions. The untreated mental health issues for youth are listed in Figure 12.

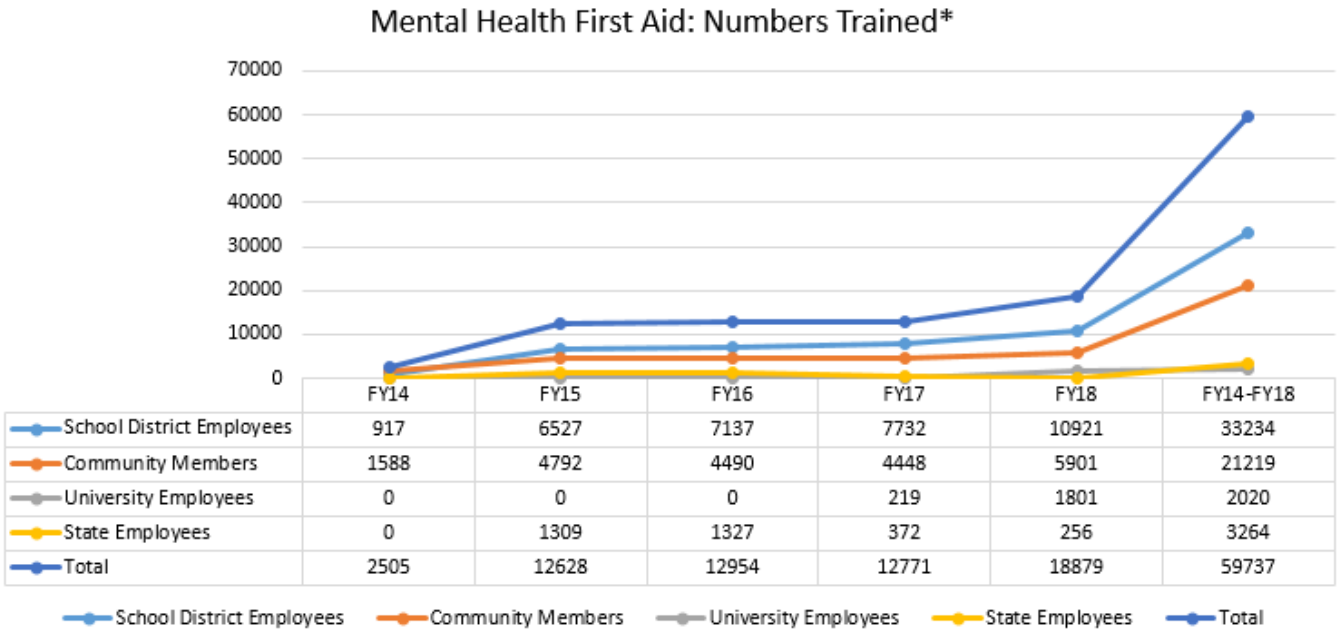
Figure 12. Untreated Mental Health Issues in Youth[38]



Professional school counselors provide comprehensive guidance and counseling to reduce drop-out rates, improve academic performance and increase participation in postsecondary education. Since the role of the school guidance counselor is broader than supporting student behavioral health, stakeholders indicate that frequently schools lack the professional capacity to meet student needs for prevention and intervention services. Students may struggle with a range of behavioral health conditions, including emotional disturbance, depression, anxiety, attention deficit, significant traumatic experience, drugs and alcohol, or a crisis situation.

Innovative prevention and early intervention programs in schools, such as MHFA training, have helped some Texas educators learn skills to better identify and support behavioral health needs. See the number of MHFA-trained individuals since fiscal year 2014 in Figure 13. Schools offer professional development and implement effective strategies such as Positive Behavior Interventions and Supports and Restorative Discipline. Some schools have developed innovative mental health partnerships with community providers, while other schools have hired mental health professionals, such as psychologists and social workers, to supplement student learning supports. However, it is difficult for the behavioral health infrastructure in school districts statewide to meet the identified need and disseminate best practices in early intervention and early detection across campuses and districts.

Figure 13. MHFA: Number of People Trained Fiscal years 2014-2018[39]



	FY14	FY15	FY16	FY17	FY18	FY14-FY18
School District Employees	917	6527	7137	7732	10921	33234
Community Members	1588	4792	4490	4448	5901	21219
University Employees	0	0	0	219	1801	2020
State Employees	0	1309	1327	372	256	3264
Total	2505	12628	12954	12771	18879	59737

*S.B. 1533, 85th Legislature, Regular Session, 2017, added university employees to mental health first aid training.

Gap 3: Coordination Across State Agencies

State agencies serve a significant percentage of individuals with behavioral health needs. Behavioral health programs and services provided by these agencies can be better coordinated, consistent, and have a cross-agency approach to behavioral health service provision, program coordination, training, and funding. Uncoordinated efforts across state agencies can result in different treatments or services provided to individuals based on the agency or system serving them.

Individuals with unmet behavioral health needs are frequently seen throughout multiple Texas systems, often on an as-needed basis, rather than through a consistent and planned approach. These systems CPS, and other social service settings where provided services may not be coordinated, and as a result, can be less effective.

An additional challenge is that funding for behavioral health services in Texas is appropriated to multiple state agencies, often from federal and state sources that dictate eligibility requirements and allowable uses.

Gap 4: Veteran and Military Service Member Supports

Left untreated, veterans' and military personnel's behavioral health needs can undermine an individual's health, decrease work productivity, and damage social functioning and family relationships. This is a particularly critical issue in a state like Texas that is home to 1.6 million veterans[40] and 164,234 active duty and reserve military personnel. [41]

Veterans and military personnel with a mental health condition are more likely to have SUD and are at increased risk of suicide. Once discharged from the military, veterans can face obstacles in obtaining and maintaining employment or pursuing an education, and they are at an increased risk of experiencing homelessness.[42] Additionally, the stigma associated with having behavioral health needs can prevent veterans and military personnel from seeking help and adhering to treatment once help is provided.[43]

Not receiving services and supports can affect the individual veteran and military service member, and also burden relationships, strain marriages, and complicate the difficulties of parenting. As a consequence, children of veterans and military personnel are more likely to experience the effects of cross-generational trauma which can lead to inpatient psychiatric stays, as well as outpatient psychiatric treatment for children and youth with SED. [44]

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

TDCJ operates the TCOOMMI continuity of care system to address mental health continuity of care needs for those adjudicated to the juvenile justice system and those adults sentenced to probation or incarceration who have a serious or persistent mental illness. By pairing specialized supervision of these offenders with intensive case management through the LMHAs, there has been a reduction in the re-incarceration rate. However, continuity of care combined with evidence-based programming does not exist for most individuals exiting the county and local jail systems.

As of December 2017, approximately 64,020 individuals were in Texas county jails.[45] The county and local jail systems need to work collaboratively to address an individual's risks related to criminal behavior as well as his or her mental health needs. Too often, inadequate continuity of care complicates reentry into the community and increases the risk of both recidivism and inpatient psychiatric care. Also, if individuals waiting in jail for a hospital bed do not receive appropriate care, their condition can deteriorate and result in longer hospitalizations.

Gap 6: Access to Timely Treatment Services

Texas has invested significantly in developing a psychiatric crisis system that provides individuals with a variety of crisis alternatives. Texas crisis system responders have demonstrated effective first response. However, the Texas SUD treatment system has not evolved in parity to the mental health crisis system. If an individual has behavioral health needs that require SUD treatment, that person may experience lengthy wait times to access the appropriate treatment option.

Once stabilized in the crisis system, lengthy wait times for access to SUD treatment may cause an individual to experience another crisis episode. This situation can potentially result in a costly crisis or inpatient psychiatric stay that does not address the individual's most pressing behavioral health need - SUD treatment.

When individuals need inpatient care, they may have difficulty accessing a bed in a timely manner. State-operated facilities are frequently full, and waitlists are on the rise. Forensic referrals have increased, outstripping the state's forensic capacity and encroaching on beds available for civil patients. Forensic waitlists have been growing over the past several years. Addressing the number of available hospital beds has been a top priority, particularly as so many of those waiting for inpatient care often wait in local emergency departments and jails.

Gap 7: Implementation of Evidence-based Practices

A substantial amount of evidence-based practices for effective and efficient treatment of behavioral health conditions exists and continues to grow. Adoption of evidence-based and promising practices across Texas has increased. Cross-agency collaborations have resulted in implementation of evidenced-based practices such as Mental Health First Aid, Permanent Supportive Housing, Integrated Treatment for Co-Occurring Disorders, and Wraparound and Trauma-Focused Cognitive Behavioral Therapy for children and adolescents with SED. However, the adoption and implementation of evidence-based practices are not coordinated across systems to ensure fidelity to treatment models. [46, 47, 48]

Gap 8: Use of Peer Services

Current research indicates peer support services decrease substance use, reduce use of inpatient and emergency room care for behavioral health crises, and increase an individual's engagement in care. [49] In Texas, mental health peer services are provided by certified peer specialists and family partners. For SUD, support is provided by certified recovery coaches.

While Texas has been a leader in promoting self-directed care for people with mental illness through peer-delivered services, an even greater effort is needed. Increasing access to peer support services offers a cost-effective strategy for expanding the behavioral health workforce and reducing reliance on crisis, inpatient, and other more restrictive types of care. Peers can also play an important role in crisis response and critical transitions, including community re-entry after hospitalization and incarceration.

Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities

The incidence of mental health disorders among individuals with IDD is estimated to be more than three times higher than the general population. Mental health disorders may also manifest differently in individuals with IDD compared to the general population. For example, a limited ability to verbally communicate anxiety, mood, or psychotic thought may manifest in aggression or other "challenging behaviors," which can often result in missed opportunities for treatment.[50] Recently, the behavioral health system in Texas has begun to focus more specifically on the mental health and wellness of this population, recognizing that individuals with IDD are able to recover from mental health issues given the appropriate services and supports.

While this increased focus on individuals with dual diagnoses certainly represents a step in the right direction, more extensive efforts are needed. Individuals with IDD should have access to quality behavioral health services, trauma-informed care, and opportunities for recovery. Additionally, supports should be adequate in both their approach and intensity to avoid unnecessary hospitalizations or incarcerations. When individuals with dual diagnoses end up in the hospital or in jail, appropriate interventions and supports must be targeted to their specific needs.

Gap 10: Consumer Transportation and Access to Treatment

Individuals with SUD face several challenges with accessing treatment services, including provider shortages and waiting lists for services. Currently, HHSC has 111 SUD treatment contractors holding 302 contracts. The majority of these contractors are clustered around large urban areas; however, there are none on the southern border of Texas. Distance is a significant barrier to outpatient treatment forcing folks into residential treatment and increasing wait times. Often, for indigent patients, the wait can be 4 to even 12 weeks long. When someone has finally made the difficult choice to enter treatment, a 12-week wait can, and sometimes is, life threatening for that person. Untreated SUD drives crisis and emergency room utilization, as well as inpatient readmissions.

A recent review of health care in rural America gave Texas a grade of D-, including a B- for "Days in Poor Mental Health," an F for "Psychiatrists in 2014" (1.8 per 100,00), and an F for "Percent Uninsured <65 years old" (25.3 percent).[51]

With more than one-half of Texas counties categorized as rural, transportation challenges can impact those seeking services. Telemedicine has helped increase access to care in these areas, but challenges remain.

Gap 11: Prevention and Early Intervention Services

Fifty percent of all lifetime cases of mental illness begin by age 14, and 75 percent begin by the age of 24.[52] Barriers to care result in many Texas children receiving their first mental health services through foster care, juvenile justice or special education.[53] Behavioral health needs in children and youth can increase the risk of academic failure, substance abuse, unemployment, homelessness, and developing chronic health and behavioral health conditions as adults. Early identification of and intervention for behavioral health needs can improve and mitigate the impact of disabling and serious conditions.

Gap 12: Access to Housing

Behavioral health disorders can lead to or be a result of homelessness. Of the 23,548 people statewide who were homeless on a single night in January 26, 2017, 21.8 percent had a serious mental illness, and 18.6 percent had a chronic SUD.[54] Individuals who are homeless typically have more chronic physical, mental health, and substance use issues than do the general population; they are also at greater risk for infectious diseases.

Without secure housing and other support services, persons with behavioral health conditions may cycle through costlier options such as emergency rooms or the criminal justice system.[55]

Gap 13: Behavioral Health Workforce Shortage

Along with much of the nation, Texas has a shortage of behavioral health workers that is expected to grow over time. See the median ages of mental health professionals from 2015 in Figure 14. Many of the most experienced and skilled practitioners are approaching retirement. Texas higher education institutions have been unable to produce enough graduates to meet the predicted demand.[56] More than 80 percent of Texas counties are designated as Mental Health Professional Shortage Areas, which are defined as more than 30,000 residents per clinician. See Figure 15 below for a map of Texas shortage areas. These conditions have a direct impact on community providers and state hospitals, where capacity and access to services can be restricted by workforce shortages.

Figure 14. Mental Health Professional Median Ages, 2015[57]

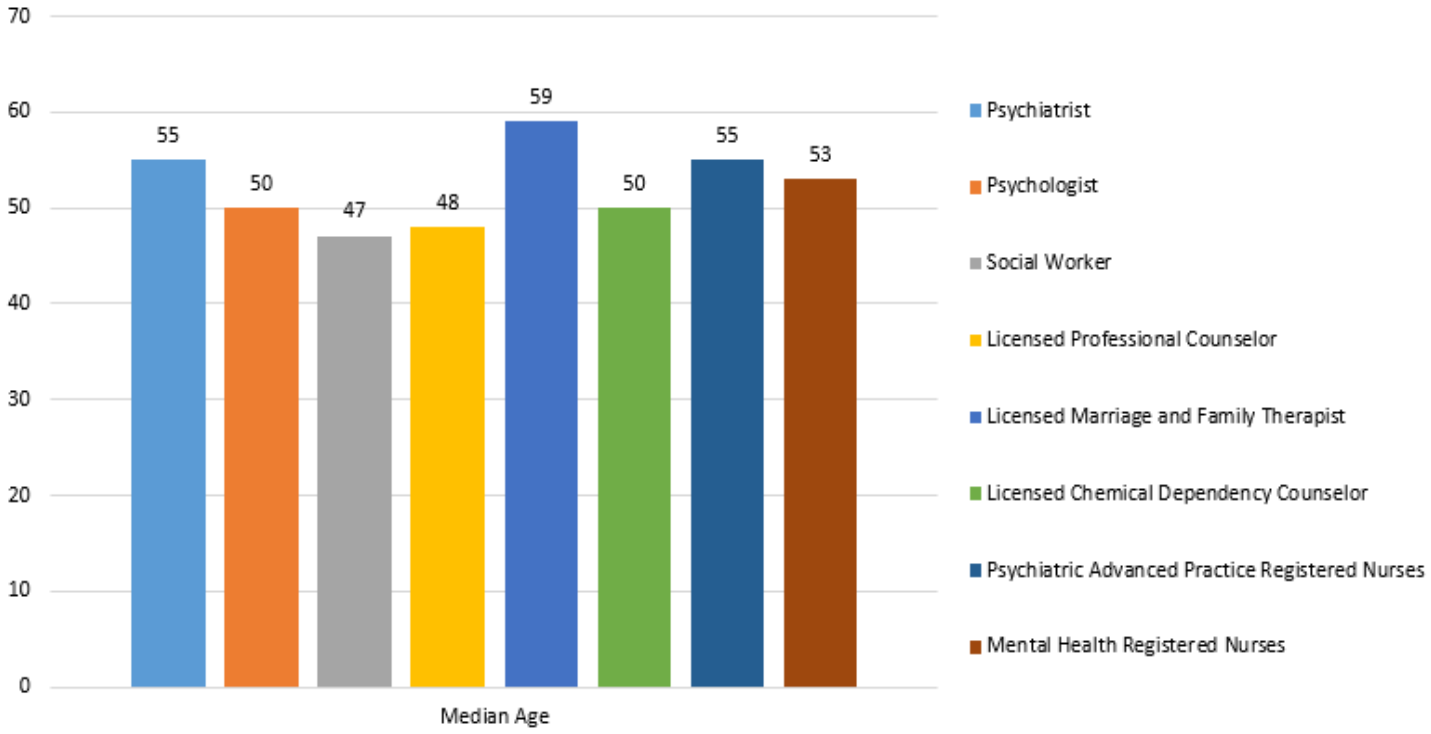
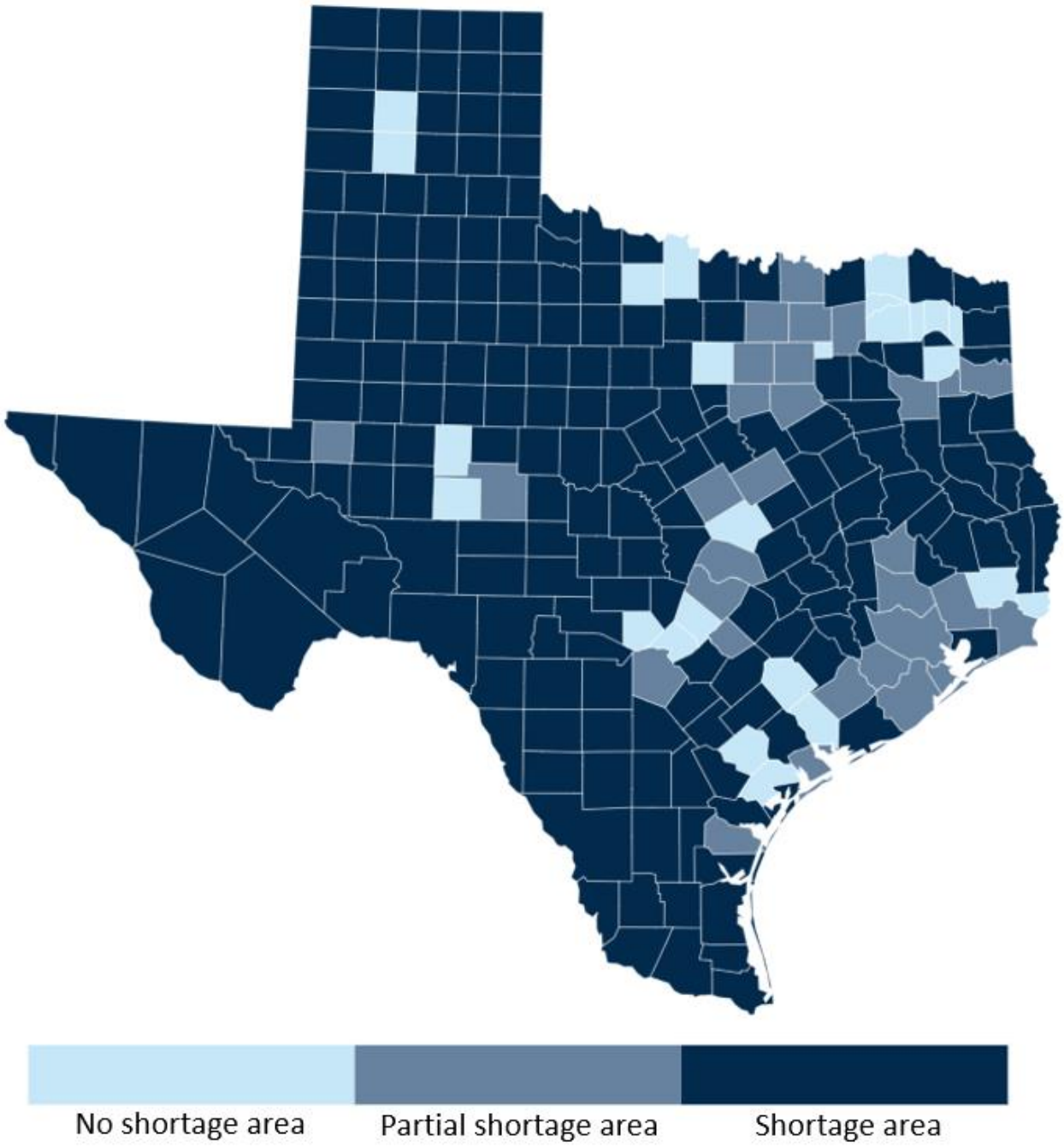


Figure 15. Federally-Designated Mental Health Professional Shortage Areas



Gap 14: Services for Special Populations

The behavioral health delivery system in Texas is adopting person-centered care, designed to address an individuals' unique needs. However, as youth transition out of the juvenile justice, foster care, and mental health facility systems and into the adult behavioral health systems, there may be challenges to addressing their unique behavioral health needs. Evidence emphasizes that how an adolescent adjusts while in transition to adulthood has lasting implications into adulthood.[58]

This behavioral health challenge exists in serving many special populations with distinct and specialized needs, such as mothers with postpartum depression; individuals with a history of incarceration or long-term hospitalization; forensic patients; veterans and military service members with behavioral health needs; individuals with deafness or visual impairments; older adults; and individuals with IDD.

In order to see improved outpatient outcomes with special populations, providers of behavioral health services must engage individuals with specialized needs in community treatment, preventing the need for a higher level of care. To do so effectively, they must have access to state-of-the art service delivery that enables cross system coordination.

Gap 15: Shared and Usable Data

Population health management combines person-centered care with a focus on the overall health of a population, recognizing that a person's health is determined by more than just the services he or she receives. In a population health system, providers are rewarded not just for providing services, but also based on outcomes for a specific population under their care.

Many health care experts believe that adopting population health management principles offers great promise for improving patient outcomes and satisfaction and lowering costs. This approach requires systems to assess, track, and manage the health conditions, treatments, and results for large populations across multiple care and social service settings.

Rich data sets exist throughout the Texas behavioral health and other systems, but much is yet to be done toward developing efficient technical and administrative processes to link this information and make it available in useful formats for timely decision making. In addition, data must identify a wide range of information about individuals receiving services, so that Texas can track and address behavioral health trends, service needs, and gaps.

5.2 Strengths, Weaknesses, Opportunities, Threats

Two surveys in 2016 and 2018 asked treatment providers, consumers, family members, and a variety of community members to identify the strengths, weaknesses, opportunities, and threats in the Texas behavioral health system.

The results of the 2016 survey served both to confirm the challenges identified and described in Section 5.1 Gaps in Services above, and the 2018 survey acknowledged where recent efforts and investments have been successful as well as what new or remaining systemic issues exist. Results of the surveys can be found in Appendix B.

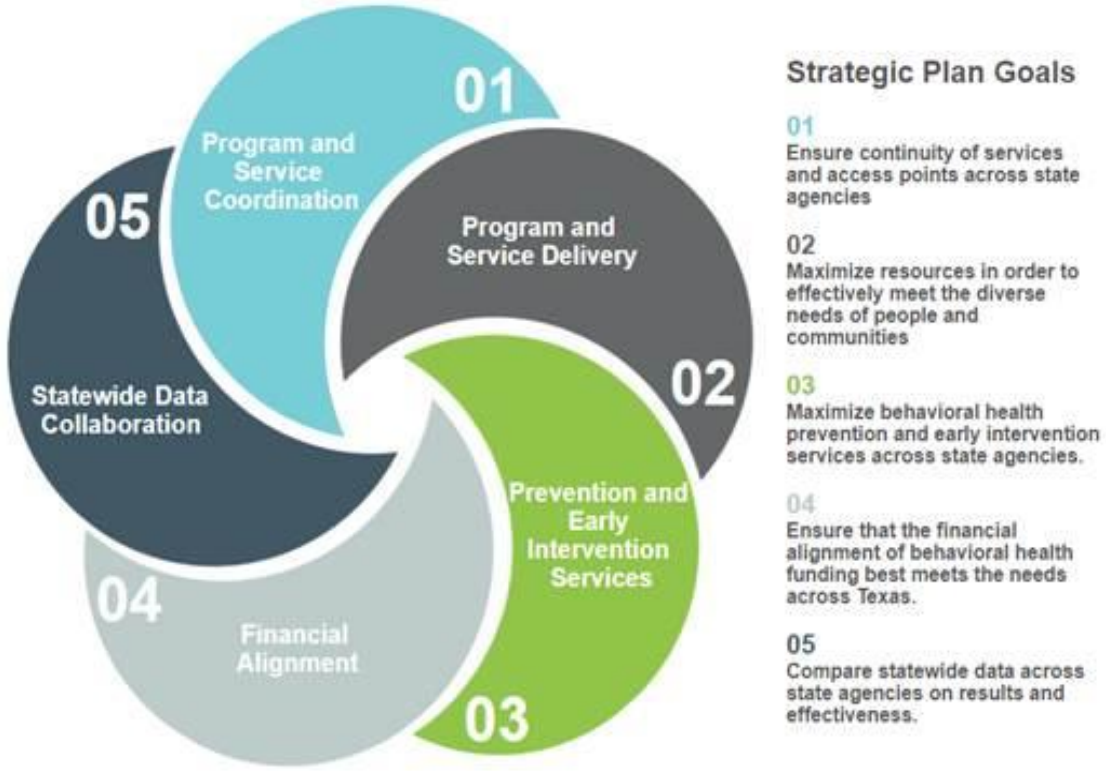
6. Goal, Objectives, and Strategies

Building on the vision, mission, and guiding principles established by the Council, this strategic plan is supported by a series of goals, objectives, and strategies to guide innovation, encourage collaboration, and foster opportunities to leverage resources across state agencies.

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

Figure 16 includes a graphic representation of the strategic plan goals.

Figure 16. Strategic Plan Goals



6.1 Strategies: Long-term Planning and Implementation

Each goal area outlined in this section has objectives, and each objective is followed by a group of supporting strategies. These strategies may evolve as a result of research, emerging best practices, or other external factors. The flexibility of strategies allows the Council the opportunity to assure that resources are maximized and that agencies are able to respond actively to new trends, the needs of populations, and regulations. Additionally, each strategy is linked to gaps identified in Section 5.1, Gaps in Services, and again below for reference.

- **Gap 1:** Access to Appropriate Behavioral Health Services
- **Gap 2:** Behavioral Health Needs of Public School Students
- **Gap 3:** Coordination Across State Agencies
- **Gap 4:** Veteran and Military Service Member Supports
- **Gap 5:** Continuity of Care for Individuals Exiting County and Local Jails
- **Gap 6:** Access to Timely Treatment Services
- **Gap 7:** Implementation of Evidence-based Practices
- **Gap 8:** Use of Peer Services
- **Gap 9:** Behavioral Health Services for Individuals with Intellectual Disabilities
- **Gap 10:** Consumer Transportation and Access to Treatment
- **Gap 11:** Prevention and Early Intervention Services
- **Gap 12:** Access to Housin

- **Gap 13:** Behavioral Health Workforce Shortage
- **Gap 14:** Services for Special Populations
- **Gap 15:** Shared and Usable Data

While not explicitly included as strategies, it is the intention of the Council that action taken to fulfill each objective will be measured for its effectiveness.

Goal 1: Program and Service Coordination

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

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

	Strategies	Gaps Addressed
1.1.1	Address the service needs of high risk individuals and families by promoting community collaborative approaches.	**1, 3, 5, 11, 14**
1.1.2	Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems through the coordinated use of substance use and mental health assessments.	**1, 3, 6, 7, 11, 14**

	Strategies	Gaps Addressed
1.1.3	Ensure service eligibility and integration into the community for those transitioning from governmental custody, foster care, and hospital settings.	**1, 3, 5, 6, 14**

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

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

Goal 2: Program and Service Delivery

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

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

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

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

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

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

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

2.4 Strengthen the behavioral health workforce by fiscal year 2021.

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

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

	Strategies	Gaps Addressed
2.5.1	Identify service delivery gaps for diverse populations in the state.	**1, 3, 4, 9, 14**
2.5.2	Develop and implement programs and services to address identified gaps to include integrated approaches for special populations.	**1, 3, 4, 9, 14**

	Strategies	Gaps Addressed
2.5.3	Develop a coordinated approach to address the housing and employment needs of individuals with behavioral health issues.	**1, 12**
2.5.4	Develop a comprehensive behavioral health approach to meet the complex needs of the highest users of high cost alternatives.	**1, 3, 8, 14**

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

	Strategies	Gaps Addressed
2.6.1	Identify opportunities for ongoing input, interagency collaboration and support for the implementation of the 10-year plan related to state psychiatric hospitals per legislation and recommendations from the 83rd and 84th Legislature.	**3, 6**
2.6.2	Address gaps related to the maintenance of the state-operated facility infrastructure to ensure quality of care and efficient operation.	**6**
2.6.3	Address gaps related to access to state funded inpatient psychiatric facilities.	**1, 6**
2.6.4	Identify and develop viable options for community re-integration and patient engagement for individuals transitioning from state-funded inpatient hospitalization to the community.	**1, 6**

Goal 3: Prevention and Early Intervention Services

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

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

	Strategies	Gaps Addressed
3.1.1	Identify and evaluate current strategies used across state agencies, and additional state and national best, promising, and evidence-based practices.	**1, 2, 7, 11**

	Strategies	Gaps Addressed
3.1.2	Develop recommendations for maintenance of currently identified best, promising, and evidence-based practices; and coordinate resources to implement new prevention and early intervention strategies.	**1, 2, 7, 11**
3.1.3	Develop a communication and outreach strategy for consumers and providers to increase awareness of and access to behavioral health services in Texas.	**1, 6**

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

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

Goal 4: Financial Alignment

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

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

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

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

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

Goal 5: Statewide Data Collaboration

Compare statewide data across state agencies on results and effectiveness.

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

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

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

	Strategies	Gaps Addressed
5.2.1	Establish a common set of data metrics that each targeted agency will collect and share.	**3, 15**

5.2.2	Identify barriers including confidentiality, data points, and existing information technology systems regarding near real-time data exchange across targeted agencies.	**3, 15**

	Strategies	Gaps Addressed
5.2.3	Work collaboratively with information technology and programs staff to determine a technically feasible and cost-effective means to share data on a near real-time basis.	**3, 15**
5.2.4	Determine any resources needed to implement identified means of near real-time data sharing.	**3, 15**

6.2 Short-term Opportunities

This section highlights projects and initiatives Council agencies plan to implement in the near future. Each opportunity is listed under the gap that the project or initiative is primarily designed to address.

Gap 1: Access to Appropriate Behavioral Health Services

Expansion of Coordinated Specialty Care (CSC) programs to provide behavioral health services and supports to individuals experiencing a first episode of psychosis: current effort to expand state-wide.

HHSC has requested an exceptional item to ensure individuals with SUD have access to all necessary services in the 11 Health and Human Services Regions. The requested funds would increase reimbursement rates for HHSC contractors, creating better stability and sustainability in regions with minimal resources. The EI addresses: 1) inflation, 2) hiring qualified employees, 3) appropriately compensating employees, 4) switching from bundled services to itemized, and 5) compensating for services that are currently not a SUD benefit (e.g., nursing services, physician services, case management, and education).

Ongoing coordination between TDCJ -TCOOMMI programs with the LMHAs and supervision partners allowing for the increased use of telemedicine service delivery in rural areas and select urban areas. Additionally, TDCJ-TCOOMMI programs will be focusing on co-location strategies between local TDCJ-TCOOMMI programs and supervision entities; further promoting efficient and timely access to care and collaboration. While these initiatives describe short-term opportunities, the TDCJ-TCOOMMI programs' implementation of the efforts are expected to have long-term advantages for individuals having severe and persistent mental illness while on supervision in communities across the state.

The state hospitals will increase capacity through renovation of existing structures to maximize current potential capacity and identify ways to reduce patients' average length of stay.

Mental health parity requires equal treatment of behavioral health conditions to physical health conditions, and all people receiving services through Texas Medicaid or CHIP MCOs are protected by federal and state mental health parity requirements.[59]
Federal law prevents MCOs that provide behavioral health benefits from imposing less favorable benefit limitations on those benefits than on medical and surgical benefits. HHSC is working with state and federal partners to monitor and improve parity in Texas Medicaid.

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

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

On January 11, 2018, the Supreme Court and the Court of Criminal Appeals held a historic joint hearing to gather input on what should comprise the priorities of a statewide judicial commission. The Judicial Commission on Mental Health is created to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs. The Judicial Summit on Mental Health will include opportunities to connect with colleagues, establish new relationships, and engage in learning sessions designed to address mental health and related issues specific to youth-serving and adult-serving courts. In addition, regional teams will receive assistance in creating local plans to improve case management and leverage resources.

Gap 2: Behavioral Health Needs of Public School Students

Collaboration has been enhanced on the legislative coordination responsibilities between programs for delinquency and dropout prevention of at-risk youth between TEA, TMD, DFPS, and TJJD. The agencies submitted a joint report to the Legislature in 2018 on prevention efforts for at-risk youth.

In 2017-2018, TEA and HHSC enhanced the statutory Recommended Best Practice List for school districts. TEA created new Mental Health and Behavioral Health Resources web pages with resource descriptions and links to resources. TEA and HHSC have initiated the 2018-2019 review cycle for best practice resources, including suicide prevention training for educators and for educator preparation programs. The agencies will post revised recommended resources for schools on the TEA website in the 2018-2019 school year with another enhancement of the resources.[60]

TEA is convening the second year of the Hurricane Harvey Task Force on School Mental Health Supports in collaboration with HHSC, the Texas Higher Education Coordinating Board, the Meadows Mental Health Policy Institute, and many statewide mental health policy and practice organizations. The task force will continue linking schools with resources, including mental health counselors and grant funding, to address mental health needs and support healing following trauma from the storm.

In the 2018-2019 school year, TEA will develop foundational resources, guidance, and tools to support schools with identifying and mapping their local Mental Health Eco-System Networks to build access to services. TEA will also make tools available with guidance for the early identification of student mental health needs. Tools include strategies for prevention and linking students and their parents with appropriate services through a behavioral health needs assessment process implemented within a multi-tiered system of support framework. TEA will engage stakeholders in content development committees through the task force and USAC, and will pilot new tools in schools.

In 2018, TEA submitted a competitive federal grant application and was awarded a five-year Project AWARE grant from SAMHSA. The grant provides $1.8 million per year to serve 15 schools in four education regions of the state impacted by Hurricane Harvey. The grant will fund licensed mental health specialists in schools, pilot evidenced-based practices, fund training by experts, and build mental health partnerships. It will be implemented in collaboration with HHSC, LMHAs, education service centers (ESCs), other community organizations, and businesses, with the University of Texas Institute for Excellence in Mental Health as the project evaluator.

HHSC administers the Mental Health Grant program authorized by H.B. 13, 85th Legislature, Regular Session, 2017. HHSC awarded funding to expand the TWITR (Telemedicine, Wellness, Intervention, Triage, and Referral) project to an additional nine counties. This program addresses mental health needs of junior and high school students who are at risk for injury of harm to self or others. (Please refer to Appendix C under TTUHC for more information on TWITR.)

Gap 3: Coordination across State Agencies

The Texas Tech Mental Health Institute was developed to leverage activities in education, research, and service across the Texas Tech University System and in collaboration with community stakeholders in support of a comprehensive approach to achieving optimal mental health outcomes for those served by the university system.

Building on the existing strengths of the Texas Tech University System component institutions, the Texas Tech Mental Health Institute will develop a "Texas Tech Model" as an integrated approach for early intervention and the delivery of mental health services and explore opportunities for research. In a short period of time, the Texas Tech Mental Health Institute has worked to participate collaboratively with local stakeholders to have a coordinated approach to addressing behavioral health challenges.

HHSC and TEA continue to strategize on how to leverage existing resources to enhance the use of programs such as MHFA in addition to collaborative grant opportunities such as the Project AWARE Grant. This coordination also addresses Gap 2: Behavioral Health Needs of Public School Students.

Gap 4: Veteran and Military Service Members Supports

S.B. 27, 85th Legislature, Regular Session, 2017, provides authority to establish a trauma affected veteran's clinical care and research center at The University of Texas Health Science Center at San Antonio.

TMD counselors have enhanced their relationships with Army National Guard units throughout the state and are able to provide more targeted prevention training based on needs of specific units rather than generalized topics.

To address resiliency among TMD, a resiliency campaign has been initiated with "Stand Ups," a quarterly focus on resilience skills and wellness blog topics. The first quarter (October-December) will be "Stand Up for Hope", second quarter (January-March) "Stand Up for Families," third quarter "Stand Up for Each Other," and the fourth quarter will focus on suicide prevention with "Stand Up for Life." In addition to monthly resilience skill and wellness blogs, each quarter will have a leadership video that coincides with the current topic, along with targeted messaging from Public Affairs and Family Support Services programs.

The TMD Resilience Program is planning to pilot the JOOL Health application with a battalion (group of around 500 soldiers) and their families, pending federal funding. The JOOL Health application allows users to develop intrinsically motivated, habit-forming behaviors that can improve resiliency and reduce mental fatigue and burnout. Data from private sector implementation of JOOL has shown an increase in employee engagement, receptivity to change, retention, and reduction in burnout while increasing resilience of users. Additionally, they have seen a reduction of chronic conditions and unproductive health behaviors as well as a decrease in stress, anxiety, and depression. Success of this pilot will determine TMD's ability to expand this opportunity.

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

TDCJ has increased jail diversion projects for adults from the county and local jails to appropriate mental health services and intervention programs. These programs are partnerships with the LMHAs, district attorneys, public defender's offices, courts, and local community corrections and supervision departments. These partnerships will increase awareness related to access to available behavioral health service options for individuals in the criminal justice system with behavioral health needs; therefore, Texans exiting the county and local jail system will have increased access to appropriate treatment options which will decrease the likelihood of reentering the criminal justice system.

HHSC is coordinating with four sites to assist with the implementation of H.B. 337, 85th Legislature, Regular Session, 2017, to ensure that persons exiting county jails are connected or reconnected to terminated benefits post release from county facilities. There are two rural and two urban local participants. HHSC will be collecting data to determine impact of this pilot, as well as identify strategies that can be shared statewide via technical assistance with other LMHA/LBHA partners.

Gap 6: Access to Timely Treatment Services

SAMHSA recently awarded HHSC $46.2 million in State Opioid Response (SOR) grant funding to support a comprehensive response to opioid misuse in Texas. The grant will be funded annually for the next two years. Funds will be used to expand access to treatment and recovery support services and provide increased access to medication-assisted treatment.

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

HHSC will use the SOR grant funding in conjunction with TTOR funds, which total $27.4 million annually and will end April 2019.

Gap 7: Implementation of Evidence-based Practices

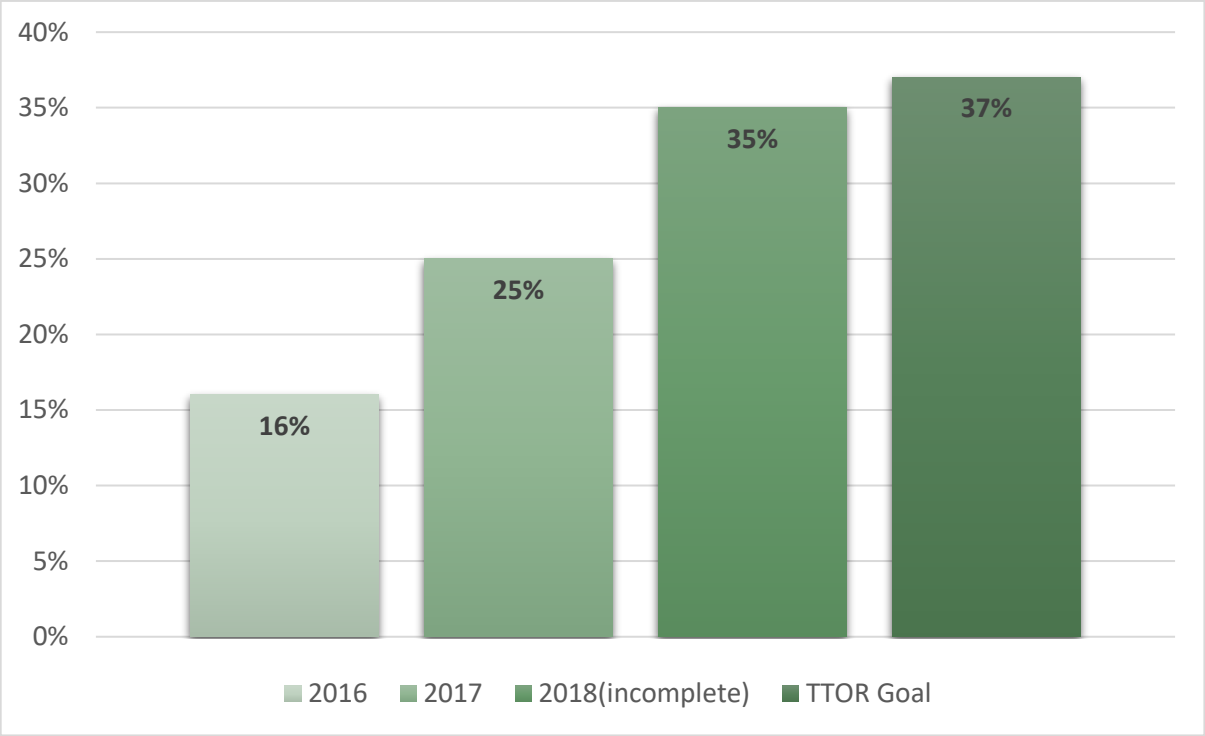
UTHSC-Houston faculty recruitment and clinical research into the causes and treatments of mental illness, from the investigation of basic biological mechanism to the development of new treatment methods.

Outcomes of the TTOR initiative include increased access to the evidence-based treatment for opioid use disorder (see Figure 11), as well as an increase in the number of people receiving overdose prevention education and overdose reversal medications.

Individuals trained in overdose prevention totaled 1,702, and 5,910 doses of medication were distributed to both traditional and non-traditional first responders resulting in 82 confirmed lives saved.

Figure 17 shows the percentage of opioid use disorder admissions to medication assisted treatment for federal fiscal years 2016 to 2018.

Figure 17. TTOR Outcomes:* Percentage of Opioid Use Disorder Admissions to Medication Assisted Treatment



*TTOR data is reported according to the federal fiscal year May 1, 2018, to April 30, 2019; therefore, the TTOR 2018 data is not a complete representation of the entire federal fiscal year.

