Fiscal Years 2022–2026

Texas Statewide Behavioral Health Strategic Plan

featuring the

Texas Strategic Plan for Diversion, Community Integration and Forensic Services

As required by Chapter 531, Subchapter M-1, of the Texas Government Code

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Message from the Coordinating Council

Message from the Statewide Behavioral Health Coordinating Council

This edition of the *Texas Statewide Behavioral Health Strategic Plan* was developed during the onset of the Coronavirus Disease 2019 (COVID-19). This historical event has had an unprecedented impact on the behavioral health of all Texans, not just on those formally diagnosed with severe and persistent mental illness or co-occurring mental health and substance use disorders. The residual impacts of these events on academic and work environments, economic infrastructure, civility, and more will be felt for decades.

According to the American Psychological Association, "nearly eight in 10 adults (78 percent) say the coronavirus pandemic is a significant source of stress in their life. Two in three adults (67 percent) say they have experienced stress over the course of the pandemic."[1] The physiological response to these stressors has led to increased demand for behavioral health services, while the COVID-19 pandemic has diminished the behavioral health workforce, provider network, and provider infrastructure.[2] Congress enrolled the Coronavirus Response and Relief Act Supplemental Appropriation Act and American Rescue Plan Act of 2021, which have been significant sources of seed money that many agencies have used to expand existing mental health services and social supports. However, due to the parameters of the legislation and funder decisions there remains substantial need for resources and funding in the Texas behavioral health system.

At a high level, the following is suggested to ensure all Texans have access to quality care at the right time and place:

- Expanded and new behavioral health services and social supports that are financially supported by blended funding streams;
- Behavioral health services and social supports that are overseen and implemented through local collaborations and regional approaches to care;
- Behavioral health services and social supports that are contextualized by behavioral health equity to ensure that everyone has a fair and just opportunity to be as healthy as possible; and
- Three-branch approach to improving access to behavioral healthcare and health outcomes of Texans receiving services.

Furthermore, there is a sub-population of youth and adults receiving behavioral health services, those who are involved in the justice system, whose needs have

been exacerbated during the pandemic. The COVID-19 pandemic upended access to timely, quality, and appropriate behavioral health services and typical court procedures in processing civil and criminal court cases.[3] As such, people involved in the justice system have experienced prolonged wait times in accessing care and processing of court cases.

There is a need to develop a statewide, strategic approach for preventing people from interacting with justice systems, reducing the period of involvement in justice systems, and decreasing rates of recidivism. The Statewide Behavioral Health Coordinating Council (SBHCC) developed the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* to include strategies to prevent and reduce justice involvement for those with behavioral health needs.

Acknowledgments

These strategic plans represent voices from across Texas, including mental health, substance use, IDD, and peer service providers; criminal justice professionals; people with lived experience and their families; community leaders; and program and policy subject matter experts across other stakeholder systems. Every effort was made to ensure the strategic plans were reflective of the goals and priorities of diverse stakeholders. The SBHCC is grateful for the time and contributions provided to development of the strategic plans by members of the public, staff at member agencies, and the organizations listed below.

- Austin Area Mental Health Consumers and Prosumers International
- Association of Substance Abuse Programs
- Behavioral Health Advisory Council
- Bluebonnet Trails Community Services
- The Center for Health Care Services
- Federation of Families, Texas
- The Harris Center
- Hogg Foundation
- National Alliance and Mental Illness, San Antonio
- North Texas Behavioral Health Authority
- Peer Network Board
- Recovery Coalition of Texas
- Texas Council of Community Centers
- Texas Police Chiefs Association
- Texas Sheriff's Association
- University Health System
- West Texas Centers

Executive Summary

In 2015, the 84th Texas Legislature established the SBHCC and required they develop a five-year strategic plan, report annual progress, and publish a statewide coordinated expenditure proposal. The SBHCC developed the first *Texas Statewide Behavioral Health Strategic Plan* for fiscal years 2017-2021. With the creation of the strategic plan, state agencies that receive general revenue funding for behavioral health services work together to fulfill their legislative charge to:

- Coordinate programs and services to eliminate redundancy;
- Utilize best practices in contracting standards;
- Perpetuate identified, successful models for mental health and substance use disorder treatment;
- Ensure optimal service delivery; and
- Identify and collect comparable data on results and effectiveness.

The SBHCC was codified by the 86th Legislature, Regular Session, 2019 in Subchapter M-1 of Chapter 531, Government Code. House Bill (H.B.) 3285, 86th Legislature, Regular Session, 2019 also required the SBHCC to create a sub-plan related to substance use services. SBHCC members met for strategic planning sessions to develop the next five-year iteration of the *Texas Statewide Behavioral Health Strategic Plan* including goals and strategies for mental health and substance use services.

The Joint Committee on Access and Forensic Services, established by Senate Bill (S.B.) 1507, 84th Legislature, Regular Session, 2015, recommended the SBHCC create a sub-plan related to diversion and forensic services. Published in this joint report, both strategic plans span fiscal years 2022 through 2026 to maximize opportunities for members to align use of funding and actions in collaborative support of achieving the goals of the plans.

While these plans are aligned, each plan features a unique vision and mission as well as distinct goals and strategies to advance mental health and substance use services and supports. SBHCC members developed the strategic plans concurrently, using stakeholder input to ensure a complementary and strategic approach. Closing the gaps identified in the strategic plans will require action from governments and external organizations at the local, state, and federal levels.

Legislative Charge and History

2016-17 General Appropriations Act (GAA), H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04) established the SBHCC.[4] The SBHCC is comprised of representatives of state agencies and institutions of higher education receiving General Revenue for behavioral health services. The initial purpose of the SBHCC was to develop a five-year *Texas Statewide Behavioral Health Strategic Plan* to include the following:[5]

- an inventory of behavioral health programs and services provided by state agencies and institutions of higher education;
- a report on the number of people served with mental illness (MI) and/or substance use disorder by each agency; and
- a detailed plan to coordinate these programs and services to eliminate redundancy, utilize best practices in contracting standards, perpetuate identified, successful models for mental health and substance use disorder treatment, ensure optimal service delivery, and identify and collect comparable data on results and effectiveness.

In addition to developing the initial five-year behavioral health strategic plan, the SBHCC was directed to publish a coordinated statewide expenditure proposal that described how the identified appropriations at each agency or institution would be spent in accordance with, and to further the goals of the approved statewide behavioral health strategic plan.

The GAA of subsequent legislative sessions authorized the continuation of the SBHCC and expanded its scope of responsibilities. The 2018-19 GAA, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017,[6] directed the SBHCC to annually publish a report on the progress of implementation of the behavioral health strategic plan and directed that certain community collaborative grant programs funded by the Legislature present twice annually to the SBHCC on the impact grant projects have on mental health outcomes for the populations served. The SBHCC was also expanded to include state agencies that received appropriations for mental health training, such as the Court of Criminal Appeals.

The 2020-21 GAA, H.B. 1, 86th Legislature, Regular Session, 2019,[7] directed additional state agencies to appoint representation to the SBHCC. In the same session, H.B. 2813[8] codified the SBHCC by adding Subchapter M-1 to Chapter 531, Government Code,[9] which details the purpose, membership, powers, and duties of

Coordinating Council. Most recently, 2022-23 GAA, S.B. 1, 87th Legislature, Regular Session, 2021,[10] appointed two additional agencies to the membership.

Strategic Plans

The SBHCC was charged with developing the first strategic plan following the 84th legislative session in 2015. The first edition of the *Texas Statewide Behavioral Health Strategic Plan* was published in 2016[5] and an update was published in 2019.[11] The actions of the first strategic plan spanned fiscal years 2017 through 2021. The codification of the SBHCC in 2019[9] allows the group to facilitate opportunities to increase collaboration for the effective expenditure of available federal and state funds for the behavioral health services in Texas and implement the five-year strategic plan.

H.B. 3285, 86th Legislature, Regular Session, 2019[12] also required the SBHCC to create a sub-plan related to substance use services. The new *Texas Statewide Behavioral Health Strategic Plan* must identify challenges of existing substance use prevention, intervention, and treatment programs; assess substance use prevalence, services, and gaps; and develop strategies for working with state agencies to expand treatment capacity.

Membership

The current list of agencies and organizations that comprise the membership of the SBHCC are shown in Table 1. Brief profiles for each member organization appointed through fiscal year 2021 are provided in Appendix C.

Table 1. Statewide Behavioral Health Coordinating Council Membership

Agency or Organization Name (listed alphabetically)	Abbreviation
Court of Criminal Appeals	CCA
Department of Family and Protective Services	DFPS
Department of State Health Services	DSHS
Health and Human Services Commission	HHSC

Agency or Organization Name (listed alphabetically)	Abbreviation
Health Professions Council, representing: • State Board of Dental Examiners • State Board of Veterinary Medical Examiners • Texas Board of Nursing • Texas Medical Board • Texas Optometry Board • Texas State Board of Pharmacy	HPC
Judicial Commission on Mental Health (part of the Supreme Court of Texas)	JCMH/SCoT
Office of the Governor	OOG
Texas Child Mental Health Care Consortium	TCMHCC
Texas Civil Commitment Office	TCCO
Texas Commission on Jail Standards	TCJS
Texas Commission on Law Enforcement	TCOLE
Texas Correctional Office on Offenders with Medical or Mental Impairments (part of the Texas Department of Criminal Justice)	TCOOMMI/TDCJ
Texas Department of Housing and Community Affairs	TDHCA
Texas Education Agency	TEA
Texas Higher Education Coordinating Board	THECB
Texas Indigent Defense Commission (part of the Office of Court Administration)	TIDC/OCA
Texas Juvenile Justice Department	TJJD
Texas Military Department	TMD
Texas School for the Deaf	TSD
Texas Tech University Health Sciences Center	TTUHSC
Texas Veterans Commission	TVC
Texas Workforce Commission	TWC
University of Texas Health Science Center at Houston	UTHSC-H
University of Texas Health Science Center at Tyler	UTHSC-T

Each member agency appoints a delegate to represent their agency or organization and liaise with the other members of the SBHCC.

Duties

The SBHCC has several responsibilities and duties, including:

- Meet at least quarterly, or more frequently at the call of the presiding officer;[13]
- Develop and oversee the implementation of the five-year statewide behavioral health strategic plan;[11]
- Prepare an annual coordinated statewide behavioral health expenditure proposal incorporating past and proposed expenditures for the next fiscal year for all state agencies that receive behavioral health funds;[14]
- Publish an annual progress report on the strategic plan's implementation and update the inventory of behavioral health programs and services funded by the state;[15]
- Prepare a biennial consolidated behavioral health schedule summarizing legislative appropriations requests by all state agencies that receive behavioral health funds;[16] and
- Review and comment on proposed exceptional items related to behavioral health funding to avoid duplication and coordinate services across state agencies.[16]

The most recent publications and webpages associated with the duties above are cited in the related report endnotes.

Coordinated Impact of the Council

The first edition of the *Texas Statewide Behavioral Health Strategic Plan* was created by the original SBHCC member agencies through several months of planning and consultation with stakeholder groups and members of the public. The strategic plan was designed as a framework to address the most pressing gaps and challenges of the behavioral health system in Texas.

Many initiatives implemented by the SBHCC address multiple goals of the initial strategic plan. Annual progress reports highlight these initiatives by strategic plan goal. Some SBHCC successes are highlighted in this report to demonstrate ways they impact specific target areas. When state agencies coordinate to direct their focus and efforts at the same goals and issues, they can augment existing efforts, reduce duplication of services, and may enhance or expand existing resources.

Council Successes for Fiscal Years 2017-2021

The following successful initiatives demonstrate how the SBHCC made improvements to different areas of the behavioral health system over fiscal years 2017 through 2021. Additional successes are also listed by SBHCC member in Appendix D.

Children and Adolescents

The Child Psychiatry Access Network (CPAN) program,[17] one of the four major programs developed by the TCMHCC, provides child and adolescent behavioral health consultation services and training opportunities for primary care providers. TTUHSC implements the CPAN program in 85 counties across West Texas with more than 430 primary care providers enrolled. These numbers are expected to increase as the program grows.

TCMHCC also coordinates the Texas Child Health Access Through Telemedicine (TCHATT) program.[18] TCHATT provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents and provide access to mental health services. Since September 2020, the TCHATT program at UT Health San Antonio has received over 700 student referrals from partnering school districts. Initially partnered with five school districts, the TCHATT program has continued to expand to other school districts within the region. TCHATT has begun partnerships with Education Service Centers.

Funding for the Mental Health Workforce Training program enables UTHSC-T to participate in all initiatives under the TCMHCC. Through CPAN, UTHSC-T psychiatrists provide free consultation to primary care providers throughout Northeast Texas. UTHSC-T also provides assessment and short-term treatment of high-risk children and adolescents referred by school districts from underserved areas through the TCHATT program.

The implementation of TCHATT made it possible for TTUHSC to expand the capacity of the school-based mental health services they provide to campuses in their region. TTUHSC provides school-based services through the Campus Alliance for Telehealth Resources (CATR),[19] a program that delivers expanded mental health services for children and families including services to schools using an Extension for Community Health Outcomes (ECHO®) Model and direct psychiatric treatment when appropriate. CATR is made up of two components: CATR-Services for Professionals and CATR-Services for Students. CATR-Services for Professionals trains school personnel, such as counselors and other behavioral health specialists on school campuses. As of May 2021, 87 school districts signed agreements to engage in ECHO® sessions and 60 of the districts participated in at least one session. Collaborative discussions occur on topics such as vaping, coping strategies, resiliency through COVID-19, and more. School personnel are participating through videoconferencing at no cost which improves access to the training for rural and underserved areas.

Adults

The Texas Legislature invested funds during the 85th, 86th, and 87th legislative sessions to support expansion, renovation, and transformation of state hospitals. 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.

Construction began at Kerrville, Rusk, Austin, and San Antonio state hospitals as well as the John S. Dunn Behavioral Sciences Center campus in Houston. State hospital system capacity expansion projects at the John S. Dunn Behavioral Sciences Center and Kerrville and San Antonio State Hospitals will increase access to inpatient services by 374 beds. In 2021, HHSC was provided funding from the legislature for the planning, design, land acquisition and construction of a new state

hospital to be built in the Dallas/Fort Worth metropolitan area in partnership with UT Southwestern Medical Center.

The HHSC State Hospital Transition Pilot Program is designed to step-down, or transition, people with complex psychiatric or medical needs from inpatient state hospital settings to the appropriate community-based settings. Intensive Transition Teams from the step-down providers assess people prior to enrollment in the pilot, create Individual Transition Plans, and deliver pre-transition services such as intensive behavioral health services and assistance with food, utility, and transportation costs. In the first year of the pilot, participation was limited to two sites: Bluebonnet Trails Local Mental Health Authority (LMHA) and Helen Farabee LMHA.

HHSC's Supportive Housing Rental Assistance Program[20] provides funding to LMHAs and Local Behavioral Health Authorities (LBHAs) to enhance their ability to provide rental and utility assistance to people with MI who are homeless or at imminent risk of becoming homeless and promote supportive housing services. Priority is given to people transitioning from hospitals (community or state psychiatric hospital), nursing facilities, and to high utilizers of crisis services. Thirty-six of the 39 LMHAs/LBHAs in Texas offer this program.

HHSC certifies eligible clinics as Certified Community Behavioral Health Clinics (CCBHCs).[21] By using the CCBHC framework to create a more efficient and coordinated system, Texas is expanding the capacity for community-based behavioral health services and enhancing behavioral health care outcomes for vulnerable populations with serious mental illness (SMI), serious emotional disturbances (SED), and substance use disorders. Texas gained national recognition for the expansion from 12 to 24 CCBHC sites during years 2020 and 2021.