SAMHSA released SOR grants, a funding opportunity announcement to extend and expand the nationwide State Targeted Response funding. Texas' original SOR grant award of $45.5 million per year was increased to $46.2 million per year. HHSC received a grant with a start date of September 30, 2018. The grant period is for two years with annual continuation. This grant allows HHSC to continue funding existing strategies established through TTOR, as well as expand services.

Gap 8: Use of Peer Services

TMD counselors will begin a Peer Group pilot in fiscal year 2019, aimed at engaging service members with multiple stressors and trauma affecting units. The focus will be on crisis prevention and wellness.

HHSC will oversee full implementation and technical assistance efforts related to H.B. 1486, 85th Legislature, Regular Session, 2017, regarding Medicaid-billable certified peer specialist services. In addition, HHSC is in the process of developing a Peer Services Unit within the IDD-BH Services Department. The Peer Services Unit will be led by a Director who has lived experience with a mental health or substance use condition. The unit will provide technical assistance and subject matter expertise to address issues such as:

- Peer workforce development;
- Access to certified family partners to address the needs of public school students;
- Leveraging peers to support continuity of care through re-entry programs, either from incarceration or inpatient mental health or SUD care;
- Peer supports for veterans and their families, although this gap has started to close with the Military Veteran Peer Network;
- Developing a peer workforce for people with intellectual and developmental disabilities;
- Provider organizational readiness for peer support work, including leadership buy-in to recovery orientation and peers' role; and
- Liaison efforts with Medicaid/CHIP Services and with other state agencies to coordinate around the use of peer support.

Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities

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

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

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

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

These crisis programs provided and continue to provide positive outcomes across all IDD programs by alleviating the use of law enforcement as the primary responder while also minimizing the criminalization of persons with co-occurring disorders in crisis.

Through evaluation of these programs and current and future Legislative Appropriations Requests, HHSC aims to provide a more focused effort on finding ways to expand services to individuals with IDD across systems. As such, HHSC is collaborating with SBHCC agencies and IDD stakeholders to develop a more robust understanding of gaps in services through the development of a Statewide IDD Strategic Plan.

Gap 10: Consumer Transportation and Access to Treatment

Texas A&M University-Commerce's Rural Mental Health Outreach Initiative will create diverse, targeted mental health programs grounded in research, aimed at meeting the needs while improving the mental health of rural Northeast Texans. A&M-Commerce will partner with the Texoma Behavioral Mental Health Leadership Team to increase access to care, reduce stigma, and develop strategies that lead to a better quality of life; will continue to establish partnerships with area community colleges, including expanding initial work with Grayson College; and plans to establish partnerships with local school districts and rural mental health agencies. A&M-Commerce is also collaborating with the TAMU Health Science Center, College of Nursing, through its exceptional item to increase the number of psychiatric mental health advanced practice registered nurses in Texas.

Gap 11: Prevention and Early Intervention Services

HHSC was awarded additional funds via the Mental Health Block Grant to increase behavioral health services. A portion of these expanded funds will allow HHSC to expand the CSC programming to additional sites. CSC is a recovery-oriented treatment program for first episode psychosis targeting young people experiencing an initial psychotic break. The intent of this program is to intervene at onset of illness as well as to mitigate illness acuity such that individuals can stabilize and live quality, fulfilling lives minimally impacted by the effects of their mental health condition.

West Texas Area Health Education Centers, a department within the TTUHSC F. Marie Hall Institute for Rural and Community Health, has developed a behavioral health training program called "Bridge to Excellence" for community health workers (CHW). Once trained, CHWs are prepared to identify and address behavioral health issues, educate the community, offer resources, and become a liaison between the community and available mental health services. The Bridge to Excellence program began in September 2017 and 34 students have graduated from the program as of July 2018.

Gap 12: Access to Housing

Second Chance Grant opportunity lead by TDCJ to address housing needs for transitioning youth that impact multiple state agencies. This initiative is pending an outcome of award.

The Behavioral Health Advisory Committee and the Council convened a housing workgroup to address housing issues for persons with behavioral health issues.
This workgroup convenes regularly with the short-term intent of educating participating stakeholders on the housing landscape in Texas. Long-term goals are being determined and may involve strategies and recommendations to the Legislature to assist with meeting the identified housing gaps for persons with behavioral health issues.

Gap 13: Behavioral Health Workforce Shortage

Texas A&M University-Commerce is working in collaboration with other Texas A&M universities to launch the Collaborative Psychiatric Nurse Practitioner Program, projected to begin in Fall 2019. This advanced nurse practitioner certificate program seeks to increase the number of psychiatric nurse practitioners so that patients do not go unserved, and will be a vital partner in the Texas A&M University-Commerce's Rural Mental Health Outreach Initiative.

UTHSC-Tyler expansion of Behavioral Health Workforce training with a focus on serving children and adolescents in an integrated care setting who have experienced abuse and trauma. Post-doctoral positions included in this expansion will increase the retention of mental health practitioners in rural and underserved areas. This expansion is contingent on exceptional item funding.

Gap 14: Services for Special Populations

Post-adoption and post-permanency services are purchased for families who adopted children in the care of DFPS and, in some areas of the state, for kinship and fictive caregivers who have permanent managing conservatorship of children. The purpose of these services is to support the success of the child's placement. Children who have been severely abused cope with their abuse throughout their lifetime and, as such, may need services at different points throughout their childhood. These services include case management, support groups, parent training, therapeutic counseling services, respite care, and residential therapeutic care. DFPS requested $2.6 million in additional funding in the next biennium specifically due to an increase in the number of children and youth who are re-entering conservatorship following an adoption or exit to permanency with a relative. The funding will be used 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.

Gap 15: Shared and Usable Data

Enhance data sharing between the Mental and Behavioral Health Outpatient Data Warehouse and the Texas Law Enforcement Telecommunications System to better track multi-system users and identify entry and exit into each system.
This item will enhance the data sharing capabilities of HHSC, local IDD and mental health authorities, county jails, and the Texas Commission on Jail Standards.

7. Accountability and Continuous Improvement

The framework established in this strategic plan provides the Council with steps to take to meet key objectives listed in Article IX, Section 10.04, including the elimination of duplication, utilization of best practices in contracting standards, perpetuation of identified and successful models, ensuring optimal service delivery, and identification and collection of comparable data on results and effectiveness.

7.1 Coordinating Behavioral Health Programs and Services to Eliminate Duplication

Lack of coordination and continuity among programs in a multifaceted, complex system of state and local agencies frequently results in more expensive services with poorer outcomes for individuals. One of the challenges faced by Council agencies is reducing duplication and integrating fragmented programs into a coherent and comprehensible network through which individuals can access services and service providers.

In addition to the strategic plan and fulfilling legislative direction, the Council agencies created an inventory of behavioral health programs and services. Included as Appendix A, the inventory outlines the behavioral health programs and services provided by Council agencies and describes the programs and services, and the populations and number of individuals served. The inventory also categorizes the programs and services into service categories including: prevention and promotion; screening and assessment; service coordination; treatment and rehabilitation; housing; employment; and crisis intervention.

In comparing Council agency programs and services, a number of commonalities exist related to the population served or the service provided, either directly or through contracts. The provision of common services across more than one Council agency may, in some cases, be necessary to address unique population needs. To address commonalities, the Council maintains membership on multiple workgroups that report back to the Council at each Council meeting, including:

- Behavioral health
- State hospitals
- Veterans
- Community collaboratives
- Housing
- Disaster

The Council anticipates this approach will reduce duplication of effort by state agencies, either by consolidating appropriate redundancies or by identifying opportunities to collaborate. In some instances, while similarities exist, there may not be actual redundancies, and consolidation and collaboration may not be appropriate. The Council expects overall positive results as state agencies continue to share information and seek out collaborative partnerships.

Various other advisory committees and workgroups exist to fulfill legislative directives and advise or make recommendations to member agencies that comprise the Council. Such committees include the TDCJ-TCOOMMI Advisory Committee, the State Health Coordinating Council, Joint Commission on Access and Forensic Service, the Behavioral Health Advisory Committee, the IDD System Redesign Committee, the Texas Coordinating Council for Veterans Services, and the Promoting Independence Advisory Committee. Some of these advisory committees' primary purview is behavioral health, while other committees may make occasional behavioral health-related recommendations.
It is important to acknowledge these advisory committees and the work done to improve behavioral health programs and services available to Texans.

7.2 Next Steps and Accountability

Through strategic plan objectives and strategies, the Council continues to move forward with implementation by developing a coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans. The Council convenes regularly to coordinate implementation of the strategic plan.

The statewide strategic planning process is a cross-agency, collaborative effort that will positively impact the future of behavioral health services in Texas. The behavioral health strategic plan is expected to lead to improvements in cross-agency coordination, addressing identified gaps through a coordinated and strategic approach, and maximizing the use of existing resources and services. A more efficient and effective state government approach to behavioral health service delivery will result in Texans having a greater awareness of and access to behavioral health services. While this five-year strategic plan may not solve every behavioral health problem or remedy every challenge, implementation of the goals, objectives, and strategies is a step in the right direction and offers a hopeful path to wellness and recovery.

Figure 18 illustrates behavioral health progress in Texas since fiscal year 2014. While the graphic below does not encompass all of the progress made in Texas behavioral health services since 2014, it does offer a few highlights from each year in Table 5.

Figure 18. Progress of Texas Behavioral Health Services

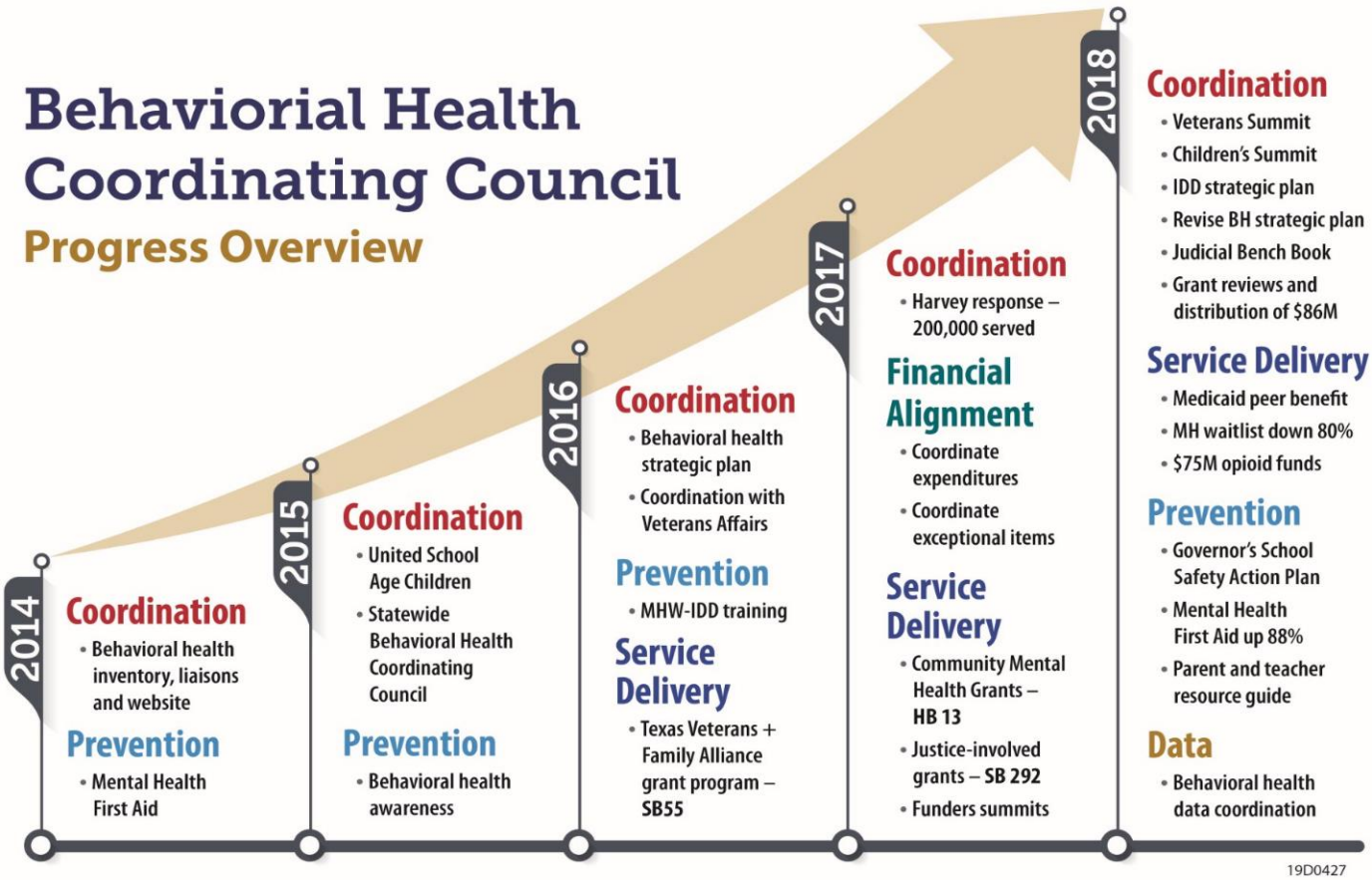


Table 5. Progress Highlights of Texas Behavioral Health Services Since Fiscal Year 2014

Fiscal Year	Progress Highlights
2014	Behavioral Health Inventory (Appendix A)
	Behavioral Health Liaisons
	Behavioral Health Website (www.mentalhealthtx.org)
	Mental Health First Aid (MHFA)
2015	United Services for All Children interagency workgroup
	Statewide Behavioral Health Coordinating Council
	Behavioral Health Awareness
2016	Statewide Behavioral Health Strategic Plan
	Coordination with U.S. Department of Veterans Affairs
	Mental Health Wellness-IDD Training
	Texas Veterans + Family Alliance Grant Program
2017	Hurricane Harvey Response – 200,000 Served
	Coordinated Expenditures and Exceptional Items from Council agencies
	Community Mental Health Grants – H.B. 13
	Mental Health Grants for Justice-Involved Individuals – S.B. 292
	Funders Summits

2018	Veterans Summit
	Children's Summit
	IDD Strategic Plan and Revised Behavioral Health Strategic Plan
	Judicial Bench Book
	Grant reviews and distribution of $86 million
	Medicaid Peer Benefit
	Mental Health Waitlist down 80 percent
	Distribution of $75 million in Opioid Funding
	Governor's School Safety Action Plan
	MHFA Training Increased 88 percent
	Parent and Teacher Resource Guide
	Behavioral Health Data Coordination

Foundation for the IDD Strategic Plan

TEXAS
Health and Human Services

IDD Executive Summary

Texas is home to more than 500,000 children and adults with IDD. Individuals with IDD face distinct lifelong challenges and often have complex medical, behavioral, physical, and social needs which span across several state and local Texas service systems.

Historically, individuals with IDD in Texas accessed publicly-funded services in institutions. Over the past 40 to 50 years, Texas has made significant changes and investments to shift access to community-based services, including the development of IDD Waiver programs, a focus within the school system to provide appropriate education to children with disabilities and a recognition of the importance of employment training and opportunities for individuals with IDD. Today, services in Texas for individuals with IDD encompass an array of acute care and long-term services and supports (LTSS) that are provided throughout an individual's life. Services for individuals with IDD are intended to be individualized, foster self-determination, community inclusion, and focus on the individual's quality of life.

A main strength of the existing Texas continuum of services for individuals with IDD is the focus to support individuals to reside in the community; connected to family, friends, education, and work opportunities. However, these services were developed by specific service categories with unique funding streams, thereby stratifying the current IDD system. As support needs change for individuals with IDD, a coordinated array of services and supports that cross existing service systems (state and local) is required.

HHSC works to provide needed and available services and supports to individuals with IDD to promote community placement and ensure each individual continues to reside in the most integrated setting appropriate to their needs and desires. However, more can be done. For example, potentially eligible individuals may wait up to 12 years on interest lists for eligibility determinations and subsequent services and supports offered through Medicaid Home and Community-Based Services (HCBS) waivers. There were 140,769 potentially eligible individuals identified across six community-based services interest lists as of May 2018.[61] While Local Intellectual and Developmental Disability Authorities (LIDDAs) provide general revenue-funded community safety net services for nearly 6,000 people each year who do not have access to LTSS, capacity is limited.

Family members often serve as the primary caregiver for loved ones. This role can last a lifetime and may diminish the caregiver's own physical and emotional health, along with increasing economic stress. When an individual with a disability is supported only by family, sudden changes in the individual's needs or in the caregiver's capacity create heightened risks for institutionalization. Enhanced access to comprehensive services would reduce these burdens.

The IDD service system also relies on the availability and readiness of the direct service workforce to deliver services across all service systems. However, demand and competition for these frontline staff exceeds supply. Texas struggles with workforce capacity in part due to high levels of job stress, long hours, limited training, and low wages resulting in high turnover.

In light of these unique and complex issues, Texas is developing a Statewide IDD Strategic Plan to unify state agency leaders and stakeholders to identify and prioritize goals and address gaps in the IDD system. The Statewide IDD Strategic Plan creates an opportunity for Texas to collaboratively build on the current strengths of the IDD service system using a multi-perspective focus to identify factors influencing how people with IDD are best supported across service systems throughout their life. Cross-system coordination and information sharing among diverse state and local agencies (e.g., behavioral health, criminal justice, workforce, housing, aging, and disability) will highlight the demands (met and unmet) on systems, and the lessons learned will provide opportunities to develop new interventions, models of care, and best practices to enhance the quality of life for individuals with IDD.

The Foundation of the Statewide IDD Strategic Plan is the first phase in the development of the full plan. The Foundation of the Statewide IDD Strategic Plan aims to lay the groundwork for the full plan and includes an overview of the IDD population in Texas; statewide IDD gap survey results; and an IDD program inventory completed by current Council member agencies.

Throughout the creation of the Foundation of the IDD Strategic Plan, it was identified that many Council agencies provide services that are available for individuals with IDD, but do not have specific IDD program funding. As a result, the funding data in the Foundation of the Statewide IDD Strategic Plan is limited to those agencies that have state funding for IDD programs. Additional information will be collected and incorporated into the full IDD Strategic Plan.

8. Statewide IDD Strategic Plan

8.1 IDD Strategic Planning Process

Texas identified the need to develop a Statewide IDD Strategic Plan to focus on the IDD system across the state. The development of the Statewide IDD Strategic Plan is an opportunity to build on the current strengths of the IDD system and identify points of collaboration to incorporate the expertise of existing systems that can result in more holistic services. The HHSC IDD program areas (including IDD-BH Services, Health, Developmental, & Independence Services, Health and Specialty Care System, and Medicaid/CHIP Services departments, in addition to HHSC's Office of Medical Director, Long-term Care Regulatory Services and Office of Mental Health Coordination), the Council, and IDD stakeholders across Texas collaborated to build the Foundation of the Statewide IDD Strategic Plan. The Foundation of the Statewide IDD Strategic Plan is the first phase and was completed in January 2019. As depicted in Figure 18 below, the strategic planning process is multi-phased. Phase one includes:

- Overview of the IDD population, including history of services and supports, and prevalence data;
- Statewide IDD gap survey and stakeholder input results; and
- IDD Program Inventory completed by current Council member agencies.

Figure 19 illustrates the multi-phased approach to statewide IDD strategic plan development undertaken since 2018.

Figure 19: Multi-phased Approach to Statewide IDD Strategic Plan Development

The IDD program and funding information was collected from the existing 23 Council member agencies. The framework used to develop the IDD Strategic Plan was modeled after the successful coordination and unified approach of the Texas Statewide Behavioral Health Strategic Plan. Not all Council member agencies provide programs or services for individuals with IDD. However, the Foundation of the Statewide IDD Strategic Plan leverages existing resources and is meant to provide an initial understanding of the Texas system for individuals with IDD.

Additional information and agencies will be identified during the development and implementation of the Statewide IDD Strategic Plan. Additional agencies will be identified to ensure all state agencies that interact with the Texas IDD system are involved in planning and implementation.

The second phase is the development of the Statewide IDD Strategic Plan which will begin in the summer of 2019. This phase will focus on the development of goals, objectives, and strategies to address identified gaps, short and long-term opportunities, as well as a timeline for implementation and mechanisms to track outcomes.

The Statewide IDD Strategic Plan includes a co-occurring component for individuals who have an IDD diagnosis, as well as a mental health and/or substance use disorder, but is meant to be overarching to include all programs and services provided for people with IDD in Texas. Co-occurring gaps and goals identified in the Statewide IDD Strategic Plan will be coordinated with the Statewide Behavioral Health Strategic Plan Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities during development in the summer of 2019.

9. Statewide IDD Population

There is not a universally accepted definition for IDD among state agencies. Varying definitions may impact program and service eligibility, as well as data collection. It is important for the purposes of this plan to broadly define IDD to outline the scope of the Statewide IDD Strategic Plan. IDD is a broader category than intellectual disability: it includes people with intellectual or developmental disabilities, or both. A diagnosis of an intellectual disability, developmental disability, or related condition defined below all reflect a common need for lifelong or long-term services, supports, or other assistance. The type of service and intensity is individualized and may vary throughout an individual's life.

Intellectual Disabilities

American Association on IDD intellectual disability as a disability with onset before 18 years of age characterized by significant limitations in both intellectual functioning and in adaptive behavior.[62]

General intellectual functioning includes reasoning, problem solving, and planning. Adaptive functioning relates to social skills, personal independence, and conceptual skills such as time and money. Individuals with an intellectual disability require ongoing support in activities of daily life, such as communication, social participation, and independent living.

Developmental Disabilities

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 defines developmental disability as a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments that manifests before age 22, is likely to continue indefinitely, and results in substantial functional limitations in three or more major life activities. Major life activities include: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. This can include a broad range of disorders and syndromes including cerebral palsy, Fetal Alcohol Syndrome, Down Syndrome and Autism Spectrum Disorder (ASD). [63]

ASD is a term for a group of developmental disabilities including Autistic disorder, Asperger's syndrome, and pervasive developmental disorder not otherwise specified.[64]

Related Condition

A related condition is a disability other than an intellectual disability or mental illness which originates before age 22. A related condition is found to be closely related to an intellectual disability because the condition substantially limits life activity and requires treatment or services similar to that of individuals with an intellectual disability. Related conditions include disabilities such as epilepsy, spina bifida, and head injuries.[65]

Due to differences in state agency adoption of definitions and eligibility criteria, the same disability or disorder may be categorized under both developmental disabilities and related condition (e.g., cerebral palsy, epilepsy, spina bifida, ASD).
Additionally, there is not a common definition of the term disability. It is defined broadly by some state agencies and national reports, and when disability is used in this report it is inclusive of IDD.

9.1 IDD in Texas: Estimated Prevalence

Conservative estimates identify approximately 485,000 children and adults in Texas diagnosed with IDD.[66] Based on national trends from the Center for Disease Control and Prevention's, *National Health Interview Survey*, it is projected 6.99 percent of children age 3 to17 years have a diagnosis of ASD, intellectual disability, and other developmental disabilities.[67] In Texas, where the estimated population of children under age 18 is more than 7 million, this translates to more than 480,000 children with IDD.[68] While estimates differ based on the varying definitions of IDD and varying estimated percentages, each estimate represents a significant number of Texans with IDD.

Individuals with IDD in Texas migrate across multiple services and service delivery systems over the course of their lifetimes depending on their age, availability of services, and changing needs. In addition, individuals with IDD often have complex needs that require a coordinated array of treatment interventions and supports (e.g., criminal justice, special education, aging, housing, and medical). The intricacies of support systems call for enhanced communication and coordination across multiple systems to ensure that services and supports are uninterrupted.

IDD and Children

According to the U.S. Department of HHS Centers for Disease Control and Prevention, the 2016 *National Center for Health Statistics Survey* found the prevalence rate of children ages 3 to 17 years diagnosed with developmental disabilities increased from 2014 to 2016. The survey found the prevalence rate of children with a diagnosis of ASD, intellectual disability, and other developmental disabilities to be 6.99 percent.[69] The population of children identified as having an intellectual disability is 1.14 percent. Texas has more than 7 million children under the age of 18;[70] therefore, the number of children with a developmental disability is estimated to be more than 480,000. Of this amount, approximately 79,800 would have an intellectual disability.

Unique Needs of Children with IDD

According to the American Academy of Pediatrics Council on Children with Disabilities, children with IDD are at higher risk of out-of-home placement than other children, particularly at higher risk of placement in residential facilities.[71] Infants and young children develop optimally through a strengthened relationship with a parenting figure which cannot be replicated by frequently changing caregivers. Research evidence suggests children raised in large congregate settings offering non-parental care by rotating shifts of caregivers experience poorer developmental outcomes compared to children raised in families.[72]

Youth with IDD in DFPS Conservatorship

Based on 2012 national Adoption and Foster Care Reporting System data, more than 31 percent of children in foster care have a disability.[73] Disabling conditions include intellectual disability, physical disability, visual or hearing loss, emotional disturbance, autism, and other medical conditions. A 2008 study based on 2007 national Medicaid claims data, found the prevalence of children with autism in foster care was 9.1 percent and the prevalence of children with IDD in foster care was 7.3 percent.[74]

The primary reasons for youth with disabilities to enter the foster care system are neglect, parental inability to cope (22.9 percent for children with disabilities versus 16.9 percent for children without disabilities), and the child's behavior (21.2 percent for children with disabilities versus 9.4 percent for children without disabilities).[75] In addition, youth with disabilities were more likely to experience placement instability and were less likely to be reunified with family. Further research showed these children were 2.47 times more likely than children without disabilities to live in a child welfare funded institution, and 2.2 times more likely than children without disabilities to live in a community-based group home.[76] The U.S. Department of HHS Administration for Children and Families' 2015 report to Congress on child welfare outcomes found that, "a long standing pattern continues in which states tend to be considerably more successful in finding permanent homes for the general foster care population (with a median success rate of 89.4 percent) than for children diagnosed with disabilities (with a median success rate of 79.2 percent). Children with disabilities are more likely to be placed in residential facilities and less likely to achieve permanency with families."[77]

Special Education

According to the US Department of Education Office for Civil Rights, children with disabilities represent 12 percent of all students in public high schools served by Individuals with Disabilities Education Act (IDEA) Part B.[78] However, IDEA requires states to identify and provide services for all eligible students with disabilities[79] between ages 3 and 21. Schools develop and implement Individualized Education Programs (IEPs) which outlines the specific services, supports, and accommodations needed for each child to receive free and appropriate education (FAPE). Children with disabilities who meet the eligibility requirements for special education become eligible on their third birthday and remain eligible through the school year after they turn 21. The total number of students between the ages of 3 and 21 receiving special education services in Texas in the 2017-2018 school year was 498,588.

Of these students, 54,134 were identified as intellectually disabled, 66,774 were identified as having autism, and 7,163 were identified as multiply disabled. These IDEA eligibility categories represent the students most likely to be considered IDD. Additionally, some students who are identified within other IDEA eligibility categories (e.g. orthopedically impaired, other health impairment, deaf/blind) may also fall within the description of IDD.[80]

IDD and Aging

Due to advances in medicine and better living and work conditions, the life expectancy for Americans has dramatically increased over the years. In 1930, the average life expectancy for Americans was 60 years of age. By 2018, the U.S. life expectancy rose to 79 years of age. The life expectancy for people with IDD has grown even more than that of the general population. In 1930, the average life expectancy for a person with IDD was 19 years of age. By 1993, this increased to 66 years of age.[81]

This longer life expectancy has resulted in a rise in the population of older adults with IDD. It is projected the number of Americans age 60 and older with IDD will nearly double from 850,600 in 2010 to 1.4 million in 2030.[82]

Unique Needs of Older Adults with IDD

Comparable to the general older adult population, many older adults with IDD experience age-related health conditions and a decline in physical and cognitive functions. They have similar needs for long-term care supports and similar desires to remain active and engaged in their community.

Unlike most of the older adult population, people aging with IDD are more likely to be vulnerable to conditions that may make growing older more difficult. For example, the National Institute on Health estimates 50 percent of people with Down Syndrome will develop Alzheimer's as they age.[83] While people with IDD are living longer than before, their life expectancy is lower than that of the general population.[84] Older adults with IDD who have severe disabilities and certain genetic syndromes may have poorer health and need more supportive services. Due to a history of low employment, older adults with IDD have limited personal savings/income resulting in a greater need to rely on others. For many, their primary source of care and support comes from parents who are aging/older and in need of their own services and supports.[85] Many older adults with IDD have fewer opportunities to exercise self-determination in order to have a meaningful, fulfilling life.

As more people with IDD are aging, the need for collaboration between systems that focus on the needs of aging and systems that focus on the needs of individuals with IDD becomes increasingly important. More research on factors that influence health will provide opportunities to create appropriate supportive services that address the unique needs of older adults with IDD and improve prevention efforts of certain health conditions.

Abuse, Neglect, and Exploitation

According to the National Association of Councils on Developmental Disabilities individuals with IDD are 4 to 10 times more likely to experience physical abuse, neglect, and/or sexual abuse in their lifetime.[86]

Factors that contribute to the increased risk of abuse include a lack of education around social norms, healthy relationships and sexual development; and being more dependent on support/services.[87] According to the National Child Traumatic Stress Network, most incidents of abuse and neglect of individuals with IDD are not reported.

A variety of factors interfere with the ability to report, such as difficulty communicating that abuse took place, difficulty in being believed, and problems related to communication in general.[88]

Trauma

According to the Disability and Abuse Project, people with IDD experience trauma at a much higher rate than people without a disability. This includes trauma related to abuse, neglect, institutionalization, restraint and seclusion, extended hospitalizations, abandonment, bullying, and other forms of maltreatment.[89] Because of a potentially reduced capacity to process information, including traumatic memories, those with IDD may be at higher risk of developing post-traumatic stress disorder compared to the general population.[90] Additionally, some individuals with IDD may manifest aggression or externalize behaviors to express an experience of trauma due to a limited ability to verbally communicate. This can often lead to a focus on an individual's behavior and a missed diagnosis and opportunity for treatment.[91]

Justice Involvement

A national report released by the U.S. Department of Education's Office for Civil Rights on School Climate and Safety in 2018 revealed while 12 percent of students are students with disabilities, students with disabilities represented:

- 28 percent of referrals to law enforcement or subjected to school-related events;
- 51 percent of students subjected to harassment or bullying based on their disability;
- 71 percent of all students restrained;
- 66 percent of all students secluded;
- 25 percent disciplined for bullying;
- 26 percent out of school suspensions; and
- 24 percent expulsions.[92]

Furthermore, The Arc, the largest national community-based organization advocating for and serving people with IDD and their families identified people with IDD are more likely to be arrested, convicted, sentenced to prison, and victimized in prison. Once in the criminal justice system, these individuals are less likely to receive probation or parole and tend to serve longer sentences.[93] Individuals with IDD make up 4 percent to 10 percent of people in prison, with higher numbers in juvenile facilities and jails.[94] Data from the Bureau of Justice Statistics found that among prisoners and jail inmates, cognitive disabilities stood out as the most commonly reported disability with about 20 percent of prisoners and 30 percent of jail inmates reporting this type of disability.[95]

Socioeconomic Challenges

Texans with IDD are more likely to live at or below the poverty level due to a high unemployment rate, a lack of affordable housing, challenges with transportation, sometimes high and expensive medical needs, and limited government benefits.

According to the employment survey directed by S.B. 2027, 85th Legislative Session, Regular Session, 2017, regarding access to employment training programs, 84 percent of participants expressed a desire to be trained and achieve employment, but lacked the resources to do so. On a national scale, the median income for people with disabilities was $20,250 which is $10,000 less than individuals without disabilities. Lack of employment due to barriers perpetuate the cycle of poverty for Texans with IDD.[96]

Co-Occurring IDD-BH

An individual with co-occurring IDD-behavioral health (IDD-BH) has IDD as well as a mental health and/or substance use disorder.[97] Individuals with IDD experience the same behavioral health conditions as the general population, but symptoms may present differently or be overshadowed due to a focus on their disability or maladaptive behaviors.[98] Individuals with IDD are also at increased risk for experiencing trauma, including emotional neglect and physical and sexual abuse, which can result in mental health and/or substance use disorders.[99] Approximately 35 percent of individuals with IDD have a co-occurring behavioral health disorder often exhibiting substantial challenges requiring additional support beyond the array of services typically provided within IDD community programs.[100]

10. IDD System in Texas

Understanding the historical development of services and supports for individuals with IDD is an important foundational element to determine how to approach next steps and address gaps in the IDD system in Texas.

Historically, individuals with IDD in Texas could only access publicly-funded services in institutions. Over the past 50 years, Texas has made significant investments to shift access to community-based services, including a focus within the school system to provide appropriate education to children with disabilities and employment training, guidance, and opportunities.

10.1 IDD Service System

Before the 1960s, individuals with IDD typically received services in an institutional setting based on a medical model. In the 1960s, Congress began providing funds to states to develop services in community settings for the first time. Community mental health and IDD centers were created during this shift in funding and treatment expectations.

10.1.1 LIDDAs in Texas

In 1965, following the passage of major legislation by the U.S. Congress and later legislation by the Texas Legislature, a significant change was introduced through the creation of community centers or LIDDAs.

The new law and funding authorized "cities, counties, hospital districts, school districts, rehabilitation districts, state-supported institutions of higher education, and state-supported medical schools, or any combination of these…[to] establish and operate a community center" to provide mental health services and/or services for individuals with IDD, as an alternative to institutional care.[101]

Prior to 2000, IDD services were provided through State-Operated Community Services (SOCS), based out of state supported living centers (SSLCs). The SOCS were dissolved under Texas law, and in 2000, LIDDAs covered all Texas service areas. Today, HHSC delegates authority and responsibility of administering services through the LIDDA as the single point of access to IDD services in Texas. Through service coordination, they provide information about services and supports, conduct psychological testing to determine eligibility, and help individuals identify and enroll into community-based services and supports. LIDDAs also assist individuals transitioning from nursing facilities and state supported living centers to ensure individuals receive services in the most appropriate and available setting to meet individual needs.[102]

10.1.2 Intermediate Care Facilities in Texas

Following the creation of local community centers in 1967, the federal government created the Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) programs as an additional alternative to nursing facilities for individuals with IDD that did not require medically-focused services.

The ICF/IID programs are Medicaid-funded and provide 24-hour supports and services to individuals with intellectual disabilities or a related condition in residential settings with a capacity of four or more individuals. There are two types of residential settings: SSLCs and community-based ICF/IIDs.

By the 1970s the federal government developed regulations and standards for treatment of individuals with IDD who lived in ICF/IIDs. These regulations shifted the focus from providing basic care for individuals with IDD to active treatment,[103] a model that focuses on teaching individuals with IDD new skills in addition to meeting basic needs. These new regulations also required individualized plans of care and the individual's participation with their interdisciplinary team to develop the plan.[104]

Following the adoption of the active treatment model, professionals and other stakeholders in the field began developing tools and resources to facilitate person-centered planning. The ultimate outcome of person-centered planning is to further improve the quality of life for people with disabilities.

Person-centered planning represented a fundamental shift from service planning that required providers to keep people with disabilities safe to a service planning and service delivery system that provides supports necessary for individuals to achieve their desired outcomes.[105]

State Supported Living Centers

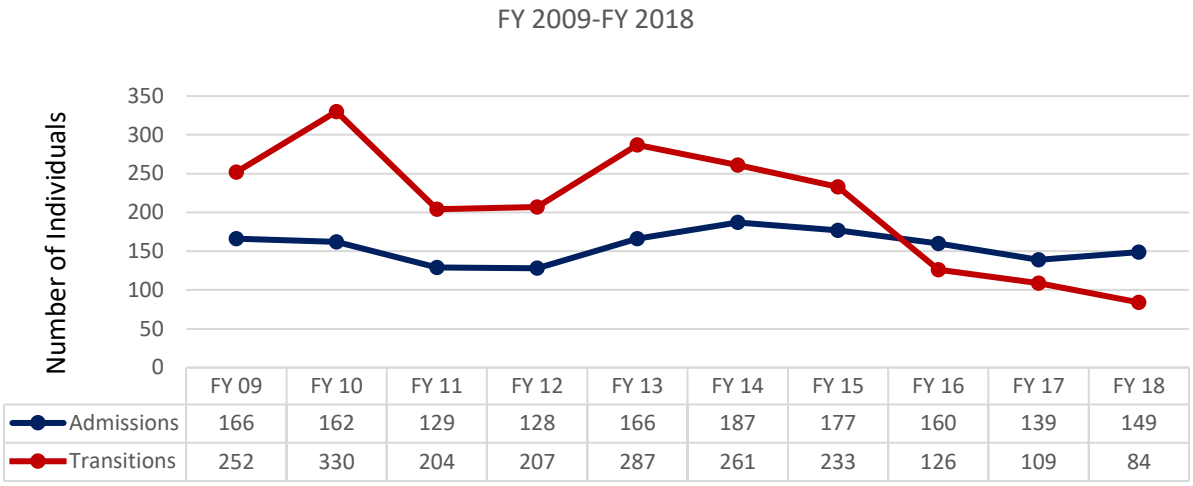
Today there are 13 SSLCs across Texas serving individuals with intellectual disabilities who have significant medical or behavioral health needs in a residential campus-based setting.

The majority of individuals admitted in recent years, including those on civil commitments, have complex behavioral health needs that can be difficult to meet. For example, in fiscal year 2018, 51 individuals, or 34 percent of all SSLC admissions, had a Home and Community-based Services (HCS) waiver slot at the time of admission.

As of August 31, 2018, a total of 2,969 individuals resided in an SSLC. The majority of individuals served, or approximately 78 percent, are between 22 and 64 years of age. Another 15 percent are 65 or older and less than 6 percent are under age 22.[106]

Figure 20 below shows that since fiscal year 2016, more individuals were admitted into an SSLC than were transitioned.

Figure 20: SSLC New Admissions and Community Transitions[107]



	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18
Admissions	166	162	129	128	166	187	177	160	139	149
Transitions	252	330	204	207	287	261	233	126	109	84

Community-based ICFs/IID

Community-based ICFs/IID are residential facilities in community settings serving four or more individuals with an intellectual disability or a related condition. The ICF/IID program provides ongoing evaluation and individual program planning, as well as 24-hour supervision, coordination, and integration of health or rehabilitative services to help individuals with an ID or related condition function to their greatest ability.

Providers, which may be public or private entities, contract with HHSC to operate these facilities. There are 789 ICF/IID facilities that are considered community providers. Of these, 715 are owned or operated by private companies and 74 are public (state or LIDDA owned or operated).

Out of the 789 ICF/IID facilities, only 3 serve more than 13 individuals. The largest community-based ICF/IID serves up to 160 individuals. As depicted in Table 6, the most prevalent community-based ICFs/IID are those that can serve up to six individuals.

Table 6: Community-based ICF/IID by Provider Type and Size

		Number of Beds										
	Facilities	**4**	**5**	**6**	**8**	**9**	**10**	**12**	**13**	**72**	**86**	**160**
Public Entities	74			55	10		4	3	2			
Private Entities	715	1	4	660	15	2	3	1	26	1	1	1

10.1.3 HCBS in Texas

In the 1980s, the federal government started granting waivers from the existing Medicaid rules. Section 1915(c) of the Social Security Act (42 U.S.C., Section 1396n(c)) allows states with a waiver of certain requirements from the federal government to provide support services in the community as a cost-effective alternative to ICF/IID. In 1985, Texas developed the first IDD waiver program, HCS, which developed waiver services and supports with a focus on individualized services that create opportunities for meaningful life in the community can be adapted to a person's changing needs over a lifetime.

Today there are seven Medicaid HCBS waivers. Of the seven Medicaid HCBS waivers, four are designed as cost-effective alternatives to ICF/IID services: HCS, Texas Home Living (TxHmL), Community Living Assistance and Support Services (CLASS), and Deaf Blind with Multiple Disabilities (DBMD). Two programs are designed as cost-effective alternatives to nursing facility care: STAR+PLUS HCBS and STAR Kids Medically Dependent Children Program (MDCP). Lastly, the Youth Empowerment Services (YES) is designed for children with serious emotional disturbance. In addition to the HCBS waivers, community-based services are also available through the Texas Medicaid State Plan services and some general revenue services.

In designing the HCBS waivers and other community-based IDD services, the state focused on individualized social, educational, and family support services that create opportunities for meaningful life in the community that can be adapted to a person's changing needs over a lifetime. Services are intended to support individuals to reside in the community, connected to family, friends, education, and work opportunities

Potentially eligible individuals may wait up to 12 years on interest lists for services and supports offered through Medicaid HCBS waivers. However, the individuals on the following interest lists in Table 7 may not yet have had Medicaid, waiver, or service need determinations, as of October 1, 2018:

Table 7. Waiver Program Enrollment and Interest Lists as of October 1, 2018

Waiver Program	Individuals Enrolled	Potentially Eligible Individuals on Interest List
HCS	27,689	93,284
CLASS	5,885	67,038
DBMD	381	416
TxHmL	6,540	73,388

Individuals can be on multiple interest lists; therefore, the interest list numbers above include duplication. As of May 2018, there were 140,769 unduplicated individuals identified across 6 Medicaid HCBS waiver interest lists.[108] This total includes interest lists for the following HCS, CLASS, DBMD, TxHmL, STAR Kids MDCP and STAR+PLUS HCBS.

Community First Choice

In June 2015, HHSC implemented Community First Choice (CFC) as a federal state plan option that allows Texas to provide home and community-based attendant services and supports to Medicaid recipients with disabilities. Individuals who qualify for an institutional level of care[109] may receive CFC through a managed care organization, their 1915(c) comprehensive waiver provider (if they are already enrolled in a 1915(c) waiver program), or a state plan fee-for-service program provider.

10.1.4 Family Caregivers

In Texas, there are more than 300,000 family caregivers, and only seven percent of those families receive support from a state IDD agency.[110] There is limited outreach and support for family caregivers and an aging population caring for individuals with IDD. An estimated 70 percent of individuals with IDD live with family, and 20 percent of these family caregivers are age 60 or older.[111] Within the family, less emphasis may be placed on the health and wellbeing of the caregiver, causing both generations to require support.[112] Both long-term and end-of-life planning needs to take place to prevent unnecessary institutionalization, provide the opportunities for choice and self-determination, and ensure that individuals with IDD have the highest quality of life.