Self-directed care enables people to have authority over a portion of mental health expenditures and greater flexibility over what can be purchased than does traditional Medicaid. In 2018, HHSC partnered with Medicaid managed care organizations, state universities, and stakeholders, including people with lived experience, to implement My Voice, My Choice, a randomized trial of mental health self-directed care for adult Medicaid members with SMI.[22] Independent evaluation concluded in 2020 and demonstrated self-directed care helped participants attain their self-defined goals and objectives; improved their mental well-being; and increased their confidence, self-esteem, hope, motivation, and sense of purpose. The pilot project increased people's active participation in their mental health care, which can improve health outcomes over time. Self-directed care was cost neutral. Participants had no greater Medicaid utilization costs than people receiving

traditional care. HHSC is working with stakeholders to consider policy options for potential future inclusion of mental health self-direction in Medicaid managed care.

Military Service Members, Veterans, and Their Families

The TMD Personnel Services Division applied for funding through the National Guard Bureau's Warrior Resilience & Fitness Innovation Incubator to provide military culturally competent Crisis Response Plan + Lethal Means Training to military chaplains, behavioral health officers, and related behavioral health staff. These personnel regularly interact with at-risk and risk-identified service members they support. The virtual training provides participants with additional assessment tools, crisis de-escalation techniques, and motivational interviewing skills.

To reduce suicide among Texas service members, veterans, and their families (SMVF), TVC's Veterans Mental Health Department (VMHD) delivered suicide prevention training to thousands of people at no charge, funded through an interagency contract with HHSC. Each year, TVC provides hundreds of training opportunities for SMVF stakeholders, including other state agencies, mental health providers, criminal justice professionals, faith-based organizations, employers, and community partners. TVC's suicide prevention efforts include facilitating evidence-based and research-informed curricula, such as Ask About Suicide to Save a Life (AS+K) and Counseling on Access to Lethal Means (CALM).

TVC's VMHD is responsible for training and certifying Peer Service Coordinators and Peer Volunteers of the Military Veteran Peer Network across the state to provide access to suicide prevention training and Mental Health First Aid for the SMVF community at the local level. TVC works regularly with other SBHCC members to organize, host, and promote access to the suicide prevention trainings.

TVC's VMHD also participates in the Governor's and Mayor's Challenges to Prevent Suicide among SMVF. The recommendations of the Governor's Challenge and Mayor's Challenge partners include engaging with faith-based communities. The activities promote the Faith and Allegiance Initiative, which equips faith communities in assisting SMVF as they transition out of the military by offering social connectedness, a sense of community, and renewed life purpose, thereby building upstream resiliency. Veterans are also encouraged to become Veterans Champions to serve as resource agents within their faith communities.

Terrell State Hospital opened a 20-bed renovated unit in July 2019 dedicated to serving veterans. The unit has been operating at full capacity since becoming fully

staffed. Many of the staff are veterans themselves and the unit gives its patients an opportunity to heal among people who share their background and experiences.

People with Intellectual and Developmental Disabilities

The first *Texas Statewide Behavioral Health Strategic Plan* identified unique challenges in the behavioral health system faced by people with IDD. People with IDD are underserved in the behavioral health system and often have trouble finding services and support that meet their needs. Stakeholders called on the SBHCC to develop a dedicated strategic plan for IDD services. The SBHCC published the *Foundation for the Statewide IDD Strategic Plan* in 2019,[11] featuring an assessment of people with IDD in Texas, a summary of stakeholder input, and an inventory of services for people with IDD provided by SBHCC agencies. The foundational elements of the IDD strategic plan were published with the *Texas Statewide Behavioral Health Strategic Plan* with the intention that the IDD strategic plan would be a stand-alone plan. As such, in 2019 and 2020, a group of stakeholders with expertise in IDD services and supports joined to develop the strategic plan. The group developed the *Texas Statewide IDD Strategic Plan*[23] for fiscal years 2020-2025, a roadmap for a statewide and strategic approach for addressing gaps in IDD services and policy.

TCJS coordinates an IDD Taskforce which prepared a report in 2020 titled, *Detention of Persons with IDD*.[24] The report provides information for Texas county jails to help them develop best practices for procedures, treatment, and appropriate support for people arrested and detained who were determined to have IDD. The report also focuses on the role played by the Local Intellectual and Developmental Disability Authorities (LIDDAs) and LMHAs/LBHAs relative to early identification/collection of information and service delivery; explores existing resources and programs; identifies state and national best practices; and formulated desired outcomes for Texas.

People Involved in the Justice System

TJJD enhanced and updated many of its core services and tools to support the behavioral health needs of youth in their facilities. Manuals for the Mental Health Treatment Program and Crisis Stabilization Unit were revised, and booster trainings were developed for coaches and other direct-care staff. These resources provide additional tools and strategies for the care of this high-need population. Evidence-based substance use disorder treatment services were expanded from dormitory-based programming to individual and group interventions focused specifically on addressing the person’s responsivity, needs, risks, and stage of change. Treatment

services are individualized, and enrollment has drastically increased. TJJD established a multidisciplinary workgroup to enhance the agency's suicide prevention policies and procedures, to include best practices and modernized language. Peer-reviewed instruments were incorporated to assess risk for suicide and to assist with developing individualized treatment, transition, and aftercare planning.

TJJD created another multidisciplinary transformation team to implement gender-responsive and culturally competent services at its girls' facility based on best practice. Gender responsive services are designed to meet the unique needs of females, value the female perspective, celebrate and honor the female experience, respect, and consider female development and empower young women to reach their full potential. TJJD is also investing in training and support for juvenile justice staff. Over 140 TJJD and county-level staff across Texas completed the newest version of the Trust Based Relational Intervention (TBRI) Practitioners Training by the Karyn Purvis Institute of Child Development. This training consisted of a 12-week online self-paced study course, Adult Attachment Inventory interview, and a two-week Zoom virtual session.

TCJS continued to provide specific training to county jails regarding mental health:

- TCOLE Course 4900, Mental Health Training for Jailers, was a mandated training required for all licensed jailers to be completed by August 31, 2021. This course assisted jailers in identifying the signs and symptoms of prominent categories of MI to gain an understanding of techniques utilized for communication during a time of crisis in a jail setting.
- TCOLE 4901, Suicide Prevention for Jailers, was developed in 2019. This course provides county jailers with required annual suicide prevention training and continues to be delivered on a regular basis to jailers across the state.
- TCOLE Course 2831, IDD Training for Jailers, provides techniques to assess and interact with people confined to county jail who were determined to have an IDD.

S.B. 562 and H.B. 601, 86th Legislature, Regular Session, 2019, allowed placement in the state's maximum-security mental health hospitals to be determined by clinical and security needs rather than alleged offense. This allows patients to be treated in the most appropriate setting. In FY 2020 and 2021, 1,363 cases were reviewed, identifying 203 people who were determined appropriate to be served in non-maximum-security hospitals, reducing the maximum-security waitlist.

Judges, Court Personnel, and Attorneys

The intersection of mental health issues with the criminal justice system has emerged as an issue at the forefront of discussions among state leaders. Recognizing the need for judicial leadership on this issue, SCoT and CCA established the JCMH and have provided a great deal of collaborative efforts in mental health and pre-trial diversion.

In 2019, SCoT and CCA convened two JCMH task forces, composed of stakeholders in the courts and the mental health providers that intersect with the courts, including many SBHCC members, to study and make recommendations to improve or refine laws and rules relating to mental health and IDD. JCMH submitted the recommendations to the Texas Judicial Council in 2020, where the recommendations were unanimously approved and adopted as part of the *Texas Judicial Council's Criminal Justice Committee's 2020 Report and Recommendations* to the Legislature.[25]

JCMH provides a suite of educational programs for judges and other stakeholders. Since 2017, these activities included:

- Three annual Judicial Summits on Mental Health for hundreds of participants focused on addressing challenges for people with behavioral health needs involved in the court system.[26]
- The *Texas Mental Health and Developmental Disabilities Law Bench Book* published in 2018.[27]
- The *Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book* published in 2020.[28]
- Updates following each legislative session for the mental health code book, *Texas Mental Health and Intellectual and Developmental Disabilities Law: Selected Statutes and Rules*.[29]

CCA's Judicial Education Program funds and oversees training necessary to the continuing education of judges of all levels, court personnel, prosecuting attorneys, criminal defense attorneys representing indigents, public defenders, constables, law students, and staff. Eight organizations receive regular grant funds from the program, working with CCA to produce an across-the-board approach to educate all participants on issues like mental health and pre-trial diversion that are crucial to the improvement of the criminal-justice system. CCA directs specific educational topics to the grantees who then educate constituents through a series of lectures and presentations from state and national experts. Mental health topics range from

understanding need, screening and assessment tools, diversion and placement of special populations, and legislative directives.

CCA worked with grantee organizations to develop the *Texas Mental Health Resource Guide*.[30] The Resource Guide provides an explanation of mental health services and lists resources indexed by type, region, and county. The *Resource Guide* is continually updated.

Behavioral Health Workforce

DSHS developed the *Public Health Agency Action Plan for Addressing Substance Use in Texas* for 2020-2022.[31] Some of the DSHS action plan initiatives have been completed, including several that focus on supporting the behavioral health workforce. The Texas Emergency Medical Services (EMS) Peer Referral Program[32] was developed in collaboration with the HHSC Texas Targeted Opioid Response program (TTOR) and is available for anyone in the EMS profession who is struggling with substance use issues. DSHS also developed a centralized webpage with updated links to substance use continuing education opportunities and links to help connect providers of behavioral health services to treatment and recovery services.[33]

The UTHSC-T Mental Health Workforce Training Program addresses the workforce shortage in Northeast Texas by training competent psychiatrists and psychologists to provide effective treatments to those who need them, including people with chronic and SMI, at-risk youth, and people in rural underserved and disadvantaged populations. As both faculty and residents serve patients, this program has expanded much needed treatment access in Northeast Texas. The UTHSC-T Psychiatry Residency inaugural class of six began in 2017 and reached a full complement of 24 residents in 2020. Residents' complete rotations in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital. Residents expand access to the Andrews Center by caring for patients through the TCMHCC Community Psychiatry Workforce Expansion initiative.

UTHSC-T is currently developing a Child and Adolescent Psychiatry Fellowship, which received accreditation in 2021. The Psychology Internship expanded to include additional interns, Post-Doctoral positions, and one Advanced Post-Doctoral position. Special focus is placed on training providers in the evidence-based treatment of youth who have suffered abuse and trauma.

In 2019, the SBHCC established a subcommittee to develop a plan to enhance the behavioral health workforce. The subcommittee analyzed existing report

recommendations, identified progress made to date, and focused on key next steps that Texas could take to address the issues moving forward and published the *Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward* report.[34] This report is uniquely structured to quickly search topics of interest and includes over 60 next steps that the state could take to address the shortage, with 20 short-, mid-, and long-term steps that would make the biggest impact in areas including retention, recruitment, and incentives; high school job candidate pipeline; higher education; licensing and regulation; innovative system improvements; Medicaid administration; and others.

Data Sharing and Collaboration

H.B. 3980, 86th Legislature, Regular Session, 2019, required HHSC, in conjunction with DSHS, to prepare a summary report on the prevalence of suicide in Texas, as well as state policies and programs adopted across state systems and agencies to prevent suicides.[35] The bill also required the SBHCC to use this summary to prepare a report on suicide in Texas identifying opportunities for state agencies and institutions to improve data collection for suicide-related events, use data to inform policy development for suicide prevention, and decrease suicide in Texas. HHSC collaborated with DSHS and the Texas Suicide Prevention Council to develop the summary report. The report found that a robust state-level surveillance system would enable suicide prevention policies to be designed and implemented more effectively. The SBHCC created a subcommittee to use the data from the summary report to recommend strategies to strengthen state and regional data collection around suicide deaths and attempts.[36]

DSHS received funding from the Centers for Disease Control and Prevention to expand the state's public health response to opioid use from 2018 to 2019. Grant projects strengthened DSHS opioid use surveillance and education efforts for the public and health professionals through:

- Adding more dashboards to the Texas Health Data interactive public data system to better visualize the scope of the opioid crisis in Texas.[37]
- Collecting more data on opioid-related illnesses and other conditions in emergency rooms across the state to look for early warning signs and pinpoint opioid misuse throughout the state.
- Training more DSHS partners and stakeholders on how to access and use these data to understand opioid misuse at the local level.
- Educating public health personnel at regional and local levels on when and how to administer naloxone to prevent death from opioid overdose.

- Increasing the number of doctors, physician assistants, and nurse practitioners trained and permitted to prescribe buprenorphine to treat opioid use disorder.

HHSC initiated the Measure Up project in 2019 to utilize a cross-division committee of HHSC units and external stakeholders to:

- Develop performance measures that provide a standardized way to communicate outcomes and impact of HHSC behavioral health grants;
- Develop an efficient and effective way to collect, aggregate, and analyze reported data; and
- Identify consistent, contextualized messaging for external stakeholders, specifically legislators.

The Measure Up project collaboration resulted in a performance measure menu through which grantees select from a standard list of outputs and outcomes. This enables HHSC and its grantees to define program goals and assess what is working and what changes may be needed to further the goals of the matching behavioral health grant programs.

Texas Statewide Behavioral Health Strategic Plan

Assessment of Behavioral Health System in Texas

The Texas population is steadily increasing over time, presenting challenges for the state's behavioral health system to keep up with the public's needs for services and supports. The behavioral health system in Texas must manage some unique population characteristics that make it different from other states, such as:

- Large geographic service area with varying population density, local resources, and infrastructure;
- Large population of military service members, veterans, and their families;
- Growing population of young people; and
- Shortage of affordable housing.

Texas Population

Since the 2010 United States (U.S.) Census, the population of Texas grew by 15 percent to a total of 28,995,881 in 2019.[38] Texas comprises nearly 9 percent of the country's entire population.[38] Approximately 8 percent of people living in Texas are military veterans.[38] The overall population of Texas in 2019 was slightly younger than the national average:[38]

- 26 percent are under 18 years of age;
- 61 percent are ages 18 to 64; and
- 13 percent are 65 years of age or older.

The racial identity of people living in Texas (Table 2) is similar to the national population. However, many more people in Texas identify their ethnicity as Latino or Hispanic (40 percent) than the country overall (19 percent).[38]

Table 2. Racial Identity of People Living in Texas, 2019[38]

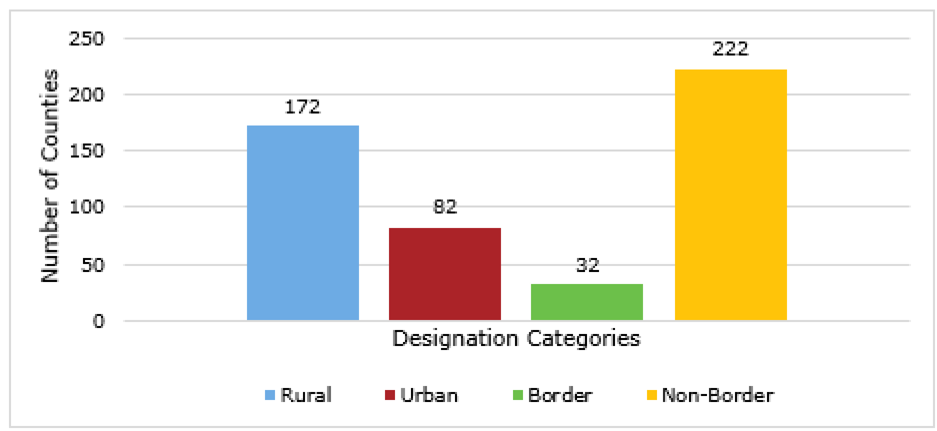
Race	Percentage
White only	79
Black or African American only	13
American Indian or Alaska Native only	1
Asian only	5

Race	Percentage
Native Hawaiian or other Pacific Islander only	less than 1
Two or more races	2

As the state becomes more diverse, more languages are spoken in the community. In Texas in 2019, about 35 percent of people ages five and older spoke a language other than English in their home. About two-thirds of the people in these households report they speak English very well while the remaining third do not.[39] Spanish is overwhelmingly the language typically spoken other than English (29 percent of state population), though use of languages from other regions of the world is growing (6 percent).[39]

Texas has 254 counties, each with different resources and needs. Texas uses official national designations to determine whether counties are rural or urban. About two-thirds of Texas counties (172) are designated as rural.[40] Counties are also designated as border counties if they lie within 100 kilometers (or 62 miles) of the U.S.-Mexico Border. Thirty-two Texas counties are designated as border counties.[40] See Figure 1 for a graph of these county designations.