10.2 Education System

In 1975, Congress passed IDEA to ensure all students with disabilities receive a FAPE. In the 2004 amendments to IDEA, Congress stated, "[t]he Purpose of IDEA is to prepare students for further education, employment and independent living." The major tenants of IDEA require schools to:

- Find and identify students who have a disability;
- Involve parents in decision making;
- Develop an IEP for each eligible student that includes measurable annual academic and functional goals designed to enable the child to be involved and make progress in the general education curriculum;
- Provide special instruction, related services, and supplementary aids and services in the least restrictive environment; and
- Provide processes for resolving parent complaints and disputes.[113]

Today in Texas, TEA provides guidance to local school districts and charter schools on the implementation of IDEA and ensures they provide all of the protections contained in the federal law.

State laws and rules explain how Texas will carry out IDEA and local school districts and charter schools are to provide special education services. The Texas public schools included 1,032 school districts and 180 charter operators in the 2016-2017 school year; enrolling 5,343,893 students on 8,771 campuses, including 675 charter schools.[114]

10.3 Targeted Initiatives

10.3.1 Vocational Rehabilitation

Prior to the 1970s, federal regulations included job training and guidance for some individuals with disabilities due to the need for a workforce during World War I and World War II. In 1973, Congress passed a new Rehabilitation Act that replaced the Vocational Rehabilitation Act and directed vocational rehabilitation (VR) to serve people with significant physical or mental disabilities. The Rehabilitation Act of 1973 also expanded research and training programs for individuals with disabilities, including IDD, and shifted the focus to more individualized VR services.

In 1986, amendments to the Rehabilitation Act focused on community inclusion and individual choice for disability services. For individuals with the most significant disabilities, these amendments shifted the focus of VR away from jobs in protected places like sheltered workshops to help individuals adapt to work in typical jobs in the community. Since the 1986 amendments, VR federal and state officials have worked with the disability community to integrate emerging concepts and needs into its regulations and services. The guiding principles of the rehabilitation system that shaped the Rehabilitation Act are "a belief that employment and productivity lead to independence and a belief that independence is the right of all American citizens."[115]

In 2012, a statewide neurodevelopmental team was founded which included 93 VR counselors and other VR staff, and 29 employment specialists with the highest caseloads of individuals with autism. The team currently has 122 members located across the state. Today, TWC provides VR services that are available for individuals with the following neurodevelopmental disorders: autism, Attention Deficit/Hyperactivity Disorder (ADHD), specific learning disorders, and IDD.

Specialized assessments such as the Environmental Work Assessment can be conducted for eligible individuals to identify environmental variables that either increase or decrease an individual's social and emotional skills. There are 40 skills within 4 domains that are assessed: Basic and Advanced Social and Communication Skills, Problem Solving and Executive Functioning, Self-Regulation, and Emotional Intelligence.

As of 2018, Texas VR serves approximately 7,000 individuals with autism and 31,000 individuals with a neurodevelopmental disorder, including ADHD, specific learning disorders, and IDD.[116]

10.3.2 Employment in Texas

H.B. 1230, 80th Legislature, Regular Session, 2007, was enacted to improve the services provided to Texas youth with disabilities as they transition from school to adult living with an emphasis on transition into successful employment. In 2008, the workgroup established by H.B. 1230 completed a plan to improve employment service delivery to youth with disabilities.

S.B. 45, 83rd Legislature, Regular Session, 2013, required all Medicaid 1915(c) waivers include employment assistance and supported employment. In addition, the 83rd Texas Legislature authorized S.B. 1226 requiring HHSC, TEA, and TWC jointly adopt and implement an Employment First policy that promotes integrated, competitive employment of individuals with disabilities. The Employment First Task Force was established to:

- Promote competitive employment of people with disabilities; and
- Reinforce the expectation that individuals with disabilities are able to meet the same employment standards, responsibilities, and expectations as any other working-age adult.

10.3.3 Housing

There are several federal and state laws that establish housing protections for persons with disabilities, including IDD. The federal Fair Housing Amendments Act of 1988 (FHAA) prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. It includes private housing, housing that receives federal financial assistance, state and local government housing, residential treatment programs and group homes.[117] In addition, the FHAA ensures persons with disabilities are treated equally in the process of obtaining and maintaining housing. Housing providers are required to grant reasonable accommodations and reasonable modifications to tenants with disabilities in order to ensure equal opportunity to use and enjoy a dwelling. [118]

Title II of the Americans with Disabilities Act (ADA) of 1990, as amended in 2008, prohibits state and local governments from discriminating against persons with disabilities by excluding them from services and activities due to their disabilities. One of the federal regulations associated with Title II of the ADA requires public entities to "administer services, programs, and activities in the most integrated setting appropriate to the needs of the qualified individuals with disabilities."[119] On June 22, 1999, the U.S. Supreme Court ruled in *Olmstead v. L.C.* that, under the ADA, the unjustified institutional isolation of people with disabilities was a form of unlawful discrimination.[120] In response to the *Olmstead* decision, Executive Order RP-13, and S.B. 367, 77th Legislature, Regular Session, 2001, directed HHSC to develop and implement a plan to assist individuals' transition to community services. The Promoting Independence Initiative includes all LTSS and the state's efforts to improve the provision of community-based alternatives, ensuring these programs in Texas effectively foster independence and acceptance of people with disabilities and provide opportunities for people to live productive lives in their home communities. The biennial revision of the plan provides updates on progress, challenges, and recommendations for improvement.[121]

One of the primary barriers to successful relocation from an institutional setting is the lack of affordable, accessible, and integrated housing. Federal resources are the primary source of funding available to support low income persons with disabilities access to affordable housing. There are more than 400 public housing authorities in Texas that administer U.S. Housing and Urban Development (HUD) funded programs including Housing Choice Vouchers (tenant-based rental assistance), public housing units (project-based rental assistance), or both. The Center on Budget and Policy Priorities reports that in 2016, 19 percent of adults with disabilities were helped by federal rental assistance. However, due to funding limitations, "three out of four low-income at-risk renters do not receive federal rental assistance."[122] Additional affordable housing is available through other federal programs, such as the Low-Income Tax Credit Program administered by the TDHCA. However, stakeholders have raised concerns that for the portion of persons with IDD who are currently living with aging parents, finding alternative affordable housing options is a growing concern.[123]

10.4 Additional State Services

Individuals with IDD who require medical or psychiatric care, are under Child Protective Services (CPS) conservatorship, or are justice involved are served by additional state agencies. The following section provides an initial overview of some state services provided by nursing facilities, state hospitals and CPS. Additional state services will be described in phase two during development of the Statewide IDD Strategic Plan.

10.4.1 Nursing Facilities

Nursing facilities provide services to meet medical, nursing, and psychological needs of persons needing a level of medical necessity that requires 24-hour care.

The Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) Screening Form is completed for every person seeking admission to a Texas Medicaid nursing facility, regardless of their funding source. If from the PL1, there is the suspicion an individual has a mental illness, an intellectual disability, or a developmental disability (also known as related conditions) the PASRR Evaluation Form is completed. If the PASRR Evaluation indicates a person is PASRR positive, they are provided opportunities for community placement in lieu of admission to a nursing facility. However, if admission to a nursing facility is necessary, they are eligible to receive medically necessary PASRR specialized services.

10.4.2 State Hospitals

The HHSC operates nine psychiatric hospitals and one residential treatment center. In fiscal year 2018, the state hospital system served 7,574 persons, of which 440 had an IDD diagnosis. Of those with an IDD diagnosis, 250 (57 percent) were admitted via a civil or voluntary commitment and 190 (43 percent) were admitted via a forensic commitment.
Upon discharge from the state hospitals in fiscal year 2018, 10.9 percent of persons with IDD were admitted to an SSLC, and 61.6 percent moved to a community setting. The remaining 27.5 percent of individuals with IDD returned to jail or went to another state hospital.[124]

10.4.3 Child Protective Services for Children and Youth with IDD

The service array for children and youth with IDD who are under CPS conservatorship includes service management through STAR Health, DFPS General Residential Operations (GROs), access to Medicaid 1915(c) waiver services and other Medicaid-funded and community-based services contingent upon funding availability, and support from DFPS Regional Developmental Disability Specialists.

STAR Health

Superior Health Plan has created an IDD Program to which youth may be referred at any time during their enrollment in STAR Health. Youth become eligible for the program based on information obtained from: Health Needs Screenings, Orders from Family Court, Acute Behavioral Health Admissions, and presence of symptoms of IDD.

The IDD program supports individuals with IDD, caregivers, CPS caseworkers, and others involved in the individual's care with education, assessment of needs related to IDD, coordination of services and supports to providers knowledgeable about IDD, and support and monitoring of adherence to plans to promote permanency.

General Residential Operations

Per Child Care Licensing Minimum Standards, GRO is an operation that provides child care for 7 or more children up to age 18. The care may include treatment and other programmatic services. GRO is a broad designation that includes many different types of facilities and settings such as cottage homes, shelters, and RTCs

Home and Community-based Services 1915(c) Waiver

The Legislature has identified children in CPS conservatorship as a priority population for HCS slots appropriated to HHSC. In the current biennium, CPS was allocated only 110 HCS slots for children aging out of foster care and no HCS slots for GROs serving children with IDD. In the 2016-2017 biennium, CPS received 216 HCS slots for youth 16 and one-half years and older aging out of care and 25 slots for children moving out of GROs that serve children with IDD.

Regional Developmental Disability Specialists

The CPS Regional Developmental Disability Specialists have expertise in the field of IDD and also maintain a regional network of resources and contacts specific to youth and young adults with IDD.

10.4.4 HHSC IDD Service Funding

HHSC programs for the IDD continuum are generally funded across three major categories: community-based, 1915(c) waivers, and institutional. For the purpose of this report, the 1915(c) waiver funding was not included in the community-based programming funding. 1915(c) waivers and community-based programming are separated to highlight their unique purposes as alternative funding from institutional care.

For the 2018-2019 biennium, the Legislature appropriated $2.2 billion in state general revenue and $5.5 billion in All Funds for unique IDD programs. Additional information will be collected and incorporated during development of the full Statewide IDD Strategic Plan to further include managed care specific program funds serving the IDD population and other state agencies.

Figure 21 highlights the funding distribution within the three program type categories: 1915(c) Waivers, Community-based, and Institutions for fiscal years 2018 and 2019.

Figure 21. Comparison of Program Funding by Program Type

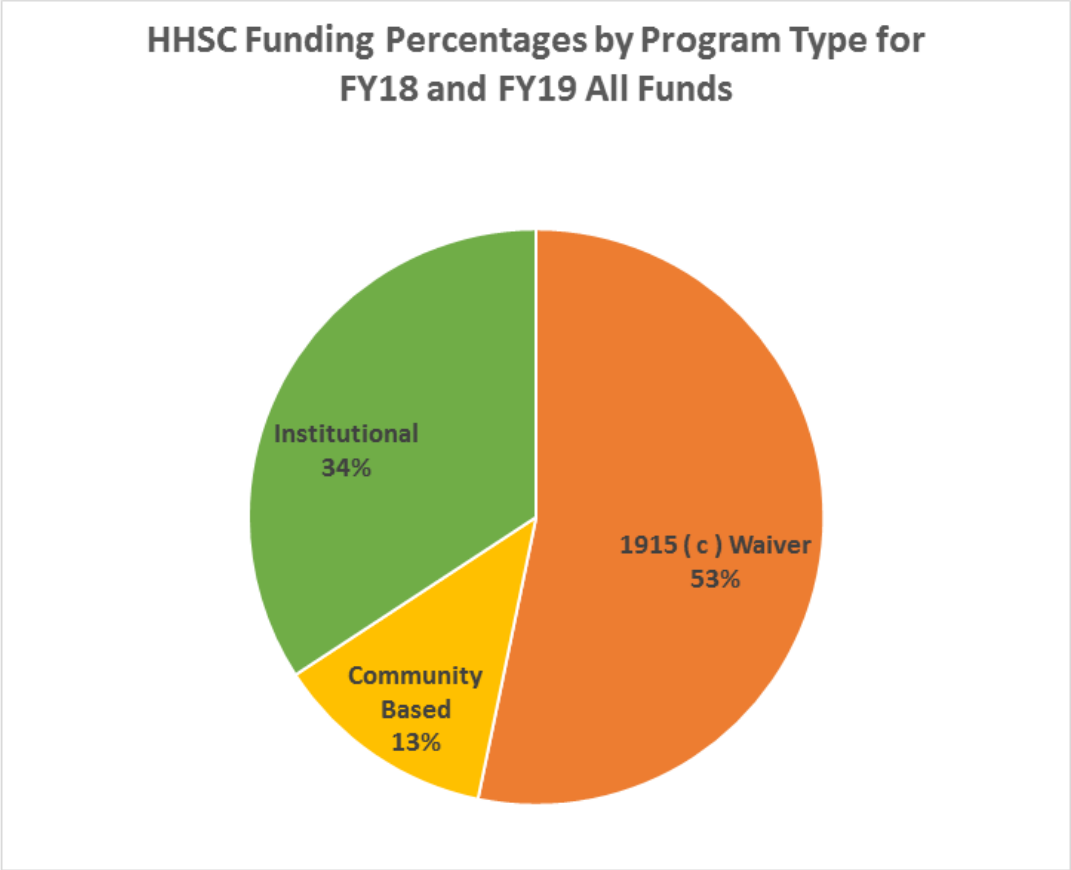


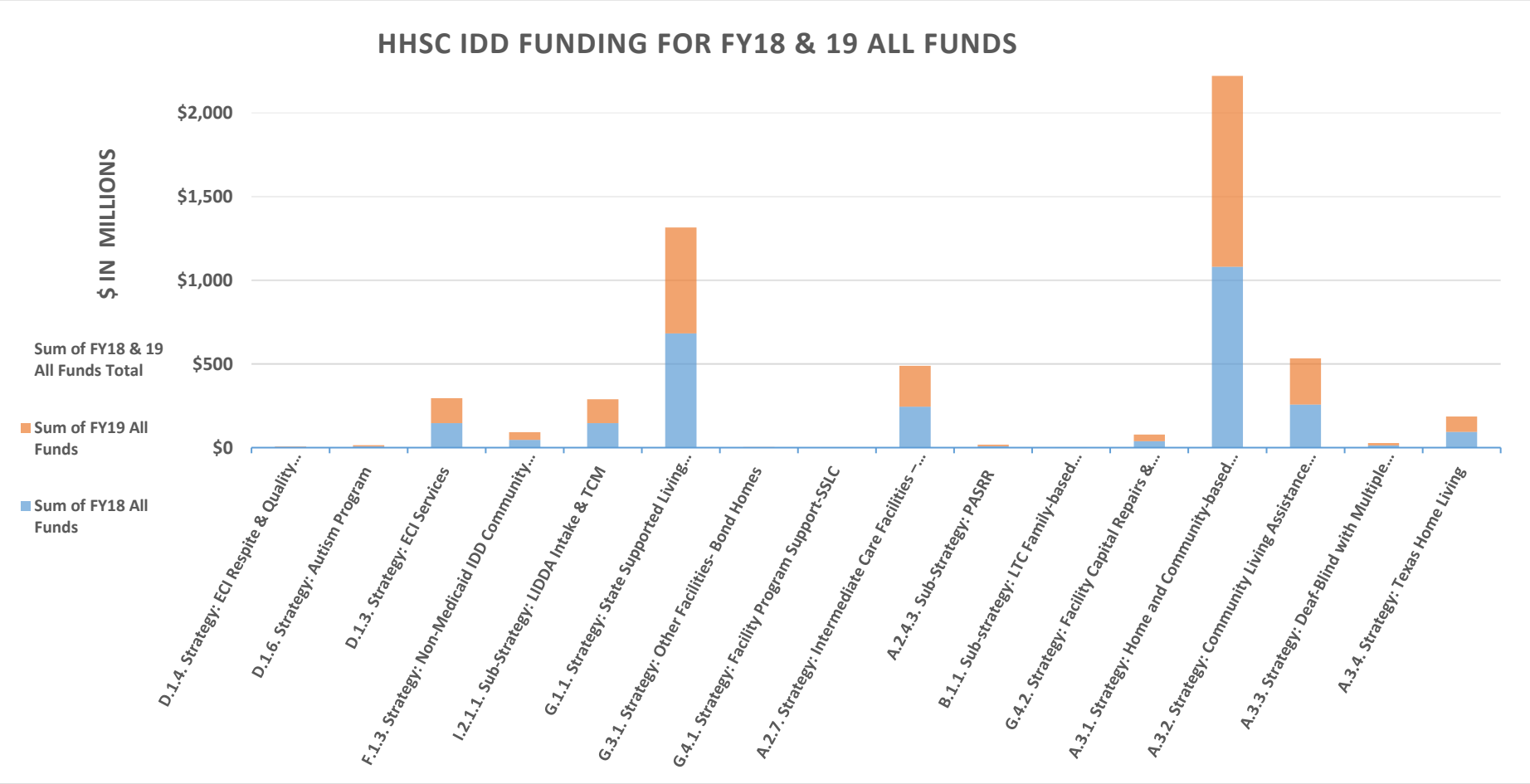
Table 8 and Figure 22 below illustrate the amount of funding Texas allocated to HHSC for IDD services within the following program types listed for the 2018-2019 biennium. Funding tables do not include managed care appropriations.

Table 8. 2018-2019 HHSC IDD Article II Program Funding*

Program Type	Strategy or Sub-Strategy: Program Name	FY 2018 All Funds	FY 2019 All Funds	FY 2018 and 2019 All Funds Total
Community Based	D.1.4. Strategy: Early Childhood Intervention Respite & Quality Assurance	$3,530,965	$3,530,965	$7,061,930
	D.1.6. Strategy: Autism Program	$7,119,655	$7,119,655	$14,239,310
	F.1.3. Strategy: Non-Medicaid IDD Community Services	$46,401,920	$46,401,921	$92,803,841
	I.2.1.1. Sub-strategy-LIDDA Intake & TCM	$146,822,386	$142,188,616	$289,011,002
	D.1.3. Strategy: Early Childhood Intervention Services	$147,043,006	$148,330,552	$295,373,558
Institutional	A.2.4.3. Sub-strategy-PASRR	$8,543,340	$8,543,340	$17,086,680
	B.1.1. Sub-strategy: Long Term Care Family-based Alternatives	$882,850	$882,850	$1,765,700
	G.1.1. Strategy: SSLCs	$682,083,568	$634,028,777	$1,316,112,345
	G.4.2. Strategy: Facility Capital Repairs & Renovations	$38,358,770	$39,758,770	$78,117,540
	A.2.7. Strategy: Intermediate Care Facilities – IID/Related Condition	$244,441,790	$244,441,790	$488,883,580
	G.3.1. Strategy: Other Facilities- Bond Homes	$2,025,056	$2,064,709	$4,089,765
	G.4.1. Strategy: Facility Program Support-SSLC	$596,905	$602,420	$1,199,325
1915(c) Waiver	A.3.1. Strategy: HCS	$1,080,402,750	$1,140,434,931	$2,220,837,681
	A.3.2. Strategy: CLASS	$257,077,332	$275,766,736	$532,844,068
	A.3.3. Strategy: DBMD	$13,541,758	$14,482,268	$28,024,026
	A.3.4. Strategy: TxHmL	$93,448,171	$92,427,757	$185,875,928
Grand Total		**$2,772,320,222**	**$2,801,006,057**	**$5,573,326,279**

*Refer to Table 9 to view funds in for fiscal years 2018 and 2019 in a bar graph.

Figure 22. 2018-2019 HHSC IDD Article II Program Funding*



* Refer to Table 8 for specific funding amounts represented in the bar graph for fiscal years 2018 and 2019.

11. IDD Stakeholder Input

11.1 IDD Strategic Gap Survey

11.1.1 Background

As part of the Foundation for the Statewide IDD Strategic Plan, a gap survey was conducted to gather statewide stakeholder input to identify gaps in the Texas IDD system and inform the development of the Statewide IDD Strategic Plan. The survey was intended for all stakeholders, such as people who have an IDD, family and friends of people who have an IDD, advocacy organizations, private provider organizations, MCOs, local authorities, and state and local agencies that provide or monitor services for individuals with IDD. Three stakeholder meetings were held in August 2018 to provide an overview of the Foundation of the Statewide IDD Strategic Plan and purpose of the IDD gap survey. Stakeholders were sent the draft IDD gap survey and asked to provide feedback and edits. Stakeholders provided detailed and valuable feedback including:

- The use of accessible language for individuals with IDD (separate questions with less text and person-centered language);
- Changing state terminology for family and friend accessibility;
- Identifying needed demographic information; and
- Identifying key gaps and questions to include in the survey.

11.1.2 Survey Design and Methodology

HHSC distributed the IDD gap survey electronically on September 21, 2018. HHSC collected responses until October 8, 2018. Approximately 65 percent of participants completed the survey (4,958 respondents participated; however, only 3,217 respondents completed the survey). Respondent attrition was greatest after the opening demographic questions (15 percent to 20 percent), but continued throughout the survey. Survey results presented here are based on the 3,217 respondents that completed all required survey questions. The narrative text boxes after each question were optional and not required to complete the survey.

The survey began with demographic information and identified four self-identified respondent groups: someone with IDD (n= 43), family or friend (n= 999), service providers (n= 938), or partner agency that interacts with the IDD system (n= 1,237).

The next section of the survey identified 11 main gap categories in the IDD system in Texas and an option for open response. HHSC developed the eleven main gap categories based on input from stakeholders. HHSC developed multiple questions for each gap area to gain a deeper understanding of the specific areas that are most challenging in the current system. The 11 gap categories include:

1. Access to IDD Services and Providers;
2. Identification and Access to Appropriate Education Services;
3. Customized, Integrated and Competitive Employment;
4. Implementation of Evidence-based Practices;
5. Coordination and Communication across State Agencies;
6. Housing Options;
7. Access to Transportation;
8. Behavioral Health Services;
9. Family Supports;
10. Coordination of Care;
11. Crisis Intervention.

Respondents with IDD only answered questions for seven gap categories. All other respondents answered questions for all 11 gap categories. Respondents with IDD were not asked questions on evidence-based practices, coordination and communication across state agencies, behavioral health services, family supports, and crisis intervention. HHSC modified questions for respondents with IDD to an appropriate reading level. See Appendix D to view the IDD gap survey questions.

The gap questions were asked on a Likert scale. Gaps were operationalized by respondents with IDD selecting "sometimes" or "no." Responses "sometimes" and "no" were aggregated.

Likert scale for respondent with IDD:

Are the statements below true for you?

Yes	***Sometimes***	***No***	***Does not apply to me***

Gaps were operationalized by all other respondents selecting "disagree" and "strongly disagree". Responses "disagree" and "strongly disagree" were aggregated.

Likert scale for all other respondents:

Please indicate your level of agreement with the following statements about…in the IDD system.

Strongly Agree	***Agree***	***Disagree***	***Strongly Disagree***	***I don't know/ Not Applicable***

Limitations of the IDD Gap Survey

Limitations of the IDD gap survey included time constraints, survey length, and format availability and accessibility for non-English speakers. The information gathering process did not entail a design representative of procedures associated with an empirically based study. As such, the results of the survey cannot be generalized to the entire population. In addition, the response rate for individuals with IDD was low; therefore, survey responses will be sensitive to extremes and should be interpreted as such.

Questions specific to the gap categories are not cumulative. Additionally, some gap categories include more questions than other gap categories and provided more opportunities for respondents to identify a gap in that category. For example, the gap category Access to IDD Services and Providers included nine questions and the gap category Housing Options included four questions. Questions for each category were determined by stakeholder input to adequately measure each category. Asking about several gap categories increased the length of the survey and may have resulted in respondents not completing the entire survey.

Within the IDD system, respondents may serve multiple roles (e.g., family member and an advocate or individual with IDD and a provider). This survey only allowed respondents to select one group, and as a result does not capture this multi-layer stakeholder perspective. Collectively, these limitations results mean the results of this study cannot be extrapolated to the entire population of persons with IDD or persons who interact with individuals with IDD in Texas. The purpose behind the survey was to help gather information to inform the direction the Statewide IDD Strategic Plan may take.

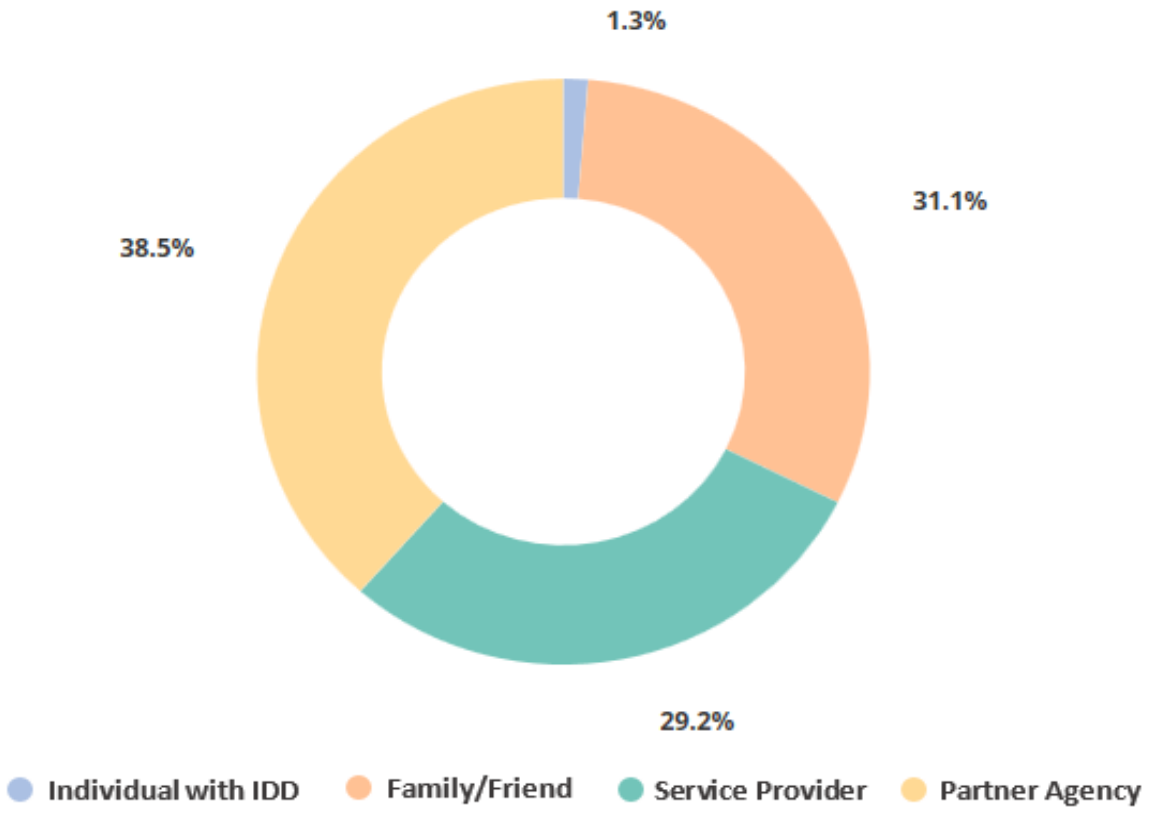
11.1.3 IDD Gap Survey Data

Demographics

There are four respondent groups identified for the IDD gap survey. Figure 23 identifies the percentage of each respondent group of the total respondents that completed the IDD gap survey.

- Individual with IDD 1.3 percent (n= 43)
- Family/Friend 31.1 percent (n= 999)
- Service Provider 29.2 percent (n= 938)
- Partner Agency 38.5 percent (n= 1,237)

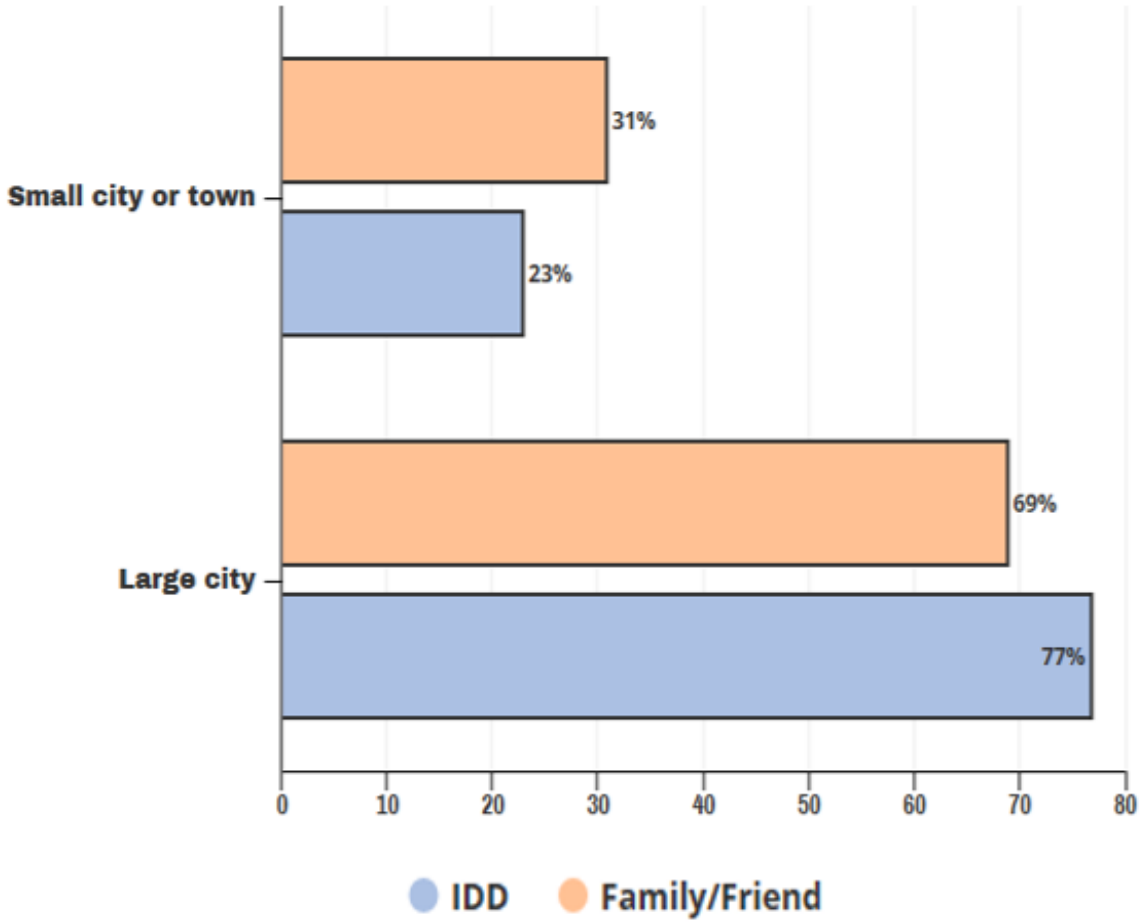
Figure 23: Respondents by Groups Surveyed



IDD and Family/Friend Demographics

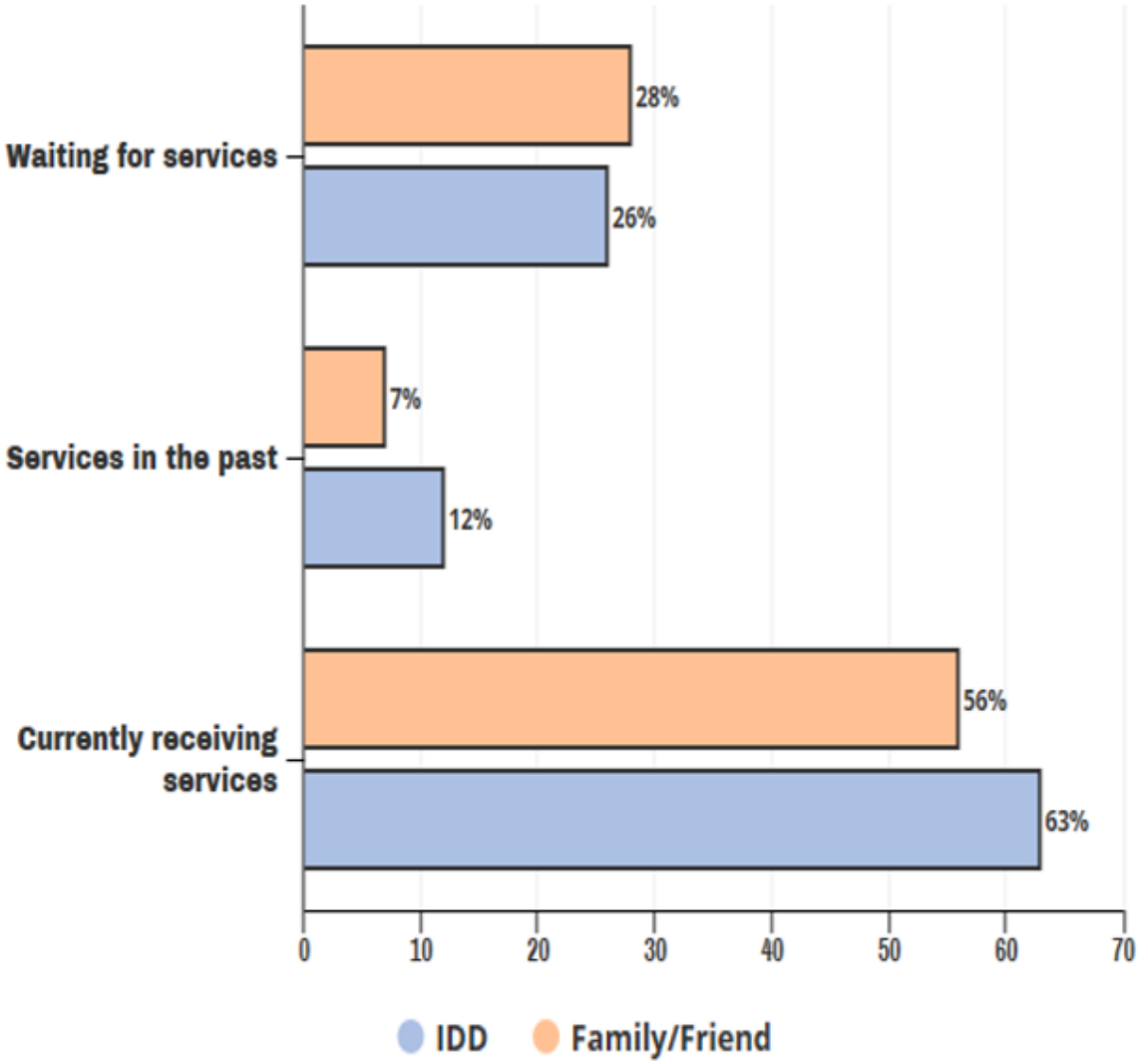
The majority of respondents with IDD or family/friend of someone with IDD live in a large city (see Figure 24). A large city was defined in the IDD gap survey as a city, such as a city with a population of 250,000 or more (e.g., Houston, Dallas), and a small city or town was defined as a city with a population less than 250,000 (e.g., Galveston, Marfa).

Figure 24: Where Do You Live?



In Figure 25, individuals with IDD were asked “Are you getting IDD services right now?” Family/friend respondents were asked “Is your family member or friend with IDD receiving IDD services?” Individuals with IDD were asked an additional question: “How old are you?” The majority (95 percent) of respondents with IDD were between ages 21 to 64.

Figure 25: Is the Individual Receiving IDD Services?

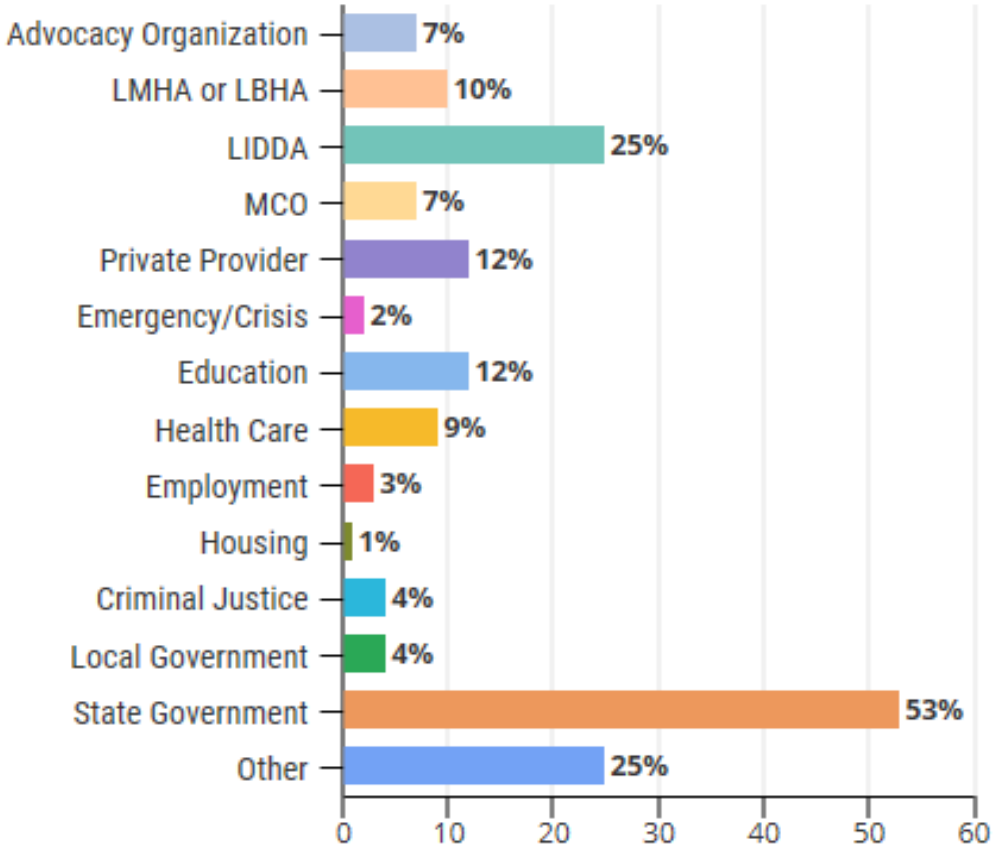


Service Provider/Agency Demographics

Figures 26 through 29 group service provider and agency staff who interact with the IDD system. Respondents from state government, including those that provide direct service and agency staff that administer or provide oversight in the IDD system, were the largest type at 53 percent. Respondents from housing were the lowest type at 1 percent.

Figure 26 below breaks the provider/agency survey respondents into categories by type of provider or agency.

Figure 26: Type of Provider/Agency Respondent



Top "other" open responses for service provider and partner agencies included:

- CPS
- DFPS
- Early Childhood Intervention
- Hospitals (including state hospitals)
- Day habilitation
- Group Home

Provider/Agency Demographics

Service providers and agency staff who interact with the IDD system were also asked:

- "What age groups do you work with?"
    - Provider/Agency respondents were able to select all that apply.
- "Where do you provide services?"
- "Where do you work?" Large city such as Houston or Dallas (population of 250,000 or more) or small city or town such as Galveston or Marfa (population less than 250,000).

Figure 27 shows the age categories by percentage for the provider/agency survey respondents.

Figure 27: What Age Groups Do You Work With? (Select All That Apply)

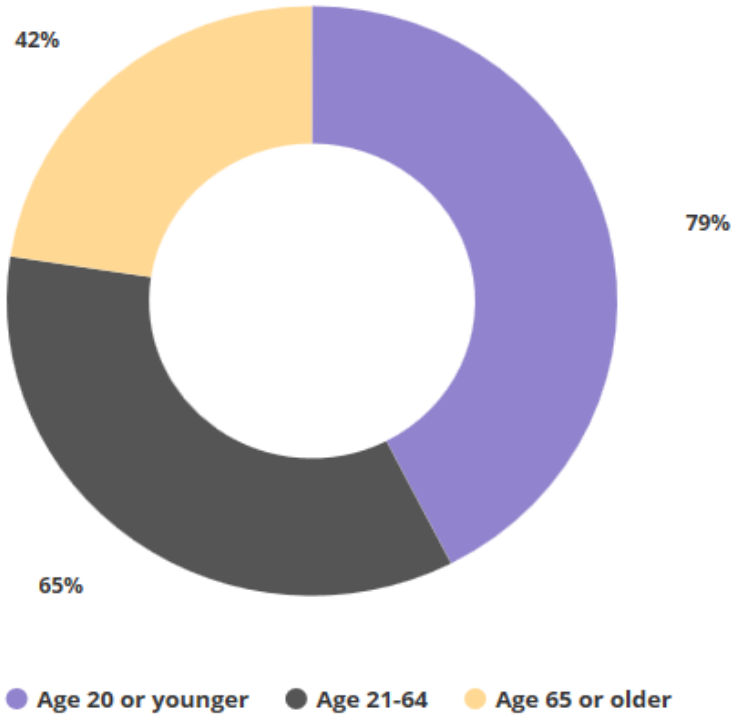
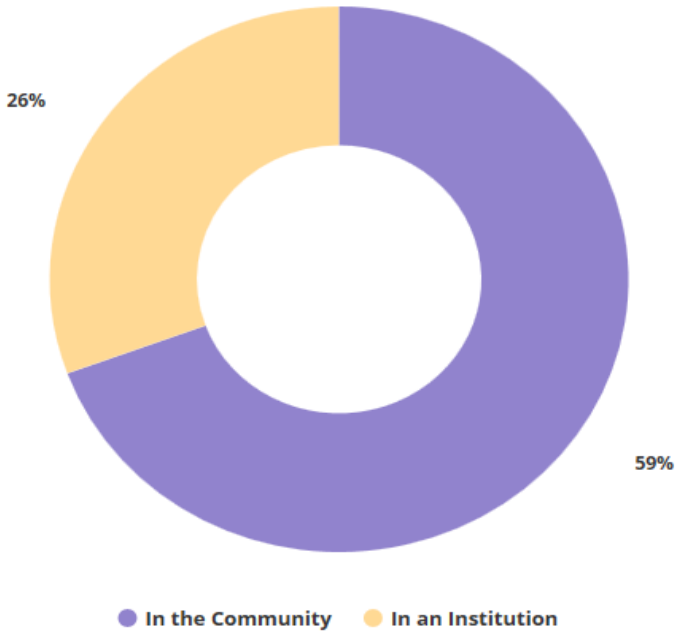


Figure 28 shows the setting by percentage of where the provider/agency survey respondents provided services at the time of the survey.