Figure 1. Designations for County Density and Proximity to the Border in Texas[40]



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

The average annual income in Texas per person was $31,277 and the median household income was $61,874 in 2019, which were about nine percent and two

percent less than the national averages, respectively.[38] Additionally, more people live in poverty in Texas (14 percent) than across the country (11 percent).[38]

Prevalence of Behavioral Health Conditions

Behavioral health conditions encompass both mental health and substance use-related conditions. These conditions may occur to varying degrees in people of all ages and demographic groups. Understanding the prevalence, or the number of people in Texas who have behavioral health needs, can help state agencies better plan, and deliver programs and services.

Mental Health Conditions

Mental health conditions affect a person's mood, thinking, and behavior to the point where their activities and quality of life are severely impacted. These conditions can cause many problems for those who have them, including increased relationship strain, increased stress, impaired functioning, and physical pain. The conditions and their symptoms can interfere with personal relationships and work performance.[41] Some people experience symptoms of mental health conditions but may not have been assessed by a behavioral health professional to determine whether a mental health disorder exists. State agencies may use different definitions and eligibility criteria for behavioral health services (see Appendix E).

In a Substance Abuse and Mental Health Services Administration (SAMHSA) national survey, approximately 40 percent of adults in Texas reported receiving a mental health service for any MI through public and private treatment sources combined (2017-2019 annual average).[42] In the same time period, about four percent of all adults age 18 and older had SMI, while seven percent of younger adults ages 18 to 25 had SMI.[42] Four percent of all adults and nine percent of younger adults reported serious thoughts of suicide (see Table 3).[42] SAMHSA defines SMI as occurring in people ages 18 and older who have diagnosable mental, behavioral, or emotional disorders that causes serious functional impairment that substantially interferes with or limits major life activities.[42]

Table 3. Adults Who Reported Different Mental Health Conditions (2017-2019 annual average)[42]

Reported Condition and Age Group	Percentage
SMI, reported by adults ages 18 and older	4

Reported Condition and Age Group	Percentage
SMI, reported by younger adults ages 18-25	7
Serious thoughts of suicide, reported by adults ages 18 and older	4
Serious thoughts of suicide, reported by younger adults ages 18-25	9

The same survey revealed 13 percent of adolescents ages 12 to 17 in Texas experienced a major depressive episode (2016-2019 annual average).[42] During the same time period for the same age group, 34 percent of adolescents with a major depressive episode received mental health care.[42]

Substance Use Conditions

Substance use disorders occur when the recurring use of alcohol or other drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[41] When a person has both a mental health and substance use disorder, it is referred to as a co-occurring disorder.

In Texas, 35,995 adults and adolescents ages 12 and older were enrolled in substance use treatment provided by public and private treatment sources combined (single-day count in 2019), according to a survey of public and private treatment facilities.[42] Table 4 shows the percentage of different age groups that reported experiences with substance use disorders during the same time period.

Table 4. Adults and Adolescents Who Reported Substance Use Conditions (2017-2019 annual average)[42]

Reported Condition and Age Group	Percentage
Substance use disorder, adults and adolescents combined	6
Substance use disorder, younger adults ages 18-25	13
Opioid use disorder, adults and adolescents combined	less than 1

Impact of Unrecognized and Untreated Conditions

Mental health and substance use conditions are likely to worsen if untreated. This can lead to development of more severe or additional disorders and negatively impacts people's quality of life. School-aged children and adolescents may struggle to participate in school and are sometimes cited as having behavioral problems or being disruptive. Adults may have challenges keeping a job and safe, stable housing. Untreated conditions can contribute to a person's vulnerability to victimization and trauma and may also lead to self-harm and suicide.[43] Prevention and early intervention are key in supporting management and recovery of mental health and substance use conditions.

Services Provided by Council Agencies

The GAA, which is passed by the Texas Legislature every two years, appropriates funding to state agencies and directs how those funds should be spent. For SBHCC agencies receiving behavioral health funding, the GAA often includes directives for state agencies on the use of these funds for specific behavioral health services. In the 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article IX, Sec. 10.04) behavioral health services are defined as programs or services directly or indirectly related to the research, detection, or prevention 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.[7] Detailed inventories of SBHCC member services and eligibility are provided in Appendix E.

Populations Served

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, people with IDD, and people involved in the justice system. Age and other eligibility criteria shape the populations served by each agency.

Programs funded across various SBHCC member 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 people receiving behavioral health services in other state agency

contexts. Therefore, the behavioral health services a person is eligible to receive varies by state agency.

Table 5 outlines the populations served or supported by SBHCC agencies across seven broad categories: youth, adults, veterans, people with IDD, people involved in criminal and juvenile justice settings (including staff, attorneys, and court justices), and the behavioral health workforce and first responders. At a high level, intersections among populations served provide opportunities for collaboration to improve outcomes for people.

Table 5. Populations Served by SBHCC Members

SBHCC Member	Youth	Adults	Veterans	IDD	Justice	Workforce
CCA	no	no	no	no	yes	no
DFPS	yes	yes	no	yes	no	no
DSHS	yes	yes	yes	yes	yes	no
HHSC	yes	yes	yes	yes	yes	yes
HPC	no	no	no	no	no	yes
JCMH/SCoT	no	no	no	no	yes	no
OOG	yes	yes	yes	no	yes	no
TCCO	no	no	no	no	yes	no
TCJS	no	no	no	no	yes	no
TCMHCC	yes	no	no	no	no	no
TCOLE	no	no	no	no	no	yes
TCOOMMI/TDCJ	yes	yes	yes	yes	yes	no

SBHCC Member	Youth	Adults	Veterans	IDD	Justice	Workforce
TDHCA	yes	yes	yes	yes	yes	no
TEA	yes	no	no	yes	no	no
THECB	no	no	no	no	no	yes
TIDC/OCA	no	no	no	no	yes	no
TJJD	yes	no	no	no	yes	no
TMD	no	yes	yes	no	no	no
TSD	yes	no	no	no	no	no
TTUHSC	yes	no	no	no	no	no
TVC	yes	yes	yes	no	yes	no
TWC	yes	yes	yes	yes	yes	no
UTHSC-Houston	yes	yes	no	no	yes	no
UTHSC-Tyler	yes	yes	no	no	no	yes

SBHCC member agencies are researching ways to pool data to gain a better sense of the number of clients served across the Texas behavioral health system, particularly an unduplicated count of those who receive services from multiple Council members. The Texas Department of Information Resources hosts a portal that provides a secure option for sharing sensitive and confidential data across agencies. The SBHCC will explore the use of this portal and other resources.

State Agency Services

Behavioral health services supported by state agencies are delivered in many places, including local community clinics, schools, foster family homes, state hospitals, and counties. See detailed service inventories by SBHCC member agency in Appendix E.

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. 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 2 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 people with complex needs who require extended treatment and cannot be appropriately served in community beds. Some state hospitals serve regional catchment areas while others serve people who live anywhere in Texas. Certain sites provide adult, child, or adolescent, and civil or forensic services.

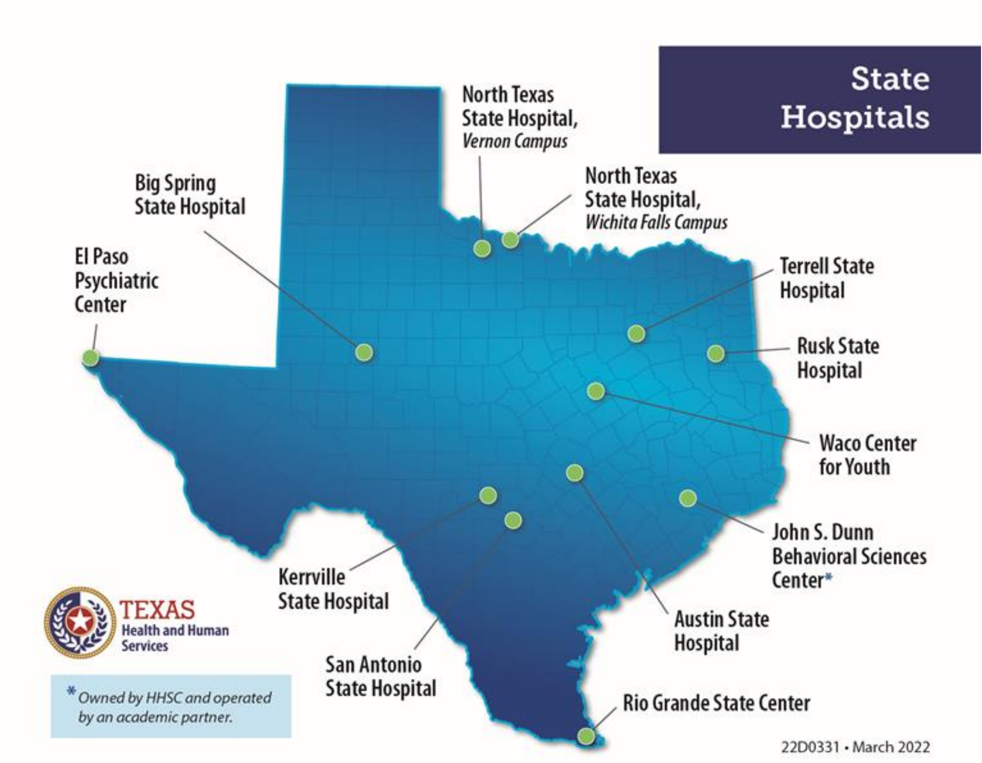
Table 6. State Hospital System

Facility	State-wide	Reg-ional	Adult	Child/ Adoles-cent	Civil Services	Forensic Services
Austin State Hospital	no	yes	yes	Yes	yes	yes
Big Spring State Hospital	no	yes	yes	No	yes	yes
El Paso Psychiatric Center	no	yes	yes	No	yes	yes
Kerrville State Hospital	yes	no	yes	No	no	yes
North Texas State Hospital – Vernon Campus	yes	no	yes	No	yes	yes
North Texas State Hospital – Vernon South	yes	no	no	Yes	no	yes

Facility	State-wide	Reg-ional	Adult	Child/ Adoles-cent	Civil Services	Forensic Services
North Texas State Hospital – Wichita Falls Campus	no	yes	yes	Yes	yes	yes
Rio Grande State Center	no	yes	yes	No	yes	yes
Rusk State Hospital	yes	yes	yes	No	yes	yes
San Antonio State Hospital	no	yes	yes	No	yes	yes
Terrell State Hospital	no	yes	yes	Yes	yes	yes
Waco Center for Youth	yes	no	no	Yes	yes	no

In addition to operating these facilities, HHSC partnered with UTHSC-H to construct and operate a new 264 bed psychiatric hospital that will also serve a regional catchment area, serving adult civil, forensic, and voluntary patients. HHSC also contracts with inpatient psychiatric hospitals in Montgomery County, Palestine, and at UTHSC-T for additional capacity. HHSC has also entered into a partnership with UT Southwestern Medical Center for the planning, design, and land acquisition for the construction of a 200-bed HHSC-owned state hospital in the Dallas/Fort Worth area that is expected to be operated by UT Southwestern.

Figure 2. Map of Texas State Hospital Sites[44]



State Hospital Improvement

State hospital infrastructure is aging. Infrastructure issues reduce capacity, increase emergency maintenance expenditures, and risk required accreditation by the Joint Commission and Medicare certification. Additionally, most of the older state hospital buildings are based on outdated models of inpatient care and lack the modern health care infrastructure necessary for the type of services people need.

S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 147) outlined the Texas Legislature's intent for a three-phased approach to redesign the state hospitals. HHSC was appropriated approximately $745 million for state hospital infrastructure projects during the 2018-19 and 2020-21 biennia. H.B. 2, 87th Legislature, Regular Session, 2021 appropriated funds to complete the three-phased construction plan. H.B. 2 also appropriated funds to begin planning and land acquisition for a new state hospital in the Dallas/Fort Worth area.

The strategy for the State Hospital Improvement Initiative was outlined in the *Comprehensive Plan for State-Funded Inpatient Mental Health Services*,[45] submitted to the Governor and Legislature in 2017 and updated in 2019 and 2021.

In the plan, HHSC established three guiding principles for the improvement projects that would provide:

- Unparalleled care – Texas state hospitals were built when mental health care and office space had different needs. The planned renovations and new buildings incorporate the latest evidence-based design elements for psychiatric hospitals, complementing cutting-edge services already provided. The design of behavioral health facilities can affect treatment and 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. People in Texas need access to the full array of mental health services, of which state hospitals are a critical component.

As of September 2021, HHSC is engaged in projects at six locations to repair, replace, and expand facilities.[46]

- Renovation is complete at San Antonio State Hospital's Alamo Hall, which added 40 beds to the system capacity.
- The new state hospital in Houston, the John S. Dunn Behavioral Sciences Center, that HHSC is partnering with UTHSC-H to operate, is opening in March 2022, bringing an additional 264 beds online.
- Kerrville State Hospital's renovated units are expected to open in Summer 2022, adding 70 maximum-security beds.
- Rusk State Hospital's new 200 bed patient complex is scheduled to open in May 2023. While the overall capacity of Rusk will not increase, the new patient complex will provide an additional 60 maximum security beds to the state hospital system.
- Austin State Hospital's 240-bed replacement hospital is scheduled to open in November 2023.
- San Antonio State Hospital's 300-bed replacement hospital is scheduled to open January 2024.
- The planning, design and land acquisition are underway for the new state hospital in the Dallas/Fort Worth Metropolitan area. Ground-breaking is currently

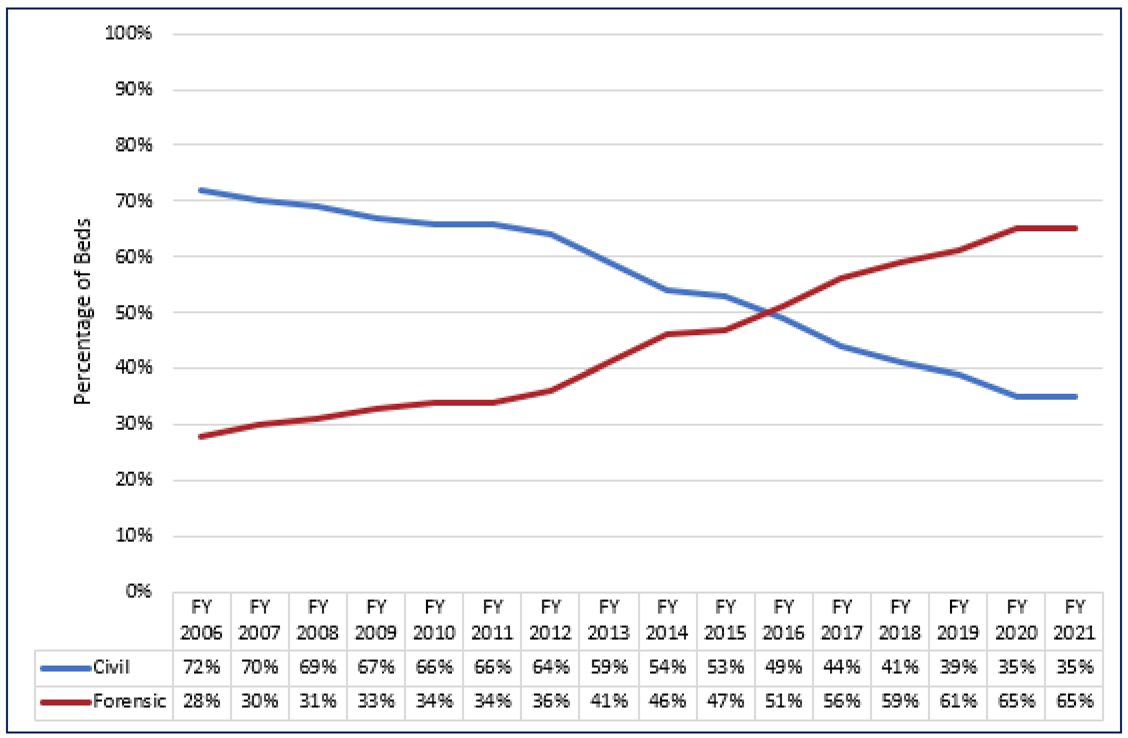
anticipated for November 2022, with construction completion currently expected in May 2025.