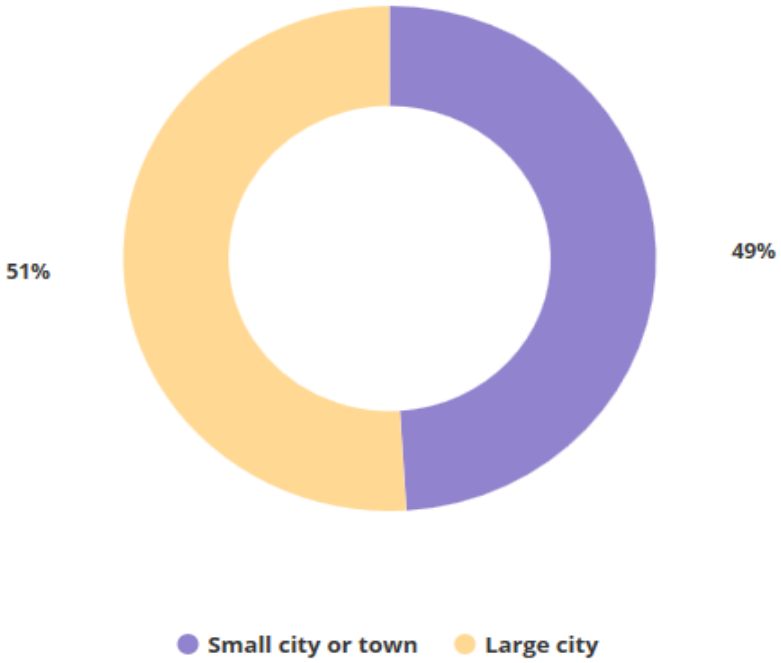
Figure 28: Where Do You Provide Services?



(This question was not applicable for 15 percent of respondents.)

Figure 29 shows where the provider/agency survey respondents work based on population.

Figure 29: Where Do You Work?

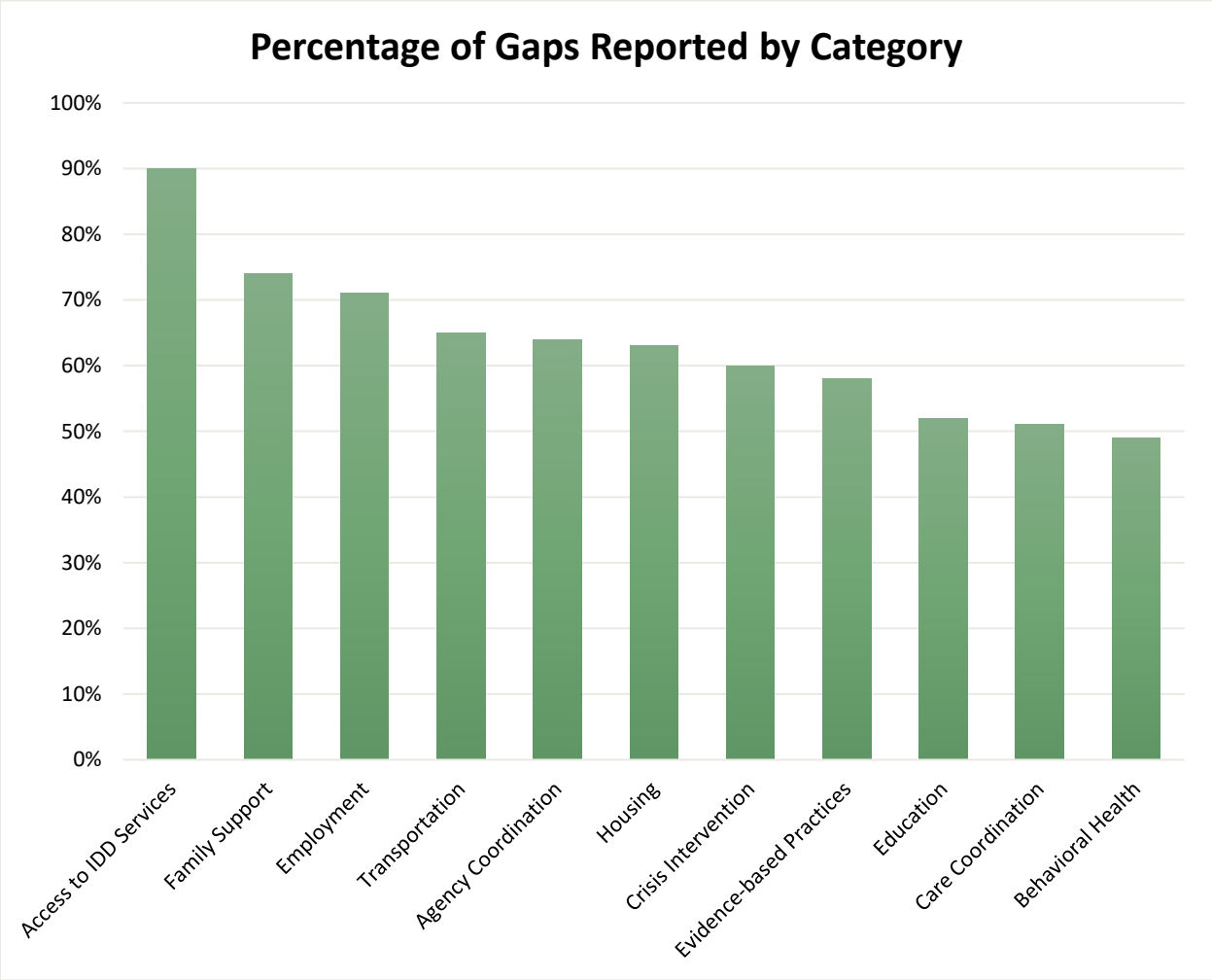


*Large city population of 250,000 or more. Small city or town population less than 250,000.

Gap Analysis

Figure 30 provides the percentage of all respondents who reported at least one item in each respective category as a gap. Gaps are arranged from the highest percentage to the lowest. The highest gap categories were identified as Access to IDD Services and Providers, Family Supports, and Customized, Integrated and Competitive Employment. For all areas but Behavioral Health, more than 50 percent of respondents identified at least one gap in the section.

Figure 30: Analysis of Gaps by Category

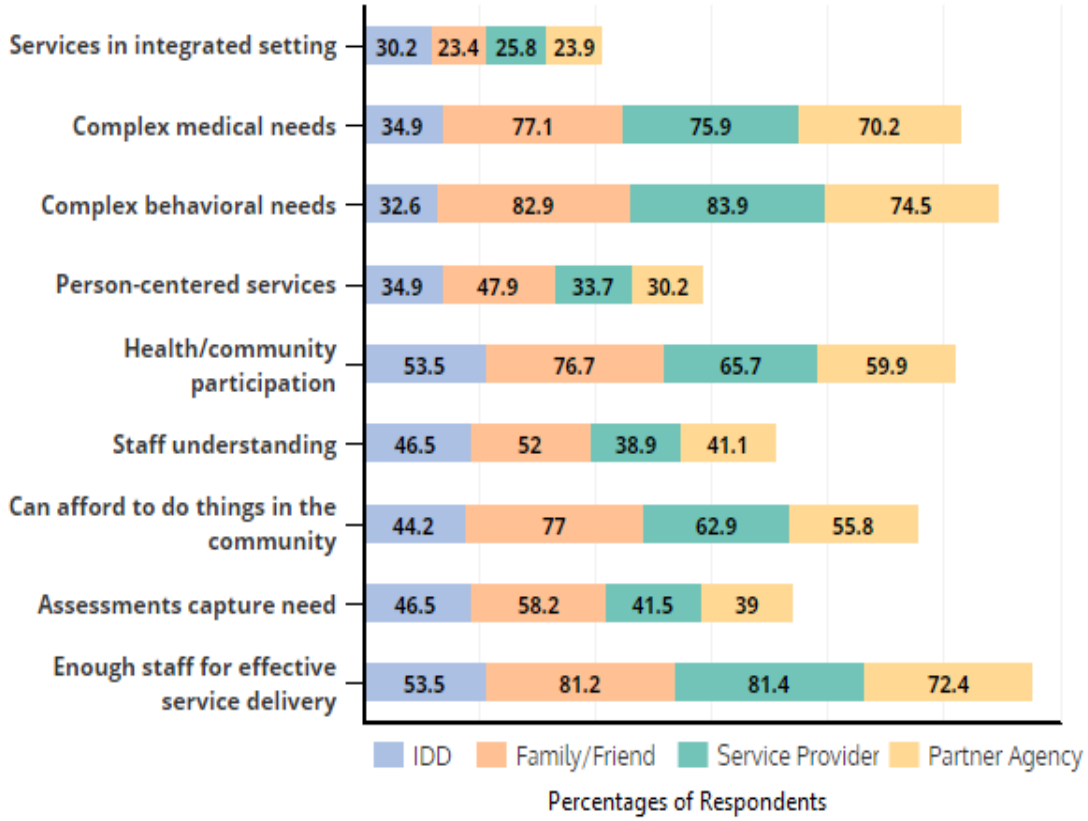


Gaps Categories

Gaps categories are further broken down by specific questions asked in the Figures 31 through 41 below. Each stack bar represents the percentage of individuals from each respondent group that identified the question as a gap. This does not provide a cumulative total. The following gap areas were not asked of respondents with IDD: Evidence-based Practices; Coordination and Communication across State Agencies; Behavioral Health Services; Family Supports; and Crisis Intervention.

Figure 31 shows the percentage of individuals from each respondent group that identified the category of Access to IDD Services and Providers as a gap.

Figure 31: Gaps in Access to IDD Services and Providers

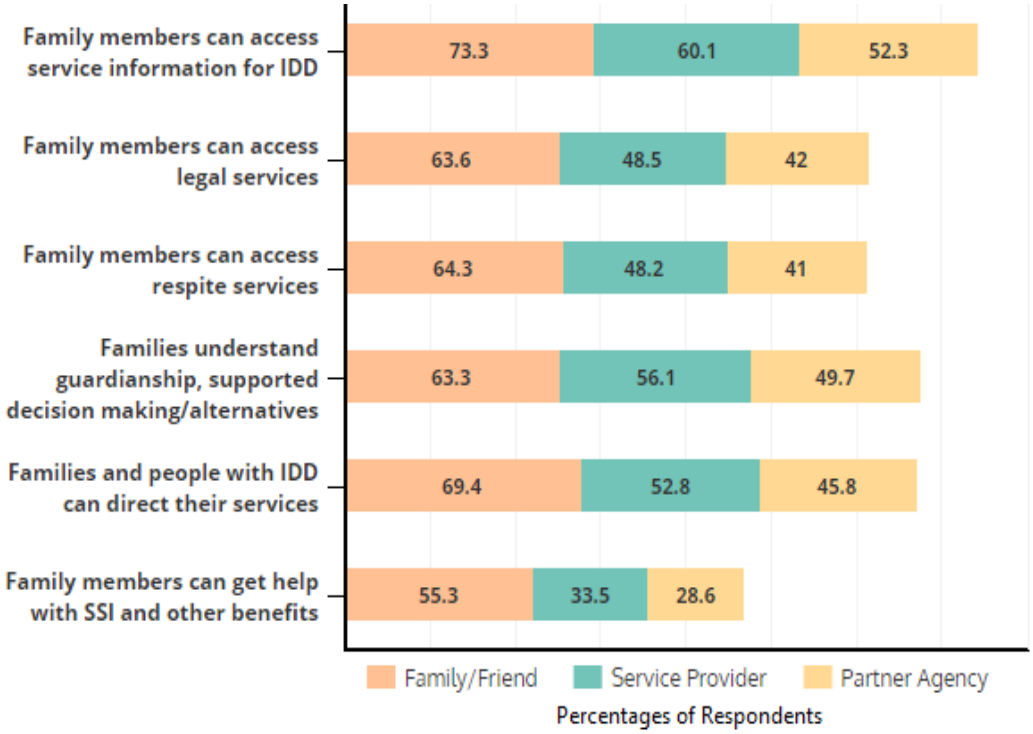


Gap Category - Access to IDD Services and Providers:

- Respondents with IDD identified Access to Enough Services to Stay Healthy and Participate in the Community and Enough Staff to Deliver Needed Services as the largest gaps with more than 50 percent for both questions.
- More than 70 percent of all other respondents identified Access to Services for Complex Medical Needs, Access to Services for Complex Behavioral Needs, and Enough Staff for Effective Service Delivery.

Figure 32 shows the percentage of individuals from each respondent group that identified the category of Family Supports as a gap.

Figure 32: Gaps in Family Supports

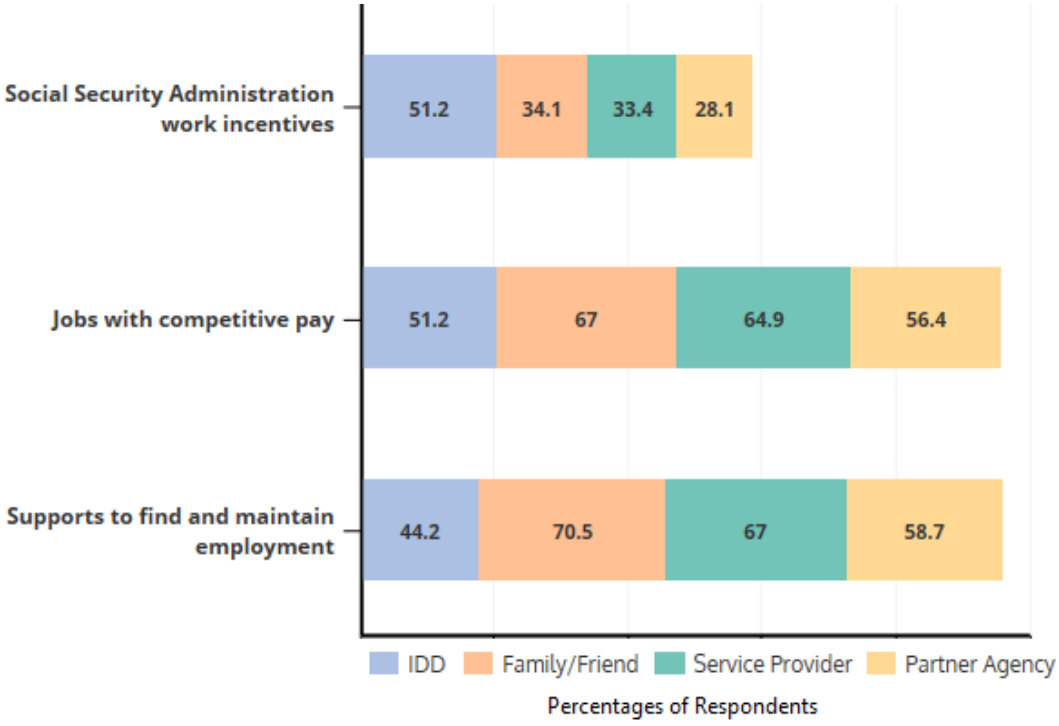


Gap Category – Family Supports:

- All respondent groups identified family member access to service information as the highest gap area.

Figure 33 shows the percentage of individuals from each respondent group that identified the category of Customized, Integrated, and Competitive Employment as a gap.

Figure 33: Gaps in Customized, Integrated, and Competitive Employment



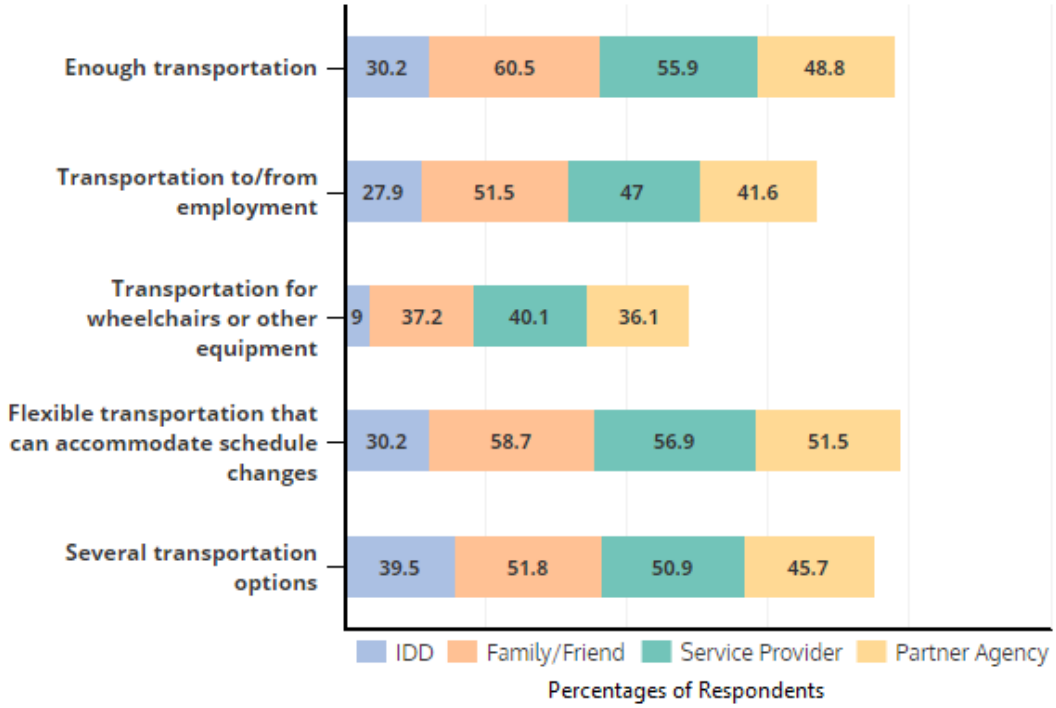
Gap Category - Customized, Integrated and Competitive Employment:

- SSA work incentives and jobs with competitive pay are identified by more than 50 percent of individuals with IDD.

- Family/friend, service provider and partner agency all identified supports to find and maintain employment as the highest gap area for employment.

Figure 34 shows the percentage of individuals from each respondent group that identified the category of Access to Transportation as a gap.

Figure 34: Gaps in Access to Transportation



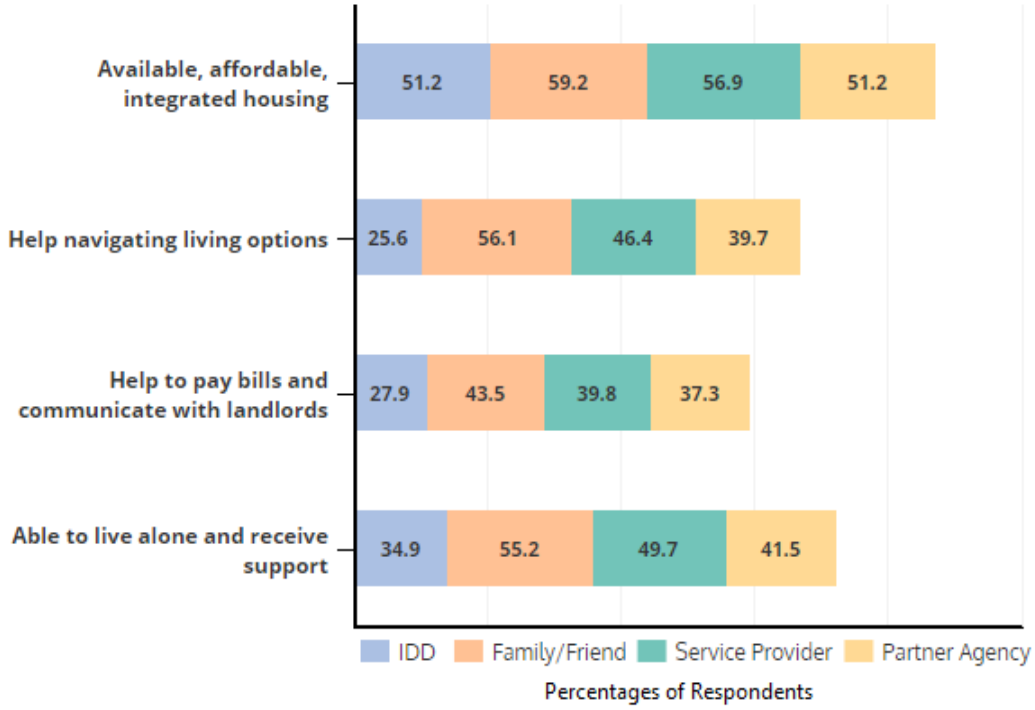
Gap Category - Access to Transportation:

Respondent types differed in their response to transportation gaps:

- Transportation options received the highest percentage from individuals with IDD.
- Enough transportation to participate in the community received the highest percentage from family/friend respondents.
- Flexible transportation received the highest percentage from both service providers and partner agencies.

Figure 35 shows the percentage of individuals from each respondent group that identified the category of Housing Options as a gap.

Figure 35: Gaps in Housing Options

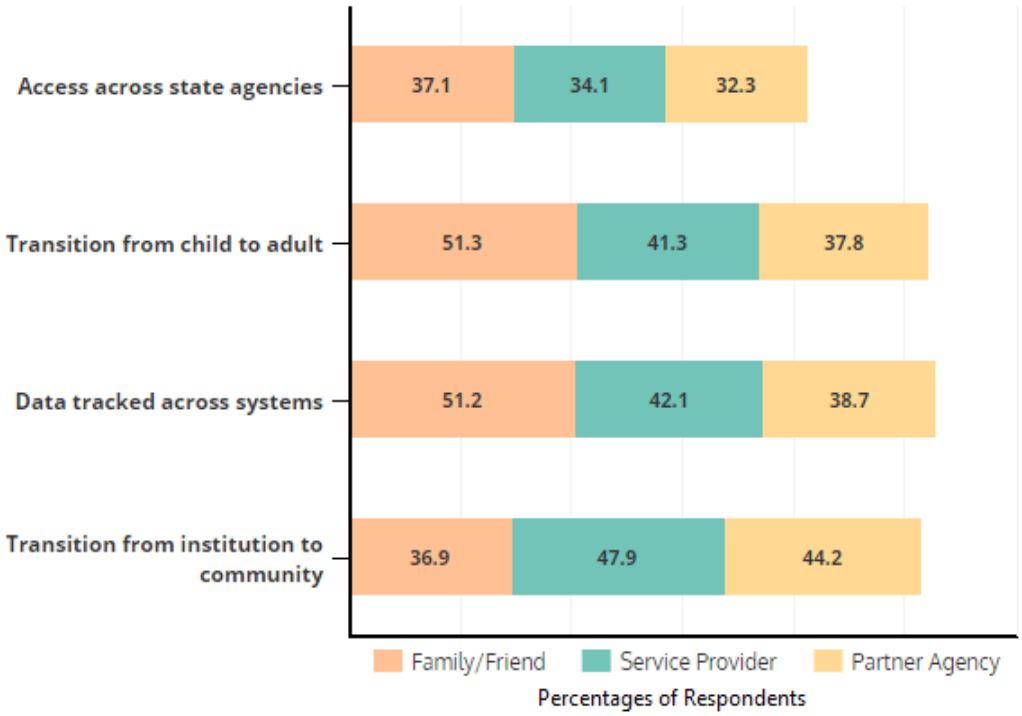


Gap Category - Housing Options:

- More than 50 percent of all respondent groups identified available, affordable, integrated housing as a gap.
- Help to pay bills and communicate with landlord received the lowest percentage of gap identification from all respondent groups except individuals with IDD.

Figure 36 shows the percentage of individuals from each respondent group that identified the category of Coordination and Communication across State Agencies as a gap.

Figure 36: Gaps in Coordination and Communication Across State Agencies



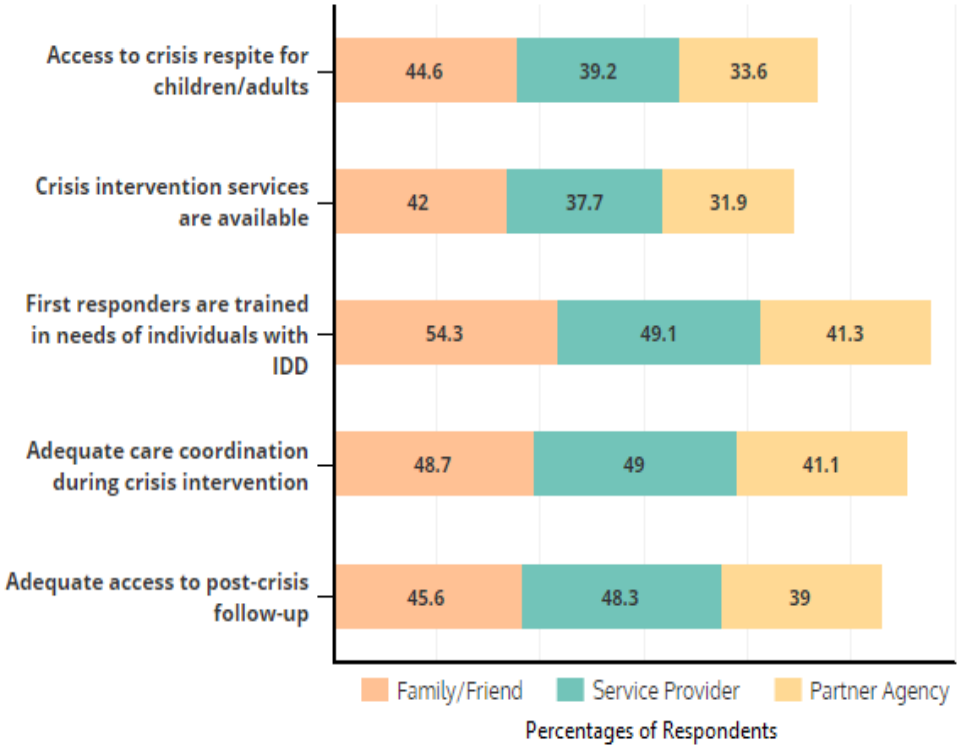
Gap Category - Coordination and Communication across State Agencies:

- Fifty-one percent of family and friends identified that both resources and services when an individual transitions from child to adult and data tracking across multiple systems as gaps.

- Service providers and partner agencies identified gaps in services and supports when transitioning from an institution to the community.

Figure 37 shows the percentage of individuals from each respondent group that identified the category of Crisis Intervention as a gap.

Figure 37: Gaps in Crisis Intervention

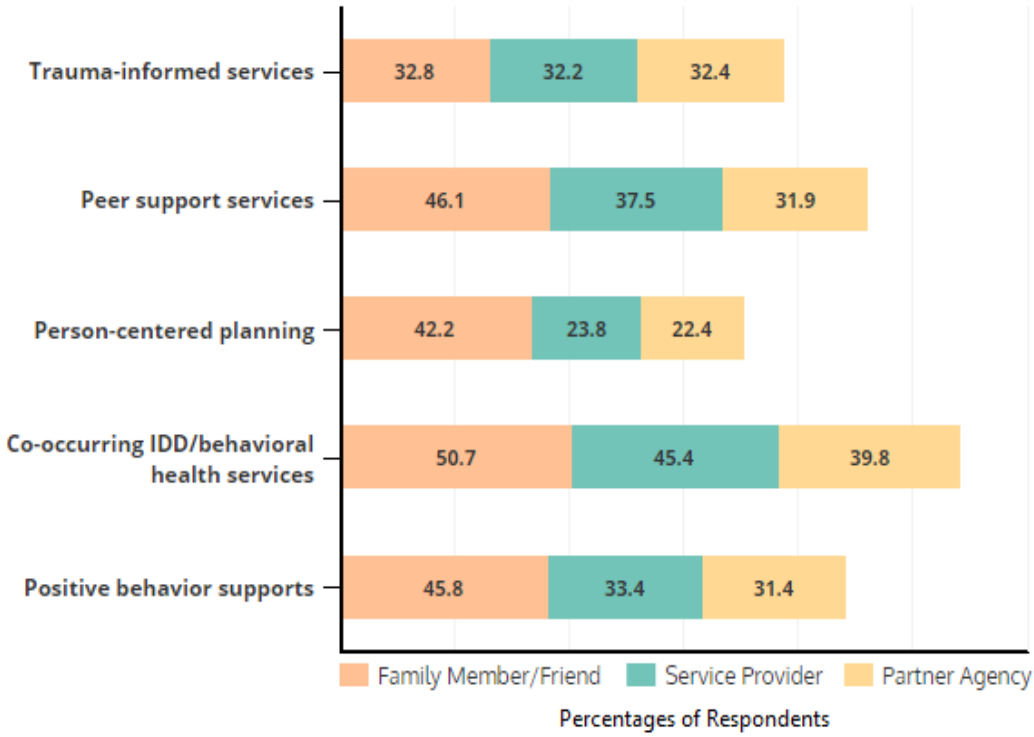


Gap Category - Crisis Intervention:

- Family/friend, service provider and partner agency identified first responder training in the needs of individuals with IDD as a main gap. Based on the percentage in the stack chart, first responder training was closely followed by adequate care coordination during a crisis and access to post-crisis follow-up.

Figure 38 shows the percentage of individuals from each respondent group that identified the category of Implementation of Evidence-based Practice as a gap.

Figure 38: Gaps in Implementation of Evidence-based Practice

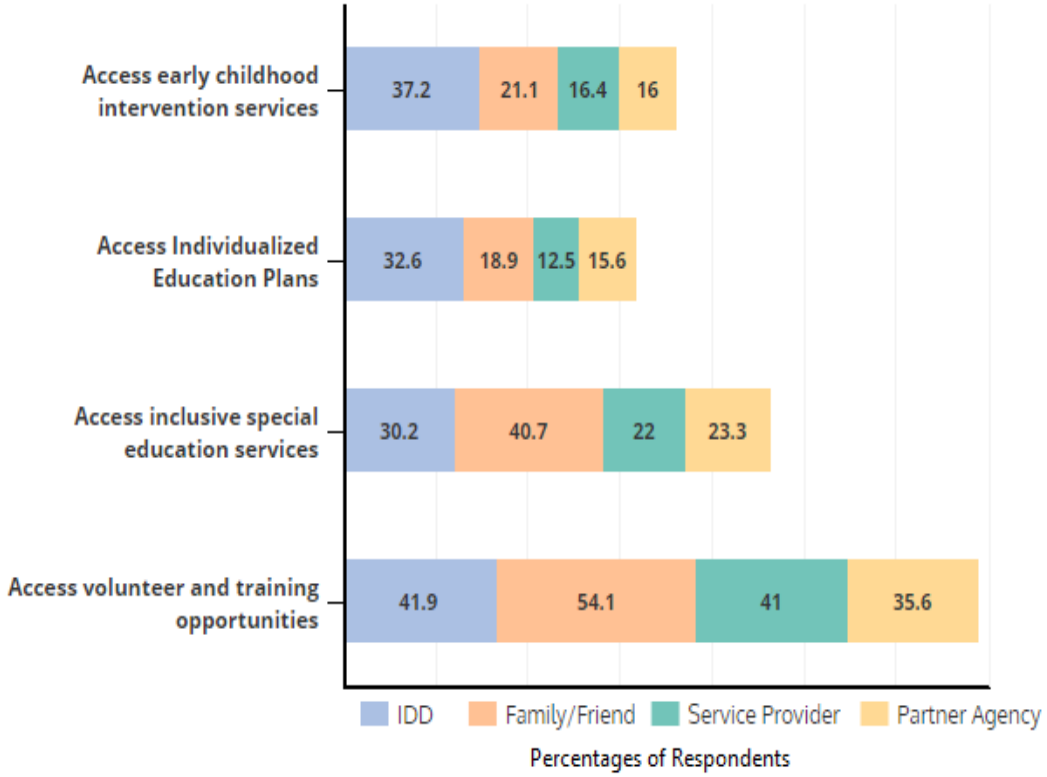


Gap Category - Implementation of Evidence-based Practice:

- Family/friend, service provider and partner agency gap percentages were highest for evidence-based practices when delivering mental health services for individuals with co-occurring IDD-BH needs.

Figure 39 shows the percentage of individuals from each respondent group that identified the category of Identification and Access to Appropriate Education Services as a gap.

Figure 39: Gaps in Identification and Access to Appropriate Education Services

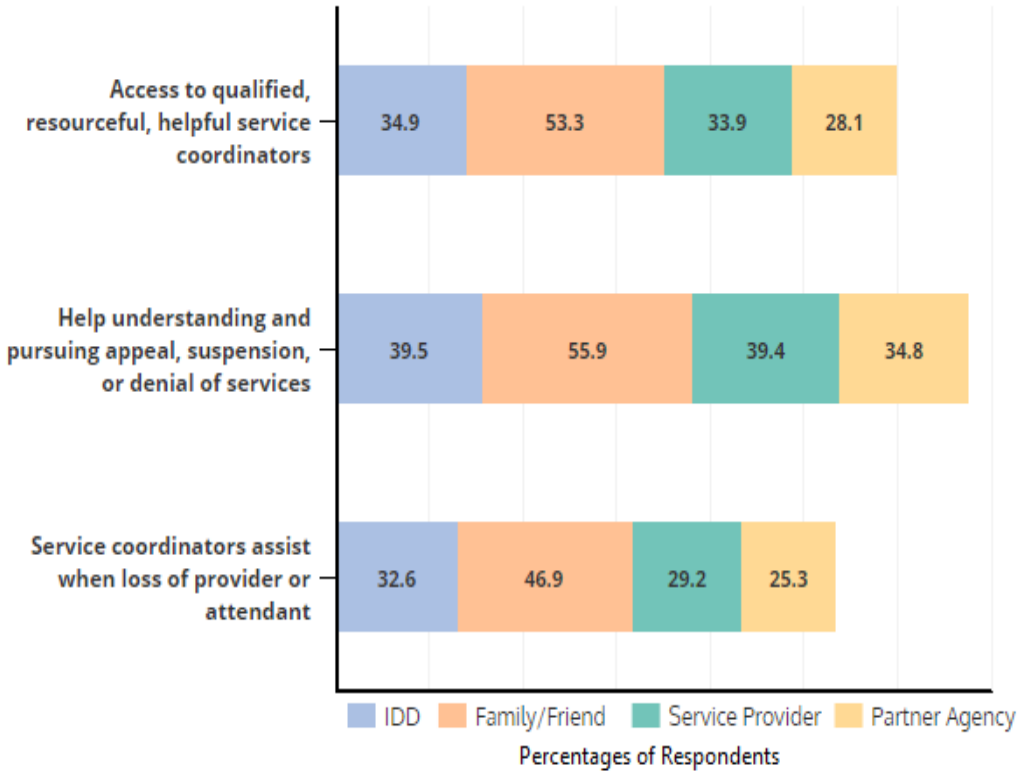


Gap Category - Identification and Access to Appropriate Education Services:

- All respondent groups rated access to volunteer and training opportunities as the largest gap area for education.

Figure 40 shows the percentage of individuals from each respondent group that identified the category of Coordination of Care as a gap.

Figure 40: Gaps in Coordination of Care

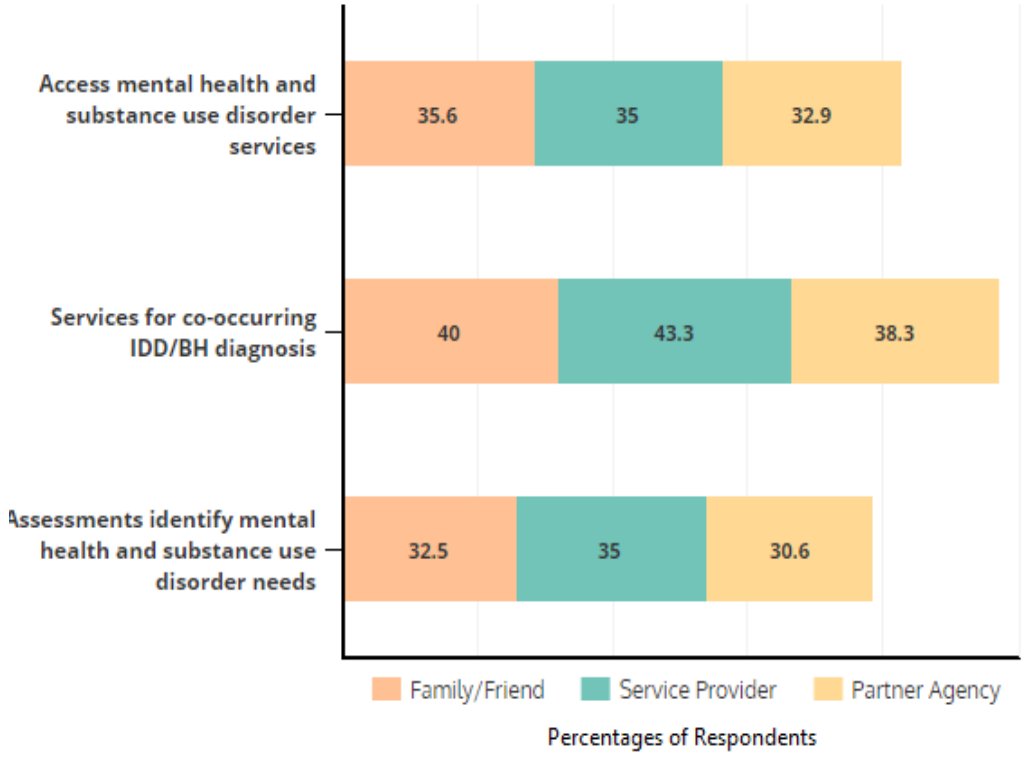


Gap Category - Coordination of Care:

- Gap percentages from all respondent groups were highest when asked if people with IDD have help understanding and pursuing appeal, suspension or denial of services.
- More than 50 percent of family/friend respondents identified access to qualified, resourceful, helpful service coordinators as a gap.

Figure 41 shows the percentage of individuals from each respondent group that identified the category of Behavioral Health Services as a gap.

Figure 41: Gaps in Behavioral Health Services



Gap Category – Behavioral Health Services:

- According to all respondent groups, the largest gap is enhanced services and service coordination when an individual has co-occurring IDD-BH.

Discussion

The IDD gap survey is one element of the Foundation of the Statewide IDD Strategic Plan to identify the main gaps that exist in the IDD system in Texas. Approximately one-half or more of all IDD gap survey respondents confirmed stakeholder-identified gap areas included the survey were important gaps in the IDD system. More than 70 percent of all respondents identified Access to IDD Services and Providers; Family Supports; and Customized, Integrated and Competitive Employment as gaps.

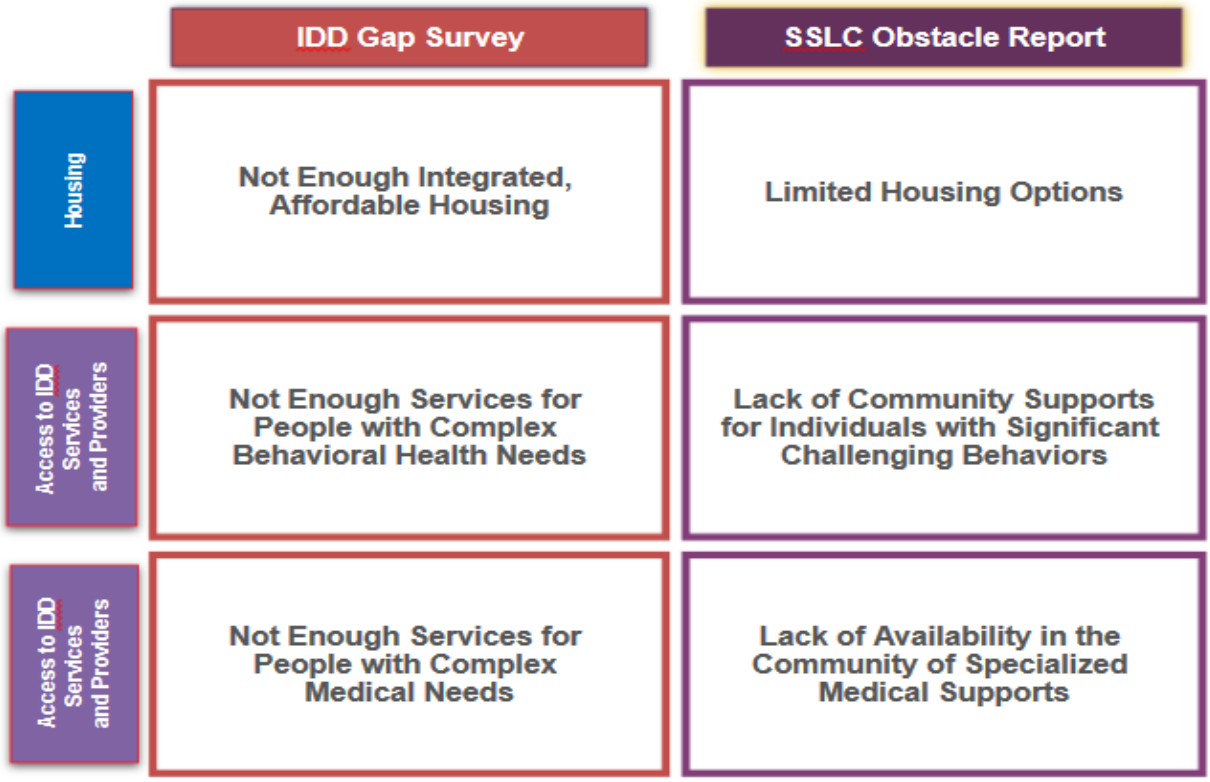
Each gap category was comprised of questions identifying variables associated with each gap. As a whole, many of the respondent groups had the same sentiment for the highest and lowest gap variables. However, for Transportation, and Coordination and Communication across State Agencies, there were differences in the priority variable.

These changes may have been influenced by the respondent's role in the system and experience with the content of the questions posed.

The results of the IDD gap survey mirrors gaps identified in both the HHSC Health and Specialty Care System *SSLC Obstacle Report* and the employment survey directed by S.B. 2027.

HHSC produces the *SSLC Obstacle Report* to identify issues, barriers, or impediments that delay an individual from moving to the service delivery setting of his or her choice in the community from a SSLC. Both the obstacle report and gap survey identify similar challenges in the IDD system in Texas. Figure 42 identifies the gap category and compares the main gap variables from the IDD gap survey with the top obstacles to community transition for fiscal year 2017.