A Changing Population

A defining trend for the state hospitals has been a shift toward an increasing percentage of people admitted on forensic commitments (e.g., incompetent to stand trial or not guilty by reason of insanity). This shift has resulted in significant changes in state hospital operations as shown in Figure 3.[47]

As the population has shifted, available capacity, programming, and the mission of the state hospitals has been impacted, which has resulted in delays to state hospital services. Increased mental health needs have required a fresh look at the continuum of care to address the needs of people with MI.

Figure 3. Average Daily Census of State Hospitals, Civil versus Forensic Beds, by Fiscal Year, 2006-2021[47]



	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	FY 2019	FY 2020	FY 2021
Civil	72%	70%	69%	67%	66%	66%	64%	59%	54%	53%	49%	44%	41%	39%	35%	35%
Forensic	28%	30%	31%	33%	34%	34%	36%	41%	46%	47%	51%	56%	59%	61%	65%	65%

Community Beds

To supplement state hospital capacity and meet the needs of people who require shorter-term hospitalization, HHSC contracts with LMHAs to purchase hospital beds

in community and private psychiatric hospitals to serve adults, adolescents, and youth. These beds are accessed through the LMHAs.

Challenges of Existing Services and Strategies to Expand Capacity

Existing behavioral health services are challenged by both longstanding issues and emerging circumstances. In 2020, two stakeholder surveys were conducted to assess the behavioral health system, service delivery, and options to make improvements. HHSC administered a survey regarding substance use services, which is described later in this report.[48] The SBHCC administered a survey examining the full behavioral health system as described in Appendix F. Both surveys identified current challenges of existing services and strategies to expand treatment capacity as listed below.

Challenges to existing behavioral health services identified through the surveys include:

- Behavioral health workforce continuity and inconsistency due to staff shortages.
- Limited or disrupted communication between HHSC and state agency contract holders.
- Complex state agency contracting processes that create competition and gaps in service due to lack of integration of mental health and substance use services.
- Service reimbursement rates that are insufficient to support all costs and limit service capacity.
- Impact of social determinants of health and people's holistic needs related to behavioral health.
- Lack of comprehensive substance use prevention, early intervention, treatment, and recovery strategies.
- Limited utilization and coordination of existing data to inform system improvements.

Strategies to expand behavioral health treatment capacity identified through the surveys include:

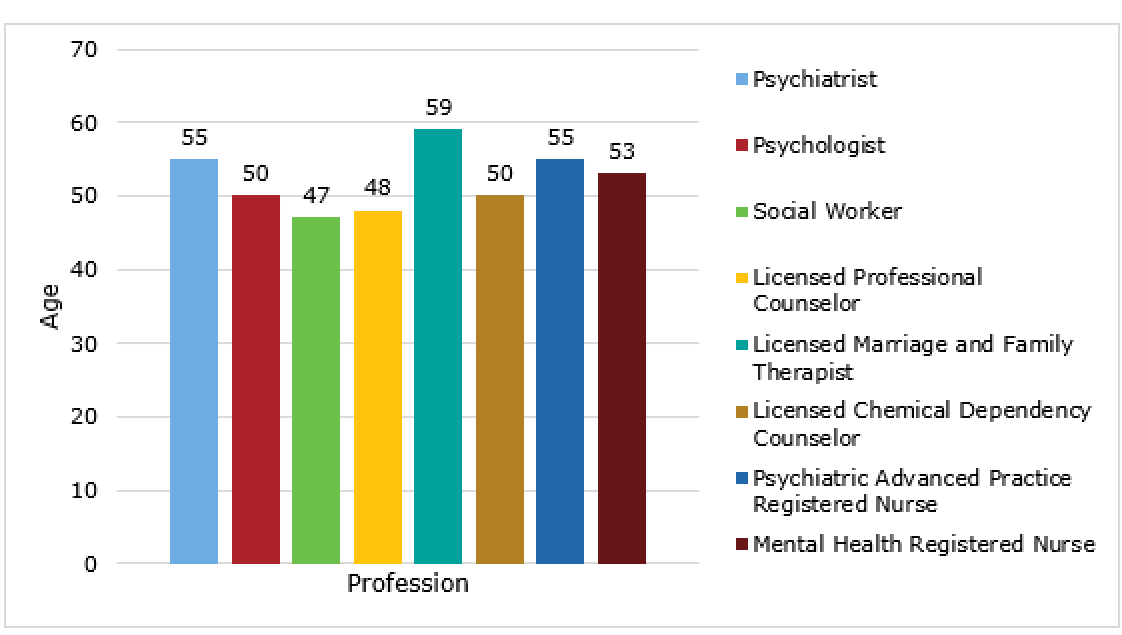
- Increasing awareness and visibility of behavioral health conditions, services, and resources, while reducing stigma associated with treatment.
- Continuing to create efficiencies in existing state agency administrative and contracting functions.
- Enhancing elements of existing shared data systems.
- Increasing technical assistance for contracted providers.
- Expanding the use of and infrastructure for recovery support services.

- Examining how other states support access to care and early intervention to make improvements in Texas systems.
- Coordinating across state agencies to better support people's social and holistic needs.

Behavioral Health Workforce

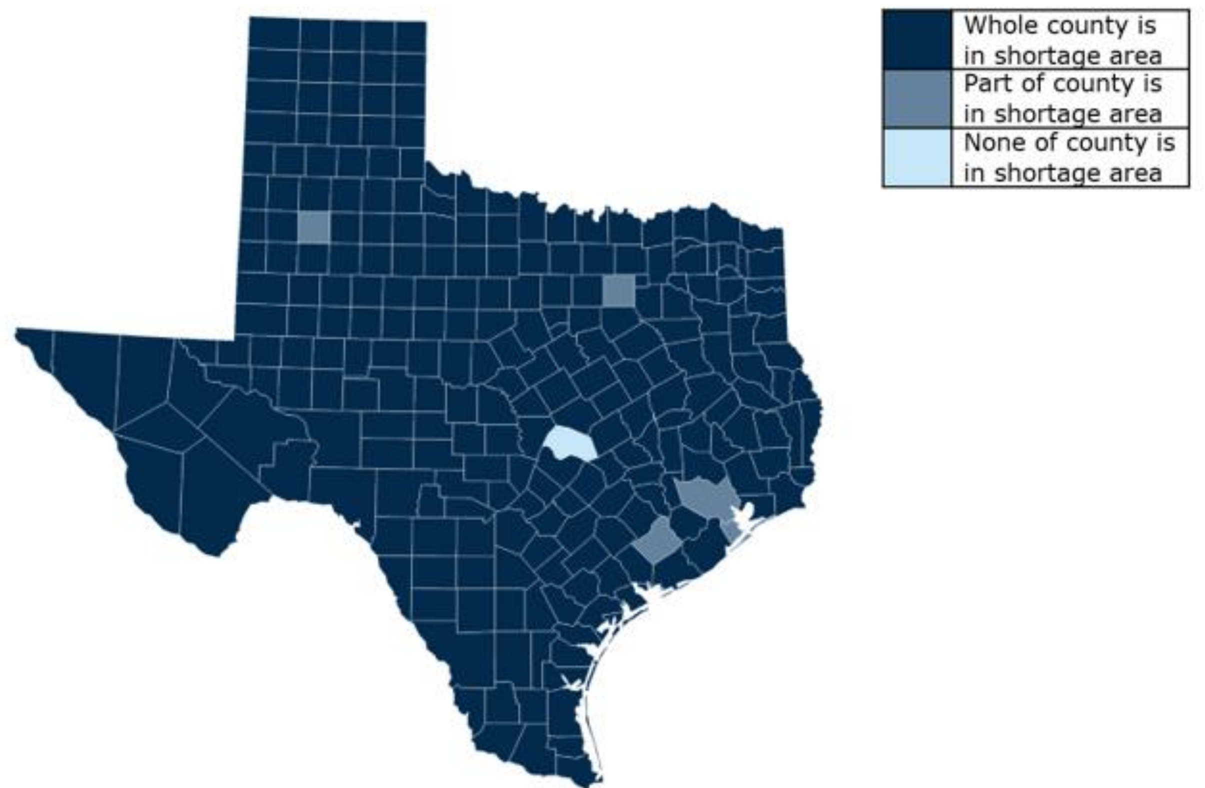
Along with much of the nation, Texas has a shortage of behavioral health workers that is expected to grow over time. Many of the most experienced and skilled practitioners are approaching retirement (see Figure 4).[49] Higher education institutions in Texas also have difficulty producing enough graduates to meet the demand.[49]

Figure 4. Behavioral Health Professional Median Ages, 2015[49]



Most of the state is federally designated as a geographic Health Professional Shortage Area (HPSA) by the Health Resources and Services Administration.[50] This designation means the provider-to-population ratio is below the national target. Additionally, these shortage designations are categorized by three provider types: mental health, primary care, and dental health.[51] As of January 2021, only Williamson County was not in a designated Mental Health Professional Shortage Area (MHPSA). Five counties are in partial shortage areas: Dallas, Galveston, Harris, Lubbock, and Wharton. The remaining 248 counties in Texas lie entirely in federally-designated shortage areas (see Figure 5).[52]

Figure 5. Mental Health Professional Shortage Areas, 2021[52]



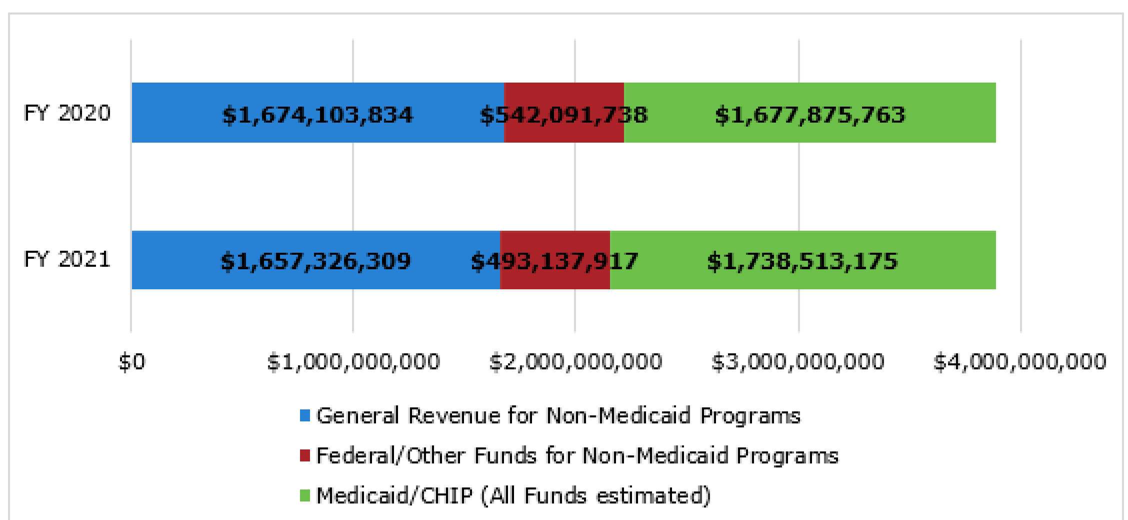
Behavioral Health Services Funding

The Texas state budget for the 2020-21 biennium specifically identifies $4.4 billion related to behavioral health services in Article IX, Section 10.04.[7] This funding is allocated to 18 of the 23 SBHCC member agencies and impacts 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 Payment (DSRIP) program included in the state's 1115 Transformation Waiver. Behavioral health-related Medicaid provider payments are estimated to be $3.3 billion in the 2020-21 biennium.[7]

Figure 6 illustrates the amount of funding Texas allocated to behavioral health services in the 2020-21 biennium, reflecting the significant behavioral health investment made by the 86th Legislature, Regular Session, 2019.[7]

Figure 6. Behavioral Health Services Funding for 2020-21 Biennium[7]



Note: Excludes DSRIP and construction funds

Additional Funding Mechanisms

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, Family, and Group Psychotherapy
- Psychological, Neuropsychological, and Neurobehavioral Testing
- Psychiatric Diagnostic Evaluation
- Inpatient Psychiatric Services
- Pharmacological Management, including Psychotropic Medications
- Substance Use Disorder Assessment/Evaluation
- Medication Assisted Treatment (MAT)

- Hospital-Based, Residential, and Outpatient Withdrawal Management
- Residential Substance Use Disorder Treatment
- Individual and Group Substance Use Disorder Counseling
- Electroconvulsive Therapy
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Peer Specialist Services for Substance Use Disorder or Mental Health Condition (adults ages 21 and older)
- Health and Behavioral Assessment and Intervention (HBAI) Services (children/adolescents)

As shown in Table 6, nearly 4 million people in Texas were estimated to be enrolled in Medicaid in early 2019.[53] Approximately one in seven people in Texas use Medicaid, making it an important program to access behavioral health services.

Table 7. Texas Medicaid Enrollment, Estimated February 2019[53]

Medicaid Program (Full Benefits)	Enrollment (Estimate for Feb. 2019)
STAR	2,914,187
STAR+PLUS	526,181
STAR Kids	159,862
Dual Demo	40,904
STAR Health	32,837
Managed Care Sub-total	**3,673,971**
Fee-for-Service Sub-total	**240,073**
Total Medicaid Enrollment	**3,914,045**

Delivery System Reform Incentive Payments

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 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.[11] The waiver was extended through 2022 with an additional $14.7 billion (All Funds) awarded.

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 across Texas that reinforced and improved the state behavioral health system. DSRIP behavioral health projects, which ended in September 2017, earned approximately $3.3 billion in incentive payments as of September 2019.[11]

Beginning in demonstration year 7, DSRIP providers began reporting on behavioral health-related outcomes and have the potential to earn more than $1.9 billion in payments by January 2023 for demonstration years 7-10. As of July 2021, $1.5 billion DSRIP funds were paid for behavioral health-related outcomes for demonstration years 7-9.[54]

Maternal Opioid Misuse (MOM) Grant

The Maternal Opioid Misuse (MOM) Model is a national service delivery model from the Center for Medicare and Medicaid Innovation (CMMI) that aims to improve the quality of care and reduce costs for pregnant and postpartum Medicaid beneficiaries with opioid use disorder through care transformation. Eight state Medicaid agencies are participating in the testing of this model and receive funding from CMMI. Texas's model is centered on a multidisciplinary integrated clinic at Harris Health's Ben Taub Hospital in Houston. The MOM Model began enrolling women at Ben Taub on July 1, 2021. Approximately 40-60 enrollees are expected in 2021. During the first year of the project in 2020, CMMI extended the pre-implementation period by six months due to the public health emergency. The project is currently in a transitional phase leading up to full implementation for January 1, 2022, when additional funding will be available based on performance and reporting.

Additional federal funding for the next 2-5 years will be based on the state's performance. If all milestones and performance goals are met, Texas could receive up to $4.6 million in federal funds over the five-year period.

Substance Abuse and Mental Health Services Administration Block Grants

SAMHSA administers the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG). HHSC receives both SABG and MHBG funds.

The SABG funds comprehensive substance misuse prevention, and substance use disorder intervention, treatment, and recovery support services through contracts with community organizations across the state. Funds are used to plan, implement, and evaluate related activities. Texas prioritizes admission to services for pregnant women who inject drugs, pregnant women, and people who inject drugs, in accordance with federal guidelines. HHSC was awarded $290,168,183 in SABG funds for federal fiscal years 2020-2021, constituting 54 percent of its non-Medicaid substance use services budget.[55]

The MHBG funds comprehensive community mental health services through contracts between HHSC and LMHAs/LBHAs across the state. Funds are used to plan, carry out, and evaluate related activities. Texas prioritizes adults with SMI and children with SED for state-funded treatment services that follow federal guidelines. HHSC was awarded $124,451,633 in MHBG funds for federal fiscal years 2020-2021, totaling 8 percent of its non-Medicaid mental health services budget.[55]

Texas Targeted Opioid Response (TTOR)

HHSC implemented the TTOR Program in 2017 to address the opioid crisis in Texas. The TTOR program aims to address the opioid crisis by reducing unmet treatment needs and opioid overdose-related deaths through prevention, treatment, and recovery activities. TTOR was awarded $100,766,337 in opioid-related grant funds for federal fiscal years 2020-2021, constituting almost 19 percent of HHSC's non-Medicaid substance use services budget.[56]

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.

Matching Grants Program

HHSC operates four behavioral health matching grant programs.[57] HHSC awards grants to eligible organizations and the grantees must contribute a monetary match, expanding the reach and impact of the original funding. The programs are described briefly below. More detail is available in Appendix D.

Behavioral health matching grant programs include:

- Community Mental Health Grant Program supports comprehensive, data-driven mental health systems that promote both wellness and recovery.
- Healthy Community Collaboratives program builds communities that support the ongoing recovery and housing stability of people who are homeless and have unmet behavioral health needs.
- Mental Health Grant Program for Justice-Involved Individuals addresses unmet physical and behavioral health needs of those in crisis to prevent initial or subsequent justice involvement and promote recovery.
- Texas Veterans + Family Alliance grant program supports community-based, sustainable, research-informed, and accessible behavioral health services to Texas veterans and their families to augment the work of the Veterans Administration.

Residential Treatment Center Project

The Residential Treatment Center (RTC) Relinquishment Avoidance Project is a partnership between DFPS and HHSC to provide intensive support for families who are at-risk of relinquishment to DFPS due to their child's or adolescent's mental health needs.[58]

The goal of the RTC Project is to prevent families from relinquishing their parental rights to DFPS by:

- Connecting families to mental health services available in their community through their LMHA or LBHA; and
- Providing state-funded residential placement to meet their child's or adolescent's mental health needs when families do not have the resources to access residential placement.

All 39 LMHAs and LBHAs in Texas provide services for the RTC Project in their communities.

Mental Health Program for Veterans

The 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 59) appropriated $5 million each fiscal year of the biennium to provide services to veterans through the mental health program required by Health and Safety Code Sections 1001.221-224. HHSC funds the TVC's VMHD to coordinate administration of 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, community and faith-based engagement, and peer training.

In fiscal year 2020, LMHAs reported a reduction in the number of services delivered and the number of people trained compared to fiscal year 2019 due to decreased interaction resulting from the COVID-19 pandemic: [59]

- 88,985 peer services were delivered
- 2,246 peers were trained
- 486 clinical mental health sessions to address military related trauma were performed
- 29,421 interactions occurred with people involved in the criminal justice system

Local Resources Support Initiatives

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.

Proceeds from Texas Lottery Commission scratch-off games and donations received from the public through forms at the Texas Department of Public Safety, the Texas Department of Motor Vehicles, and the Texas Parks and Wildlife Department 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.

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.[60] Funding to support these programs varies by year and is not guaranteed to be available.

- The Physician Education Loan Repayment Program provides loan repayment funds for physicians, including psychiatrists, who agree to practice in a HPSA.

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 the Children's Health Insurance Program (CHIP). A limited number of 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 MHPSAs. This program is available to licensed chemical dependency counselors who have an associate 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.

Texas Department of Agriculture's State Office of Rural Health

The Rural Communities Health Care Investment Program assists rural communities in recruiting non-physician health care professionals to practice in their community by providing partial student loan reimbursements or stipend payments to non-physicians for one year of service.[61]

Health Resources and Services Administration

The repayment programs below are all accessible from the Health Resources and Services Administration website about loan repayment programs.[62]

- 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 HPSAs. A critical shortage facility is a public or private nonprofit health care facility located in, designated as, or serving an HPSA.
- The Substance Use Disorder Treatment and Recovery Loan Repayment Program repays eligible educational loans for providers who work full-time for six years in a program-approved treatment facility.
- The Faculty Loan Repayment Program helps eligible health professions faculty from disadvantaged backgrounds to repay their student loans.

Other Federal Agencies

- National Institutes of Health Loan Repayment Programs are established by Congress and designed to recruit and retain highly qualified health professionals into biomedical or biobehavioral research careers.[63]

- U.S. Department of Education Public Service Loan Forgiveness Program forgives the remaining balance on direct student loans after a person makes 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer. Qualifying employers under this program include government agencies and non-profit organizations that provide qualifying public services.[64]

Past Behavioral Health Bill Implementation

The 86th Legislature provided several opportunities for SBHCC member agencies to improve behavioral health in Texas. Listed below are some of the most significant pieces of behavioral health legislation from that session and how each bill has been implemented thus far.

86th Legislature, Regular Session, 2019

H.B. 1, Article II, HHSC Appropriations, Rider 64, Substance Use Treatment Services Status: Implemented/Complete
Description: Allocates funding for substance use disorder services by addressing the treatment waitlist for pregnant women and women with dependent children and by increasing treatment rates for all providers.
Implementation: In Rider 64, the Legislature made two significant investments in substance use services: • General Revenue funds of $23,634,844 for fiscal years 2020-2021 to reduce the treatment waitlist for pregnant women and women with dependent children. These funds were appropriated in fiscal year 2020 and used to provide services and expand provider capacity across the biennium to reduce the treatment waitlist for pregnant women and women with dependent children. • Increase substance use disorder treatment rates with a funding allocation of $677,004 for fiscal year 2020 and $4,322,996 for fiscal year 2021.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Access to Timely Treatment Services • Services for Special Populations

H.B. 1, Article II, HHSC Appropriations, Rider 66, Consolidated Reporting of Opioid-Related Expenditures Status: Implemented/Complete
Description: Requires HHSC to submit an annual legislative report about actual annual expenditures from the previous fiscal year for all opioid use and misuse-related programs at HHSC, DFPS, and DSHS.
Implementation: HHSC, DFPS, and DSHS collaborated to develop an annual consolidated report of expenditures. HHSC submitted the fiscal year 2018 and 2019 reports to the Governor and Legislature.[65, 66]

H.B. 1, Article II,
HHSC Appropriations, Rider 66,
Consolidated Reporting of Opioid-Related Expenditures
Status: Implemented/Complete

Addresses Strategic Plan Gaps:

- Shared and Usable Data

H.B. 1, Article II,
HHSC Appropriations, Rider 67,
Improve Efficiency of Substance Use Services
Status: Implemented/Complete

Description: Requires HHSC to develop a proposal to improve the efficiency of administering substance use disorder treatment services and expand the capacity of substance use treatment services.

Implementation: HHSC surveyed key stakeholders to identify challenges with existing processes and the infrastructure of the substance use delivery system in Texas, as well as opportunities to address those challenges. Then HHSC developed recommendations for potential improvements and actions. The report was submitted to the Governor and Legislature in December 2020.[67]

Addresses Strategic Plan Gaps:

- Access to Timely Treatment Services
- Implementation of Evidence-based Practices
- Shared and Usable Data

H.B. 1, Article V,
TCOOMMI Appropriations, Rider 65,
TCOOMMI Rural Expansion
Status: Implemented/Complete

Description: Expansion of TCOOMMI outpatient services in rural areas.

Implementation: The Legislature appropriated $2,412,500 in fiscal year 2020 and $2,362,500 in fiscal year 2021 in General Revenue to TCOOMMI, for the expansion of mental health caseloads for probationers and parolees that serve clients with a high criminogenic risk and clinical care need in rural areas. Through contract renewals, an additional 20 caseloads were added and co-location of mental health service providers with criminal justice supervision partners were facilitated beginning September 2019.

H.B. 1, Article V, TCOOMMI Appropriations, Rider 65, TCOOMMI Rural Expansion Status: Implemented/Complete
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Continuity of Care for Individuals Exiting County and Local Jails • Access to Timely Treatment Services • Services for Special Populations

H.B. 253 **Postpartum Depression Strategic Plan** **Author: Farrar** **Status: Implemented/Complete**
Description: Relating to a strategic plan to address postpartum depression. H.B. 253 requires HHSC to develop and implement a five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services.
Implementation: HHS convened an internal cross-divisional maternal mental health workgroup across HHSC and DSHS to develop and implement the strategic plan. The plan provides background on postpartum depression in Texas and highlights research on current challenges and opportunities for improving access to maternal mental health screening, referral, treatment, and support services. In the September 2020 report, the workgroup developed 15 key strategies to increase awareness of postpartum depression and improve access to care.[68] HHSC, DSHS, the SBHCC, and the Statewide Health Coordinating Council will annually review and update the strategic plan as necessary.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Coordination Across State Agencies • Implementation of Evidence-based Practices • Prevention and Early Intervention Services

S.B. 562/H.B. 601 **Facility Designated by HHSC Instead of Crime** **Author: Zaffirini/Price** **Status: Implemented/Complete**
Description: Relating to procedures and reporting requirements regarding criminal defendants who are or may be persons with a mental illness or an intellectual disability.
Implementation: Provided HHSC with the authority to determine the most appropriate security setting (maximum-security unit or non-maximum-security unit) for forensic admissions to the state hospitals. This has assisted with reducing the forensic waitlist for state hospitals that provide maximum-security services. Between September 2019 and August 2021, 1,363 commitment packets were reviewed, resulting in 203 people who were waived from the maximum-security unit.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Access to Timely Treatment Services • Services for Special Populations

H.B. 1070 Mental Health First Aid Training Reporting Requirements Author: Price Status: Implemented/Complete
Description: Relating to Mental Health First Aid (MHFA) training program reporting requirements. H.B. 1070 amends Chapter 1001, Health and Safety Code, Section 1001.25 to require annual reporting of the related expenditures and number of people trained in MHFA from the following groups: employees and contractors of LMHAs; university and school district employees and school resource officers; and other people trained by LMHAs.
Implementation: HHSC staff created a data collection page in the Clinical Management for Behavioral Health Services (CMBHS) system for LMHAs/LBHAs to submit the number of people trained in MHFA from the various groups and report expenditures via monthly invoices. HHSC compiles the data and annually submits a report on the MHFA program. The first MHFA annual report including these reporting requirements was submitted to the Governor and Legislature in November 2020.[69]
Addresses Strategic Plan Gaps: • Coordination Across State Agencies • Prevention and Early Intervention Services

H.B. 3980 **Suicide Prevalence and Prevention Strategies** **Author: Hunter** **Status: Implemented/Complete**
Description: Relating to a requirement that the SBHCC prepare a report regarding suicide rates in this state and state efforts to prevent suicides. H.B. 3980 requires a summary report of suicide prevalence and state agency policies as well as recommendations to monitor and prevent suicide.
Implementation: The SBHCC coordinated with HHSC and DSHS to compile suicide-related data and state agency suicide prevention efforts from the preceding 10 years. The report was submitted to the Governor and Legislature in May 2020.[35] The SBHCC also created a Suicide Prevention Workgroup in collaboration with stakeholders to develop recommendations prevent suicide and routinely monitor data. The report was submitted to the Governor and Legislature in November 2020.[36]
Addresses Strategic Plan Gaps: • Coordination Across State Agencies • Implementation of Evidence-based Practices • Prevention and Early Intervention Services • Shared and Usable Data

S.B. 562 Pen Packet Enhancement Author: Zaffirini Status: Implemented/Complete
Description: S.B. 562 amends Section 8(a), Article 42.09 of the Code of Criminal Procedure relating to the delivery of certain mental health information provided to TDCJ from sending counties. Language is added to include a copy of any mental health records, mental health screening report, or similar information regarding the mental health of the defendant.
Implementation: The bill required the following records to be provided within the Pen Packet for people transferred to TDCJ custody: a copy of any mental health records, mental health screening reports, or similar information regarding the mental health of the defendant; updates made to the Pen Packet coversheet; memo coordinated with the TCJS sent to county jails; and coordination with HHSC on a statewide broadcast message.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Continuity of Care for Individuals Exiting County and Local Jails • Services for Special Populations

S.B. 633 All Texas Access Author: Kolkhorst Status: Implemented/Complete
Description: Relating to an initiative to increase the capacity of LMHAs to provide access to mental health services in certain counties. S.B. 633 amends Chapter 531, Government Code, Section 531.0221 to require LMHAs/LBHAs that serve counties with populations of 250,000 or less to create regional development plans. Requires HHSC to conduct a statewide analysis of mental health services in counties of 250,000 people or less and prepare legislative recommendations to help implement the regional development plans. No regional group is required to implement their regional plans unless a funding source is identified.
Implementation: HHSC published the report on the HHSC website in December 2020.[70] HHSC is working with the regional groups to identify and implement low-to-no-cost initiatives.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Access to Timely Treatment Services • Use of Peer Services • Consumer Transportation and Access to Treatment • Prevention and Early Intervention Services

S.B. 1177 Evidence-based Behavioral Health In-Lieu-of Services Author: Birdwell Status: In Progress
Description: Permits Medicaid managed care organizations (MCOs) to offer medically appropriate, cost-effective, evidence-based behavioral health services in lieu of specified Medicaid State Plan services. The list of services is to be approved by the State Medicaid Managed Care Advisory Committee (SMMCAC).
Implementation: HHSC divided the recommended services from SMMCAC into a phased implementation. Phase one services include services in lieu of inpatient hospitalization. Phase two services include services in lieu of outpatient services. A third group of services proposed by SMMCAC requires further consideration. HHSC determined that Phase one services were evidence-based and completed the cost-effectiveness review of these services. HHSC is awaiting approval from the Centers for Medicare & Medicaid Services (CMS) for Phase one services. HHSC will continue to work with SMMCAC on implementation of this bill, including for Phase two services.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Access to Timely Treatment Services • Prevention and Early Intervention Services

TLETS Expansion Funded by H.B. 1, Article II, HHSC Appropriations Status: Implemented/Complete
Description: Funding to improve the data sharing system between Mental and Behavioral Health Outpatient Data Warehouse (MBOW) and the Texas Law Enforcement Telecommunications System (TLETS) to allow clients with co-occurring conditions to be successfully tracked on entry and exit into each system. Funding for this project was an HHSC exceptional item request.
Implementation: HHSC expanded the TLETS interface with MBOW to allow jail staff to determine whether people being booked in jail were also clients with IDD being served by LIDDAs. HHSC conducted training for TDCJ staff and county jails. The TLETS expansion was fully deployed in August 2020.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Behavioral Health Services for Individuals with Intellectual Disabilities • Shared and Usable Data

IDD Crisis Continuum of Care **Funded by H.B. 1, Article II,** **HHSC Appropriations** **Status: Implemented/Complete**
Description: This exceptional item provides $4 million in funding to maintain and expand services and supports to the IDD community crisis continuum of care for people with IDD and co-occurring behavioral health diagnoses. Additionally, this item provided $3 million in funding to establish IDD community outpatient mental health services.
Implementation: For IDD crisis intervention services, HHSC contracts with 39 LIDDAs serving all 254 counties statewide to ensure crisis services are available, including crisis respite. In 2019, HHSC established an IDD outpatient services learning collaborative with five LIDDAs to help assist in the development and piloting of outpatient services for people with IDD. In fiscal year 2021, the five pilot sites began implementing outpatient services and supports and will continue through fiscal year 2022.
Addresses Strategic Plan Gaps: • Behavioral Health Services for Individuals with Intellectual Disabilities