Figure 42: Gap Comparison



The S.B. 282 employment study required an evaluation of training and employment opportunities in Texas for individuals with an intellectual disability. A survey was conducted as part of the study and 84 percent of participants express a desire to be trained and to achieve employment but lack the resources to accomplish this goal. In the IDD gap survey, employment was identified by 71 percent of all respondents as a gap and the highest identified employment variables were jobs with competitive pay and supports to find and maintain employment.

A second survey will be conducted during development of the Statewide IDD Strategic Plan to further refine the gaps and to include more accessible survey methods for individuals with IDD.

12. Next Steps

12.1 Creation of the Texas Statewide IDD Strategic Plan

The long-term plan to fully develop the Statewide IDD Strategic Plan is the next phase. This phase will begin in the summer of 2019 and will focus on continued:

- Coordination with the Council;
- Research of the IDD system in Texas;
- Stakeholder engagement;
- Survey development and distribution; and
- Outreach to state agencies that provide services for individuals with IDD.

The goal of these efforts is to build on the information gathered during first phase implementation to determine the vision, mission, and guiding principles for the Statewide IDD Strategic Plan and develop the goals, objectives and strategies to address identified gaps. Stakeholder collaboration is needed to unify Texas' approach to address systemic barriers and challenges in the IDD system.

Stakeholder engagement is key for the successful development of the Statewide IDD Strategic Plan and will be expanded after session to link to additional committees and workgroups which focus on IDD and partner with the state. In addition, a second survey will be conducted to:

- Focus on survey methods to increase participation from individuals with IDD (e.g., mail out surveys and focus groups in addition to electronic surveys);
- Prioritize and rank objectives developed for IDD strategic plan goals; and
- Identify short-term and long-term opportunities to address gaps.

The Statewide IDD Strategic Plan will focus on the overall IDD system and include coordination and expansion of the existing identified gap in the Statewide Behavioral Health Strategic Plan Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities.

Continued research of the IDD system is needed to complete the Statewide IDD Strategic Plan. Family supports for persons with IDD and the justice system among other areas require targeted outreach and research for the fully developed plan.

Finally, a timeline and operational work plan will be developed for implementation of identified strategies to address gaps and achieve goals. Benchmarks will be determined based on identified metrics for each strategy and objective to evaluate the success of implementation. A schedule will be developed to review progress on each strategy. Additionally, state agencies that provide IDD programs and services will be included to capture programs and services not provided by current Council members.

Appendices

TEXAS
Health and Human Services

Appendix A: Inventory of Behavioral Health Programs and Services

Fulfilling legislative direction, the Council agencies have created an inventory of behavioral health programs and services funded through legislative appropriations. The following inventory outlines the behavioral health programs and services provided by Council agencies and describes the programs and services, and the populations and number of individuals served. The inventory also categorizes the programs and services into service categories including: prevention and promotion; screening and assessment; service coordination; treatment and rehabilitation; housing; employment; and crisis intervention. This listed is limited to those programs and services funded in part or in whole through legislative appropriation. Programs or services provided through federal grants or other funding streams are not included.

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I.												
Texas Veterans Commission												
Article I, Texas Veterans Commission Veteran Mental Health Grants; TVC Strategies A.1.4. Veterans Outreach & B.1.1.1 General Assistance Grants (Interagency Agreement Contract [IAC] between TVC and HHSC, grants for FY 2017 only)	Texas veterans, their families, and survivors	Make grants to local nonprofit organizations and units of local governments providing direct mental health services to veterans and their families. Services include but are not limited to: clinical counseling services, peer-delivered services, and non-clinical support services.	2019 grants are not awarded until May 2019	✓		✓	✓		✓	✓		

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I, Texas Veterans Commission Veteran Mental Health Program, TVC Strategy A.1.4. Veterans Outreach (IAC between TVC and HHSC)	Texas service members, veterans, their families	Mental Health Program for Veterans is collaboratively implemented by TVC and HHSC. Provides training and technical assistance to coordinators and peers who connect veterans and their families to resources to address military trauma issues (Military Veteran Peer Network); trains community-based and faith-based organizations; and coordinates services for justice-involved veterans.	TBD	✓	✓	✓			✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Trusteed Programs, Office of the Governor												
Article I, Trusteed Programs, Office of the Governor Violence Against Women; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1)	Women identified through testing as suffering from a substance abuse or mental health problem.	Provides grant funding to local governments and non-profit corporations to provide mental health services to victims of crime.	2,784		✓	✓	✓	✓	✓		✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Crime Victim Assistance; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1)	Adults and juveniles who have a substance abuse or mental health problem.	Provides grant funding to local governments and non-profit corporations to provide mental health services to victims of crime.	37,280		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Criminal Justice / Drug Courts; Strategy A.1.3 (Rec. B.1.1)	Adults (charges include Drug/Driving While Intoxicated, Mental Health related, Veteran, Family, and Commercially Sexually Exploited Persons) and Juveniles charged with a nonviolent offense and who have a substance abuse or mental health problem.	Provide grant funds to counties, judicial districts or juvenile boards to support Specialty Courts (Drug/ Driving While Intoxicated, Mental Health, Veteran, Family, and Commercially Sexually Exploited Persons). Services provided by the drug court programs include intense supervision, drug testing, counseling and therapy and case management.	9,366		✓	✓	✓					

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Criminal Justice / Juvenile Justice and Delinquency Program; Strategy A.1.3 (Rec. B.1.1)	At-risk youth and juveniles who have had contact with the juvenile justice system. Local communities with a high population of mentally ill or population suffering from substance abuse problems.	Provide grant funding to local communities and non-profit organizations to improve the juvenile and adult criminal justice system in a variety of ways, including increased access to mental health and substance abuse programs. Services include: • Early Intervention and Prevention activities and services such as academic tutoring, truancy, suspension and expulsion prevention services. • Substance abuse, alcohol and mental health prevention services. • Work awareness and training projects. • Diversion activities to prevent youth from further involvement in the juvenile justice system.	3,120	✓	✓	✓	✓	✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Criminal Justice / Residential Substance Abuse Treatment; Strategy A.1.3 (Rec. B.1.1)	Adults and juveniles charged with an offense who have a substance abuse problem.	Provide direct treatment services to the eligible offender populations of State agencies, counties, and community supervision and corrections departments operating secure correctional facilities.	1,134		✓	✓	✓	✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Edward Byrne Memorial Justice Assistance; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1)	Adults and juveniles charged with an offense who have a substance abuse or mental health problem.	Provides grant funding to states and local governments to improve the administration of the criminal justice system to include substance abuse treatment and mental health services.	1,416		✓	✓	✓	✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II.												
Department of Family and Protective Services												
Article II, Department of Family and Protective Services Adult Protective Services Emergency Client Services; Strategy D.1.3	Persons 65 and older and adults 18 to 64 with a disability in Adult Protective Services cases who are receiving services, and their family members.	Provide payments to contractors for mental health services to individuals to assess capacity and meet their service plan needs where services are not already provided through other funding sources.	490		✓		✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Department of Family and Protective Services 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 individuals to meet their service plan needs, where not met by STAR Health or other services. Services may include: • Psychological and developmental evaluation and testing, psychiatric evaluation, and psychosocial assessments • Individual, group, and/or family counseling and therapy, including home-based therapy.	57,346		✓		✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Department of Family and Protective Services Substance Abuse Prevention and Treatment Services; Strategy B.1.7	Families who either have a child in foster care or are receiving in-home family based safety services due to the high-risk of having a child removed and placed in foster care absent preventive measures. Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families.	Provide payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to individuals to meet their needs, where not met by HHSC services. Services may include: • Substance abuse assessment and diagnostic consultation. • Individual, group and/or family substance abuse counseling and therapy, including home-based therapy.	22,564		✓		✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Health and Human Services Commission												
Article II, Health and Human Services Commission IDD Crisis Respite and Behavioral Intervention Programs; Exceptional Item 5a, Strategy A.1.1	Individuals with IDD who have significant behavioral and psychiatric challenges.	Behavioral intervention and crisis respite programs at the LIDDAs to stabilize individuals with IDD in crisis while securing services that will meet their long-term needs. • Establish, expand, or enhance Community-based Crisis Services; • Provide existing crisis mobile units with the availability of a behavioral specialist trained to address crisis situations with individuals with IDD; • Provide crisis respite services for individuals with IDD and IDD/mental illness to exclude mental illness only; and • Provide follow-up care to monitor and provide support to individuals with IDD who received crisis services.		✓							✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Community Mental Health Crisis Services; Strategy D.2.3	Adults and children with mental illness or in crisis and at risk of unnecessary hospitalization, incarceration, or use of emergency rooms.	Provide an array of community crisis services in the least restrictive environment and ensure statewide access to crisis hotlines, mobile crisis response, and facility-based crisis services, including community-based competency restoration services and other specialized projects to support persons in periods of crisis. Goals also include preventing the utilization of more intensive services.	Legislative Budge Board (LBB) Annual Target Residential: 25,000 Out-patient 72,200		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission 1915(i) HCBS; Strategy D.2.5	Adults with extended tenure in state mental health facilities, high utilization of emergency room, and/or frequent incarcerations.	Support the recovery of adults with extended tenure in state mental health facilities, high utilization of emergency rooms, and/or frequent incarcerations by providing intensive wrap-around home and community-based services. Individuals enrolled in Home and Community-Based Services - Adult Mental Health (HCBS-AMH) are eligible for all Medicaid behavioral health services as well as those specific to the HCBS-AMH program, such as supervised living services, home modifications, home delivered meals, and transportation services.	250	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Child Advocacy Programs (Child Advocacy Centers); Strategy D.2.4	Victims of child abuse and the non-offending care taker. Target population age range is between 0 and 18 and older. Victims over the age of 18 can include those who are developmentally delayed.	• Provide assistance and coordination for victims in local law enforcement agencies and district attorney's offices. • Assess victims of child abuse and their families to determine their need for services relating to the investigation of child abuse • Provide the services determined to be needed • Provide a facility at which a multidisciplinary team appointed under Texas Family Code, Section 264.406 can meet to facilitate the efficient and appropriate disposition of child abuse cases through the civil and criminal justice systems • Coordinate the activities of governmental entities relating to child abuse investigations and delivery of services to child abuse victims and their families • Expand vendor-delivered services to state hospitals.				✓						✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Children's Health Insurance Program; Strategy C.1.1	CHIP provides health coverage to low-income, uninsured children in families with incomes too high to qualify for Medicaid. CHIP is jointly funded by the federal government and the states. CHIP covers children in families who have too much income to qualify for Medicaid, but cannot afford to buy private insurance.	• Inpatient mental health services, • Outpatient mental health services, including: • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments • Residential treatment services • Sub-acute outpatient services • Skills training • Inpatient Substance Abuse Treatment Services including but not limited to: • Inpatient substance abuse treatment including withdrawal management and crisis stabilization • Outpatient substance abuse treatment services including • Prevention and intervention • Intensive outpatient services • Partial hospitalization	54,180	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Community Mental Health Crisis Services Strategy D.2.3. (Rider 83)	Individuals experiencing mental illness	H.B. 13 / Rider 83 Community Mental Health Grant Program Funding to improve and increase the availability of and access to mental health services and treatment for individuals with mental illness, and coordinate mental health care services with other transition support services. This is a matching grant program to support community collaboratives.	85,404	✓	✓	✓	✓	✓	✓	✓	✓	
Article II, Health and Human Services Commission Community Mental Health Crisis Services Strategy D.2.3. (Rider 82)	Individuals involved in the criminal justice system with a serious and persistent mental illness	S.B. 292 / Rider 82. Statewide Diversion Grant Program Reduce recidivism rates, arrests, and incarceration among individuals with mental illness and reduce wait times for forensic commitments. This is a matching grant program to support community projects that provide services and programs for individuals with mental illness encountering the criminal justice system.	24,241		✓	✓	✓	✓	✓		✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Community Mental Health Services for Adults; Strategy D.2.1	Adults with 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, crisis intervention services, and special programs such as Clubhouses and services provided throughout TTOR.	LBB Annual Target: 149,458		✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission 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 youth experiencing serious emotional disturbances through the provision of community mental health services that are child-centered, family-driven that can increase child's strengths and supports, and foster resilience, recovery and functioning in the family, school and community. Examples of the services provided: assessment, case management, psychosocial rehabilitation, skills training, counseling, family support services, and crisis intervention services.	LBB Annual Target: 44,991	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Community Resource Coordination Group (CGRG) Program Support (Information Technology); Strategy A.1.1	Individuals (children, youth, and adults) with complex needs (physical, health, social, behavioral, emotional, and/or developmental) which can best be addressed through a coordinated multiagency approach.	• Provide complex, individualized service planning utilizing local resources and interagency coordination and collaboration. Local CRCG members identify service gaps and barriers and assist CRCG consumers in avoiding duplication in service provision through local CRCGs. • Provide program oversight, technical assistance, training support, and policy guidance, 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.		✓	✓	✓			✓	✓		

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Enhanced Community Coordination	Individuals with IDD residing in an institution, such as an SSLC or nursing facility, who are transitioning to a community Medicaid waiver program or community ICF/IID.	Provide information to: • The individual and the individual's legally authorized representative about available community living options, services, and supports, in addition to the information provided during the community living options process. • The individual and legally authorized representative are provided opportunities to visit community resources. • The individual is provided intensive and flexible support to achieve success in a community setting. • The individual is provided enhanced pre- and post-transition services.				✓						

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission State Hospitals; Strategy G.2.1	Seriously mental ill persons from all regions of Texas, regardless of their financial status, in need of inpatient care or forensic commitment.	Operations for the current state hospital system.										✓
Article II, Health and Human Services Commission Jail-Based Competency; Community Mental Health Crisis Services Strategy D.2.3	• Defendants in county jails participating in the program • Persons not able to be served in outpatient competency restoration.	Implement a pilot project to provide competency restoration services for individuals in a county jail setting.	20		✓		✓	✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Medicaid Fee for Service	Some Medicaid clients are served through a traditional fee-for-service (FFS) delivery system in which health care providers are paid directly by the state's claims administrator for each service they provide, such as an office visit, test, or procedure. The FFS model allows access to any Medicaid provider. The provider submits claims directly to the Texas Medicaid claims administrator for reimbursement of Medicaid covered services.	• Mental Health TCM • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Treatment • Hospital-Based Withdrawal Management • Residential Withdrawal Management • Outpatient Withdrawal Management • Outpatient and Residential SUD Treatment • Screening, Brief Intervention, and Referral Treatment (SBIRT)	192,121	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Mental Health Community Hospital Beds; Strategy G.2.1	Seriously mentally ill persons from all regions of Texas, regardless of their financial status, in need of inpatient psychiatric care	Provide inpatient psychiatric services in communities throughout the state to allow individuals to receive acute care in their home communities. This includes funding for LMHAs/LBHAs to purchase beds in private psychiatric hospitals and community mental health hospitals, as well as contracts with the University of Texas at Tyler and the Montgomery County Forensic Center.	LBB Annual Target: 10,695		✓	✓	✓				✓	✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Mental Health Program for Veterans, Rider 174; Strategy; Strategy D.2.1.1, Community Mental Health Services for Adults	Texas service members, veterans, their families	Mental Health Program for Veterans is collaboratively implemented by HHSC and TVC and supports providing: • Peer-to-peer counseling; • Access to licensed mental health professionals; • Peer training and technical assistance; • Jail diversion services; • Identification, retention, and screening of community-based licensed mental health professionals; and • Suicide prevention training for coordinator and peers.		✓	✓	✓	✓		✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Mental Health State Hospitals; Strategy G.2.2	Seriously mentally ill persons from all regions of Texas, regardless of their financial status in need of inpatient care or forensic commitment.	Provide intensive inpatient diagnostic, treatment, rehabilitative, competency restoration and referral services at 10 state mental health facilities across the state.	6,598		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Mental Health Wellness for Individuals with IDD (MHW-IDD); *CMS Grant Funded Initiative	• Direct service workers who support individuals with IDD with behavioral health needs • Individuals with IDD who have behavioral health needs and co-occurring mental illness	Provide eLearning courses designed to support the enhancement and development of a highly skilled workforce staff (i.e. direct support workers, clinicians, and physicians) to: • Support the behavioral health needs of individuals with IDD and a co-occurring mental health condition • Promote their successful placements in community settings of their choice.		✓								

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Patient Transition Support into Communities; Exceptional Item 2c, Strategy C.1.3 (Guardianship)	Seriously mentally ill persons who are currently in State Hospitals, from all regions of Texas, regardless of their financial status, who need assistance with decision making/ guardianship.	Create a supported decision-making program to reduce the number of patients who cannot be discharged from the state hospitals because they lack the capacity for independent decision-making. For FY 2019, the program is being revamped. The current contract with providers does not allow for costs associated with legal filing fees, court appearances and site visits or any other similar expenses that are incurred by the contractor. With this financial barrier, contractors are finding it increasingly difficult to provide the services. Program staff are continuing to provide assistance with transition to less restrictive environments in situations where guardians are not needed, but there are barriers to placement.			✓	✓						✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Regional Medical, Behavioral, and Psychiatric Technical Support Teams; *CMS Grant Funded Initiative	Community providers and LIDDAs who serve individuals with IDD at risk of being admitted into an institution, and those who have moved from institutional settings, including SSLCs and nursing facilities.	Provide the following: • Quarterly educational activities, webinars, videos, and other correspondence, to increase the expertise of LIDDA and provider staff in supporting the targeted population. • Technical assistance, upon request from LIDDAs and providers, on specific disorders and diseases, with examples of best practices and evidence-based services for individuals with significant medical, behavioral and psychiatric challenges. • De-identified (as necessary) case-specific peer review support to service planning teams that need assistance planning and providing effective care for an individual.		✓							✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Relinquishment Slots (DFPS); Exceptional Item 6c, Strategy D.2.2	Children and youth ages 5 to 17 referred to DFPS who are at risk for parental relinquishment of rights	Provide Intensive residential treatment for children and youth referred to DFPS who are at risk for parental relinquishment of rights to solely to a lack of mental health resources to meet the needs of children with SED whose symptoms make it unsafe for the family to care for the child in the home.		✓	✓	✓	✓	✓			✓	✓
Article II, Health and Human Services Commission Repair and Renovation of Mental Health Facilities; Strategy G.4.2	Seriously mentally ill persons from all regions of Texas, regardless of their financial status in need of inpatient care or forensic commitment.	Repair, renovate, and construct projects required to maintain the state's 10 psychiatric hospitals at acceptable levels of effectiveness and safety.	N/A									✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Rider 77. Community Mental Health Services - Children Strategy D.2.2 (Rider 77)	Non-Profit Entities and Providers Interested in becoming TCM and Rehabilitative Services Providers for High Need Children in Foster Care	Rider 77: TCM and Services for Foster Care Children Grant Increase access to TCM and psychiatric rehabilitative services for high-needs children in the foster care system. This is a grant program to fund LMHAs and other nonprofit entities making investments to become providers of these services or to increase their capacity to provide these services to children in foster care in the Intense Service Level. Grantees provide training, consultation and supervision to develop capacity to become a TCM and rehabilitative services provider.	6 Providers/ Organizations				✓					✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Rio Grande State Center Outpatient Clinic; Strategy C.1.2	Adults living in the lower Rio Grande Valley in four counties: Cameron, Hidalgo, Willacy, and Starr.	Provide the following: • An outpatient public health clinic including primary care, women's health, diagnostic services, psychiatric consults and prescription assistance program. • Funding includes all RGSC activity and not just activity related directly to Behavioral Health.	22,540 based on target of 92 visits per operating business day		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR	Pregnant women, newborns, and children with limited income.	• Mental Health TCM • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Treatment • Hospital-Based Withdrawal Management • Residential Withdrawal Management • Outpatient Withdrawal Management • Outpatient and Residential SUD Treatment • SBIRT	431,407	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR Health	STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions, for children and youth in DFPS conservatorship, including those in foster care and kinship care. Services are delivered through a single MCO under contract with HHSC.	• Mental Health TCM • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Treatment • Hospital-Based Withdrawal Management • Residential Withdrawal Management • Outpatient Withdrawal Management • Outpatient and Residential SUD Treatment • SBIRT	31,471	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR Kids	Children and youth age 20 or younger who either receive Supplemental Security Income (SSI) Medicaid or are enrolled in the MDCP receive all their services through the STAR Kids program. STAR Kids is the managed care program that provides acute and community-based Medicaid benefits to children with disabilities.	• Mental Health TCM • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Treatment • Hospital-Based Withdrawal Management • Residential Withdrawal Management • Outpatient Withdrawal Management • Outpatient and Residential SUD Treatment • SBIRT	100,999	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR+PLUS	Medicaid STAR+PLUS provides acute care services plus LTSS by integrating primary care, pharmacy services, and LTSS for individuals who are age 65 or older or individuals 21 or older who have a disability. STAR+PLUS serves SSI, SSI-related individuals, and adults who qualify for Medicaid because they meet medical necessity criteria and, as a result, receive Home and Community-Based Services (HCBS) STAR+PLUS waiver services.	• Mental Health TCM • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Treatment • Hospital-Based Withdrawal Management • Residential Withdrawal Management • Outpatient Withdrawal Management • Outpatient and Residential SUD Treatment • SBIRT	185,335	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Substance Abuse Intervention; Strategy D.2.4	Individuals at risk of developing a substance use disorder	Interrupt the use of alcohol, tobacco and other drugs by youth who are showing early signs of substance use or abuse and/or exhibiting other high-risk problem behaviors. Intervention programs also seek to break the cycle of harmful use of legal substances and all use of illegal substances by adults to halt the progression and escalation of use, abuse, and related problems. These programs include the Pregnant and Post-Partum Intervention Program (PPI) and the Parenting Awareness and Drug Risk Education Program (PADRES).	Adult: LBB Avg. Monthly Target 6,959 Youth: LBB Avg. Monthly Target 565	✓	✓	✓						

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Substance Abuse Prevention; Strategy D.2.4 Adult measure discontinued in FY 2018	Primarily youth and young adult populations. Some services target risk factors and some are aimed at the general population.	Reduce the use of alcohol, tobacco, and other drugs among youth and adults and prevent substance abuse problems from developing. Prevention services include community and school-based services including but not limited to: Youth Prevention Programs, Adult prevention, Community Coalitions Programs, Strategic Prevention Framework Partnership for Success, and prevention services targeting opioid use and prescription misuse.	Adult: N/A Youth: LBB Avg. Monthly Target 151,847	✓		✓						

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Substance Abuse Treatment; Strategy D.2.4	• Adults above the age of 17 who are diagnosed with a Substance Use Disorder • Youth between the ages of 13 and 17 who meet American Psychiatric Association Diagnostic and Statistical Manual 5th Edition (DSM-5) criteria for substance use or dependence	Initiate, promote, or maintain a person's drug-free status through a planned, structured, and organized treatment program. The treatment services continuum includes a range of services to fit individual needs, including medically supervised and outpatient withdrawal management programs, residential treatment, outpatient treatment, and maintenance programs.	Adult: LBB Avg. Monthly Target 9,957 Youth: LBB Avg. Monthly Target 1,582		✓	✓	✓		✓			

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Substance Abuse: Neonatal Abstinence Syndrome; Strategy D.2.4	Pregnant women who use opioids, including certain prescription medications, during pregnancy, possibly causing NAS	Reduce the incidence, severity, and costs associated with NAS. This project supports a range of health care services, products, and community-based activities.	120 Substance Abuse Prevention and Treatment (SAPT) paid Opioid Treatment Services (OST) claims	✓	✓	✓	✓					

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission 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	Implement the system of care cross-systems framework through a five-year strategic plan to local communities throughout the state with support of state agency leadership and advice from additional stakeholders. • Expand from pilot/demonstration to statewide implementation. • Maintain and implement a strategic plan and supportive infrastructure for statewide delivery of mental health services and supports to children and families using a collaborative approach, increasing: • Access to services and supports. • Community implementation capacity. • Use of cross-system data. • Diverse funding opportunities. See: http://www.txsystemofcare.org/		✓		✓		✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Veterans Services Veterans Mobile App; Strategy A.1.1	• Veterans, including current Guard and Reserve, • Military/veteran families • Veteran service providers and volunteers • Other state, federal, and local agencies/entities	The Texas Veterans App provides one location for veterans to get information about the local, state, and national resources available to them. The app gives direct access to the Veterans Crisis Line from the U.S. Department of Veterans Affairs. This line is a free, confidential, 24-hour phone line to help veterans transitioning back to civilian life with mental health or any other challenges. Additional features on the app are Connect with Texas Veterans, which provides veterans with information about community resources, and the Texas Veterans Portal that includes a comprehensive list of services and benefits. The app also has a direct connection to the national Hotline for Women Veterans.		✓		✓						

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission YES Waiver, Strategy D.2.5	Children at risk of hospitalization or parental relinquishment due to a need for services to treat SED.	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.	3,359		✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Civil Commitment Office												
Article II, Texas Civil Commitment Office TCCO; Strategy M.1.1 Sexually Violent Predator Mental Health Services	Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require traditional mental health or substance abuse treatment.	Provide and/or contract for behavioral health services, for clients in the community, which include but are not limited to: • Substance abuse treatment • Assessments • Psychiatric case management • Medication • Rehabilitation • Counseling • Crisis services • Psychiatric hospitalization • Other related services Execute contracts to provide behavioral health services for the identified areas of need in order to provide services for civilly committed sex offenders who reside in the community.	7	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Texas Civil Commitment Office TCCO; Strategy M.1.1 Sexually Violent Predator Mental Health Services	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/or contract for behavioral health services, for clients in the Texas Civil Commitment Center, which include but are not limited to: • Substance abuse treatment • Assessments • Substance abuse testing • Rehabilitation • Other related services Execute contracts to provide behavioral health services for the identified areas of need to provide services for civilly committed sex offenders who reside in the Texas Civil Commitment Center.	353	✓	✓	✓	✓	✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article III.												
University of Texas Health Science Center - Houston												
Article III, University of Texas Health Science Center - Houston Psychiatric Services [UTHealth Department of Psychiatry & Behavioral Sciences] This strategy is an Article III appropriation for research. The other services listed are not funded through a State appropriation.	Adults and children with mental health issues treatable in outpatient settings, including UT Physicians Clinics, Harris Health, and integrated-care community-health centers.	• Provide outpatient care for more than 40,600 patient visits for persons with mental illness yearly. • Implement clinical training and interventions to enhance the ability and capacity to treat mental illness. • Conduct evidence-based research to allow for long-term follow-up with validation of treatment and its effect.	•20,000 estimated unduplicated patient count • 500 medical students	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article III, University of Texas Health Science Center - Houston UTHealth Harris County Psychiatric Center Funding for the services listed comes through a different appropriation in Article II.	Adults and children assessed with mental health disorders (73 percent non-resource funding, i.e. state or county funds).	• Provide acute inpatient care with screening, stabilization and planning for aftercare services. • Educate professionals in the fields of nursing, medicine, pharmacy, psychology, and social work. • Conduct research into the treatment of mental illness.	>9,000 >1,850		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
University of Texas Health Science Center - Tyler												
Article III, University of Texas Health Science Center - Tyler Mental Health Training Programs; Strategy D.1.2	This does not fund direct patient services; it funds educational programs designed to increase the mental health workforce in rural underserved areas by funding workforce training programs (i.e.: psychiatry residency, psychology internship, training for other mental health professionals).	• Support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital. This strategy funds a new psychiatry residency, psychology internship, and training for other mental health professionals and providers.										✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article IV.												
Court of Criminal Appeals												
Article IV, Court of Criminal Appeals Judicial and Court Personnel Mental Health Education and Training Program Strategy: B.1.1. Judicial Education	The target population sought are the judges and court personnel in the state of Texas - from all courts (appellate, district, county, justice of the peace, and municipal).	The program(s) will be designed to follow a master strategic plan to assist criminal justice stakeholders in identifying, assessing and providing proper treatment of alleged offenders with mental deficiencies. The program will encompass an appreciation for mental health disorders, treatment options and legislative enactments designed to facilitate proper treatment, deferment or placement of mentally impaired individuals. An across-the-board approach to statewide mental health behavioral problems will allow all stakeholders to understand the roles of all involved as to best address the needs of our citizens.	8,288									✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Indigent Defense Commission												
Article IV, Texas Indigent Defense Commission Improve Indigent Defense Practices and Procedures 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 & social workers to address criminal charges in the context of mental health needs, connect defendants with supports that stabilize them and address the causes of the conduct that led to criminal charges. Social workers or case workers may provide case coordination, jail release planning, service referrals, mitigation investigations and other support and advocacy to help stabilize defendants in the community, improve case outcomes.	N/A other - Texas Indigent Defense Commission does not provide direct services		✓	✓						✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V.												
Texas Commission on Jail Standards												
Article V, Texas Commission on Jail Standards	All current county jailers as of 9/1/2017.	Three new full time equivalent employees for the agency allocated for the mental health trainer position, assigned to the Management Consultation strategy. The three trainers will provide training to county jailers statewide regarding mental health issues, ranging from initial screening to observation while in custody to release from the jail facility.	4,100		✓						✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Department of Criminal Justice												
Article V, Texas Department of Criminal Justice Community Corrections; Strategy A.1.3	Offenders on probation.	Provide formula funding to Community Supervision and Corrections Departments for substance abuse services to serve primarily as diversions from prison.	19,413	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Offenders on probation.	Provide grants to local adult probation departments for outpatient programs to divert offenders with substance abuse disorders from further court action and/or prison.	20,462	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Offenders on probation.	Provide grants to local adult probation departments to divert offenders with substance abuse disorders from prison through residential beds for substance abuse treatment.	7,372	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Diversion Programs / Specialized Mental Health Caseloads; Strategy A.1.2	Offenders on probation.	Support specialized community supervision caseloads for offenders with mental health disorders.	7,924	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Diversion Programs / Substance Abuse Felony Punishment Facilities Aftercare; Strategy A.1.2	Offenders on probation.	Provide funding to local adult probation departments for continuum of care management services and aftercare outpatient counseling for felony substance abuse probationers after their release from a TDCJ Substance Abuse Felony Punishment Facilities.	10,684	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Driving While Intoxicated Treatment; Strategy C.2.5	Incarcerated offenders.	Provide a six-month program that offers a variety of educational modules that accommodate the diversity of needs presented in the Driving While Intoxicated offender population, including treatment activities, and group and individual therapy.	1,565	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice In-Prison Substance Abuse Treatment & Coordination; Strategy C.2.5	Incarcerated offenders.	Provide a six-month substance abuse program for offenders within six months of parole release. Upon completion of the incarcerated phase, offenders must complete a Transitional Treatment Center for residential and outpatient care/counseling.	3,950	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Intermediate Sanction Facility Treatment; Strategy F.2.3	Paroled offenders.	Provide substance abuse and or cognitive treatment slots for Intermediate Sanction Facility beds.	13,054	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Managed Health Care – Pharmacy; Strategy C.1.10	Incarcerated offenders.	Provide pharmacy services, both preventative and medically necessary care, consistent with standards of good medical practice for mental health cases.	Included in Unit and Psychiatric Care above				✓	✓	✓			
Article V, Texas Department of Criminal Justice Parole Supervision; Strategy F.2.1.	Paroled offenders.	Provides outpatient substance abuse counseling to parolees.	16,991	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Reentry Initiatives / Transitional Coordinators; Strategy C.2.3.	Incarcerated offenders.	Provide for 10 designated reentry transitional coordinators for special needs offenders.	1,820	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Special Needs Programs and Services / TCOOMMI – Juvenile; Strategy B.1.1	Juvenile detainees, incarcerated juveniles, paroled juveniles, juveniles on probation, discharged youth.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for juvenile offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	1,486	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Special Needs Programs and Services / TCOOMMI – Adult; Strategy B.1.1	Adult incarcerated offenders, paroled offenders, offenders on probation, pre-trial defendants.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for adult offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	48,514	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice State Jail Substance Abuse Treatment; Strategy C.2.5	Incarcerated offenders.	Provide a substance abuse program for offenders who have been convicted of a broad range of offenses and are within four months of release. The program is designed to meet the needs of the diverse characteristics of TDCJ's state jail population.	2,774	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Substance Abuse Felony Punishment Facilities (SAFPF); Strategy C.2.4	Incarcerated offenders.	• Provide a six-month substance abuse program for offenders (nine-months for offenders with special needs) who are sentenced by a judge as a condition of community supervision or as a modification to parole or community supervision. • Upon completion of the incarcerated phase, offenders must complete a Transitional Treatment Center for residential and outpatient care/counseling.	6,500	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Substance Abuse Treatment and Coordination; Strategy C.2.5	Incarcerated offenders.	Provide support services for pre-release substance abuse facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.	2,855	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Treatment Alternatives to Incarceration Program; Strategy A.1.4	Offenders on probation.	Provide grants to local adult probation departments for treatment to divert offenders from incarceration, including screening, evaluation, and referrals to appropriate services.	13,990	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Treatment Services / Parole Special Needs; Strategy C.2.3	Paroled offenders.	• Provide specialized parole supervision and services for offenders with mental illness, intellectual disabilities, developmental disabilities, terminal illness, and physical disabilities. • Provide subsidized psychological counseling to sex offenders.	8,983	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Treatment Services / Sex Offender Treatment Program; Strategy C.2.3	Incarcerated offenders.	Provide sex offender education for lower risk offenders, though a four-month program addressing healthy sexuality, anger management, and other areas. Provide sex offender treatment for higher risk offenders, through a 9- or 18-month intensive program using a cognitive-behavioral model.	1,570	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Unit and Psychiatric Care; Strategy C.1.8	Incarcerated offenders.	Provide mental health care for incarcerated offenders.	23,277	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Juvenile Justice Department												
Article V, Texas Juvenile Justice Department Probation Grants: Commitment Diversion Initiatives; Strategy A.1.5	Juvenile offenders under the jurisdiction of a juvenile probation department.	Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities.	4,271	✓	✓	✓	✓	✓			✓	
Article V, Texas Juvenile Justice Department Probation Grants: Community Programs; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department.	Provides assistance to local juvenile probation departments for community based services for misdemeanors, enhanced community based services for felons, and other behavioral health programs.	34,968	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department 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.	4,216	✓	✓	✓	✓	✓			✓	
Article V, Texas Juvenile Justice Department Probation Grants: Special Needs Diversionary Program; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department.	Provides grants to probation departments for mental health treatment and specialized supervision to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system.	1,293	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department 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.	Supports all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by multi-disciplinary team, crisis intervention and management, reintegration planning and family involvement.	1,739		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: Parole Programs and Services; Strategy C.1.2	Juveniles who have been released from residential programs to parole status and who require after-care 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.					✓	✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: Psychiatric (Mental Health) Services; Strategy B.1.1	Youth at the intake and orientation unit with mental health problems who require psychiatric treatment and psychotropic medication and/or require a comprehensive psychiatric evaluation based on a 12 Minimum Length of Stay or longer.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to intake and assessment unit. *Please note in TJJD's coordinated expenditure proposal, this row, and the subsequent row were combined in a single line. They are shown separately here for ease of identifying output and outcome measures.	689		✓		✓				✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7	Juveniles in residential care who are receiving ongoing psychiatric services as part of their rehabilitation program. Youth are assigned to any of the state-operated programs.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to TJJD residential facilities. *Please note, in TJJD's coordinated expenditure proposal, this row and the previous row were combined in a single line. They are shown separately here for ease of identifying output and outcome measures.	1,280		✓	✓	✓				✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: Specialized Rehabilitation Treatment; Strategy B.1.8	Juveniles in state-operated residential care except orientation and assessment who require specialized treatment services in addition to general rehabilitation treatment.	TJJD administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. 97 percent of youth entering TJJD have a need for one or more of these programs. Services include assessment, group and/or individual counseling, multi-disciplinary team collaboration, re-integration planning and are provided by licensed or certified staff.	1,731		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Military Department												
Article V, Texas Military Department Mental Health Services; Strategy C.1.3	• Texas Military Forces members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard) • Active Duty (any branch) • Adult Family Members of military and veterans • Veteran/Prior Military (any branch) • Service Members Surviving family • Texas Military Forces Civilian Staff and Contractors	•Provide mental health and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, and more. • Develop support plans for individuals and/or their families. • Respond to critical incidents and provide post-vention care. • Coordinate with Texas Military Forces unit leadership to support behavioral health awareness and wellness promotion plans. • Conduct behavioral health training for Texas Military Forces. • Provide support through the 24/7 Counseling Line. • Coordinate with Texas Military Forces Family Support Services programs to offer holistic care to all clients. • Assist and execute plans for behavioral health assistance to Texas Military Forces Soldiers and employees during disaster response missions.	30,000	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article VII.												
Texas Department of Housing and Community Affairs												
Article VII, Texas Department of Housing and Community Affairs	Low income persons with disabilities transitioning out of institutions.	Assists low-income persons with disabilities in transitioning from institutions into the community by providing Section 8 Housing Choice vouchers. Program administratively supported in part by Money Follows the Person funds and program coordinated with HHSC (previously Department of Aging and Disability Services [DADS]).							✓			

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article VII, Texas Department of Housing and Community Affairs	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	Provides project-based rental assistance for extremely low-income persons with disabilities linked with voluntary long-term services through one of the HHSC agencies participating in the program. Program coordinated via an Interagency Agreement with Texas HHS.							✓			

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article VII, Texas Department of Housing and Community Affairs	Persons with Disabilities	All of the programs administered by TDHCA, from homeless and weatherization activities, to rental assistance and homeownership, are open to all income eligible households, which is inclusive of those with disabilities. Additionally, the Comprehensive Energy Assistance Program, Weatherization Assistance Program, HOME Program, Housing Tax Credit Program, Multifamily Bond Program, Neighborhood Stabilization Program, Housing Trust Fund Program, Section 8 Program, and Section 811 Project Rent Assistance Program all have specific measures to address the needs of people with disabilities. Two examples: priority for energy assistance through the Comprehensive Energy Assistance and Weatherization Assistance programs are given to persons with disabilities as well as other special needs and prioritized groups, and 0.5 percent of the annual HOME Program allocation is allocated for providing tenant-based rental assistance, homebuyer assistance and homeowner rehabilitation assistance under the Persons with Disabilities Set-Aside.	N/A						✓			

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article VIII.												
Board of Dental Examiners												
Article VIII, Board of Dental Examiners Peer Assistance Program; Strategy A.1.2	• Dentists impaired by chemical dependency or mental illness.	• Monitor impaired dentists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery. • Identify dentists with a potential impairment and coordinate evaluation to assess impairment • Provide referrals to qualified mental health professionals to evaluate and provide mental health services, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral to access mental health services confidentially and without professional disciplinary action. • Provide crisis intervention through peer assistance program.	85									✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Board of Nursing												
Article VIII, Board of Nursing 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.	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. • Statewide peer advocacy • Statewide monitoring • A network of trained peer volunteer advocates • Physical and psychological evaluations • Substance abuse treatment • Drug screening • Individual and group psychotherapy	810	✓		✓				✓		

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Board of Pharmacy												
Article VIII, Board of Pharmacy Peer Assistance Program; Strategy B.1.2	Pharmacists or eligible pharmacy students impaired by chemical abuse or mental or physical illness	Provide services to impaired pharmacists to support recovery and monitor individuals to allow for continued employment, prevent unsafe professional practice: • Monitor impaired pharmacists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery. • Identify pharmacists with a potential impairment and coordinate evaluation to assess impairment. • Provide referrals to qualified mental health professionals to evaluate and provide mental health services, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral to access mental health services confidentially and without professional disciplinary action. • Provide crisis intervention through peer assistance program.	180									✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Board of Veterinary Medical Examiners												
Article VIII, Board of Veterinary Medical Examiners Peer Assistance Program; Strategy A.2.2	Veterinarians impaired by chemical dependency or mental illness.	Provide services to impaired veterinarians to support recovery and monitor to allow for continued employment, prevent unsafe professional practice: • Monitor to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery. • Identify veterinarians with a potential impairment and coordinate evaluation. • Provide referrals to qualified mental health professionals to evaluate and provide 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 without professional disciplinary action. • Provide crisis intervention through peer assistance program.	22									✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Medical Board												
Article VIII, Medical Board 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.										✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019 Projected People Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Optometry Board												
Article VIII, Optometry Board Peer Assistance Program; Strategy A.1.4	Optometrists impaired by chemical abuse or mental or physical illness.	Provide services to impaired optometrists to support recovery and monitor to allow for continued employment, prevent unsafe professional practice: • Monitor to ensure safe practice and allow for rehabilitation to enter safe, healthy recovery. • Identify optometrists with a potential impairment and coordinate evaluation to assess impairment. • Provide referrals to qualified mental health professionals to evaluate and provide mental health services, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral to access mental health services confidentially and without professional disciplinary action. • Provide crisis intervention through peer assistance program.	2										✓

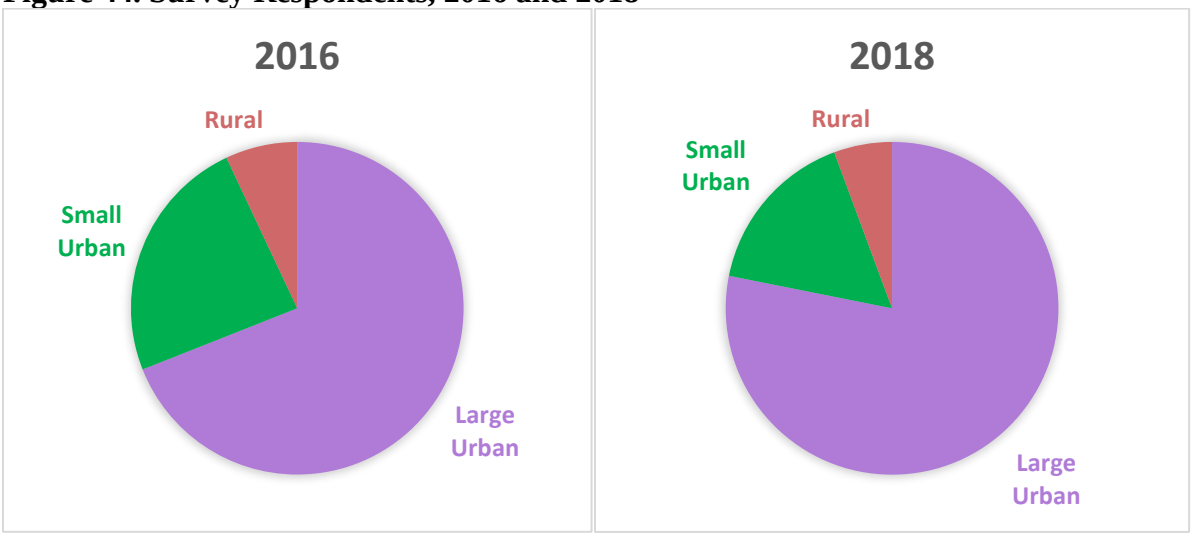
Appendix B: Behavioral Health Survey on Strengths, Weaknesses, Opportunities, and Threats

A survey of the current Strengths, Weaknesses, Opportunities, and Threats related to the Texas behavioral health system was conducted in February 2016. Stakeholders, providers, end users, Council agencies, Behavioral Health Advisory Committee Members, and local and state government representatives were all invited to participate in the survey. A total of 745 respondents participated. The survey was repeated in October 2018 with more than 400 respondents who answered at least one question beyond demographics. Figure 43 lists the top responses to the survey by category.