Funding Expanded Capacity at Renovated State Hospitals **Funded by H.B. 1, Article II,** **HHSC Appropriations** **Status: Delayed**
Description: Appropriations to allow the Health and Specialty Care System to operate beds at Kerrville and San Antonio State Hospitals once renovations are complete.
Implementation: While the Alamo Unit at San Antonio State Hospital (SASH) was completed and ready for occupancy on time, the opening of the unit coincided with the period of time when the state hospitals were experiencing significant staffing shortages, which has delayed SASH's ability to staff the new unit. Renovations at Kerrville State Hospital (KSH) have been delayed due to construction supply chain issues, delaying the availability of certain materials and equipment that are needed to complete the renovation project. KSH's operations are now expected to begin in Summer 2022; however, like the staffing challenges experienced at SASH, KSH has been experiencing unprecedented staffing shortages.
Addresses Strategic Plan Gaps: • Access to Appropriate Behavioral Health Services • Behavioral Health Workforce Shortage

Recruiting and Retaining a Capable and Competent Workforce **Funded by H.B. 1, Article II,** **HHSC Appropriations** **Status: Implemented/Complete**
Description: These funds will be used to reduce turnover and vacancy rates at targeted HHSC facilities by increasing pay for the direct care staff at state supported living centers (SSLCs) and state hospitals. By targeting facilities at greatest risk for capacity reductions or severe overtime and contracting costs related to difficulty recruiting and retaining these positions, it ensures HHSC does not have to reduce service levels (e.g., take psychiatric beds offline).
Implementation: Eight facilities with the lowest fill rates received market rate increases for direct care staff: Abilene, Corpus Christi, Lubbock, San Angelo, and San Antonio SSLCs; and Big Spring, Rusk, and San Antonio State Hospitals. The increase has proven effective in increasing the fill rate by nine percent, which is associated with reduced cost associated with high turnover and vacancy rates.
Addresses Strategic Plan Gaps: • Behavioral Health Workforce Shortage

85th Legislature, Regular Session, 2017

At the time of publication of the *Texas Statewide Behavioral Health Strategic Plan Update* in 2019, the following key legislation had not been fully implemented. Below are updates on the implementation of those bills.

S.B. 578 **Veteran Suicide Prevention** **Author: Lucio** **Status: In Progress**
Description: Relating to an HHSC veteran suicide prevention action plan. S.B. 578 amended Chapter 531, Government Code, Section 531.0925 to require HHSC to develop comprehensive short-term and long-term action plans to increase access to, and availability of professional health services to prevent veteran suicides in Texas.
Implementation: The short-term action plan was developed and submitted to the Governor and Legislature in September 2019.[71] The long-term action plan, built on the results of the short-term action plan, was submitted to the Governor and Legislature in September 2021.[72] This report aligns with state and national efforts in veteran suicide prevention. The initiatives and reforms in the long-term plan must be fully implemented by September 2027.

S.B. 578
Veteran Suicide Prevention
Author: Lucio
Status: In Progress

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Coordination Across State Agencies
- Veteran and Military Service Member Supports
- Access to Timely Treatment Services
- Use of Peer Services
- Prevention and Early Intervention Services

S.B. 591
Veteran Outreach Campaign
Author: Lucio
Status: Implemented/Complete

Description: Relating to a community outreach campaign to increase awareness of veterans' benefits and services. TVC must implement the outreach campaign.

Implementation: TVC's Communication and Outreach Program utilizes several 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.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Veteran and Military Service Member Supports
- Prevention and Early Intervention Services

S.B. 1326
Jail-Based Competency Restoration
Author: Zaffirini
Status: Implemented/Complete

Description: Relating to procedures regarding criminal defendants who are or may be persons with a mental illness or intellectual disability. S.B. 1326 allowed counties to establish jail-based competency restoration (JBCR) programs and enabled HHSC to inspect county-level JBCR programs. The JBCR pilot program was continued indefinitely.

S.B. 1326 **Jail-Based Competency Restoration** **Author: Zaffirini** **Status: Implemented/Complete**
Implementation: Five LMHAs/LBHAs currently administer JBCR under contract monitoring and oversight by HHSC. HHSC developed an onsite tool and provider information for county-level JBCR inspections. HHSC monitors JBCR program performance targets and expenditures quarterly and may inspect any aspect of program. During fiscal year 2020, JBCR providers served a total of 422 people, exceeding the state's target of 299. The JBCR programs are available at the following LMHAs/LBHAs: • North Texas Behavioral Health Authority (Counties: Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall) • StarCare Specialty Health System (Counties: Cochran, Crosby, Hockley, Lubbock, Lynn) • MHMR of Tarrant County (Counties: Tarrant) • PermiaCare (Counties: Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos, Presidio) • Nueces Center for Mental Health and Intellectual Disabilities (Counties: Nueces) • Harris Center for Mental Health and IDD (Counties: Harris)
Addresses Strategic Plan Gaps: • Coordination Across State Agencies • Continuity of Care for Individuals Exiting County and Local Jails

Highlights from the 87th Legislature

The 87th Legislature, Regular Session, 2021, created additional investments in behavioral health services and expanded the membership of the SBHCC. The legislation listed below highlights some of the opportunities for SBHCC member agencies to collaborate and further improve the behavioral health system. The gaps to be addressed by the legislation are updated to correspond with the new gaps identified through the update of the *Texas Statewide Behavioral Health Strategic Plan*. These gaps are described in Section 4. Additionally, the Texas School for the Deaf and the Texas Commission on Law Enforcement were added to the SBHCC membership.

S.B. 1, Article II, **HHSC Appropriations, Rider 54,** **Additional Mental Health Community Hospital Beds**
Description: Provides for additional mental health community hospital beds. Appropriates $15 million in general revenue for community hospital beds in rural areas and $15 million in urban areas.

S.B. 1, Article II,
HHSC Appropriations, Rider 54,
Additional Mental Health Community Hospital Beds

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Access to Timely Treatment Services

S.B. 1, Article II,
HHSC Appropriations
Operational Funding for the John S. Dunn Behavioral Sciences Center

Description: Provides for operational funding for 168 beds designated for the state hospital patients at the new state hospital in Houston, the John S. Dunn Behavioral Sciences Center, operated by UTHSC-H.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Access to Timely Treatment Services

H.B. 2,
HHSC Appropriations
Planning, Design, and Land Acquisition for a New State Hospital in the Dallas/Fort Worth Metropolitan Area

Description: Provides funding for the planning, design, and land acquisition for a new 200 bed state hospital in the Dallas/Fort Worth metropolitan area in partnership with UT Southwestern Medical Center.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Access to Timely Treatment Services

S.B. 1, Article II,
HHSC Appropriations, Rider 100,
Step-down Housing Pilot for People with Serious Mental Illness

Description: Requires HHSC to develop an operational plan for a transitional living program for long-term patients of the state mental health hospitals that would be implemented on a SSLC campus. The operational plan must address admission criteria, interdisciplinary service provision, and explore potential site and funding for future expansion. Provides HHSC capital budget authority to transfer up to $12.7 million of available federal funds included in HHSC Rider 2, Capital Budget for the 2022-23 biennium to make necessary upgrades and to secure one or more appropriate buildings on a SSLC campus in preparation for the transitional living program.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Coordination Across State Agencies

S.B. 1, Article IV,
OCA Appropriations,
Indigent Defense with Mental Health Needs

Description: Provides an additional $5 million in fiscal years 2022-2023 for TIDC to award grants to public defender offices and managed assigned counsel programs to expand the capacity of existing mental health defender programs, establish mental health defender programs in counties without these programs, or to sustain effective mental health defender programs.

Addresses Strategic Plan Gaps:

- Social Determinants of Health and Other Barriers to Care
- Prevention and Early Intervention Services

S.B. 64
Peer Support Network for Law Enforcement
Author: Nelson

Description: Relating to a peer support network for certain law enforcement personnel. S.B. 64 requires creation of a peer support network for law enforcement officers, training for peers, technical assistance for program development, and retention of licensed mental health professionals.

Addresses Strategic Plan Gaps:

- Use of Peer Services
- Prevention and Early Intervention Services

S.B. 454
Continuation of All Texas Access
Author: Kolkhorst

Description: Relating to mental health services development plans as updated by HHSC and LMHA/LBHA regional groups. Requires each group to plan and implement regional strategies to reduce costs associated with use of crisis or emergency services and incarceration by meeting people's needs before that point.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Access to Timely Treatment Services
- Social Determinants of Health and Other Barriers to Care
- Prevention and Early Intervention Services

S.B. 642
Residential Treatment Center (RTC) Relinquishment Avoidance Program
Author: West

Description: Relating to the provision of mental health services for certain children at risk of relinquishment. Codifies the RTC relinquishment avoidance program and requires HHSC and DFPS to establish policies and procedures. Allows parents to access the RTC relinquishment avoidance program through LMHAs/LBHAs rather than through DFPS.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Access to Timely Treatment Services
- Social Determinants of Health and Other Barriers to Care

S.B. 672
Collaborative Care Model in Medicaid
Author: Buckingham

Description: Relating to Medicaid coverage of certain collaborative care management services:

- S.B. 672 requires HHSC to make the billing codes associated with collaborative care management services payable in Medicaid for children and adults.
- The collaborative care model integrates behavioral health and general medical services. This evidence-based model involves a collaborative care team led by the primary care provider that includes behavioral health care managers, psychiatrists and other mental health professionals that provide care coordination, regular monitoring and treatment, and review and consultation with persons who do not show improvement. Each person served has an outcomes-based care plan.
- This model targets people with common mental health or substance use conditions (e.g., anxiety, depression, alcohol, or substance use), and typically lasts 6-9 months.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Prevention and Early Intervention Services

S.B. 1808
IDD Habilitative Support Services (IHSS)
Author: Kolkhorst

Description: Relating to home and community support services licensing requirements. Exempts IHSS providers from Home and Community Support Services licensure under Health and Safety Code Chapter 142. Will allow implementation of IHSS services under approved Medicaid State Plan Amendment.

Addresses Strategic Plan Gaps:

- Behavioral Health Services for People with Intellectual and Developmental Disabilities

S.B. 1827
Opioid Abatement Account
Author: Huffman

Description: Creates the Texas Opioid Abatement Fund Council under the auspices of the Texas Comptroller of Public Accounts for which the HHSC Executive Commissioner appoints six members. Directs spending for opioid abatement funds.

S.B. 1827
Opioid Abatement Account
Author: Huffman

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Implementation of Evidence-based Practices
- Prevention and Early Intervention Services

S.B. 1921
Medicaid Reimbursement for Certain Behavioral Health and Physical Health Services
Author: Lucio

Description: Relating to Medicaid reimbursement for the provision of certain behavioral health and physical health services, S.B. 1921:

- Requires Medicaid reimbursement for mental health targeted case management and mental health rehabilitation (MHTCM/MHR) private providers in traditional, fee-for-service Medicaid before a person is enrolled in Medicaid managed care.
- Further requires reimbursement to a public or private provider in Medicaid managed care for MHTCM/MHR once the person is enrolled in managed care.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services

H.B. 4
Telemedicine/Telehealth Services
Author: Price

Description: Relating to the provision and delivery of certain health care services in this state, including services under Medicaid and other public benefits programs, using telecommunications or information technology and to reimburse for some of those services.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Access to Timely Treatment Services

H.B. 707
Recovery Housing
Author: Moody

Description: Relating to a study on expanding recovery housing in this state. HHSC will conduct a statewide study on the current status, opportunities, challenges, and needs to expand recovery housing.

Addresses Strategic Plan Gaps:

- Access to Supported Housing and Employment

H.B. 2595
Mental Health Condition and Substance Use Disorder Parity
Author: Price

Description: Relating to a parity complaint portal and educational materials and parity law training regarding benefits for mental health conditions and substance use disorders to be made available through the portal and otherwise. H.B. 2595 also designates October as mental health condition and substance use disorder parity awareness month.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Coordination Across State Agencies
- Access to Timely Treatment Services

H.B. 2822
Availability of Antipsychotic Drugs in Medicaid
Author: Hull

Description: Relating to the availability of antipsychotic prescription drugs under the vendor drug program and Medicaid managed care, H.B. 2822:

- Prohibits HHSC from requiring non-clinical prior authorization (PA) for a nonpreferred antipsychotic drug on the vendor drug formulary prescribed to an adult if the person unsuccessfully tries an antipsychotic drug for 14 days that is included on the preferred drug list; the patient was previously prescribed and had a prior authorization for the nonpreferred antipsychotic drug, and the prescription is for drug dosage titration; or the patient was previously prescribed and obtained PA for the a nonpreferred antipsychotic drug and the prescription modifies the dose, frequency of dose, or both of the drug as part of the same treatment for which the drug was previously prescribed.
- Requires HHSC to develop rules and standards to require the vendor drug program and Medicaid managed care to automate clinical PA for drugs in the antipsychotic drug class and ensures that a pharmacist is provided an immediate message if a prior authorization is required.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Shared and Usable Data

H.B. 3088
Mental Health Grant Programs
Author: Coleman

Description: Relating to the administration of certain mental health grant programs established by HHSC:

- Makes match requirements consistent across all four behavioral health matching grant programs administered by HHSC.
- Allows local government funds and private funds to be used as in-kind match for HCC grants and removes requirement for sustainability after seven years for HCC awardees.
- Allows use of up to five percent of appropriated funds by HHSC for administrative costs for each grant program.

Addresses Strategic Plan Gaps:

- Access to Appropriate Behavioral Health Services
- Supports for Service Members, Veterans, and their Families
- Continuity of Care for People of All Ages Involved in the Justice System
- Access to Supported Housing and Employment

H.B. 4074
Use of Suicide Data by SBHCC
Author: Hunter

Description: Relating to the collection and use of suicide data by the SBHCC. H.B. 4074 amends Chapter 531, Government Code, Section 531.476 to require the SBHCC and its suicide prevention subcommittee to do the following:

- Include suicide prevention strategies in the Texas Statewide Behavioral Health Strategic Plan.
- Monitor and gather data about suicide and suicide prevention.
- Establish a method for identifying how suicide data reports are used to make policy.

Addresses Strategic Plan Gaps:

- Coordination Across State Agencies
- Prevention and Early Intervention Services
- Shared and Usable Data

Gaps in the Texas Behavioral Health System

The SBHCC administered an online survey in November 2020, as a follow up to previous public surveys conducted in 2016 and 2018. The 2020 Behavioral Health Strategic Plan Survey was used to gather public feedback on the behavioral health system in Texas and guide the direction of the new *Texas Statewide Behavioral Health Strategic Plan*.

The survey asked members of the public to respond to questions in four main topic areas:

- Survey respondent demographics;
- An assessment of changes in previously identified gaps in the behavioral health system;
- Identification of strengths, opportunities, weaknesses, and threats in the behavioral health system; and
- Whether the COVID-19 pandemic was having an impact on behavioral health services.

Over 2,200 survey responses were analyzed from people who have used behavioral health services in Texas, caregivers and family members of people who used services, service and support providers, and people who work in behavioral health organizations.

The survey asked respondents to assess whether behavioral health system gaps cited in the first *Texas Statewide Behavioral Health Strategic Plan* still exist. Most respondents indicated they agreed the behavioral health system has improved in use of evidence-based practices. Less than a quarter of respondents indicated the following areas improved: transportation for behavioral health services; secure housing for people with behavioral health needs; and an adequate behavioral health workforce. The survey findings indicate the gaps from the original strategic plan, listed below, should continue to be considered in development of the new strategic plans:

- Access to appropriate behavioral health services
- Behavioral health needs of public school students
- Coordination across state agencies
- Veteran and military service member supports
- Continuity of care for individuals exiting county and local jails
- Access to timely treatment services
- Use of peer services

- Behavioral health services for individuals with intellectual disabilities
- Consumer transportation and access to treatment
- Prevention and early intervention services
- Access to housing
- Behavioral health workforce shortage
- Services for special populations
- Shared and usable data

The survey featured four questions regarding strengths, weaknesses, opportunities, and threats (SWOT) related to the behavioral health system. While the questions were based on past surveys, the format changed from open-ended questions to multiple-choice questions to compare responses over time.

Respondents indicated several issues improved while some declined. Survey responses also helped identify potential support for making certain improvements to the behavioral health system in Texas. Figure 7 lists the results of the SWOT analysis and highlights issues to be considered in the development of the new strategic plans.

Figure 7. SWOT Analysis

STRENGTHS
Dedicated workforce
Person-centered care

WEAKNESSES
Funding for services
Insurance coverage for behavioral health needs
Workforce capacity
Service affordability
Government awareness of need for services

OPPORTUNITIES
Support vulnerable people
Improve accessibility
Attract providers
Increase access to housing
Improve communication
Make services easier to find
Increase funding
Expand telehealth
Increase crisis services

THREATS
Lack of insurance coverage for behavioral health services
Increased demand for services
Lack of transportation to services
Stigma related to seeking care

The survey responses regarding the COVID-19 pandemic demonstrated about two-thirds of survey respondents felt their own behavioral health was affected by the pandemic and three-quarters indicated access to behavioral health services was affected. Many respondents indicated they tried telehealth formats for behavioral health services after the pandemic began and the majority reported telehealth options improved their access to services.

A detailed report and data analysis summary is provided in Appendix F.

Gaps Guiding the Council for Fiscal Years 2022-2026

The SBHCC identified gaps in the behavioral health system. The gaps provide opportunities to strengthen the system as the strategic plan is implemented.

Gap 1: Access to Appropriate Behavioral Health Services

Underserved populations include people with substance use disorders; people with co-occurring psychiatric and substance use disorders; people with SMI; and those who are frequently booked in jails and admitted to emergency rooms and inpatient services. Depending on each person's needs and preferences, they may face challenges accessing services that address these needs.

Gap 2: Behavioral Health Needs of Public School Students

School-aged children or adolescents with an undiagnosed or untreated behavioral health condition often experience adverse impacts on school attendance, classroom behavior, and overall academic performance.[43] Public school-based mental health services may be delivered by a variety of professionals with different types of training, including nurses, school psychologists, social workers, and school counselors. 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, given the variability in behavioral health infrastructure in schools statewide, it is difficult to meet the growing behavioral health needs of students and disseminate best practices in early intervention and early detection across campuses and districts.

Gap 3: Coordination Across State Agencies

State agencies serve a significant number of people with behavioral health needs. Since 2014, considerable improvements have been made in communication between state agencies and coordination in the delivery of behavioral health services through the efforts of the SBHCC. Agencies work closer together to resolve challenges and partner on funding initiatives to maximize expertise and efficiencies. There are opportunities to strengthen coordination by exploring new relationships and advanced forms of collaboration. Cross-agency coordination is vital to ensuring state agencies maximize funding for services and address the multi-faceted needs of Texans.

Gap 4: Supports for Service Members, Veterans, and Their Families

Unidentified and untreated behavioral health needs of service members and veterans can degrade their health, decrease work productivity, damage social functioning, and have negative outcomes on family relationships. Some veterans

experience obstacles obtaining and maintaining employment or pursuing education after discharge. Veterans transitioning out of the military back into civilian communities can have difficulty finding social connectivity, a sense of community, and renewed life purpose. They risk experiencing homelessness and/or dying by suicide at rates significantly higher than their civilian counterparts. Additionally, the stigma associated with both admitting the need for, and seeking treatment for behavioral health conditions can prevent veterans and military personnel from accessing and utilizing services available to them.[73]

Gap 5: Continuity of Care for People of All Ages Involved in the Justice System

State agencies have implemented and expanded continuity of care services for people exiting juvenile facilities, city and county jails, and the state prison systems. However, enhanced coordination between systems is needed to strengthen that support. Inadequate continuity of care can complicate reentry into the community and increase the risk of recidivism and rehospitalization. The first *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* is included in this joint publication and identifies strategies to enhance behavioral health continuity of care for people involved in the justice system.

Gap 6: Access to Timely Treatment Services

Considerable financial investments have been made to develop a robust psychiatric crisis service system that includes crisis hotlines, mobile models of care, and a continuum of psychiatric emergency services centers. In recent years, a major transformation of the state hospital system began. However, some people may still have difficulty accessing acute inpatient psychiatric services in a timely manner. Additionally, the Texas substance use treatment system has not evolved in parity to the mental health services system. If a person has behavioral health needs and requires substance use treatment, that person may experience lengthy wait times to access the appropriate level of care.

Gap 7: Implementation of Evidence-Based Practices

The availability 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 and stakeholders recognize this, as expressed in the 2020 Behavioral Health Strategic Plan Survey. Cross-agency collaborations have resulted in implementation of evidenced-based practices such as Seeking Safety, Mental Health First Aid, Individual Placement and

Support, Permanent Supportive Housing, Illness Management and Recovery, Integrated Treatment for Co-Occurring Disorders, and more. The adoption and implementation of evidence-based practices is an ongoing effort as new evidence emerges and coordination of those practices across systems must be continuously monitored.

Gap 8: Use of Peer Services

Current research indicates that peer support services decrease substance use, reduce utilization of inpatient and emergency room care, and increase consumer engagement in care.[74] In recent years, Texas made investments and improvements to bolster peer services. State legislation implemented since the first iteration of this strategic plan created a peer services benefit under Medicaid[75] and aligned rules around the training and scope of peer support services across mental health and substance use services.[76] HHSC also consolidated its peer and recovery programs and streamlined 54 contracts with community organizations. Further 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 People with Intellectual and Developmental Disabilities

Depression and anxiety are the most frequently identified mental health conditions among people with IDD, but the prevalence of schizophrenia is disproportionately high.[11] Additionally, people with IDD frequently have behavioral health needs that are the result of post-traumatic stress.[11] The behavioral health system in Texas has begun to focus more specifically on the mental health and wellness of those with IDD. People with IDD should have access to quality behavioral health services, trauma-informed care, and opportunities for recovery. Additionally, supports should be adequate in both approach and intensity to avoid unnecessary hospitalizations or incarcerations. The *Foundation for the IDD Strategic Plan*[11] and first *Texas Statewide IDD Strategic Plan*[23], published in 2022, identify strategies to address gaps in IDD-related services, supports, and policies.

Gap 10: Social Determinants of Health and Other Barriers to Care

Conditions in the environments where people live, work, learn, and play may influence their health and are known as social determinants of health (SDOH). Other physical and system issues can also impede health outcomes. Examples of factors that can impact behavioral health include traumatic life experiences, access to services, transportation, stigma associated with behavioral health care, language accessibility, income, and food security.[77] Making services available to people are not enough to disrupt population disparities in behavioral health. SDOH and other barriers to care must be addressed to support healthy lives.

Gap 11: Prevention and Early Intervention Services

Early identification of and intervention for behavioral health needs can improve and mitigate the impact of disabling and serious conditions. Implementation of large-scale prevention strategies can abate the factors that contribute to mental health crises or substance use. Services such as Coordinated Specialty Care support prevention and early intervention efforts, however continued expansion of more upstream efforts are needed.

Gap 12: Access to Supported Housing and Employment

Behavioral health challenges can lead to homelessness. People who are homeless typically have more chronic physical, mental health, and substance use needs than the general population. Behavioral health challenges can also impact a person's ability to secure and maintain employment.[43] During the last five years there has been significant investment of state and federal funds in the Supported Housing Rental Assistance,[20] Health Community Collaboratives,[57] and Section 811 programs that support housing needs for people with behavioral health conditions. Additionally, the state has made progress toward planning to increase efforts that focus on increasing tenancy support services for Medicaid populations. More ongoing supported housing and employment services are needed to help people find and maintain their homes and jobs. HHSC is coordinating an effort with other state agencies and stakeholders to develop a Housing Choice Plan, which will identify strategies to expand housing options for people with mental health conditions, substance use histories, and IDD.

Gap 13: Behavioral Health Workforce Shortage

Along with much of the nation, Texas has a shortage of behavioral health workers while its population grows. Most Texas counties are designated as MHPSAs.[50] Many of the most experienced and skilled practitioners are approaching retirement.[49] These factors have a direct impact on the availability of outpatient and inpatient providers, where capacity and access to services can be restricted by workforce shortages. The SBHCC published the report, *Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward*,[34] in 2020 to compile workforce improvement recommendations from several sources and assess the factors impeding their implementation. State agencies as well as professional associations and universities can implement these strategies to bolster the behavioral health workforce.

Gap 14: 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 they receive. Many health care experts believe that sharing usable population health data offers great promise for improving patient outcomes, satisfaction, and lowering costs. This approach requires systems to assess, track, and manage data on health conditions, treatments, and results for large populations across multiple care and social service settings. DSHS makes population health data available for decision making by utilizing a data-to-action approach with surveillance, data collection, analysis, and dissemination. Enhancements were made to Texas Health Data, developed by the DSHS Center for Health Statistics.[37] Data on the prevalence and impact of opioids and other substances are available for user queries. Rich data sets exist throughout the Texas behavioral health and other systems, but more work must be done to create efficient technical and administrative processes to link this information and make it available in useful formats for timely decision making.

Development of the Behavioral Health Strategic Plan

SBHCC member agencies met for special strategic planning sessions in 2020 and 2021 to develop the next five-year iteration of *the Texas Statewide Behavioral Health Strategic Plan*, including a focus on substance use services. The strategic plan spans fiscal years 2022-2026.

The SBHCC assembled through a facilitated process to examine the behavioral health system in Texas and chart a path to make system improvements. The members had the opportunity to build on the work of the original strategic plan. They reviewed the vision and mission and reassessed the gaps originally identified. The members updated the vision and mission statements and found the gaps, while improved over the past five years, require continued collaborative efforts to reduce the impact on people in Texas. The members adjusted the scope of the gaps but retained most of them for the new strategic plans.

Next, the SBHCC member agencies broke into workgroups to develop parallel tracks focused on: 1) mental health issues and the behavioral health system, 2) substance use issues and integration with the behavioral health system, and 3) behavioral health issues impacting people involved in the justice system. The workgroups defined major themes to address and discussed the root causes of limitations or gaps in the behavioral health system. Each workgroup drafted goals and strategies to achieve change in their respective areas and presented them to the full SBHCC membership for discussion and revision. The workgroups focused on mental health, substance use, and forensic services and the full behavioral health system developed the updated *Texas Statewide Behavioral Health Strategic Plan*. The information generated related to people involved in the justice system was incorporated through separate processes to create the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*.

The outcome of the strategic planning process includes vision and mission statements, guiding principles, and gaps that apply to the *Texas Statewide Behavioral Health Strategic Plan* as a whole. Distinct goals and strategies were created for the mental health and substance use services tracks. SBHCC members will begin implementing the new strategies in fiscal year 2022 and will collaboratively develop approaches to accomplish each goal.

The SBHCC used feedback from the public to shape the strategic plans. People offered individual input through the 2020 Behavioral Health Strategic Plan Survey.

Stakeholder organizations focused on behavioral health also provided feedback on a preliminary draft of the strategic plans.

Behavioral Health Strategic Plan

Making improvements to the behavioral health system and closing gaps in Texas requires a multi-layer approach. While SBHCC agencies can modify the services they deliver, that alone is not enough to make larger changes in the system. This strategic plan layers the efforts of all SBHCC members to impact access to services, service scope and delivery, the capacity of the behavioral health workforce, cross-system collaboration, and factors that complicate behavioral health needs.

Vision, Mission, and Guiding Principles

The following vision, mission, and guiding principles are applied to the *Texas Statewide Behavioral Health Strategic Plan* to promote integration of the behavioral health service system. The vision and mission statements describe the desired outcome and process for improving the behavioral health system. The guiding principles describe how the strategic plan strategies should impact people, services, and systems.

Vision

Ensure Texas has a strategic approach to the delivery of behavioral health services that allows all Texans to have access to quality care at the right time and place.

Mission

Implement a coordinated statewide plan for providing timely, accessible, and cost-effective behavioral health services to Texans.

Guiding Principles

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 and seek to actively resist re-traumatization; and

- Utilize best practices in procurement and contracting standards to promote timely access to behavioral health services

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 use of innovative technologies, such as telehealth; and
- Ensure each child, family, or adult receives care based on the person's unique needs.

Gaps

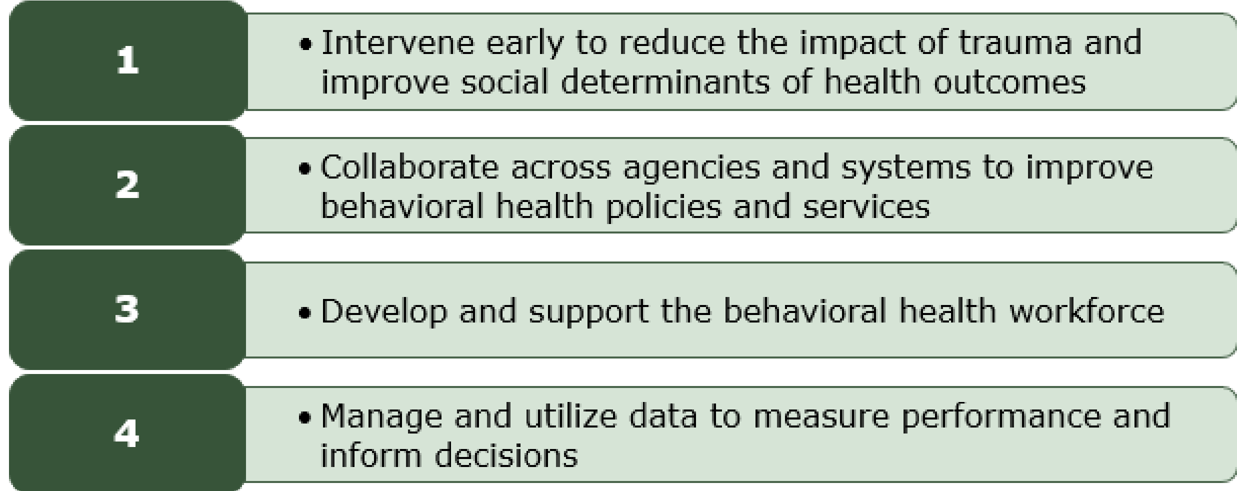
The identified gaps previously described are listed below by number. The gap numbers are cross-referenced with strategies in the strategic plan in the next sections to indicate which gaps will be impacted.

1. Access to Appropriate Behavioral Health Services
2. Behavioral Health Needs of Public School Students
3. Coordination Across State Agencies
4. Supports for Service Members, Veterans, and Their Families
5. Continuity of Care for People of All Ages Involved in the Justice System
6. Access to Timely Treatment Services
7. Implementation of Evidence-Based Practices
8. Use of Peer Services
9. Behavioral Health Services for People with Intellectual and Developmental Disabilities
10. Social Determinants of Health and Other Barriers to Care
11. Prevention and Early Intervention Services
12. Access to Supported Housing and Employment
13. Behavioral Health Workforce Shortage
14. Shared and Usable Data

Mental Health Services Track: Goals and Strategies

The SBHCC developed four goals for the mental health services track of the *Texas Statewide Behavioral Health Strategic Plan*. The goals are listed below in Figure 8.

Figure 8. Goals for the Mental Health Services Track



The strategic plan is detailed below with strategies defined for each goal for fiscal years 2022-2026.

Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.