Figure 43. Strengths, Weaknesses, Opportunities, Threats

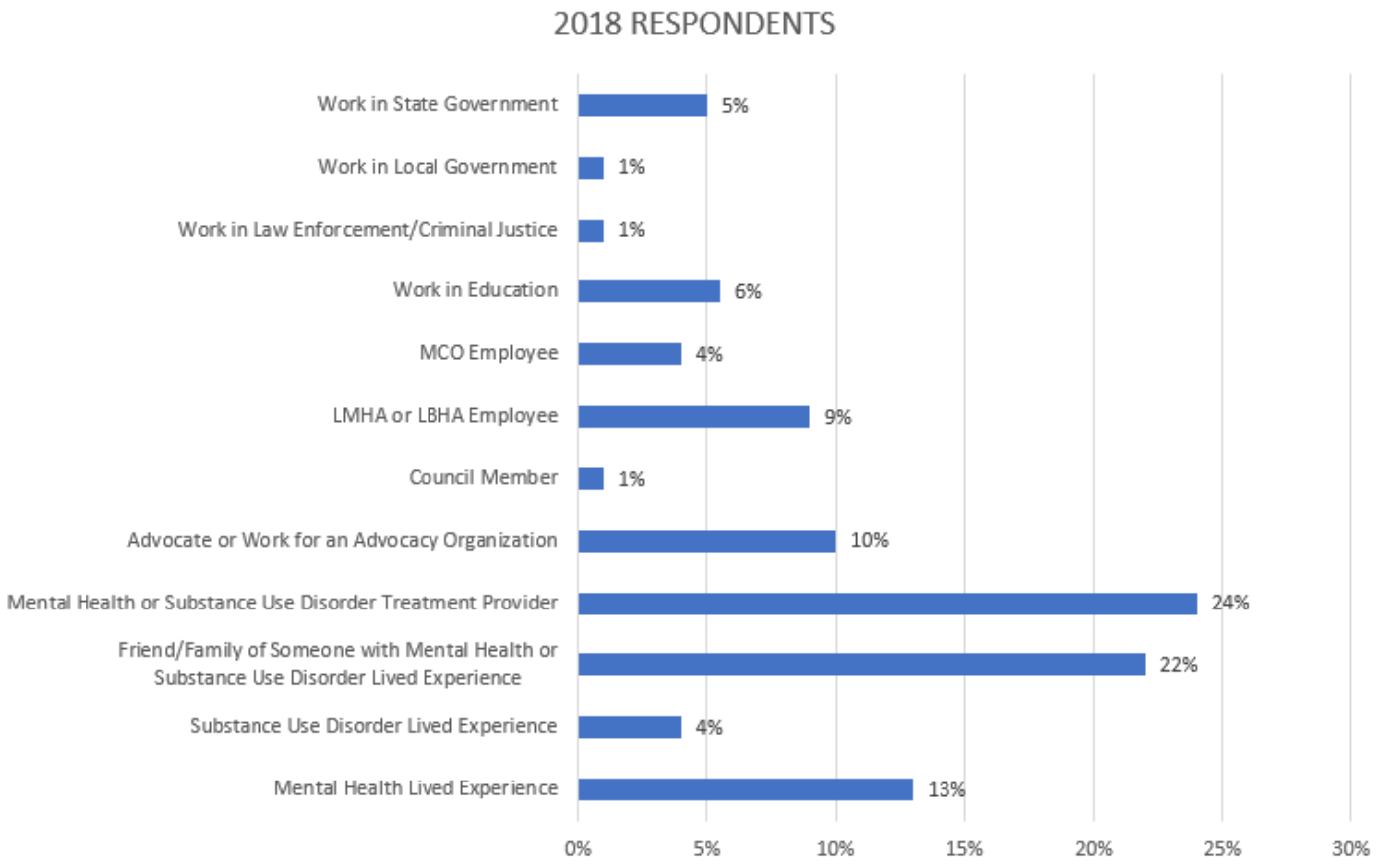
Figure 44 illustrates the percent of respondents who live in a large urban area (area with a population of greater than 50,000), a small urban area (area with a population between 2,500 and 50,000), or a rural area (area with a population of less than 2,500).

Figure 44. Survey Respondents, 2016 and 2018



Respondents were asked to identify their role in the behavioral health system. As more specific categories were used in the 2018 survey, those results are demonstrated in Figure 45.

Figure 45. Survey Respondents, 2018



For each area – Strengths, Weaknesses, Opportunities, and Threats – the top three general categories of responses are listed in Table 9.

Table 9. Survey Results, 2016 and 2018

Category	2016	2018
Strengths	Peer services	Service availability/accessability
	Service availability	Person-centered and peer services
	Crisis response teams	Increased funding
Weaknesses	Limited service availability	Limited service availability, particularly related to rural areas and to housing
	Workforce shortage and SUD treatment shortage	Funding
	Uncoordinated care	Mental health provider shortage
Opportunities	Expand telemedicine/telehealth	Increase funding
	Increase stakeholder input	Improve continuity of care
	Expand existing services	Attract more mental health providers to Texas
Threats	Lack of funding	Lack of funding
	Sustainability of innovative and grant-funded programs	Insurance coverage and affordability
	Affordability of services	Lack of providers

Notable themes from the 2018 survey included:

- Positive remarks regarding the increase in holistic, person-centered care;
- Positive remarks regarding the increased use of peer support;
- Need for more inpatient beds, particularly crisis admissions and mental health long-term care;
- Concerns regarding the continuity of care within the larger system;
- Recognition of the growing crisis around mental health provider shortages;
- Licensed professionals frustrated by slow and/or unresponsive licensing boards;
- Issues with the mental health commitment process, including communication between law enforcement and mental health providers; and
- Concerns regarding the centralized delivery of mental health services through LMHAs.

Appendix C: Texas Behavioral Health Advancements and Best Practices

Texas state agencies have implemented programs and systems that have significantly improved behavioral health outcomes in areas such as reductions in recidivism and enhanced servce intergration. Examples of these initatives are listed below in addition to those described in Section 4.2:

Office of the Governor

National Association of Drug Court Professional's Adult Drug Court Best Practice Standards

Texas Government Code Sections 772.0061 and 121 require the Governor's Criminal Justice Division work with the Specialty Advisory Council to make recommendations for programmatic best practices for specialty courts in Texas. The National Association of Drug Court Professionals conducted a longitudinal study that targeted drug courts to identify Adult Drug Court Best Practice Standards.[125] These are also widely accepted in the field as generally applicable to all specialty and problem-solving courts.

In June 2016, the Texas Judicial Council approved the adoption of the National Association of Drug Court Professionals' Adult Drug Court Best Practice Standards for all adult drug courts in Texas. The Criminal Justice Division is working with courts to implement these new standards by August 31, 2019.

Department of Family and Protective Services

Intense Plus, Treatment Foster Care Services, and the Intensive Psychiatric Transition Program

DFPS provides an array of services for youth in conservatorship with acute emotional and behavioral needs. Services are designed to assist the child with stabilization to reduce the need for inpatient psychiatric treatment and allow a child to function well in a family-like setting.

Intense Plus services are designed to address chronically serious to severe emotional and/or behavioral management problems that interfere with the child's ability to function in a family, school, or community setting outside of a therapeutic environment. Intense Plus services are provided in residential treatment centers.

Treatment Foster Family Care services, provided in a foster home setting, are time-limited services by which providers will be held accountable for reducing the acuity of need and facilitating placements into less restrictive, more family-like settings.

The goal of the Intensive Psychiatric Transition Program is to prevent re-admission of youth to inpatient psychiatric treatment facilities. Intensive services, aimed at assisting the youth with emotional stabilization, are provided in a residential treatment setting.

The Intensive Psychiatric Transition Program addresses targeted behaviors through a wide range of diagnostic and treatment services, as well as through training in basic skills such as social skills and activities of daily living. The program is provided in the context of a comprehensive, multidisciplinary and individualized treatment plan that is reviewed and updated based on the child's clinical status and response to treatment. Treatment must provide psychotherapy and social, psychosocial, educational, and rehabilitative training, and must focus on stabilization of the targeted behaviors such that the child can be successfully transitioned into a less restrictive setting.

Psychotropic Medications for the Texas Foster Children

Since 2004, HHSC, DFPS, and DSHS coordinated to better assess and implement strategies to ensure the appropriate prescribing of psychotropic medications to children in foster care and assist health care providers in prescribing psychotropic medications appropriately. The first Psychotropic Medication Utilization Parameters were distributed statewide for implementation in February 2005. Implemented in April 2008 to serve children in DFPS conservatorship and young adults who have aged out of foster care, the STARHealth program is required to review each child's psychotropic medication regimen and enforce the best practices named in the parameters. Current reports show that the overall use of psychotropic medications has decreased by 48 percent; polypharmacy in children in foster care has decreased by 74 percent; and the instance of five or more psychotropic medications taken concurrently has decreased by 74 percent since efforts began in 2004. Updated parameters are released on a biannual schedule with the most current version completed in March 2016.[126]

Health and Human Services Commission

Mental Health Wellness for Individuals with IDD

MHW-IDD is an online training series for direct support professionals working with people with IDD and behavioral health needs. The goal of the training is to improve mental wellness by increasing workforce competency and capacity. It is available for free and can be accessed at www.mhwidd.com.

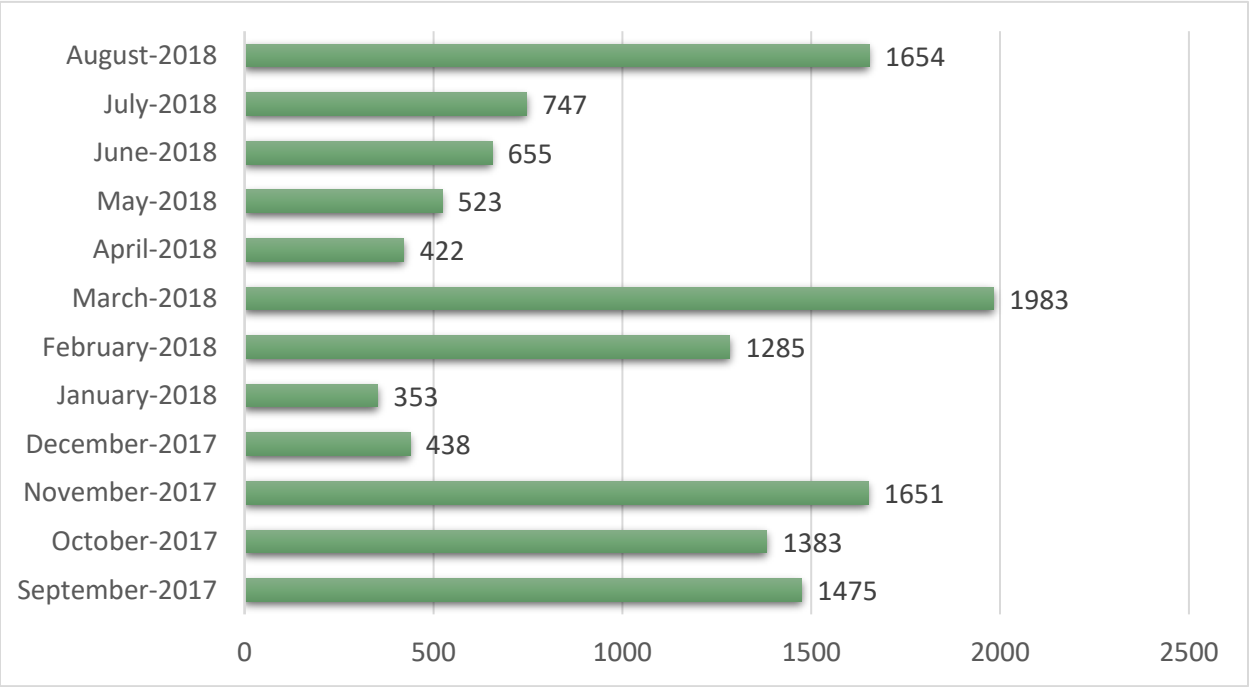
In fiscal year 2018 HHSC developed additional modules for health care practitioners on best practices in treating individuals who have IDD and behavioral health needs. Topics include trauma-informed care, the importance of interdisciplinary team work, and communicating with people with IDD and co-occurring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

The training has received national recognition. It is available to all Council agencies as well as to the public, and addresses several strategic plan gaps:

- Gap 3: Coordination across state agencies
- Gap 9: Behavioral Health Services for Individuals with IDD
- Gap 13: Behavioral Health Workforce Shortage

Users from across the country complete this training series weekly, including staff from HHSC, TEA, TJJD, TDCJ, and DFPS. Figure 46 shows the total number of MHW-IDD training participants by month for the original six modules for fiscal year 2018. Data collection for the new modules will begin in fiscal year 2019.

Figure 46. MHW-IDD Total Participation by Month for Fiscal Year 2018



* In December, system changes were made in how data was collected on course completion, likely contributing to the steep decline of course completers in December and January.

Recovery Support Services

The Texas Recovery Support Services (RSS) program is an addiction recovery initiative of HHSC. Supporting addiction recovery is a key strategy of SAMHSA and reflects current understanding of methods to best promote long-term recovery. As with other chronic health disorders, such as diabetes and hypertension, there has been a shift from an acute care approach to a chronic care approach. The goals of the RSS project are to embed recovery support services into peer-based organizations, community-based organizations and SUD treatment programs, and expand recovery supports that are available to individuals in their natural community environments. RSS provides a wide array of nonclinical services and supports to help individuals initiate, support, and maintain recovery from alcohol and other drug use problems.

One of the key elements included in the RSS is the recruitment and utilization of peer recovery coaches. RSS also includes peer-run groups; recovery coaching; development and/or use of recovery homes and recovery schools; training around basic life skills such as financial management, parenting, employment and stress management; educational support; recovery check-ups; and assertive connections to mutual aid support groups.

In the RSS programs, 215 recovery coaches have engaged 2,610 individuals in one-on-one recovery coaching designed to sustain and expand successful long-term recovery for a minimum of 12 months. Of those individuals who received at least 12 months or more of coaching, 53 percent reported gaining employment, 42 percent were happier in their job/career, 46 percent felt increased financial security, and 33 percent obtained increased education and/or job training. Participants also reported having a better living environment (58 percent) and one-half reported improved physical health.[127]

Mental Health Texas Website

The website serves as a one-stop resource for behavioral health services across the state. Mental Health Block Grant funding is being used to enhance the mentalhealthtx.org website. It reflects the work of the HHSC Office of Mental Health Coordination and the strategic goals of the 23 member agencies that comprise the Council. An update and enhancement to the site funded in part by a SAMHSA grant will allow for Council members to update the site with individual agency resource and contact information.

Mental Health Block Grant Set Aside for Early Onset Psychosis Programs

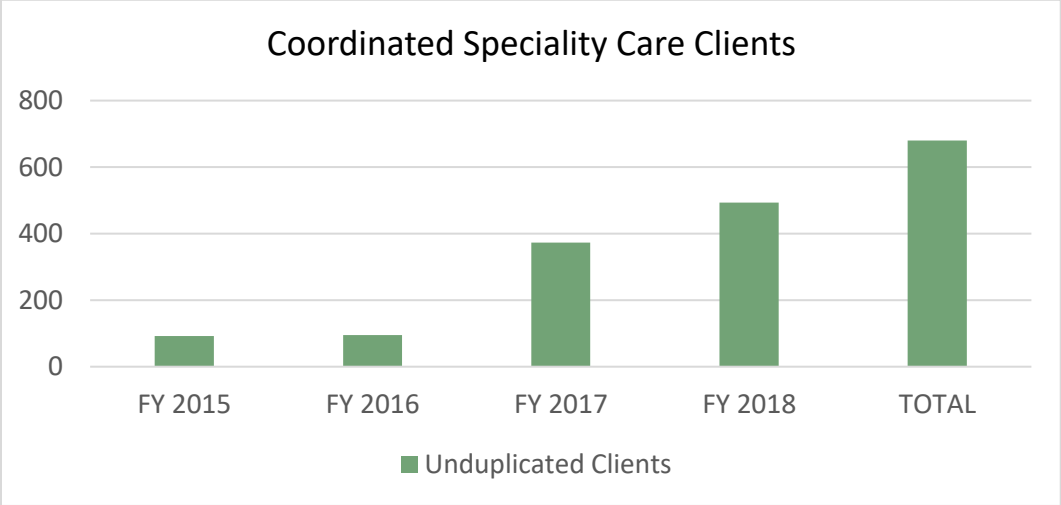
CSC programs provide behavioral health services and supports to individuals experiencing an early onset of psychosis. An early onset of psychosis means the person accesses the CSC program within two years of their initial psychotic episode. Individuals are served via a team-based approach emphasizing their ability to lead a normal life within their community. This is a time-limited program with a maximum length of stay in the program of three years. The program is funded through the Mental Health Block Grant.

In January 2014, Congress passed House Resolution 3547 which created a five percent Mental Health Block Grant set-aside for early onset psychosis programming. Initially, HHSC developed a pilot program and provided funding for two CSC programs. In 2016, the set-aside was increased to 10 percent allowing for eight additional LMHAs/LBHAs to establish CSC programs, bringing the total to 10 programs around the state.

As a result of an increase in Mental Health Block Grant funding available in fiscal years 2018 and 2019, planning is underway to fund additional contractors to provide CSC. Since initial implementation, there have been 680 persons served in the programs.

Figure 47 shows the number of unduplicated clients rose with the increase from 2 to 10 providers between fiscal years 2016 and 2017.

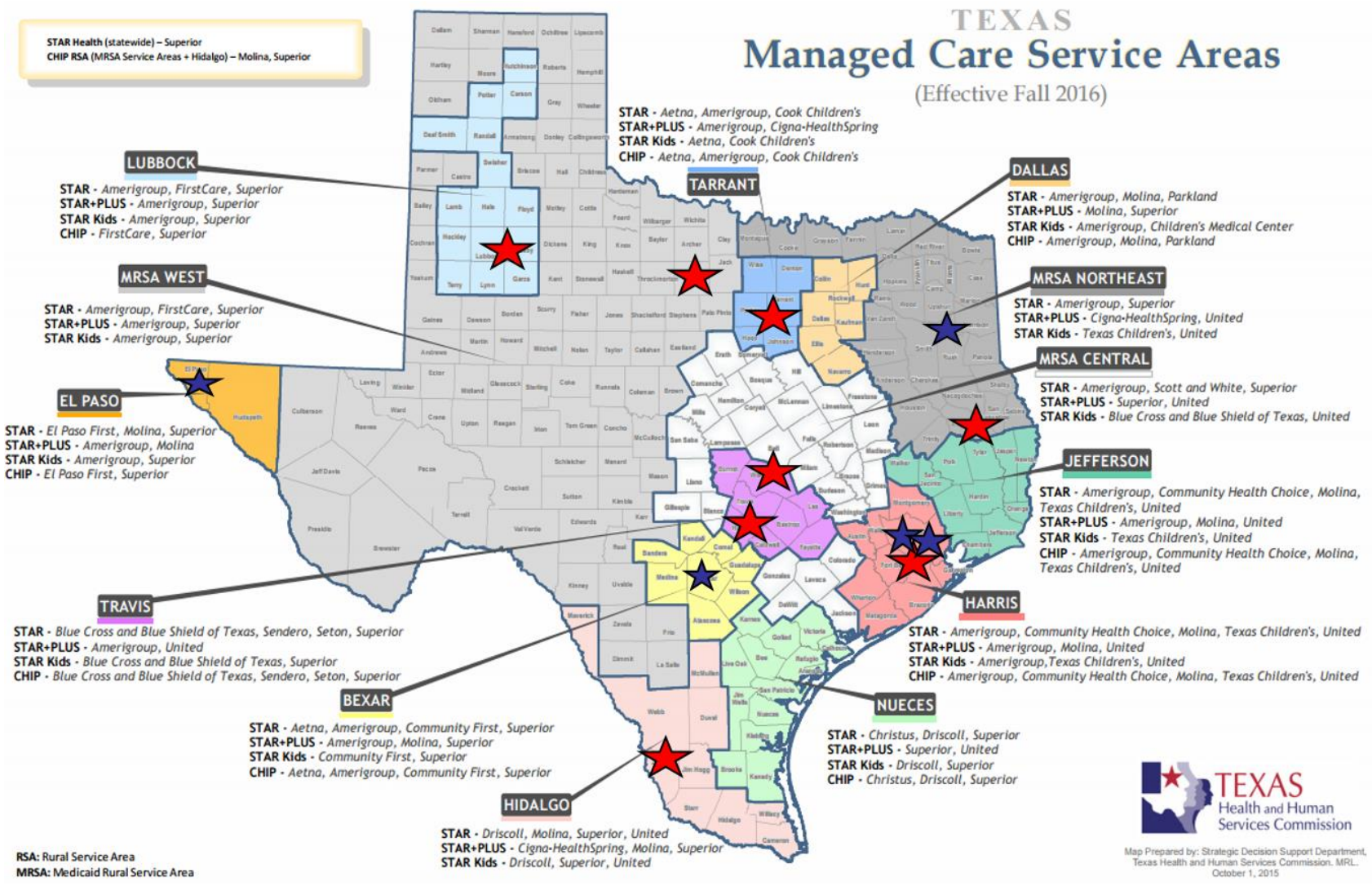
Figure 47. CSC Programs Clients Served for Fiscal Years 2015-2018



Integrated Behavioral Health Services

During 2018, HHSC emphasized the importance of providing the right service at the right time through piloting and expansion of the Certified Community Behavioral Health Clinics (CCBHC) model. CCBHCs offer integrated behavioral health (mental health and substance abuse services) with targeted acute care screening and care coordination. This best practice model operates in eight community centers, and in 2018 began expansion into five other locations (see Figure 46). Statewide capacity for this model is being built with strategic partnerships between IDD-BH Services and Medicaid/CHIP Services. In 2018, Medicaid/CHIP Services began utilizing CCBHC sites as pilot locations for a legislatively directed Behavioral Health Homes initiative. In addition, 1115 waiver measures were expanded to include CCBHC outcome measures. Figure 48 indicates the CCBHC sites throughout the state in fall 2016.

Figure 48. CCBHC Sites as of Fall 2016



Red stars indicate original pilot sites and blue stars indicate expansion sites.

In fiscal year 2019, this model will continue to receive focus, as Medicaid MCOs begin engaging CCBHCs with alternative payment strategies. CCBHC and Medicaid/CHIP Services Behavioral Health Home project evaluations will examine the impact of payment models on client outcomes. In addition, HHSC was recently awarded a SAMHSA grant for Promoting the Integration of Primary and Behavioral Health Care which will expand the scope of integration services into the community for three of the current CCBHCs.

Substance Use and Misuse Prevention

HHSC will continue providing Substance Use and Misuse Prevention services statewide focusing on the state's prevention priorities: underage alcohol use, marijuana use and prescription drug misuse. The Substance Use and Misuse Prevention Programs include the following prevention programs: Youth Prevention, Community Coalition Partnerships and Prevention Resource Centers. Youth Prevention Programs are delivered using a comprehensive program design that includes the Institute of Medicine's universal, selective, and indicated prevention classifications as well as the six Center for Substance Abuse Prevention strategies. Youth Prevention Programs provide prevention education to youth participants (ages 6 to 17) and their families in schools and community settings using evidence-based prevention programs identified for the appropriate priority population. Community Coalition Partnerships work in the community to engage and mobilize various sectors of the community to implement evidence-based environmental strategies with a primary focus on changing policies and influencing social norms related to substance use and misuse. Community Coalition Partnerships address alcohol/underage drinking along with one or more of the other state prevention priorities of marijuana use, prescription drug misuse, or tobacco use based on the identified needs of the community. The priority population is adolescents, young adults ages 18 to 25 in colleges and universities, and the general community. Prevention Resource Centers are located throughout the eleven HHSC health regions. Prevention Resource Centers enhance community collaboration, increase community awareness and readiness, provide information and resources on substance use and misuse and related behavioral health data. In addition, they support professional development of the prevention workforce, and provide resources for evaluation activities within each service region. Prevention Resource Centers collaborate with HHSC-funded prevention programs, school personnel, community groups and coalitions, ESCs, LMHAs, and LBHAs.

During fiscal year 2018, the Substance Abuse Prevention Campaign included the Red Ribbon Rally at the state capitol that included the use of prevention educational strategies with students from 5th and 6th grade. Students from different school districts across the state attended the event that kicked off the Statewide Substance Abuse Prevention Media Campaign. The Substance Abuse Prevention Campaign includes a digital texting media campaign that sends targeted text messages to parents, teachers, and students throughout the year with information that helps parents, students, and teachers have a conversation about making proper decisions to prevent the use of substances. The digital texting Substance Abuse Prevention campaign also provides specific seasonal messages to youth about making decisions to prevent the use of substances during high-risk periods throughout the year (seasonal) when youth are more at risk of starting the use of substances (e.g. holidays, spring break, prom night, etc.). In addition, the TTOR project focused efforts and provided services to prevent the use of opioids statewide.

A new procurement for five-year grants for all Substance Use and Misuse Prevention Programs, including Youth Prevention Programs, Community Coalition Partnerships, and Prevention Resource Centers will be announced in fiscal year 2019. The number of state substance abuse prevention priorities will increase to four targeting: under age alcohol use, marijuana use, prescription drugs misuse and the use of tobacco products. HHSC will also continue the efforts of targeting the prevention of opioids use and opioid related deaths.

Centralized Training for Evidence-Based Practices

HHSC has discussed the Centralized Training Infrastructure of Evidence-based Practices training platform in detail with Behavioral Health Coordinating Council members and offered Centralized Training Infrastructure of Evidence-based Practices as a platform to host trainings for behavioral health providers. HHSC provided details on the process for this including contracting and funding needed by these agencies to utilize Centralized Training Infrastructure of Evidence-based Practices. Behavioral Health Services has partnered with other HHSC departments and state agencies to promote the use of Centralized Training Infrastructure of Evidence-based Practices and as a result the following trainings have been added:

- Texas Department of Housing and Community Affairs - Section 811
- SUD Program Services – Substance Use Modules
- Intellectual and Developmental Disabilities Section – Mental Wellness for Individuals with Intellectual and Developmental Disabilities

Centralized Training Infrastructure of Evidence-based Practices also includes Prevention Training Services that provide training in Evidence-based Prevention Practices for providers of substance use and misuse prevention services. Opioid State Targeted Response grantees are required to use evidence-based medication assisted treatment in patients diagnosed with opioid use disorder.

Certified Family Partners

Certified family partners are parents or guardians who have a lived experience raising a child with mental or emotional challenges and who have learned to successfully navigate the systems of care. A family partner engages families in services, assists families in navigating various systems, and serves as a role model for families to teach parents how to advocate for their children. Certified family partners are available in each of the LMHAs across the state. An evaluation of Texas' certified family partners program has shown that families who receive family partner services are more likely to show improvement than those not receiving family partner services. Families who received family partner services were also more likely to show improvement in family functioning, reducing the likelihood of parental relinquishment. Family partner services are intended to primarily assist caregivers and create a more stable and resilient family unit.

Outpatient Competency Restoration

Texas operates 12 outpatient competency restoration programs, constituting the largest initiative of its kind in the country. These programs are located across the state and served roughly 1,237 individuals as of the end of fiscal year 2018. The program provides access to housing alternatives with supports, access to substance use treatment (inpatient and outpatient), connections to mental health providers, and assistance with obtaining social security disability income, which can increase a participant's ability to live independently in the community. In a 2015 report published by the Hogg Foundation for Mental Health[128] regarding Texas outpatient competency restoration programs, the most important factors impacting the overall success of the programs included the following initiatives:

- Identifying and/or fostering "champion" judges or judges that strongly support the program;
- Obtaining the support of the district attorney;
- Building good relationships with law enforcement and county jail staff;
- Developing a good reputation for restoring clients to competency;
- Establishing a mental health docket or court; and
- Increasing community awareness of outpatient competency restoration programs as a treatment alternative.

Appointment Availability Studies

In 2015, HHSC began looking at member access to care by sampling managed care organization provider directories and calling providers to determine how quickly appointments are available and whether access standards are being met. Behavioral health providers are one of the provider groups that were evaluated for STAR, STAR+PLUS, and CHIP in the 2015 and 2016 appointment availability studies.

Member Surveys

HHSC surveys managed care members biennially to assess member satisfaction with their behavioral health care, including getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan or behavioral health organization, information about treatment options, and perceived improvement.

Money Follows the Person Behavioral Health Pilot

Nationally, significant numbers of nursing facility residents have a primary diagnosis of mental illness with 25 percent being younger than age 65. In 2008, the Behavioral Health Pilot (BHP) began under the federal Money Follows the Person Demonstration (MFPD) grant from CMS. BHP operates in several central Texas counties, including Travis and Bexar. The BHP is designed to help adult Medicaid clients with SMI and SUD leave nursing facilities and successfully live in the community. MFPD has enabled Texas to test the efficacy of new services and techniques for this special population. Pilot participants have multiple health challenges, including chronic health conditions, physical disabilities, SMI, and SUD.

Pilot services include community-based substance abuse treatment and Cognitive Adaptation Training, a rehabilitative service designed to help individuals establish daily routines, organize their environment, and build social skills.

The BHP has been independently evaluated by the University of Texas at Austin and is very successful. Outcomes include improved functioning and quality of life. These gains are sustained over time. Almost 70 percent of people who completed BHP services remain in the community. Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, passing a General Educational Development test, teaching art classes, leading substance use peer support groups, and working toward a college degree. Additionally, the cost of living in the community under MFPD is 71 percent of the cost of living in a nursing facility, thereby providing a significant net savings over time.

In 2016, Texas obtained CMS approval to use MFPD resources to help bring successful BHP interventions and practices to scale and sustain them in the state-wide Medicaid managed care system. Since inception of BHP in 2008, Texas has transitioned from a traditional fee-for-service system into a state-wide, capitated managed care system with service packages that now include mental health rehabilitation, SUD treatment and TCM, all of which can be provided using the techniques tested in the BHP. The plan is intended to continue to support the transition of individuals from nursing facilities to community settings through BHP, and to create a statewide training and technical assistance program through the University of Texas Health Science Center – San Antonio.

IDD Behavioral Health Intervention and Crisis Respite

To strengthen Texas' Promoting Independence Initiatives for individuals with IDD, the 84th Legislature made significant investments allowing the state to administer funds to LIDDAs to develop and implement behavioral health intervention supports to address significant behavioral and psychiatric challenges. These two programs, Crisis Intervention Specialists and Crisis Respite, assist individuals who may benefit from coordination of services including the following resources:

- Establishing, expanding, or enhancing community-based crisis services;
- Providing support to existing crisis mobile units (e.g. mobile crisis outreach teams);
- Behavioral specialists who are specifically trained on addressing crisis situations with individuals who have IDD;
- Providing crisis respite services for individuals who have IDD and have IDD with a co-occurring mental health condition; and
- Providing higher intensity service coordination and follow-up care to help individuals who have IDD stay in the community.

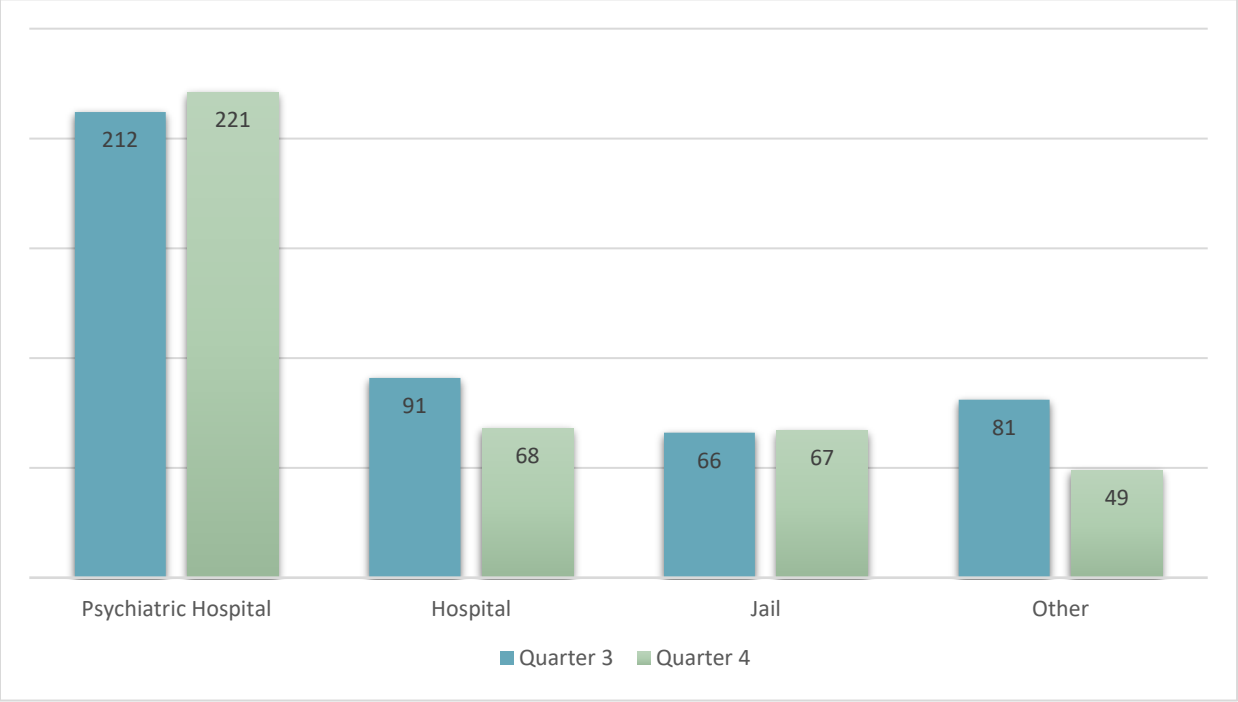
The crisis intervention specialists are licensed professionals who work with individuals with IDD and a co-occurring mental health condition to prevent potential crisis events, promote an individual's coping skills, and develop relationships with community systems through education and collaboration.

Transition Support Teams grant projects in eight LIDDA regions provide education, technical assistance, and peer review/case consultation to professionals supporting individuals with complex needs. The Transition Support Teams programs aim to offer training, build community relationships, and developing integrated teams to serve people more efficiently and holistically.

Both crisis and Transition Support Teams programs help to minimize the use of law enforcement as the primary responder(s) to crisis situations and the criminalization of persons with co-occurring disorders in crisis.

Figure 49 illustrates the number of individuals with IDD diverted from institutions from March 2018 through August 2018. These individuals avoided admission to an institution through use of a crisis respite facility or through support from a crisis intervention specialist. Without these programs, up to 855 individuals could have been admitted to institutions and would not have remained in their community with natural supports.

Figure 49. Number of Individuals Diverted from Institutions Using Crisis Respite for Fiscal Year 2018, Quarters 3 and 4



Texas Education Agency

At the request of the Governor, TEA convened the Hurricane Harvey Task Force on School Mental Health Supports in coordination with HHSC, THECB, the Meadows Mental Health Policy Institute, and numerous stakeholder organizations. The Task Force surveyed school leaders across the Hurricane Harvey region to identify needs, conducted on-site consultations with high-needs schools, and linked schools with mental health resources in the first year of response and recovery.

High-need schools were linked to grant funding for mental health supports, including technical assistance on building collaborations to access service delivery through LMHAs. Schools also hired licensed mental health specialists to address trauma and mental health needs on-site through research-based interventions and supports.

HHSC and TEA organized a collaborative effort in the Federal Emergency Management Agency (FEMA) Crisis Counseling Program administered by HHSC. ESCs and LMHAs in the Hurricane Harvey region were funded to implement the program together. This collaborative effort facilitated by HHSC multiplied the effectiveness of mental health supports received by schools, students, and families. By sharing in training, best practices, and making connections with resources, this was an innovative and nationally-recognized model of extending mental health disaster recovery resources into the schools.

TEA created web-based resources for Hurricane Harvey Recovery: Mental Health Resources for Schools by engaging TJJD, HHSC, DFPS, THECB, and state and national non-profit counseling and mental health organizations. All organizations worked collaboratively and quickly to share information and design tools to help schools access mental health resources for students and their families after the storm. For more information on web-based resources reference the TEA Hurricane Harvey Recovery: Mental Health Resources for Schools.[129]

In coordination with FEMA, HHSC, the Texas School Safety Center, and ESCs, TEA convened a train-the-trainer class with a national expert to train educators on Psychological First Aid for Schools (PFA-S). This evidence-based training, funded by FEMA, equipped the Hurricane Harvey region with 28 trainers with skills to train school counselors and educators on appropriate strategies for supporting student mental health after an all-hazards disaster. PFA-S also provides actions for planning before a disaster or crisis. Appropriate strategies to support student mental health are integrated into school safety plans as a disaster preparedness measure. The National Child Traumatic Stress Network and PFA-S curriculum recommends that a cadre of educators in each school be trained in PFA-S skills, that trained PFA-S educators serve on school safety planning teams, and that PFA-S strategies be integrated into school safety plans.

University of Texas Health Science Center – Houston

Competency Restoration Program

In 2012, Texas established a competency restoration program on a 23-bed unit at the UTHealth Harris County Psychiatric Center, an academic acute psychiatric hospital. This collaborative program engaged a local hospital, the felony and misdemeanor courts, the district attorney's office, the public defender's office, the county jail, and the LMHA to serve as coordinating council for the program.

The program aimed to restore patients to competency as quickly as possible while maintaining an overall restoration percentage in line with national and state norms. By the end of fiscal year 2015, the program had achieved an overall length of stay of 38 days, with a restoration percentage of 87 percent. Of 220 patients admitted that year, 191 were restored to competency.

These results compare favorably to national norms. A sample of 10 studies examining time to restoration demonstrated a range of 64 to 175 days. Restoration percentages generally range from 75 to 85 percent. Assuming an average of 100 days to restoration based on the reviewed studies, Harris County Psychiatric Center restores patients 2.6 times faster. Stated differently, other programs would have required 60 beds to restore the same number of patients in a year that Harris County Psychiatric Center's program was able to restore with 23 bed units.

Harris County Psychiatric Center has adopted the Florida State Hospital's Competency to Stand Trial Training Curriculum, modified to align with Texas statute and codes, which is a nationally recognized, evidence-based curriculum proven to be effective in inpatient and outpatient competency settings across the United States.

The unit is staffed and run as an acute-care psychiatric inpatient unit. It is staffed by clinical professionals, including two board-certified forensic psychiatrists, a forensic psychologist, two master's level clinicians, nurses, recreation therapists, and psychiatric technicians.

Treatment services include:

- Inpatient bed-day services, including initial psychiatric assessment, pharmacological management with individual therapy, individual psychotherapy, family and group psychotherapy;
- Individualized treatment plans, including daily treatment with a psychiatrist;
- Medication stabilization;
- Nurse-administered medication;
- Daily competency restoration training (court education groups);
- Lab work; and
- Psychological evaluations to determine competency.

Harris County Psychiatric Center's competency restoration program has demonstrated success. The collaborative involvement of the various agencies, combined with the intensive nature of the treatment delivered in an academic hospital, has resulted in better outcomes for the patient, quicker restoration times for the jail and courts, and a significantly lower cost per patient restored.

Texas Juvenile Justice Department

Mental Health Treatment Program

For youth being released from the TJJD Mental Health Treatment Program, TJJD staff develop strong aftercare plans to include in-person participation in Community Resource Coordination Groups, collaboration with HHSC (for qualifying youth), referrals to the TDCJ-TCOOMMI continuity of care system, and family education.

Texas Department of Criminal Justice

Criminal justice best practices pair a supervision professional with a criminal justice-trained clinical professional that addresses all needs, including the need to facilitate a care plan and intervention. Strategies for service delivery include a risk/needs responsivity model of care. Addressing an individual's criminogenic risk factors in addition to their clinical needs promotes an effective, collaborative strategy for behavioral health service delivery and coordination.

Texas Military Department

The TMD Army National Guard Substance Abuse Prevention Program is using the Army Unit Risk Inventory Survey and the Reintegration Unit Risk Inventory as tools to identify existing high-risk behaviors in units. Survey results aid in targeting education and early intervention strategies that directly contribute to increased readiness and retention. The Texas Army National Guard is incorporating the Army Unit Risk Inventory Survey/Reintegration Unit Risk Inventory report data and the subsequent Risk Mitigation Plans into leadership culture, with the goal to reduce overall risk and to efficiently coordinate risk mitigation resources. TMD counselors are integrated into the Risk Mitigation Plans, providing targeted prevention education, where needed.

Telemental health services allows military and veteran populations to receive services in communities where counselors are not available, that have a long wait list, or when clients are not comfortable with issues related to military service. In addition, it allows TMD counselors to read facial and other non-verbal cues that help them understand the client's issues better.

TMD counselors conduct outreach by attending unit drills, annual training, and multiple family events, allowing them to meet service members and their families where they are, creating relationships of trust in delivering services.

Texas Tech University Health Sciences Center

Telemedicine, Wellness, Intervention, Triage and Referral Project – TWITR:

The TWITR is a mental health screening program offered in mostly rural school districts in and around Lubbock (funded by a grant from the Office of the Governor, Criminal Justice Division) and Amarillo (funded by an H.B. 13 matching grant). The original intent of TWITR was to develop a model for use in schools with limited mental health resources, including counselor vacancies and/or excessive caseloads. The primary purpose of TWITR is to provide assessment, screening, and referral services to students that have raised concern among teachers and counselors because they are exhibiting behavioral health issues at school.

The TWITR project was developed by personnel of the F. Marie Hall Institute for Rural and Community Health of the TTUHSC and provides an opportunity for an encounter with an experienced licensed professional counselor for clinical assessment, and if necessary the administration of a battery of clinical screening tests, and will include at least one telemedicine evaluation by a board-certified child and adolescent psychiatrist.

Only a tiny fraction of the students seen by TWITR staff have a mental health issue serious enough to warrant long term behavioral health care. Most students seen by TWITR staff are referred to other entities or agencies within the local area.

A way to continue TWITR services beyond the currently funded periods which end for the OOG on September 30, 2019, and for the H.B. 13 grant on June 30, 2019, is through providing education and technical assistance to any entity or agency that will faithfully execute the TWITR model with a high degree of fidelity. Ideally, the best use of the TWITR expertise is in education and technical assistance provided to an entity or agency with the capacity to make the TWITR Project Model widely available to ISDs in Texas.

Texas A&M University-Commerce

Texas A&M University-Commerce's Counseling Center sponsors Vet Net Symposium each year to provide continuing education to clinicians serving veterans and their families. This is an annual symposium, next scheduled for April 2019. The goal is to have 100 clinicians participate each year.

The Counseling Center, along with other campus collaborators, also hosts an annual Mental Health Matters Day, during with the Counseling Center reaches out to the entire campus (students, faculty, and staff) to provide mental health education and encourage help-seeking. The 2017 event reached 600 individuals and featured a national speaker on suicide prevention, Kevin Hines.

Appendix D: IDD Gap Survey

Introduction:

Thank you for taking the statewide intellectual and development disabilities (IDD) survey. The Texas Health and Human Services Commission asked the Office of Mental Health Coordination to learn more about service gaps for people with IDD in Texas. Your answers to this survey will help us find gaps and make plans for IDD services in the future.

We will not see what you said on this survey. We will only look at answers for all people who took the survey as a group. Your answers will not change your role in the IDD system. The survey will take 10 minutes to complete.

Thank you.

Survey

1. Which option best describes you?
    a. I have IDD [Proceed to Q2]
    b. I am a family member or friend of someone who has IDD [Skip to Q5]
    c. I provide services and supports to individuals with IDD [Skip to Q7]
    d. I work for an organization or agency that administers or interacts with the IDD system. [Skip to Q7]

2. [IDD] How old are you?
    a. 20 or younger
    b. Between 21 and 64
    c. 65 or older

3. [IDD] Are you getting IDD services right now?
    a. Yes, I am getting IDD services only
    b. Yes, I am getting IDD and mental health or substance use disorder services
    c. No, I am waiting to get IDD services
    d. No, I used to get IDD services in the past

4. [IDD] Where do you live?
    a. In or near a large city like Houston or Dallas (population of 250,000+) [Skip to Q11]
    b. In a small city or town like Galveston or Marfa (population less than 250,000) [Skip to Q11]

5. [FAMILY/FRIEND] Is your family member or friend with IDD receiving IDD services?
    a. Yes, they are currently receiving IDD services
    b. No, they are waiting to receive IDD services
    c. No, they used to receive IDD services in the past

d. I don't know

6. [FAMILY/FRIEND] Where do you live?
    a. In or near a large city like Houston or Dallas (population of 250,000+) [Skip to Q13]
    b. In a small city or town like Galveston or Marfa (population less than 250,000) [Skip to Q13]

7. [PROVIDER/AGENCY] Where do you work with the IDD system or population? (Check all that apply)
    a. Advocacy organization
    b. Local mental or behavioral health authority
    c. Local intellectual and developmental disability authority
    d. Managed care organization
    e. Private Provider Organization
    f. Emergency/Crisis Services (e.g., first responders)
    g. Education
    h. Health care
    i. Employment services
    j. Housing (e.g., local housing authority)
    k. Criminal justice
    l. Local government (city or county)
    m. State government
    n. Other (please specify) _____

8. [PROVIDER/AGENCY] Which age groups do you work with? (Check all that apply)
    a. I work with individuals age 20 or younger
    b. I work with individuals age 21 to 64
    c. I work with individuals age 65 or older

9. [PROVIDER/AGENCY] Where do you provide services? (Check all that apply)
    a. In the community (e.g., school, doctor's office, individual's home)
    b. In an institution (please specify, e.g., Nursing facility, State Supported Living Center, Residential Treatment Center or Jail) _____
    c. Other (please specify) _____
    d. Not applicable

10. [PROVIDER/AGENCY] In what size city do you work?
    a. In or near a large city like Houston or Dallas (population of 250,000+) [Skip to Q13]
    b. In a small city or town like Galveston or Marfa (population less than 250,000) [Skip to Q13]

IDD Services

Access to IDD Services and Providers

11. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a) I can get services in my home or where I live.				
b) I can get services for different medical needs.				
c) I can get services for different behavior needs.				
d) I help decide what services I get.				
e) I get enough services to stay healthy and participate in the community.				
f) Staff support me and help me do what I want to do.				
g) I can pay for things I want to do in the community.				
h) The assessments I take help me figure out which services I need.				
i) There are enough staff to give me services I need.				

12. Do you have problems getting the services you need? If yes, please write your problems getting services below. [Open response]

13. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about access to services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) Services are provided in the most integrated setting possible (e.g., in the home or community).					
b) There are enough services for people with complex medical needs.					
c) There are enough services for people with complex behavioral needs.					
d) The services provided are person-centered.					
e) There is enough access to services to stay healthy and participate in the community.					
f) Staff understand how to support people with IDD reach their goals.					
g) People with IDD can afford to do things in the community.					
h) Assessments capture the services people with IDD need.					
i) There are enough staff to effectively deliver services.					

14. What gaps or challenges have you experienced with access to IDD services? Please provide examples. [Open response]

Identification and Access to Appropriate Education Services

15. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a) I get/got the help I needed in school.				
b) I have an Individualized Education Plan (IEP).				
c) I can be in/was in school activities I like.				
d) I've had chances to volunteer or train for jobs I like.				

16. Do you or did you have problems getting services you need in school? If yes, please write your problems getting services below. [Open response]

17. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about appropriate education services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD can access early childhood intervention services.					
b) People with IDD can access Individualized Education Plans (IEP).					
c) People with IDD can access inclusive special education services and supports.					
d) People with IDD can access volunteer and training opportunities.					

18. What gaps or challenges have you experienced with access to appropriate education services for individuals with IDD? Please provide examples. [Open response]

Customized, integrated and competitive employment

19. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a) I can find jobs that let me keep other services I get.				
b) I am able to find jobs that pay well.				
c) I have the help I need to find and keep a job.				

20. Do you have problems getting jobs? If yes, please write your problems below. [Open response]

21. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about employment in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD use Social Security Administration work incentives.					
b) People with IDD are able to find jobs that pay competitively.					
c) There are enough supports to help people with IDD find and maintain employment.					

22. What gaps or challenges have you experienced with access to appropriate employment services for individuals with IDD? Please provide examples. [Open response]

Implementation of Evidenced Based Practices (Not for individuals with IDD)

23. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about the use of evidence based practices in the IDD system (Note: evidence based practices are therapies and strategies based on the best research and knowledge available).

Evidence based practices are used when delivering…	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) Trauma-informed services for individuals with IDD.					
b) Peer Support services.					
c) Person-centered Planning Practices.					
d) Mental health services for individuals with co-occurring IDD/behavioral health needs.					
e) Positive Behavior Supports.					

24. What gaps or challenges have you experienced with the use of evidence based practices for individuals with IDD? Please provide examples. [Open response]

Coordination and Communication across state agencies (Not for individuals with IDD)

25. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about coordination and communication across state agencies.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD keep services when moving from one state agency to another.					
b) People with IDD keep resources and services when transitioning from child to adult.					
c) Individual-level data for people with IDD is tracked across multiple service delivery systems (i.e. education, health care, housing).					
d) People with IDD receive appropriate services and supports when they move to the community from an institution (e.g., jail, hospital, or state supported living center).					

26. What gaps or challenges have you experienced with coordination and communication across state agencies for individuals with IDD? [Open response]

Housing Options

27. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a) I have enough money to live in an area I like.				
b) I can get help applying and filling out forms for housing.				
c) I can get help paying bills on time and talking with people that own where I live.				
d) I can live alone if I want to.				

28. Do you have problems with housing? If yes, please write your problems getting services below. [Open response]

29. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about housing in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD are able to find available, affordable integrated housing.					
b) People with IDD have help navigating community living options, property availability and housing applications.					
c) People with IDD have help to pay bills on time and communicate effectively with landlords.					
d) People with IDD are able to live alone and receive enough supports.					

30. What gaps or challenges have you experienced with housing for individuals with IDD? Please provide examples. [Open response]

Access to Transportation

31. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a) I am able to get rides to do things I want to do outside of my home.				
b) I have ways to get to and from work.				
c) I can get rides that fit my wheelchair or equipment I need.				
d) My rides will wait for me or come back if I am early or late.				
e) I am able to pick from different types of rides (e.g., bus, taxi, UBER).				

32. Do you have problems with transportation? If yes, please write your problems getting services below. [Open response]

33. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about access to transportation in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD have enough transportation to participate in the community.					
b) People with IDD are able to access transportation to go to and from their job.					

c) People with IDD have access to transportation that is appropriate for wheelchairs or needed equipment.	
d) People with IDD have transportation that is flexible and can accommodate changes in their schedule.	
e) People with IDD have several transportation options (e.g., paratransit, bus, taxi, UBER, MTP).	

34. What gaps or challenges have you experienced with transportation for individuals with IDD? Please provide examples. [Open response]

Behavioral Health Services (Not for individuals with IDD)

35. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about behavioral health services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD can access mental health and substance use disorder services.					
b) There are enhanced services and service coordination when an individual has co-occurring IDD-BH diagnosis.					
c) Current IDD assessments identify mental health and substance use disorder needs.					

36. What gaps or challenges have you experienced with behavior health services for individuals with IDD? Please provide examples. [Open response]

Family Supports

37. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about family supports in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) Family members understand how to access information for IDD services.					
b) Family members can access legal services when needed.					
c) Family members can access respite services when needed.					
d) Families understand guardianship, supported decision making and other alternatives.					
e) Family members and people with IDD understand their options to direct their services.					
f) Family members can get help applying for and maintaining SSI and other benefits.					

38. What gaps or challenges have you experienced with data in the IDD system? Please provide examples. [Open response]

Coordination of Care

39. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a) I have a person who helps me get services.				
b) I have a person who helps me know what to do when I am unhappy with services or can't get services I want.				
c) I have help when I need to change who gives me services.				

40. Do you have problems with getting a person to help you with services? Please provide examples. [Open response]

41. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about coordination of care in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) People with IDD have access to qualified, resourceful, helpful service coordinators.					
b) People with IDD have help understanding and pursuing an appeal, suspension or denial of services.					
c) Service coordinators assist individuals when they lose a provider or attendant.					

42. What gaps or challenges have you experienced with coordination of care in the IDD system? Please provide examples. [Open response]

Crisis Intervention (Not for individuals with IDD)

43. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about crisis services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a) There is access to crisis respite services for children and adults with IDD.					
b) Crisis intervention services for individuals with IDD are available across Texas.					
c) First responders are trained in the needs of individuals with IDD.					
d) There is adequate care coordination during crisis interventions for individuals with IDD.					
e) There is adequate access to post-crisis follow-up care and support.					

44. What gaps or challenges have you experienced with crisis services in the IDD system? Please provide examples. [Open response]

Gap Areas in IDD System

45. [ALL OTHER RESPONDENTS] Different areas of the IDD system are provided below. Please select the areas of the IDD system you believe have the greatest gaps or challenges (Check all that apply)

    a. Access to IDD Services and Providers
    b. Identification and Access to Appropriate Education Services
    c. Customized, integrated and competitive employment
    d. Implementation of Evidenced Based Practices
    e. Coordination and Communication across state agencies
    f. Housing Options

g. Access to Transportation
h. IDD Workforce
i. Behavioral Health Services
j. Family Supports
k. Coordination of Care
l. Crisis Intervention
m. Other (please specify) _____

Thank you for taking the IDD survey. We appreciate your feedback.

Appendix E: IDD Inventory of Programs and Services

The IDD inventory of programs and services was collected from existing Council agencies and identifies some programs for individuals with IDD. For context, not all Council agencies provide programs or services for individuals with IDD. Some Council agencies provide services that are available for individuals with IDD, but do not have specific IDD program funding. This is an initial list of programs for the foundation. Since many state programs available for individuals with IDD are funded for multiple disabilities, additional programs that serve multiple disability populations will be added to complete the IDD Inventory of Programs and Services.

The following inventory outlines the programs and services for individuals with IDD provided by Council agencies and describes the programs and services, and the populations and number of individuals served. The inventory also categorizes the programs and services into service categories including: awareness and system navigation; screening and assessment; service coordination; acute care services; long-term services and supports; co-occurring IDD-BH services; housing; day habilitation; employment; and crisis intervention.

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II.														
Health and Human Services Commission														
Article II. Health and Human Services Commission LIDDA: Screening Services, I.2.1.	Individuals with IDD	Services are face-to-face or by phone contact with person(s). Screening includes the process of documenting consumers' initial and updated preferences for services and the LIDDA biennial contact of individuals on the HCS Interest List.	34,000	✓	✓									

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II. Health and Human Services Commission LIDDA: Eligibility Determinations, I.2.1.1	Individuals with IDD	An interview and assessment or an endorsement to determine if an individual has an intellectual disability or is a member of the IDD priority population.	6,000	✓	✓									
Article II. Health and Human Services Commission LIDDA: Service Coordination, I.2.1.1.	Individuals with IDD	Assistance in accessing medical, social, educational, and other appropriate services and supports that help individuals achieve a quality of life and community participation acceptable to the consumer as described in the plan of services and supports.	49,000	✓	✓	✓								

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II. Health and Human Services Commission LIDDA: PASRR, I.2.1.	Individuals with IDD	PASRR Evaluations/ Determinations for individuals to receive specialized services.	740	✓	✓	✓				✓				✓
Article II. Health and Human Services Commission LIDDA: General Revenue Community IDD Services /Residential, F.1.3.	Individuals with IDD	24-hour services provided to person who does not live independently or with natural family. Services provided by LIDDA employees or contractors of who regularly stay overnight in the consumer's home.	4,893- End of Year Avg.	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services & Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II. Health and Human Services Commission IDD Crisis Respite and Crisis Intervention Specialists Programs *CMS Grant Funded Initiative	Individuals with IDD who have significant behavioral and psychiatric challenges.	Behavioral intervention & crisis respite for temporary stabilization while securing services for long term needs. • Establish, expand, or enhance community-based crisis services; • Provide support to crisis mobile units, including available behavioral specialist trained on crises with individuals with IDD; • Provide crisis respite services for individuals with IDD & IDD/Mental Illness; • Provide follow-up care after crisis services.	2,400	✓	✓				✓				✓	
Article II. Health and Human Services Commission LIDDA: Regional Medical,	Community providers and LIDDAs who serve individuals with IDD at risk of institutionalization and those who have moved	• Quarterly educational activities to increase the expertise of LIDDA and provider staff. • Technical assistance, on request, on specific	750	✓	✓								✓	✓

Behavioral, and Psychiatric Transition Support Teams; *CMS Grant Funded Initiative	from institutional settings, including SSLCs and nursing facilities.	disorders and diseases, with examples of best practices and evidence-based services for individuals with significant medical, behavioral, and psychiatric challenges. • De-identified case-specific peer review support to service planning teams.												
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services & Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**
Article II. Health and Human Services Commission LIDDA Enhanced Community Coordination, *CMS Grant Funded Initiative	Individuals with IDD residing in an institution, such as an SSLC or nursing facility, who are transitioning to a community Medicaid waiver program or community ICF/IID.	• The individual and the legally authorized representative information about available community living options, services, and supports, in addition to the information provided during the community living options process • The individual and legally authorized representative opportunities to visit	2,500	✓		✓				✓				✓

		community resources • The individual intensive, flexible support to achieve success in a community setting • The individual enhanced pre- and post-transition services												
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services & Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**
Article II, Health and Human Services Commission CLASS Medicaid Waiver	To be eligible for the CLASS Medicaid Waiver, a person must: 1) Meet financial eligibility criteria; 2) Meet diagnostic eligibility criteria; 3) Be diagnosed with related condition that manifested before age 22; 4) Need for CFC PAS/HAB; 5) IPC cost for CLASS services at or below $114,736.07; 6) not in a waiver or service that may not be received if in CLASS; 7) resides in own or family home;	Community based: adaptive aids; auditory integration training/ auditory enhancement training; behavioral support; case management; cognitive rehab therapy; dental treatment; habilitation; nursing; minor home modifications; dietary services; occupational therapy; physical therapy; prevocational services; respite; speech/language pathology; specialized licensed vocational nursing; specialized therapies; support family services; continued family services; employment assistance; supported employment; transition assistance services; and if at	5,885	✓	✓	✓	✓	✓	✓			✓		✓ Pre-vocational Services

	8) requires at least 1 CLASS service per month or monthly monitoring and at least 1 CLASS service during an IPC period.	least one CLASS service delivered through the Consumer Directed Services (CDS) option: Financial Management Services (FMS) and support consultation.												
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services & Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**
Article II, Health and Human Services Commission DBMD Medicaid Waiver	To be eligible for the DBMD Medicaid Waiver, a person must: 1) Meet financial eligibility criteria; 2) Meet diagnostic eligibility criteria; 3) Have (A) one or more diagnosed related conditions and as a result: (i) has deafblindness; (ii) has a medical condition that will result in deaf-blindness; or (iii) functions as a person with deafblindness; and (B) one or more additional disabilities that result in impairment to independent functioning; 4) Have related	Adaptive aids; assisted living: behavioral support; case management; chore services; day habilitation; dental treatment; dietary services; employment assistance; intervener; minor home modifications; nursing; occupational therapy; orientation and mobility; physical therapy; residential habilitation; respite; speech, language, audiology therapy; supported employment; transition assistance services; and	381	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

	conditions manifested before age 22; 5) Cost for DBMD at or below $114,736.07.	if individual plan of care (IPC) includes at least one DBMD service to be delivered through the CDS option: FMS and support consultation.												
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services & Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**
Article II, Health and Human Services Commission HCS Program Medicaid Waiver	To be eligible for the HCS Program Medicaid Waiver, a person must: (1) Meet financial eligibility; (2) Meet 1 of the following: (A) qualifies for ICF/IID Level of Care (LOC) 1; (B) qualifies for ICF/IID LOC 1 or 8 & needs specialized services or is inappropriately placed in nursing facility; or (C) meets: (i) qualifies for LOC 1 or 8; (ii) meets: (I) in a nursing facility prior to enrolling in HCS; or (II) at imminent risk of entering a nursing facility; and (iii) is offered HCS for "Individuals with a LOC 1 or 8 residing in a nursing facility"; (3) IPC cost does not exceed: (A) $167,468 for Level of Need (LON)	Transition assistance services; professional therapies: physical; occupational; speech/ language; audiology; social work; behavioral support; dietary services; cognitive rehabilitation; nursing; residential assistance; supported home living; respite; day habilitation; employment assistance; supported employment; adaptive aids; minor home modifications; dental; if IPC includes at least one HCS service delivered through CDS option: FMS and support consultation.	27,689	✓	✓	✓	✓	✓	✓	✓	✓	✓		

	1, 5, or 8; (B) $168,615 for LON 6; or (C) $305,877 for LON 9.													
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services and Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**
Article II, Health and Human Services Commission TxHmL Program Medicaid Waiver	To be eligible for the TxHmL Program, a person must: 1) Meet financial eligibility criteria; 2) Meet one of the following criteria: (A) qualifies for an ICF/IID LOC I; or (B) meets the following criteria: (i) qualifies for ICF/IID LOC I or VIII; (ii) meets one of the following: (I) resides in a nursing facility immediately prior to enrolling in TxHmL; or (II) is at imminent risk of entering a nursing facility; and (iii) is offered TxHmL services designated for "Individuals with a level of care I or VIII residing in a nursing facility"; (3) assigned an LON 1, 5, 8, or 6;	Provides services/supports to individuals who live in their own or their family's homes: professional therapies: physical, occupational, speech and language, audiology, behavioral support, dietary services; nursing; community supports; respite; day habilitation; employment assistance; supported employment; adaptive aids; minor home modifications; dental; if IPC includes at least one TxHmL service delivered through the CDS option: FMS and support consultation.	6,540	✓	✓	✓	✓	✓	✓		✓	✓		

	(4) IPC cost does not exceed $17,000													
Appropriation Article and Agency Name	**Target Population**	**Goal/ Services Description**	**FY 2019, Projected People Served**	**Awareness / System Navigation**	**Screening / Assessment**	**Service Coordination**	**Acute Care Services**	**Long-term Services and Supports**	**Co-occurring IDD-BH Services**	**Housing**	**Day Habilitation**	**Employment**	**Crisis Intervention**	**Other**
Article II, Health and Human Services Commission ICF/IID Strategy A.2.7	To be eligible for the ICF/IID Program, a person must: 1) Meet the LOC I or LOC VIII criteria; 2) Be in need of and able to benefit from the active treatment provided in the 24-hour supervised residential setting of an ICF/IID; and 3) Be eligible for SSI or be determined by HHSC to be financially eligible for Medicaid.	24-hour residential care and treatment services: (1) professional therapies; (2) durable medical equipment; (3) nursing; (4) dental; (5) transportation for home visits and independent employment; (6) prescription meds; (7) prescribed laboratory services; (8) meals/snacks; (9) purchase, repair & maintenance of specialized equipment adaptive aids; (10) medical services; (11) recreational activities; (12) training and habilitation; (13) eye exams and glasses; (14) laundry; (15) behavior modification programs; (16) personal hygiene; and grooming; (18) expenses associated with recreational or training activities;	5,528	✓	✓	✓	✓		✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II, HHSC Office of Disability Prevention for Children; GAA Strategy F.3.3 Additional Advocacy Programs	Children ages 0 to12.	The Office of Disability Prevention for Children works to prevent disabilities through: Provider and public education; Promotion of public policy; Educating the public; Working with other state agencies, community groups and various other stakeholders; Developing long-term plans to monitor and reduce the incidence and severity of developmental disabilities; Evaluating state efforts to prevent developmental disabilities.	N/A	✓										Provider and Public Education

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II, HHSC Children's Autism Program; GAA Strategy D.1.6. Autism Program	Children ages 3 to15 (Up to 16th birthday).	Provides focused applied behavior analysis treatment services to children with a diagnosis on the autism spectrum.	1,150		✓									Provides Focused ABA
Article II, HHSC Navigate Life Texas website; Strategy L.1.1. HHS System Supports Enterprise Oversight and Policy	0-Adult.	Navigate Life Texas website provides families and parents online resources and services needed to support children and adults with disabilities or health-care needs.	NA	✓										Provider and Public Education
Article II, HHSC Early Childhood Intervention; Strategy D.1.3. ECI Services and Strategy D.1.4. ECI Respite and Quality Assurance	Infants and toddlers ages 0 to 3.	Statewide program for children (and their families) with developmental delays, disabilities, or certain medical diagnoses that may impact development.		✓	✓	✓	✓		✓					✓

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission State Supported Living Centers - Strategy G.1.1	Individuals of any age with an intellectual or developmental disability or related condition needing 24 hour residential supports and services.	To provide residents with a safe, campus-based setting where they receive individualized behavioral treatment and health care.	2901		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Article II, Health and Human Services Commission Other Facilities Strategy G.3.1	Individuals with ID residing in bond homes at Corpus Christi SSLC.	To provide residents with a safe, small ICF/IID setting in lieu of a campus-based setting.	10			✓	✓	✓		✓	✓			
Article II, Health and Human Services Commission Facility Capital Repairs and Renovations Strategy G.4.2	Individuals with ID residing in SSLCs.	Repair, renovate, and construct projects required to maintain the state's 12 SSLCs and the ICF component of the Rio Grande Service Center.	N/A											

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD1BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II.														
Department of State Health Services														
Article II. Department of State Health Services, Children with Special Health Care Needs, A.3.3.	Children/youth with special health care needs, including IDD, up to age 21.	Strengthen community-based systems of care for children and youth with special health care needs through public and population health initiatives driven by state and national performance measures. Contracts with community-based providers to make progress on advancing medical home, family-professional partnerships, community inclusion, and transition planning for youth aging out of pediatric settings.	5,000	✓		✓								

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II. Department of State Health Services, Women and Children's Health Services, B.1.1. *SAMHSA Grant Funded Initiative	Child care center staff and children 0 to 5 receiving a developmental screen.	Increase the percent of children, age 0 through 35 months, receiving a developmental screen using a parent-completed screening tool in the past year by, (1) increasing the number of educators and providers receiving developmental screening education, support and community resources and (2) training individuals in the Ages & Stages Questionnaire (ASQ) and ASQ-Social Emotional (SE) early childhood developmental screening tools and referral resources in the Texas LAUNCH funded communities.	25 train-the-trainer trainings 40 Child Care Center staff trained on Developmental screening. 750 children screened for developmental disabilities.	✓	✓	✓								

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II. Department of State Health Services, Women and Children's Health Services, B.1.1. Newborn Screening Benefits Program Clinical Care Coordination (CCC)	All Texas newborns.	Perform follow-up for abnormal bloodspot screening results with the goal of coordinating diagnostic testing and early intervention to prevent serious complications such as developmental delays, serious illness or death.	Caseload of 20,000	✓		✓		✓					✓	
Article II. Department of State Health Services, Women and Children's Health Services, B.1.1. Newborn Screening Benefits Program	Individuals with a presumptive positive or confirmed condition screened for by the DSHS Lab.	Provide limited access to confirmatory testing, follow-up care, dietary supplements, medications, vitamins, low-protein foods, and at no cost or reduced cost to those who qualify.	250											

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article II. Department of State Health Services, Women and Children's Health Services, B.1.1. Texas Early Hearing Detection and Intervention	All Texas newborns.	Certify birthing facilities to screen and identify newborns and young children as early as possible for deafness or hard of hearing. Track screening results to facilitate appropriate intervention services in order to prevent delays in vocabulary, communication and cognitive skills development.	380,000	✓	✓	✓								

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article III.														
Texas Education Agency														
Article III, Texas Education Agency State Level Professional Development for School Personnel and Parents of Students with Autism Rider 10	School personnel and parents of students with autism.	Implement state-level professional development for school personnel and parents of students with autism.	800 parents and pro-fessionals											x- training professional development
Article III, Texas Education Agency Best Buddies funds, Article III, Rider 81	High school and middle school students with IDD.	Provides support in creating opportunities for one-to-one friendships, integrated employment, and leadership development for Texas high school and middle school students with IDD.	900											x- developing social relationships and leadership skills

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article III, Texas Education Agency Services to Students with Autism Grant Texas Education Code 29.026 as added by H. B. 21, 85th Texas Legislature, 2017	Students with autism ages 3 to 9.	Grant provides startup funding for local educational agencies to provide innovative school-level models of instruction that effectively address the educational needs of students with autism. It is intended that this grant will result in exceptionally effective, innovative, scalable models for students with autism that can be replicated in other areas of the state.	76,315 students with an average of 7,631 per grant											x- Instructional services and education

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article V.														
Texas Department of Criminal Justice														
Article V, Texas Department of Criminal Justice Developmental Disabilities Program Unit and Psychiatric Care, Strategy C.1.8.	Incarcerated offenders.	To provide opportunities to offenders with IDD to acquire skills necessary to enable them to function more successfully in the least restrictive environment.	645	✓	✓	✓	✓	✓	✓			✓	✓	

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article VII.														
Texas Department of Housing and Community Affairs														
Article VII, Texas Department of Housing and Community Affairs Project Access	Low income persons with disabilities transitioning out of institutions.	Assists low-income persons with disabilities in transitioning from institutions into the community by providing Section 8 Housing Choice vouchers. Program administratively supported in part by Money Follows the Person funds and program coordinated with HHSC.	115							✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article VII, Texas Department of Housing and Community Affairs Section 811	People with disabilities living in institutions, people with serious mental illness, and youth/ young adults with disabilities exiting foster care receiving DFPS services.	Provides project-based rental assistance for extremely low-income persons with disabilities linked with voluntary long-term services through one of the HHSC agencies participating in the program.	151			✓				✓				
Article VII, Texas Department of Housing and Community Affairs All TDHCA Programs	Persons with Disabilities.	All TDHCA programs are open to all income eligible households, which is inclusive of those with disabilities. Additionally, several programs have specific measures to address the needs of people with disabilities.	N/A							✓				

Appropriation Article and Agency Name	Target Population	Goal/ Services Description	FY 2019, Projected People Served	Awareness / System Navigation	Screening / Assessment	Service Coordination	Acute Care Services	Long-term Services and Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Article VII.														
Texas Workforce Commission														
Article VII, Texas Workforce Commission VR	All Texans with Disabilities including Behavioral Health and IDD.	Provides services for people with disabilities to help them prepare for, obtain, retain, or advance in employment.	N/A	✓	✓	✓						✓		

Appendix F: Agency Profiles

The following is information on each Council agency, outlining its populations of focus and eligibility requirements for IDD and Behavioral Health Services.

The Office of the Governor: Criminal Justice Division	**Populations Served:** • Juveniles (10 years up to age of maturity or 17) • Adults (17 years and older) with substance abuse problems and/or mental illness
Eligibility Requirements: • Specialty Courts Program: Individuals are eligible to participate in specialty courts if they are determined to be high-risk/high-need and referred to a court program usually by the district attorney or Judge. • Residential Substance Abuse Treatment Program: Individuals in correctional and detention facilities diagnosed with a substance use disorder. • Juvenile Justice and Delinquency Program: Youth who are at-risk of or currently involved in the juvenile justice system. • Edward Byrne Justice Assistance Grant Program: Individuals at-risk of or currently in the adult or juvenile justice system. • Crime Victim Assistance Program: Victims of crime. • Violence Against Women Program: Women who have experienced a violent crime.	

Texas Veterans Commission (TVC): Fund for Veterans' Assistance and Veterans Mental Health Department	**Populations Served:** All ages
Eligibility Requirements: • Fund for Veterans Assistance: Individual grantees define their target populations within the larger population of veterans, their families and surviving spouses. • Veterans Mental Health Department provides training and technical assistance to HHSC-contracted Military Veteran Peer Network Coordinators and Veteran Counselors at the LMHAs serving the acute mental health needs of service members, veterans and their families.	

Health and Human Services Commission - IDD-BH Services	**Populations Served:** • Children and youth ages 3 to 17 years (ages 13-17 for SUD treatment, through 18 for YES Waiver) • Adults 18 years and older who are low-income

Eligibility Requirements:

- Behavioral Health - Children: The children's mental health priority population is children ages 3 to 17 years with serious emotional disturbance (excluding a single diagnosis of substance abuse, intellectual or developmental disability, or ASD) who have a serious functional impairment or who:
  - Are at risk of disruption of a preferred living or children care environment due to psychiatric symptoms, or are enrolled in special education because of a serious emotional disturbance.
  - Children with dual diagnosis of IDD and SED are also eligible for services who are seeking services to address their mental health needs.

The YES Waiver Program expands eligibility to youth up to the last day before their 19th birthday for those at risk of being removed from their home due to their mental health needs.

- Behavioral Health - Adults: The Adult Mental Health Priority Population are people age 18 or older who have a diagnosis of severe and persistent mental illness with the application of significant functional impairment and the highest need for intervention. This would include people who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, bulimia nervous, anorexia nervous or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

- Substance Use
  - Prevention: Substance Use prevention services are available to children, youth, and adult populations. Prevention programs are designed to reach: 1) the entire population; 2) target subgroups determined to be at risk for substance abuse; and 3) identify individuals who are experiencing early signs of substance abuse and other related behavioral associated with substance abuse.
  - Intervention and Treatment: Low-income adults and youth determined to have one of the following:
    - ◊ "Risky" substance use: This refers to using substances that can impact an individual's health and safety but does not meet the criteria for a substance problem. Individuals in this category can benefit from Intervention services.
    - ◊ Misuse occurs when the person uses substance for non-medical reason
    - ◊ Disorder is a diagnosis based on the evidence of impaired control, social impairment, and pharmacological criteria as defined by the most recently published version of the Diagnostic Statistical Manual (DSM).

In addition, state and federal guidelines specify priority access groups including identified pregnant injecting women, pregnant women, individuals injecting and individuals determined to have a substance use disorder and infected with human immunodeficiency virus (HIV) and person at risk for HIV.

IDD

- For Medicaid IDD Programs, meet Intermediate Care Facilities LOC 1 or 8 as follows:
  - ICF LOC 1: A person must:
    1. Have a full-scale intelligence quotient (IQ) score of 69 or below, obtained by administering a standardized individual intelligence test; or
    2. Have a full-scale IQ score of 75 or below, obtained by administering a standardized individual intelligence test, and have a primary diagnosis by a licensed physician of a related condition that is included on the list of diagnostic codes for persons with related conditions that are approved by HHSC and posted on its website; and
    3. Have an adaptive behavior level of I, II, III, or IV (i.e., mild to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.
  - ICF LOC 8: A person must:
    1. Have a primary diagnosis by a licensed physician of a related condition that is included on the list of diagnostic codes for persons with related conditions that are approved by HHSC and posted on its website; and
    2. Have an adaptive behavior level of II, III, or IV (i.e., moderate to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.
- For general revenue IDD services – Meet one of the following criteria:
  - Have an intellectual disability (i.e., IQ $\leq$ 69 and mild to extreme deficits in adaptive behavior if determined April 1, 2016 or later) or (IQ $\leq$ 70 and mild to extreme deficits in adaptive behavior if determined before April 1, 2016).
  - Have a diagnosis of ASD.
  - Be a nursing facility resident who is eligible for specialized services for an intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act (United States Code [USC], Title 42, Section1396r(e)(7)).
  - Be a child who is eligible for Early Childhood Intervention services through HHSC.
  - Be diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.

Health and Human Services Commission - Health & Specialty Care System	**Populations Served:** • Children and youth ages 3 to 17 years (age 13 years and older for SUD treatment) • Adults 18 years and older who are low-income

Eligibility Requirements:

State Hospital System

- Emergency Detention: Persons with a mental illness who are determined to be at substantial risk of serious harm to themselves or others and evaluated by a physician for admission at the hospital. Some admissions may be delayed until acute or chronic medical conditions are addressed that the network state psychiatric hospitals do not have the capability to treat.
- Civil Commitments: Requires a physician's medical certificate filed with the court and a judge issued civil commitment for persons in the community determined to be a danger to themselves or others or at risk of deterioration and would benefit from inpatient care.
- Criminal Code Commitments: Persons determined Incompetent to Stand Trial or Not Guilty by Reason of Insanity.

State Supported Living Centers

The Health and Safety Code (Title 7, Section 593.052) establishes four mandatory admission criteria:

- The individual is a person with an intellectual disability;
- Evidence (per Texas Administrative Code Title 40, Part 1, Chapter 2, Subchapter F, Division 2, Section 2.255) is presented showing that because of the intellectual disability the individual:
  - Represents a substantial risk of physical impairment or injury to self or others; or
  - Is unable to provide for and is not providing for his/her most basic personal physical needs.
- The individual cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
- The facility provides habilitation services, care, training and treatment appropriate to the individual's needs.

Health and Human Services Commission - Medicaid/CHIP Services	**Populations Served:** All ages

Eligibility Requirements:

Behavioral Health

- A child or youth with a SED and the child's family who is eligible for Medicaid or the Children's Health Insurance Program.
- An adult with serious mental illness who is Medicaid eligible.

Department of Family and Protective Services (DFPS)	**Populations Served:** All ages

Eligibility Requirements:

- 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 due to abuse or neglect and being placed in foster care absent preventive measures. Services are provided to children who are in substitute care, children who remain in their homes, and their caregivers and families.
- Families who need assistance to facilitate the achievement of the child's or family's service plan to resolve risk factors related to child abuse and neglect. 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.
- Children in DFPS conservatorship with serious mental or behavioral health needs.
- Adults 65 and older and adults 18 to 64 with a disability in Adult Protective Services cases who are in need of protective services.

Texas Civil Commitment Office (TCCO)	**Populations Served:** Adults that are repeat sexually violent offenders who suffer from a behavioral abnormality.

Eligibility Requirements:

Clients are sexually violent predators who have been civilly committed as defined by Chapter 841 of the Health and Safety Code. The populations served by TCCO are repeat sexually violent offenders that suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities whereby the clients receive sex offender specific treatment. The clients have been adjudicated to be sexually violent predators. These sexually violent predators targeted for services under this strategy also suffer from concurrent behavioral health diagnoses and require mental health or substance abuse treatment.

Texas Workforce Commission (TWC)	**Populations Served: All Texans with Disabilities**

Eligibility Requirements: Workforce Solutions VR Services provides services for people with disabilities to help them prepare for, obtain, retain or advance in employment.

Eligibility

You may be eligible for VR services if you:

- Have a disability which results in substantial barriers to employment.
- Require services to prepare for, obtain, retain or advance in employment.
- Are able to obtain, retain or advance in employment as a result of services.

Disabilities Served

Disabilities Other Than Vision-Related Disabilities:

- Behavioral and mental health conditions
- Hearing impairments, including deafness
- Alcoholism or drug addiction
- Intellectual, learning and developmental disabilities
- Physical disabilities, including traumatic brain and spinal cord injury, back injury, paralysis and impaired movement

Vision-Related Disabilities

- Blindness
- Significant visual impairments
- Deaf Blindness

Legal Authority

The Rehabilitation Act of 1973 as amended through P.L. 114–95 [(Workforce Innovation and Opportunity Act (WIOA)], enacted December 10, 2015.
34 Code of Federal Regulation (CFR), Section 361.5(c)(5)

Texas Education Agency (TEA)	**Populations Served:** • Children and youth ages 5 to 21 years • Adults ages 21 to 26 years

Eligibility Requirements:

A person who, on the first day of September of any school year, is at least 5 years of age and under 21 years of age, or is at least 21 years of age and under 26 years of age and is admitted by a school district to complete the requirements for a high school diploma is entitled to the benefits of the available school fund for that year in accordance with Chapter 25 of the Texas Education Code. Any other person enrolled in a prekindergarten class or Special Education Program under Chapter 29 is entitled to the benefits of the available school fund. All persons who meet the admission criteria are eligible to be served in Texas public school programs.

Texas Military Department (TMD)	**Populations Served:** Adults 18 years and older
Eligibility Requirements: • Texas Military Department members (Army and Air National Guard, State Guard) • Active Duty (any branch) • Adult Family Members of military and veterans • Veteran and Prior Military (any branch) • Service Members Surviving family • Texas Military Department Civilian Staff and Contractors	

University of Texas Health Science Center at Tyler (UTHSC–Tyler)	**Populations Served:** Programming addresses the shortage of mental health providers in rural and underserved areas.
• The UTHSC-Tyler Behavioral Health Workforce Program supports a Doctoral Internship in Psychology and a Psychiatry Residency. • There are currently 8 Psychiatry Faculty members and 12 Psychiatry Residents. • There are currently 12 Psychiatry Residents with a full complement of 24 residents expected by July 2020. • There are currently 4 Psychology Faculty members, 8 Psychology Interns, and 1 Post-Doctoral Intern. The number of Psychology Interns will increase to 10 in 2019. • Residents complete training rotations at Rusk State Hospital and Terrell State Hospital. • All trainees complete rotations at both Rusk State Hospital and Terrell State Hospital.	

Texas Indigent Defense Commission (TIDC)	**Populations Served:** Indigent adults and juveniles charged with criminal offenses
Eligibility Requirements: • Specialized Indigent Defense Program Grants: Texas counties are eligible to apply for grants to create or expand programs representing adults or juveniles with mental illness facing criminal charges. Eligible programs use multi-disciplinary teams to provide representation and advocacy focused on improving defendant outcomes and reducing recidivism through treatment-based alternatives to incarceration.	

Texas Department of Criminal Justice (TDCJ)	**Populations Served:** • Youth ages 10 to 17 years • Adults ages 18 years and older

Eligibility Requirements:

Mental Illness:

- Youth on Probation must be concurrently enrolled with the Special Needs Diversionary Program at the Texas Juvenile Justice Department. This program pairs a TDCJ-TCOOMMI funded mental health case manager and a local juvenile probation officer to manage the case implement coordinated treatment goals.
- Youth on Parole from TJJD are served through continuity of care and must have a mental health diagnosis.
- Adults on Pre-trail, Probation, or on Parole supervision having a mental health diagnosis that is severe or persistent in nature. Diagnosis include but are not limited to bipolar disorder, schizophrenia, major depressive disorder, post-traumatic stress disorder and anxiety.
- Adults incarcerated are served regardless of severity of the mental health disorder or intellectual disability.

Substance Abuse:

- Programs are targeted to adults on probation, incarcerated or on parole. The programs are responsive to prevention, intervention, and treatment. These programs are offered based on a variety of assessment outcomes and individualized need. The programs span the course of addressing those with chemical dependency disorders as noted in the latest version of the Diagnostic Statistical Manual.

Developmental Disabilities Program:

- The program provides a sheltered setting with the goal of enhancing the individual's adaptive behavior while addressing mental health, medical and educational needs.
- All offenders entering TDCJ are screened for potential intellectual and adaptive behavioral defects. Offenders identified with a diagnosis of Intellectual Disability or Borderline Intellectual Functioning are eligible for placement in the Developmental Disabilities Program.
- Services available for Developmental Disabilities Program offenders include educational instruction, appropriate job/vocational training, individual and group counseling, case management services, chaplaincy, psychiatric services, and pre-release counseling/preparation.
- The goal is to improve the individual's level of functioning so they can successfully reenter the community.

Texas Juvenile Justice Department (TJJD)	**Populations Served:** Youth ages 10 to 18 years
Eligibility Requirements: • TJJD serves youth who have been adjudicated delinquent of felony offenses and committed to the agency by a juvenile court. In order for a youth to be committed to TJJD, the delinquent act must occur when the youth is between 10 and 17 years of age. TJJD may retain jurisdiction over a youth until his or her 19th birthday. The youth sent to TJJD are the state's most serious or chronically delinquent offenders. • In addition to providing services to state-committed youth, TJJD provides support to 166 county probation departments across the state of Texas. County Probation Departments provide a wide variety of community-based programs to promote positive outcomes for youth, increase resilience, decrease risk factors, and ultimately divert youth form penetrating deeper into the juvenile or criminal justice systems.	

Health Professionals Council	**Populations Served:** Licensee of Listed Agencies Below
Eligibility Requirements: The Health Professions Council represents the following: • Texas Board of Dental Examiners • Texas Board of Pharmacy, • Texas Board of Veterinary Medical Examiners • Texas Optometry Board • Texas Peer Assistance Program for Nurses • The Texas Medical Board There are several agencies within the Health Professions Council which operate in some form a peer assistance program. The agencies themselves do no provide mental health services.	

University of Texas Health Science Center at Houston (UTHSC–Houston)	**Populations Served:** • Children and youth ages 4 to 17 years • Adults ages 18 years and older
Eligibility Requirements: • Individuals are eligible for services if they meet clinical criteria for admission to an acute care inpatient psychiatric hospital. • Individuals are eligible for outpatient services if they exhibit serious emotional, behavioral, mental health or SUDs.	

Texas Commission on Jail Standards (TCJS)	**Populations Served:** County jails, including inmates

Program Description:

- TCJS administers the one-time funded Prisoner Safety Fund, which, in part, provides funding to county jails with 96 beds or less to purchase telehealth equipment. The 85th Legislative Session required that all jails provide access to telehealth care 24/7.
- TCJS employs three mental health trainers who:
  - Educate county jailers in an understanding of mental impairments and their impact within the jail system and teach constructive techniques to use when communicating in a time of crisis in a jail setting.
  - Identify local resources and partnerships to assist with individuals in crisis and in need of supportive services.
  - Train jailers to utilize the screening tool for identification of suicide risk and the questions and actions necessary when an individual is identified as a suicide risk.

Texas Department of Housing and Community Affairs (TDHCA)	**Populations Served:** All ages

Eligibility Requirements:

- Section 811 Project Rental Assistance is limited to individuals who are part of the Target Population and receiving services through one of the HHSC Agencies participating in the program. Eligible households must have a qualified member of the Target Population that will be at least 18 years of age and under the age of 62 at the time of admission and is at or below 30 percent AMFI at the time of admission. All three Target populations are eligible for community-based, long-term care services as provided through Medicaid waivers, Medicaid state plan options, or state funded services and have been referred to TDHCA through their service provider or coordinator. The Target population includes people with disabilities living in institutions, people with serious mental illness and youth with disabilities exiting foster care.
- The Project Access program utilizes Section 8 Housing Choice Vouchers administered by TDHCA to assist low-income persons with disabilities in transitioning from institutions into the community by providing access to affordable housing. Eligible households must have incomes at or below 50 percent AMFI at the time of admission.

Court of Criminal Appeals (CCA) Judicial and Court Personnel Mental Health Education and Training Program Strategy: B.1.1. Judicial Education	**Populations Served:** The target population served are the judges and court personnel in the state of Texas - from all courts (appellate, district, county, JP, and municipal).
Program Description: The program(s) are designed to follow a master strategic plan to assist criminal justice stakeholders in identifying, assessing and providing proper treatment of alleged offenders with mental deficiencies. The program will encompass an appreciation for mental health disorders, treatment options and legislative enactments designed to facilitate proper treatment, deferment or placement of mentally impaired individuals. An across-the-board approach to statewide mental health behavioral problems will allow all stakeholders to understand the roles of all involved as to best address the needs of our citizens.	

Department of State Health Services (DSHS) Public and Population Health	**Populations Served:** All Texans
Program Description: Improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions including: • Improving health through prevention and population health strategies; • Enhancing public health response to disasters and disease outbreaks; • Reducing health problems through public health consumer protection; and • Expanding the effective use of health information.	

Appendix G: Glossary of Terms and Acronyms

Glossary of Terms

Active treatment – 42 C.F.R., Section 483.440(a) defines active treatment as "continuous, aggressive, consistent implementation of a program of habilitation, specialized and generic training, treatment, health services, and related services."

Acute care – For preventive care, primary care, and other medical care provided for a condition having a relatively short duration, and behavioral health services.

Autism Spectrum Disorder (ASD) – The DSM-5 defines ASD as a neurodevelopmental disorder that affects communication and behavior. ASD is a term for a group of developmental disorders including Autistic disorder, Asperger's syndrome, and pervasive developmental disorder not otherwise specified and described by:

- Lasting problems with social communication and social interaction in different settings;
- Repetitive behaviors and/or not wanting any change in daily routines;
- Symptoms that begin in early childhood, usually in the first 2 years of life; and
- Symptoms that cause the person to need help in his or her daily life.

Behavioral health – The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04), defines behavioral health services as "programs or services concerned with research, prevention, and detection of mental disorders and disabilities, and all services necessary to treat, care for, control, supervise, and rehabilitate persons who have a mental disorder or disability, including persons whose mental disorders or disabilities result from alcoholism or drug addiction."

Continuity of care – The degree to which the care of a patient is not interrupted.

Co-occurring – Term used when an individual has an IDD diagnosis as well as a mental health and/or substance use disorder.

Delivery System Reform Incentive Payment (DSRIP) – An incentive payment related to the development or implementation of a program of activity that supports a Regional Healthcare Partnership's efforts to enhance access to health care, the quality of care, and the health of patients and families the Regional Healthcare Partnership serves. A DSRIP payment is not considered patient-care revenue and is not offset against Disproportionate Share Hospital expenditures or other expenditures related to the cost of patient care.

Evidence-based practices – Integrate clinical expertise; expert opinion; external scientific evidence; and client, patient, and caregiver perspectives so that providers can offer high-quality services that reflect the interests, values, needs, and choices of the individuals served. A **best practice** is a method or technique that is accepted as being correct or most effective.

A **promising practice** is one that leads to an effective and productive result, and must have measurable results that demonstrate success over time.

Fee-for-service – The traditional Medicaid health care payment system, under which providers receive a payment for each unit of service they provide directly from the state's claims administrator.

Integrated care – The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

Integrated housing – Normal, ordinary living arrangements typical of the general population. Integrated housing is achieved when individuals with disabilities have the choice of ordinary, typical housing units located among individuals who do not have disabilities or other special needs.

Institutional services – In Medicaid coverage, institutional services refer to specific benefits authorized in the Social Security Act. These are hospital services, ICF/ID, Nursing Facility, PASRR, Inpatient Psychiatric Services for Individuals under Age 21, and Services for individuals age 65 or older in an institution for mental diseases.

Intellectual and Developmental Disability (IDD) – Includes many severe, chronic conditions that are due to mental and/or physical impairments. IDD can begin at any time up to 22 years of age and usually lasts throughout a person's lifetime. People who have IDD require support with major life activities such as language, mobility, learning, self-help, and independent living.

Long-Term Services and Supports (LTSS) focuses on providing support with ongoing, day-to-day activities, rather than treating or curing a disease or condition. Individuals receiving LTSS often need help performing daily living tasks, such as eating, bathing, or grooming, or other life activities like housekeeping, working, or pursuing hobbies.

Managed care – A system in which the overall care of a patient is coordinated by a single provider or organization. Many state Medicaid and CHIP programs include managed care components as a way to improve quality and control costs.

Medicaid – Medicaid is a jointly funded state-federal health care program, established in Texas in 1967 and administered by HHSC. In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups).

Medicaid Rural Service Area (MRSA) – On March 1, 2012, STAR managed care expanded to serve Texas Medicaid clients in 164 rural counties. The MRSA STAR program serves clients who were previously covered by the Primary Care Case Management program—if they had Medicaid only (e.g., pregnant women and children with limited income, Temporary Assistance for Needy Families clients, and adults receiving SSI).

Peer services –Services designed and delivered by individuals who have experienced a mental disorder or SUD and are in recovery. They also include services designed and delivered by family members of those in recovery. Peer specialists foster hope and promote a belief in the possibility of recovery.

Person-centered care – Individuals have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual.

Serious emotional disturbance (SED) – Diagnosable mental, behavioral, or emotional disorders in the past year for children ages 17 years and younger, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious mental illness (SMI) – A diagnosable mental, behavior, or emotional disorder that causes serious functional impairment for a person age 18 and older that substantially interferes with or limits one or more of major life activities.

Special populations – Populations with distinct and specialized behavioral health needs, including but not limited to mothers with postpartum depression, individuals with a history or incarceration or long-term hospitalization, forensic patients, military trauma-affected veterans and service members, individuals with deafness, visual impairment, or IDD who also have behavioral health needs.

State of Texas Access Reform (STAR) – One of Texas' Medicaid managed care programs in which HHSC contracts with MCOs to provide, arrange for, and coordinate preventive, primary, and acute care covered services to non-disabled children, low-income families, and pregnant women. On March 1, 2012, STAR expanded to MRSA. See also Medicaid Rural Service Area**.**

STAR Health – A statewide managed care program that provides coordinated health services to children and youth in foster care and kinship care. STAR Health benefits include medical, dental, and behavioral health services, as well as service coordination and a web-based electronic medical record (known as the Health Passport). The program was implemented on April 1, 2008.

STAR+PLUS – Implemented in 1998, this managed care program provides integrated acute and long-term services and supports to people ages 21 and older with disabilities, as well as people age 65 and older. STAR+PLUS operates statewide. Acute, pharmacy, and long-term services and supports are coordinated and provided through a credentialed provider network contracted with MCOs.

Substance Use Disorder (SUD) – Occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Telemedicine – A health care service, initiated by a physician who is licensed to practice medicine in Texas under Title 3, Subtitle B of the Occupations Code or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis, or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including: compressed digital interactive video, audio, or data transmission; clinical data transmission using computer imaging by way of still-image capture and store and forward; and other technology that facilitates access to health care services or medical specialty expertise.

Texas 1115 Healthcare Transformation and Quality Improvement Program 1115 Waiver – Known as the 1115 Transformation Waiver, the waiver was originally approved as a five-year demonstration running through September 2016 that allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as Upper Payment Limit payments. The 1115 Transformation Waiver, which was approved in December 2011, provides new means, through regional collaboration and coordination, for local entities to access additional federal match funds. The waiver was extended in December 2017 for an additional five years through September 2022.

The Arc - The largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families. The Arc encompass all ages and more than 100 different diagnoses including autism, Down syndrome, Fragile X syndrome, and various other developmental disabilities.

Trauma-informed care – Treatment interventions that specifically addresses the consequences of trauma on an individual and are designed to facilitate healing. A trauma-informed approach has the following principles: safety, trustworthiness, peer support, collaboration and mutuality, empowerment, voice, and choice. Trauma-informed care should also consider cultural, historical, and gender issues.

Appendix H: List of Acronyms

Acronym	Full Name
ADA	Americans with Disabilities Act
ADHD	Attention Deficit/Hyperactivity Disorder
AIM	Alliance for Innovation on Maternal Health
ASD	Autism Spectrum Disorder
AWARE	Advance Wellness and Resiliency in Education
BH	Behavioral Health
BHP	Behavioral Health Pilot program
CCBHC	Certified Community Behavioral Health Clinics
CDS	Consumer Directed Services
CFC	Community First Choice
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare & Medicaid Services
Council	Statewide Behavioral Health Coordinating Council
CPS	Child Protective Services
CRCG	Community Resource Collaboration Groups
CSC	Coordinated Specialty Care
DADS	Department of Aging and Disability Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
DSM	American Psychiatric Association Diagnostic and Statistical Manual
DSM-5	American Psychiatric Association Diagnostic and Statistical Manual 5th Edition
DSRIP	Delivery System Reform Incentive Payments
ESC	Education Service Center
FAPE	Free and Appropriate Education
FEMA	Federal Emergency Management Agency
FHAA	Fair Housing Amendments Act of 1988
FMS	Financial Management Services
FPL	Federal Poverty Level
FY	Fiscal Year
GRO	General Residential Operations
HB	House Bill
HCBS	Home and Community-Based Services
HCBS-AMH	Home and Community-Based Services - Adult Mental Health
HCC	Healthy Community Collaboratives
HCS	Home and Community-based Services

Acronym	Full Name
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIV	Human Immunodeficiency Virus
HPSA	Health Professional Shortage Area
HUD	Housing and Urban Development
IAC	Interagency Agreement Contract
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
IDD	Intellectual and developmental disabilities
IDD-BH	Intellectual and Developmental Disability and Behavioral Health
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IPC	Individual Plan of Care
IQ	Intelligence Quotient
JBCR	Jail Based Competency Restoration
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LIDDA	Local Intellectual and Developmental Disability Authority
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LOC	Level of Care
LON	Level of Need
LTSS	Long-term services and supports
MCO	Managed care organization
MDCP	Medically Dependent Children Program
MFPD	Money Follows the Person
MHFA	Mental Health First Aid
MHPSA	Mental Health Professional Shortage Area
MHW-IDD	Mental Health Wellness for Individuals with IDD
MOU	Memorandum of Understanding
MRSA	Medicaid Rural Service Area
NA	Not applicable
NAS	Neonatal Abstinence Syndrome
OOG	Office of the Governor
PASSR	Preadmission Screening and Resident Review
PFA-S	Psychological First Aid for Schools.
PL1	PASSR Level 1
RSS	Recovery Support Services
RTC	Residential treatment center
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment

Acronym	Full Name
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SOCS	State-operated Community Services
SOR	State Opioid Response
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR	State of Texas Access Reform
SUD	Substance use disorder
TCCO	Texas Civil Commitment Office
TCM	Targeted Case Management
TDCJ	Texas Department of Criminal Justice
TDCJ-TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDHCA	Texas Department of Housing and Community Affairs
TEA	Texas Education Agency
THECB	Texas Higher Education Coordinating Board
THTRC	Texas Human Trafficking Resource Center
TJJD	Texas Juvenile Justice Department
TMD	Texas Military Department
TxHmL	Texas Home Living
TTOR	Texas Targeted Opioid Response
TTUHSC	Texas Tech University Health Sciences Center
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
TWITR	Telemedicine, Wellness, Intervention, Triage, and Referral
U.S.	United States
USAC	United Services for All Children
USC	United States Code
UTHSC–Houston	University of Texas Health Science Center at Houston
UTHSC–Tyler	University of Texas Health Science Center at Tyler
VR	Vocational Rehabilitation
YES	Youth Empowerment Services

Appendix I: End Notes

[1] Source: 2019 Coordinated Statewide Behavioral Health Expenditure Proposal.
[2] OOG's behavioral health funding amounts included in this proposal differ from amounts included in Section 10.04 for several reasons. The amounts included in Section 10.04 are associated with funding directly related to behavioral health services. In the current proposal, certain federal funding sources are now included (Edward Byrne Memorial Justice Assistance, Crime Victims Assistance, and Violence Against Women). These federal funding sources support a wide array of initiatives, including some eligible behavioral health services. Actual expenditures related to behavioral health will likely vary from the amounts included in this proposal. In addition, funding associated with all specialty courts supported by OOG are included in the current proposal (drug, mental health, juvenile, family, veterans, commercially-sexually exploited persons). Past information only included funding associated with drug courts.
[3] TVC's behavioral health funding amounts included in this proposal differ from amounts included in Section 10.04 due to an increase in fiscal year 2019 funds allotted for mental health purposes from TVC's Fund for Veterans Assistance.
[4] HHSC - Programs operated by legacy DSHS and legacy DADS during fiscal years 2016 and 2017 are now included with HHSC programs in this proposal. The inclusion of certain federal carry-forward funds for substance abuse programs and certain federal grant programs, such as the System of Care Expansion and Sustainability Cooperative and TTOR program, in this proposal result in a different HHSC behavioral health funding amount than listed in Section 10.04. Certain Medicaid expenditures were included in HHSC community mental health strategies prior to fiscal year 2017. For fiscal years 2017 through 2019, all Medicaid expenditures are included in Goal A, Medicaid Client Services, and are reported separately on page 45. Certain programs separated out in past expenditure proposals and reports have been included in larger program-level reporting in the current proposal and noted in applicable summary descriptions. These programs are largely those reported separately because they were specifically associated with past exceptional items which are now included in base funding.
[5] TJJD's behavioral health funding amounts included in this proposal differ from amounts included in Section 10.04 for several reasons. Past expenditure reports mistakenly included certain federal funds which are not related to behavioral health; those funds have been removed. Additionally, certain exceptional items included in Section 10.04 were not entirely related to behavioral health. Only behavioral health-related funds associated with those exceptional items are included in this proposal.
[6] National Council on Behavioral Health, (November 2012), "Meeting the Behavioral Health Needs of Veterans: Operation Enduring Freedom and Operation Iraqi Freedom." Retrieved on August 31, 2018, from https://www.thenationalcouncil.org/press-releases/report-reveals-cost-of-veterans-unmet-mental-health-needs/
[7] U.S. Census Bureau. Retrieved on September 24, 2018, from https://www.census.gov/quickfacts/fact/table/tx,US/PST045217.
[8] Texas Department of Agriculture, "Texas County Designations." Retrieved on September 24,2018, from https://www.texasagriculture.gov/Portals/0/forms/ER/Rural-Metro%20Counties.pdf.
[9] H.B. 1023, 83rd Legislature, Regular Session, 2013.

[10] U.S. Census Bureau. Retrieved on September 20, 2018, from https://www.census.gov/quickfacts/tx.
[11] U.S. Census Bureau. Retrieved on September 20, 2018, from https://www.census.gov/quickfacts/tx.
[12] National Institute of Mental Health. Retrieved on September 24, 2018, from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154788.
[13] Pemberton, M. R., Forman-Hoffman, V. L., Lipari, R. N., Ashley, O. S., Heller, D. C., & Williams, M. R. (2016). *Prevalence of Past Year Substance Use and Mental Illness by Veteran Status in a Nationally Representative Sample*. CBHSQ Data. Review Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Retrieved on November 8, 2018, from https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-VeteranTrends-2016/NSDUH-DR-VeteranTrends-2016.htm.
[14] Substance Abuse and Mental Health Services Administration. Retrieved on November 4, 2018, from https://www.samhsa.gov/veterans-military-families.
[15] The Meadows Mental Health Policy Institute for Texas, March 2016, "Estimates of Prevalence of Mental Health Conditions among Children and Adolescents in Texas." Retrieved from https://www.texasstateofmind.org/resources/policy/.
[16] Texas Administrative Code, Title 19, Part 2, Chapter 89, Subchapter AA, Section 89.1040.
[17] Texas Health and Safety Code, Title 7. Subtitle B, Section 552.012. Retrieved on September 24, 2018, from https://statutes.capitol.texas.gov/Docs/HS/htm/HS.250.htm.
[18] Federal Poverty Guidelines, (2018). Retrieved on August 31, 2018, from https://www.healthcare.gov/glossary/federal-poverty-level-fpl/.
[19] Hogg Foundation for Mental Health. (2016), "A guide to understanding mental health systems and services in Texas." Retrieved on September 24, 2018, from http://hogg.utexas.edu/mh-guide.
[20] Substance Abuse and Mental Health Services Administration, (September 2017), "Topics: Mental and Substance Use Disorders." Retrieved on September 24, 2018, from http://www.samhsa.gov/disorders.
[21] Substance Abuse and Mental Health Services Administration, "Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health." Retrieved on September 24, 2018, from https://www.store.samhsa.gov/product/Behavioral-Health-Trends-in-the-United-States/SMA15-4927.
[22] Substance Abuse and Mental Health Services Administration. Retrieved on November 4, 2018, from https://www.samhsa.gov/veterans-military-families.
[23] National Institute of Mental Health. Retrieved on September 24, 2018, from https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml.
[24] HHSC Texas Human Trafficking Resource Center. Retrieved on February 5, 2019, from : https://hhs.texas.gov/services/safety/protective-services/texas-human-trafficking-resource-center
[25] Texas Medicaid and CHIP Reference Guide, 12th Edition. Retrieved on February 6, 2019 from: https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/reference-guide
[26] Report on the Mental Health Program for Veterans for Fiscal Year 2018. Retrieved on February 5, 2019, from: https://hhs.texas.gov/file/100616/download?token=OPw6k2c-
[27] DSHS Texas Health Data website, Retrieved February 6, 2019 from: http://healthdata.dshs.texas.gov/Opioids/Deaths

[28] The Texas Higher Education Coordinating Board Student Loans. Retrieved on February 6, 2019 from: http://www.hhloans.com.
[29] Texas Department of Agriculture. Received on February 6, 2019 from: http://www.texasagriculture.gov/GrantsServices/RCHIP.aspx
[30] Human Resources & Services Administration. Health Workforce. NURSE Corps Loan Repayment Program. Retrieved on February 7, 2017 from: https://bhw.hrsa.gov/loansscholarships/flrp
[31] Human Resources & Services Administration. Health Workforce. Faculty Loan Repayment. Retrieved on February 7, 2019 from: https://bhw.hrsa.gov/loansscholarships/flrp
[32] National Institutes of Health Division of Loan Repayment. Retrieved on February 6, 2019 from: https://www.lrp.nih.gov/
[33] Federal Student Aid. An Office of the U.S. Department of Education. Retrieved on February 6, 2019 from: https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service
[34] Texas Education Agency. Mental Health and Behavioral Health. Retrieved on February 6, 2019 from: https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health/
[35] Texas Education Agency. Mental Health and Behavioral Health. Retrieved on February 6, 2019 from: https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health/
[36] Grant B; F., Stinson F. S., Dawson D. A., Chou P, Dufour M. C., Wilson C, Pickering R. P., Kaplan K, (n.d.), "Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders." Retrieved on September 24, 2018, from https://pubs.niaaa.nih.gov/publications/arh29-2/107-120.pdf.
[37] Kaiser Commission on Medicaid and the Uninsured, (May 2012), "5 key questions about Medicaid and its role in state/federal budgets and health reform," *Kaiser Family Foundation.* Retrieved on September 24, 2018, from https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8139-02.pdf.
[38] Child Mind Institute 2015 Children's Mental Health Report. Retrieved on September 24, 2018, from https://childmind.org/2015-childrens-mental-health-report/. Embedded references: (20) Merikangas, K. R., He, J., Burstein, M. E., Swendsen, J., Avenevoli, S., Case, B., … Olfson, M. (2011). Service Utilization for Lifetime Mental Disorders in U.S. Adolescents: Results of the National Comorbidity Survey Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry, 50(1), 32–45. doi:10.1016/j.jaac.2010.10.006Child Mind Institute Children's Mental Health Report childmind.org/report 19. (21) Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of findings. Retrieved from: http://www.samhsa.gov/data/sites/default/files/NSDUHre-sultsPDFWHTML2013/Web/NSDUHresults2013.pdf. (22) Merikangas, K. R., He, J., Burstein, M. E., Swendsen, J., Avenevoli, S., Case, B., … Olfson, M. (2011). Service Utilization for Lifetime Mental Disorders in U.S. Adolescents: Results of the National Comorbidity Survey Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry, 50(1), 32–45. doi:10.1016/j.jaac.2010.10.006

[39] Health and Human Services Commission internally sourced data.
[40] U.S. Department of Veteran Affairs, National Center for Veterans Analysis and Statistics. Retrieved on September 24, 2018, from http://www.va.gov/vetdata/veteran_population.asp.
[41] Retrieved on September 24, 2018, from http://www.governing.com/gov-data/public-workforce-salaries/military-civilian-active-duty-employee-workforce-numbers-by-state.html.
[42] Hogg Foundation for Mental Health, (2016), "A guide to understanding mental health systems and services in Texas." Retrieved on September 24, 2018, from http://hogg.utexas.edu/mh-guide.
[43] Kim P.Y., Britt T.W., Klocko R.P., Riviere L.A., Adler A.B., (2011), "Stigma, negative attitudes about treatment, and utilization of mental-health care among soldiers," *Military Psychology*. Retrieved on September 24, 2018, from https://www.tandfonline.com/doi/abs/10.1080/08995605.2011.534415.
[44] Tanielian T. & Jaycox L. eds., (n.d.), 2008, "Invisible Wounds of War: Psychological and cognitive injuries, their consequences, and services to assist recovery," *RAND Corporation*. Retrieved on September 24, 2018, from https://www.rand.org/health/projects/veterans.html.
[45] Texas Commission on Jail Standards, (December 2017), "Historical County Jail Population Reports from 12/01/17." Retrieved on Sept. 17, 2018, from https://www.tcjs.state.tx.us/docs/AbbreviatedPopReports/Abbreviated%20Pop%20Rpt%20Dec%202017.pdf.
[46] McHugo G.J., Drake R.E. & Whitley R., (2007), "Fidelity outcomes in the national implementing evidence-based practices project," *Psychiatric Services*. Retrieved on September 24, 2018, from https://www.ncbi.nlm.nih.gov/pubmed/17914003.
National Institute for Mental Health. Retrieved on September 24, 2018, from https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS.
[48] U.S. Department of Health and Human Services, (2003), "A Report on the Public Comments Submitted to the President's New Freedom Commission on Mental Health." Retrieved on September 24, 2018, from https://govinfo.library.unt.edu/mentalhealthcommission/reports/reports.htm.
[49] Davidson L., Bellamy C., Guy K., & Miller R., (2013), "Peer support services among persons with severe mental illness: a review of evidence and experience," *World Psychiatric*. Retrieved on September 24, 2018, from https://onlinelibrary.wiley.com/doi/abs/10.1016/j.wpsyc.2012.05.009.
[50] Pinals D.A., Hovermale L., Mauch D., Anacker L, 2017, "The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System," published by the National Association of State Mental Health Program Directors." Retrieved on September 24, 2018, from https://www.nasmhpd.org/sites/default/files/TAC.Paper_.7.IDD_.Final_.pdf.
[51] Phillips, Scott G, "The Sate of Rural Health in America: U.S. Rural Health Report Card 2017." Published by *Rural Health Quarterly* in December of 2017. Retrieved on September 24, 2018, from http://ruralhealthquarterly.com/home/2017/12/15/u-s-rural-health-report-card-2017/.
[52] National Alliance on Mental Illness. Retrieved on September 24, 2018, from https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers.
[53] Keller, A, 2015, "Smart Justice: Texas Needs More Effective Alternatives Than Jail to Treat Mentally Ill." Retrieved on September 24, 2018, from

https://www.texasstateofmind.org/blog/smart-justice-texas-needs-more-effective-alternatives-than-jail-to-treat-mentally-ill/.

[54] U.S. Department of Housing and Urban Development, (January 26, 2017), "HUD 2017 Continuum of Care Homeless Populations and Subpopulations Report." Retrieved on Sept. 19, 2018, from https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_TX_2017.pdf.

[55] U.S. Interagency Council on Homelessness, (2015), "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness." Retrieved on September 24, 2018, from https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf.

[56] Department of State Health Services, "The Mental Health Workforce Shortage in Texas: As Required by H. B. 1023, 83rd Legislature, Regular Session." (2014, September). Retrieved on September 24, 2018, from https://www.dshs.texas.gov/legislative/2014/Attachment1-HB1023-MH-Workforce-Report-HHSC.pdf.

[57] Statewide Health Coordinating Council "2015-2016 Update to the State Health Plan" (2015). Retrieved from http://www.dshs.state.tx.us/chs/shcc/SHPUpdate2015.pdf.

[58] Osgood D.W., Foster M.E., & Courtney M.E., (2010), "Vulnerable populations and the transition to adulthood." Retrieved on February 3, 2016, from http://www.centerforchildwealfare.org/kb/bppub/VulnerablePopTransition.pdf.

[59] Mental Health Parity Act (MHPA) of 1996; Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act (MHPAEA) of 2008; Final parity rules for commercial plans in 2013; and Final parity rules for Medicaid and CHIP MCOs in 2016.

[60] Texas Education Agency. Mental Health and Behavioral Health. Retrieved on February 6, 2019 from: https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health/

[61] HHSC interest List Reduction Report. Retrieved on October 5, 2018 from https://hhs.texas.gov/about-hhs/records-statistics/interest-list-reduction

[62] American Association on Intellectual and Developmental Disabilities. Retrieved on November 30, 2018 from: http://aaidd.org/intellectual-disability/definition

[63] Developmental Disabilities Assistance and Bill of Rights Act of 2000 42 U.S.C. 15002 Section 102 http://www.ct.gov/dds/lib/dds/iddw/adv_app_e.pdf

[64] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

[65] Texas Administrative Code Title 40, Part 1, Chapter 9, Subchapter D, Rule Section 9.153 and Code of Federal Regulations, Title 42, 435.1010; https://www.law.cornell.edu/cfr/text/42/435.1010 ; HHSC "Approved Diagnostic Codes for Persons with Related Conditions," October 1, 2018: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf

[66] Texas Council of Community Centers. Retrieved on October 4, 2018, from https://txcouncil.com/intellectual-developmental-disabilities/

[67]Center for Disease Control and Prevention's, *National Health Interview Survey.* Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016. Retrieved on October 5, 2018 from https://www.cdc.gov/nchs/products/databriefs/db291.htm & https://www.cdc.gov/nchs/data/databriefs/db291.pdf

[68] U.S. Census Bureau. Retrieved on October 12, 2018, from https://www.census.gov/quickfacts/fact/table/tx,US/PST045217

[69] Center for Disease Control and Prevention's, *National Health Interview Survey.* Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016. Retrieved on October 5, 2018 from: https://www.cdc.gov/nchs/data/databriefs/db291.pdf

[70] U.S. Census Bureau. Retrieved on October 12, 2018, from:https://www.census.gov/quickfacts/fact/table/tx/AGE295217#viewtop

[71] Friedman, SL, Norwood KW, AAP COUNCIL ON CHILDREN WITH DISABILITIES. Out-of-Home Placement for Children and Adolescents with Disabilities—Addendum: Care Options for Children and Adolescents With Disabilities and Medical Complexity. Pediatrics 2016; 138(6):e20163216. Retrieved on November 10, 2018 from: http://pediatrics.aappublications.org/content/138/6/e20163216

[72] Precarious Pathways: Use of Residential Congregate Care by Children with Developmental Disabilities. Retrieved on November 8, 2018 from: https://everychildtexas.org/wp-content/uploads/2017/08/Precarious-Pathways-Literature-Review-CC-2010.pdf

[73] "Youth with Disabilities in the United States Child Welfare System." Children and Youth Services Review 64 (2016): 155–165. Web. Retrieved on November 9, 2018 from: https://www.academia.edu/23247460/Youth_with_Disabilities_in_the_United_States_Child_Welfare_System

[74] https://www.spectrumnews.org/opinion/viewpoint/many-children-autism-end-foster-care/

[75]"Youth with Disabilities in the United States Child Welfare System." Children and Youth Services Review 64 (2016): 155–165. Web. Retrieved on November 9, 2018 from: https://www.academia.edu/23247460/Youth_with_Disabilities_in_the_United_States_Child_Welfare_System

[76]"Youth with Disabilities in the United States Child Welfare System." Children and Youth Services Review 64 (2016): 155–165. Web. Retrieved on November 9, 2018 from: https://www.academia.edu/23247460/Youth_with_Disabilities_in_the_United_States_Child_Welfare_System

[77] Children's Bureau of the U.S. Department of Health and Human Services. Child Welfare Outcomes. Retrieved on November 8, 2018 from: https://www.acf.hhs.gov/sites/default/files/cb/cwo2015.pdf#page=16

[78] U.S. Department of Education Office for Civil Rights. Protecting the Civil Rights of Students in the Juvenile Justice System. Retrieved on November 12,2018 from: https://www2.ed.gov/about/offices/list/ocr/docs/2013-14-juvenile-justice.pdf

[79] 34 C.F.R., Section 300.8(a)(1) (2004). Under IDEA, 12 distinct disabilities are covered; in other words, not all youth disabilities qualify. These 12 disabilities include learning disabilities; hearing impairments (including deafness); visual impairments (including blindness); deaf-blindness; mental retardation; speech or language impairments; autism; serious emotional disturbance; orthopedic impairments; traumatic brain injury; multiple disabilities; and other

health impairments. To qualify, a youth must have at least one of these listed disabilities and need special education and related services "by reason of such impairment."

[80] TEA Data- book. Retrieved on November 12, 2018 from: http://tea4avwaylon.tea.state.tx.us/Tea.DataBook.Web/Forms/ReportViewer.aspx?report=DemographicDisability&graph=Count

[81] No 2018 data was found for direct comparison. Retrieved on October 8th, 2018 from: https://www.researchgate.net/publication/46427632_Life_expectancy_for_people_with_disabilities

[82] Service and Support Needs of Adults Aging with Intellectual/Developmental Disabilities. Testimony to the U.S. Senate Committee on Aging Working and Aging with Disabilities: From School to Retirement (October 25, 2017). Retrieved on November 24, 2018 from: https://aadmd.org/sites/default/files/Bridging%20Aging%20and%20Intellectual%20%282%29testimony%20final103017.pdf

[83] National Institute on Aging. Alzheimer's Disease in People with Down Syndrome. Retrieved in November 8,2018 from: https://www.nia.nih.gov/health/alzheimers-disease-people-down-syndrome

[84] Down syndrome has been linked to premature aging, Alzheimer's disease, and certain organ dysfunctions (Janicki, Henderson, & Rubin, 2008). Retrieved on October 8, 2018 from: https://aadmd.org/sites/default/files/Bridging%20Aging%20and%20Intellectual%20%282%29testimony%20final103017.pdf

[85] From the Texas Council for Developmental Disabilities presentation to the Geriatric Symposium August 13 & 14, 2018 - "Only 15% of families caring for relative with a disability at home received family support."

[86] NACDD. Retrieved on November 8, 2018 from: https://nacdd.org/wp-content/uploads/2017/11/DD-Councils-Special-Publication.pdf

[87] NACDD. Retrieved on November 8, 2018 from: https://nacdd.org/wp-content/uploads/2017/11/DD-Councils-Special-Publication.pdf

[88]Facts on Traumatic Stress and Children with Developmental Disabilities
From the National Child Traumatic Stress Network Adapted Trauma Treatment Standards Work Group Subgroup on Developmental Disability, retrieved on November 27, 2018 from: https://www.nctsn.org/resources/facts-traumatic-stress-and-children-developmental-disabilities

[89] Disability and Abuse Project. Retrieved on November 20, 2018 from: http://disability-abuse.com/

[90] The *Diagnostic Manual – Intellectual Disability: A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disability (2nd ed.; DM-ID-2)*

[91] The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System. Retrieved on November 27, 2018 from: https://www.nasmhpd.org/sites/default/files/TAC.Paper_.7.IDD_.Final_.pdf

[92] Department of Education Office for Civil Rights on School Climate and Safety. Retrieved on Novembers 19, 2018 from: https://www2.ed.gov/about/offices/list/ocr/docs/school-climate-and-safety.pdf

[93] The Arc. People with Intellectual Disability in the Criminal Justice System: Victims & Suspects. Retrieved on November 19, 2018 from: https://www.thearc.org/sslpage.aspx?pid=2458

[94] Texas Council for Developmental Disabilities. Retrieved on October 22, 2018 from:

http://www.tcdd.texas.gov/public-policy/position-statements/position-statement-criminal-justice/

[95] US Department of Justice. Bureau of Statics. Retrieved on November 14, 2018 from: https://www.bjs.gov/content/pub/pdf/dpji1112.pdf

[96] S. B. 2027 survey. Retrieved on November 7, 2018 from: https://www.apa.org/pi/ses/resources/publications/disability.aspx

[97] NADD. Retrieved on October 20, 2018 from: http://thenadd.org/resources/information-on-dual-diagnosis-2/

[98] NADD. Retrieved on October 20, 2018 from: http://thenadd.org/resources/information-on-dual-diagnosis-2/

[99] American Association on Intellectual and Developmental Disabilities Trauma-informed behavior planning for people with IDD webinar—speakers: Haleigh Scott, PhD, University of Illinois at Chicago and Susan Kahan, MA, University of Illinois at Chicago; June 5, 2018; Slide title: Trauma in people with I/DD (44:56 remaining). Retrieved on October 24, 2018 from http://aaidd.org/education/education-archive/2018/06/05/default-calendar/trauma-informed-behavior-planning-for-people-with-idd#.Ww1tG-4vxQI

[100] PACSTX. Retrieved on October 24, 2018 from: https://www.pacstx.org/wp-content/uploads/2017/12/What-is-IDD.pdf

[101] H. B. 3, 59th Legislature, Regular Session, 1965

[102] Texas Health and Safety Code, Section 533.035(a)

[103] 42 C.F.R., Section 483.440(a) "Active treatment is continuous, aggressive, consistent implementation of a program of habilitation, specialized and generic training, treatment, health services, and related services."

[104] ICF/IID Glossary. Retrieved on November 21, 2018 from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/ICFMR_Glossary.pdf

[105] A Historical Overview of Service and Supports for Individuals with Intellectual or Developmental Disabilities**.** Retrieved on November 10, 2018 from: https://hhs.texas.gov/laws-regulations/handbooks/home-community-based-services-handbook/hcs-section-1000-introduction

[106] HHSC Integrated Resident Information System (IRIS)

[107] SSLC New Admissions and Community Transitions Data Source: Integrated Resident Information System (IRIS)

[108] HHSC interest List Reduction Report. Retrieved on October 5, 2018 from https://hhs.texas.gov/about-hhs/records-statistics/interest-list-reduction

[109] In Medicaid coverage, institutional services refer to specific benefits authorized in the Social Security Act. These are hospital services, Intermediate Care Facilities for People with ICF/ID, Nursing Facility, PASSR, Inpatient Psychiatric Services for Individuals under Age 21, and Services for individuals age 65 or older in an institution for mental diseases.

[110] Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017. State of the States. Retrieved on October 9, 2018, from http://stateofthestates.org/documents/Texas.pdf

[111] Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017. State of the States. Retrieved on October 19, 2018, from http://stateofthestates.org/documents/Texas.pdf

[112] Service and Support Needs of Adults Aging with Intellectual/Developmental Disabilities. Testimony to the U.S. Senate Committee on Aging Working and Aging with Disabilities: From School to Retirement (October 25, 2017). Retrieved on November 24, 2018 from: https://aadmd.org/sites/default/files/Bridging%20Aging%20and%20Intellectual%20%282%29testimony%20final103017.pdf

[113] Individuals with Disabilities Education Act Manual 2018, A Guide for Parents and Students About Special Education Services in Texas. Retrieved on November 12, 2018 from: https://media.disabilityrightstx.org/wp-content/uploads/2018/08/15204326/2018-Updated-IDEA-Manual-copy.pdf

[114] Texas Education Agency. Retrieved on December 12, 2018 from: https://tea.texas.gov/communications/pocket-edition/

[115] The Public Mandate: A Federal Overview. Module 1 History of Vocational Rehabilitation. Retrieved on November 21, 2018 from: https://mn.gov/mnddc/parallels2/four/rehab_act/rehab1.html

[116] The Department of Operational Insight for the Texas Workforce Commission

[117] 42 U.S.C. Sections 3601-3619

[118] A reasonable *accommodation* is a change, exception, or adjustment to a property rule, policy, practice, or service. A reasonable *modification* is a structural change made to the premises.

[119] 42 U.S.C. Section 12132. Note: Following is the current text of the ADA, including changes made by the ADA Amendments Act of 2008 (P.L. 110-325), which became effective on January 1, 2009. The ADA was originally enacted in public law format and later rearranged and published in the USC which is divided into titles and chapters that classify laws according to their subject matter. Titles I, II, III, and V of the original law are codified in Title 42, chapter 126, of the USC beginning at section 12101. Title IV of the original law is codified in Title 47, chapter 5, of the USC. Since this codification resulted in changes in the numbering system, the Table of Contents provides the section numbers of the ADA as originally enacted in brackets after the codified section numbers and headings.

[120] Olmstead v. L.C., 527 U.S. 581 (1999)

[121] 2016 Revised Texas Promoting Independence Plan (August 2017). Health and Human Services Commission. Retrieved on December 5, 2018 from: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/revised-tx-promoting-independence-plan-2016-sept-1-2017.pdf.

[122] Center on Budget and Policy Priorities. Last updated: August 2017. Retrieved on: December 19, 2018 from: https://www.cbpp.org/three-out-of-four-low-income-at-risk-renters-do-not-receive-federal-rental-assistance.

[123] IDD System Redesign Advisory Committee (IDD SRAC) advises HHSC on the implementation of the acute care services and long-term services and supports system redesign for individuals with IDD, as outlined in Texas Government Code Chapter 534. IDD SRAC stakeholder membership is outlined in Section 534.053.

[124] Avatar HHSC State Hospital electronic medical record system.

[125] National Association of Drug Court Professionals. Retrieved on September 24, 2018, from http://www.nadcp.org/Standards.

[126] Texas DFPS, "Psychotropic medication utilization parameters for children and youth in foster care, March 2016."

[127] Based on a May 2018 Final Evaluation Report for Fiscal Year 2017 produced, under contract with
HHSC, by the Addiction Research Institute at the University of Texas at Austin Steve Hicks School of Social Work.
[128] Graziani C, Guzman M, Mahometa M, and Shafer A. Texas Outpatient Competency Restoration Programs. Hogg Foundation for Mental Health. Published: August 2015. Retrieved on September 24, 2018, from http://utw10282.utweb.utexas.edu/wp-content/uploads/2015/09/EvaluationReport_091815.pdf.
[129] Texas Education Agency Hurricane Harvey Recovery: Mental Health Resources for Schools. Retrieved on February 6, 2019 from: https://tea.texas.gov/Harvey_Recovery_MH/.