Number	Strategy	Gaps Addressed
1.1	Expand trauma-informed care, linguistic, and cultural awareness training and build this knowledge into services	1, 10
1.2	Coordinate across local, state, and federal agencies to increase and maximize use of funding for client access to housing, employment, transportation, and other needs that impact health outcomes	2, 3, 4, 5, 10, 12
1.3	Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	1, 10

Number	Strategy	Gaps Addressed
1.4	Implement services that are patient and family-centered across systems of care	10
1.5	Enhance prevention and early intervention services across the lifespan	2, 11

Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.

Number	Strategy	Gaps Addressed
2.1	Identify best practices in communication and information sharing to maximize collaboration across agencies	3
2.2	Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	1, 3, 7
2.3	Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	3
2.4	Increase awareness of provider networks, services, and programs to better refer clients to the appropriate level of care	1, 11, 14
2.5	Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	1, 5, 6
2.6	Develop step-down and step-up levels of care to address the range of client needs	1, 5, 6

Goal 3: Develop and support the behavioral health workforce.

Number	Strategy	Gaps Addressed
3.1	Ensure behavioral health workers are trained in evidence-based practices that support quality client care such as crisis de-escalation, cultural and linguistic sensitivity, trauma-informed care, and suicide prevention, intervention, and postvention	10, 13
3.2	Explore opportunities to provide emotional supports to workers who serve behavioral health clients	13
3.3	Use data to identify gaps, barriers, and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	13, 14
3.4	Implement a call to service campaign to increase the behavioral health workforce	13
3.5	Develop and implement policies that support a diversified workforce	3, 13
3.6	Assess ways to ease state contracting processes to expand the behavioral health workforce and services	3, 13

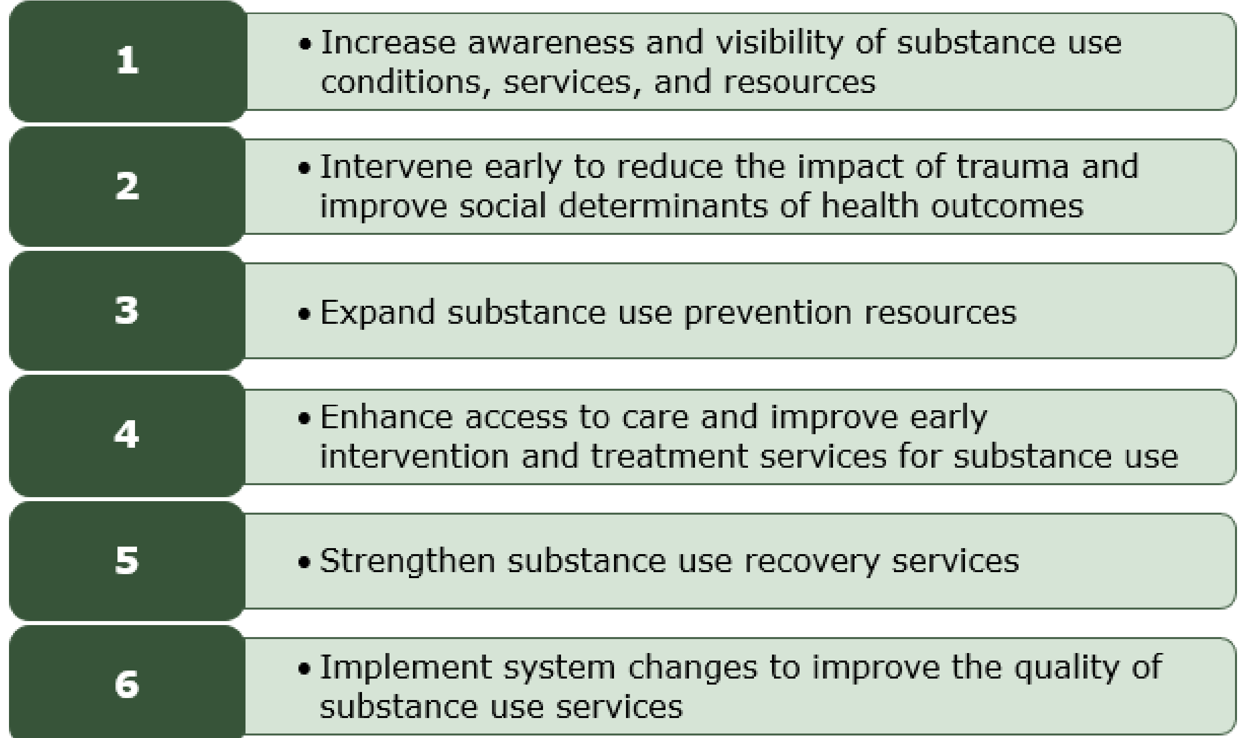
Goal 4: Manage and utilize data to measure performance and inform decisions.

Number	Strategy	Gaps Addressed
4.1	Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care, and other data important to assessing the effectiveness of policies and provider performance	3, 14
4.2	Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	3, 14
4.3	Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	3, 4, 14
4.4	Collect data to understand the effectiveness of evidence-based practices and the quality of these services	7, 14

Substance Use Services Track: Goals and Strategies

The SBHCC developed six goals for the substance use services track of the *Texas Statewide Behavioral Health Strategic Plan*. The goals are listed below in Figure 9.

Figure 9. Goals for Substance Use Services Track



The strategic plan is detailed below with strategies defined for each goal for fiscal years 2022-2026.

Goal 1: Increase awareness and visibility of substance use conditions, services, and resources

Number	Strategy	Gaps Addressed
1.1	Increase the number and effectiveness of public awareness activities	1, 11
1.2	Increase awareness of and access to public substance use services	1, 6, 11

1.3	Reduce stigma associated with substance use disorders	1, 10, 11

Goal 2: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes

Number	Strategy	Gaps Addressed
2.1	Expand awareness of SDOH and trauma-informed care in the behavioral health workforce and build this knowledge into services and supports	10
2.2	Increase coordination across services and supports for housing, employment, transportation, and other needs that impact health outcomes	2, 3, 4, 5, 10, 12

Goal 3: Expand substance use prevention resources

Number	Strategy	Gaps Addressed
3.1	Develop a comprehensive substance use prevention strategy that delivers evidence-based programming to high-risk populations	3, 7, 11
3.2	Reduce risk of non-medical substance use through promotion of safe drug disposal initiatives	11

Goal 4: Enhance access to care and improve early intervention and treatment services for substance use

Number	Strategy	Gaps Addressed
4.1	Improve utilization and quality of Outreach, Screening, Assessment, and Referral (OSAR) services	1, 6, 11
4.2	Improve outcomes by promoting adherence to best practices of serving people in the least restrictive environment appropriate for the diagnosis	1, 7, 11

4.3	Create incentive strategies focused on maintaining and expanding provider network	13

Goal 5: Strengthen substance use recovery services

Number	Strategy	Gaps Addressed
5.1	Enhance integration of recovery strategy among state agencies	3, 7
5.2	Expand the use of certified peer recovery coaches and an evidence-based recovery support system	4, 7, 8
5.3	Identify strategies to sustain peer recovery system	3, 8
5.4	Assess the need for recovery housing for adolescents and young adults	12, 14
5.5	Increase community-based recovery resources across the state with focus on hard-to-reach populations, especially for people in rural areas	6, 10

Goal 6: Implement system changes to improve the quality of substance use services

Number	Strategy	Gaps Addressed
6.1	Strengthen state agency partnerships to foster communication and promote collaborative program and policy initiatives	3
6.2	Utilize data to inform system improvements and make programmatic decisions	3, 14
6.3	Streamline systems for data collection and reporting	3, 14
6.4	Promote use of best practice models of care for substance use services	3, 7

Texas Strategic Plan for Diversion, Community Integration, and Forensic Services

Assessment of System to Support Justice-Involved People in Texas

Texas, like other states, faces a growing crisis in the number of people with MI, SUD, and/or IDD in the justice system. The best available data indicates that approximately 39 percent of people in Texas' county jails have been in contact with or received public mental health services within the last three years.[78] Combined with the number of people waiting for inpatient competency restoration in county jails, more than 2,300 at the publication of this plan, from the perspective of the SBHCC, a picture emerges of state and local behavioral health and justice systems that are over-burdened and resource-constrained. It is the opinion of the SBHCC that the human toll of this problem—and its cost to state and local agencies and taxpayers—is staggering.

Jails spend two to three times more money on incarcerated adults with diagnoses of MI, compared to those without this diagnosis.[79] Yet, communities often do not see improvements to public safety as a result of these incarcerations. In addition, once incarcerated, people with MI, SUD, and/or IDD tend to stay longer in jail and upon release face higher physical and behavioral health risks, higher risk of suicide, higher recidivism rates, and other consequences such as loss of housing or employment.[80]

Community stakeholders provided valuable insight for SBHCC to develop the *Texas Statewide Behavioral Health Strategic Plan* and identify gaps and challenges related to coordination, access, and service provision within the behavioral health system in Texas. These include:

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

13. Behavioral Health Workforce Shortage
14. Services for Special Populations
15. Shared and Useable Data

Addressing these gaps and barriers will not only help to increase access to behavioral health services for Texans in general but will also help prevent and reduce justice involvement for people with MI, SUD, and/or IDD. Systems can be improved, best practices and data-driven strategies can be implemented, and lives can be changed. The SBHCC's *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* can serve as the state's roadmap to:

1. Reduce and prevent justice-involvement for people with MI, SUD, and/or IDD;
2. Enhance forensic services (see Appendix B for definition);[81] and,
3. Coordinate the collective efforts of State agencies and local behavioral health and justice systems to improve the health and well-being of Texas communities.

This strategic plan aims to reduce justice-involvement for people with MI, SUD, and/or IDD and improve forensic services by focusing state and local efforts around five major goals:

1. Support the expansion of robust crisis and diversion systems to reduce and prevent justice involvement for people with MI, SUD, and/or IDD.
2. Increase coordination, collaboration, and accountability across systems, agencies, and organizations.
3. Enhance the continuum of care and support services for people who are justice-involved with MI, SUD and/or IDD.
4. Strengthen state hospital and community-based forensic services.
5. Expand training, education, and technical assistance for community providers working at the intersection of behavioral health and criminal justice.

The five goals reflect current research and best practices for improving state and local system-level responses that promote public safety, reduce justice involvement for people with MI, SUD, and/or IDD, and improve forensic services. First, broad consensus exists around the need for robust crisis response and pre-arrest diversion programs that connect youth and adults to services in lieu of arrest and incarceration, without compromising public safety. Communities across Texas have led the nation in implementing innovative crisis response and pre-arrest diversion programs with successful outcomes.[82, 83]

Preventing and reducing justice involvement for people with MI, SUD, and/or IDD takes coordinated and collaborative responses between state and local behavioral health and justice systems and agencies. Ensuring people receive adequate services

and supports to meet their behavioral health and other basic needs is shared by state and local partners, including agencies representing housing, human services, education, and physical health care. Coordination and collaboration are critical to ensuring people with MI, SUD, and/or IDD who are justice-involved do not have lapses in their care, particularly during periods of transition from the community to incarceration and upon reentry back into the community. Without a continuous, coordinated continuum of care throughout and following incarceration, people with MI, SUD, and/or IDD are at risk for re-incarceration, increased emergency department use, and increased hospitalization.

Strategies to strengthen inpatient and community-based forensic services serve as a necessary complement to the investments made by the Texas Legislature to improve state hospital infrastructure, expand state hospital patient capacity, and expand outpatient and jail-based competency restoration (CR) programs. The number of people waiting in county jails for inpatient CR is a crisis that requires right-sizing CR in Texas through education on the appropriate use of CR, as well as alternatives to inpatient CR.

Finally, disseminating best practices and programs at the intersection of behavioral health and justice systems across the state requires robust training, education, and technical assistance. Increases in implementation of best practices and programs by local communities and state agencies can reduce and prevent the justice-involvement of people with MI, SUD, and/or IDD, as appropriate, while keeping communities safe.

The *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* outlines ways state, local, and community partners, including faith-based organizations, universities, and philanthropic organizations, can contribute to the goals and objectives of this plan. It is through collective efforts that change can be realized.

National Trends

Each year, close to 11 million people move through the country's local jails. An estimated 44 percent of people held in jails have been diagnosed with a MI by a professional, 63 percent have a substance use disorder, and 45 percent suffer from chronic health problems.[84, 85, 86]

Nationally, the challenges driving these issues are complex.

- Inadequate funding for community behavioral health services resulting in people accessing treatment and care in restrictive and costly correctional settings.

- A lack of tailored behavioral services specifically addressing MI, SUD, and/or IDD and criminogenic risks and needs.
- An overuse of criminal justice responses to address behavioral health issues.
- Inadequate coordination and collaboration across behavioral health and justice systems and organizations.

Despite these challenges, there is a strong national focus on transforming behavioral health and justice systems. Federal lawmakers are making new investments to expand the crisis care continuum. Communities across the country are re-examining crisis systems and mental health, SUD, and IDD services. While challenges across behavioral health and justice systems have been incrementally addressed over the last few decades, an influx of new federal funding from the recent passage of the American Rescue Plan Act and the SAMHSA Mental Health Block Grant aim to transform systems in new ways. National initiatives centered on improving crisis response systems and diversion programs, such as the Stepping Up Initiative, Taking the Call, the National Judicial Task Force on Mental Illness, and the Data-Driven Justice Initiative are connecting communities across the country and supporting the implementation of best practices. Federal legislation, such as mandating the implementation of 988, a new three-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors by July 2022, provides states with the opportunity to transform crisis response in their communities.

There is also increased attention to how states approach competence to stand trial processes. States across the country face a growing crisis in the number of people waiting in county jails for inpatient competency restoration services after being found incompetent to stand trial. As state hospitals reach capacity, people are left to wait in jail for months, and sometimes years, for a restoration bed to become available. These delays often result in litigation against states alleging violations of due process. The Council of State Governments Justice Center, American Psychiatric Association, the Judges and Psychiatrists Leadership Initiative, the National Association of State Mental Health Program Directors, National Center for State Councils, and the National Conference of State Legislatures have come together to develop a consensus view of an ideal competence to stand trial process with effective strategies for state officials to pursue.[87]

Racial equity is also front and center in communities across the country, with behavioral health and justice leaders examining how disparities in access to health care services and disproportionate incarceration adversely impact racial and ethnic groups. The incidence of disparities has been well-documented for years, but few

communities have systematically and comprehensively begun to address those issues until now.

Finally, COVID-19 has strained both behavioral health and justice systems in profound ways that will have lasting impacts on communities across the country. It has compromised the physical and mental health of people nationwide, exacerbated already existing behavioral health workforce shortages, and forced providers to adapt to new capacity limits and safety protocols. At the same time, it has fast-tracked the use of technology to expand healthcare access, changed community supervision strategies, modified court processes, and supported law enforcement responding to crises.

State Trends

Across Texas, there are significant efforts underway to enhance forensic services and reduce and prevent justice involvement for people with MI, SUD, and/or IDD. The following section describes trends in state forensic and justice involved populations, as well as state efforts to expand crisis and diversion services. Notable but not described are the significant efforts underway led by communities across the state. The SBHCC recognizes these efforts and stakeholders across local justice and behavioral health services working on the ground every day to ensure Texas is a well and safe community for all.

It is also important to note that despite the availability of crisis, diversion, and forensic services across the state, the need for these services far outweighs existing capacity. The *Texas Statewide Behavioral Health Strategic Plan* discusses several gaps within the behavioral health system, including limited access to appropriate behavioral health services, lack of access to timely treatment services, lack of continuity of care for people involved in the justice system, workforce shortage, as well as numerous other barriers to care. Gaps in the state's behavioral health system have real consequences for people and communities. Most notably, these gaps have resulted in far too many people with MI, SUD, and/or IDD encountering the justice system, a quickly growing waitlist for inpatient competency restoration services, and increased rates of recidivism when people re-enter the community without treatment and supports. For additional information on the current behavioral health system in Texas, refer to the *Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2022-2026* in this document for an assessment of the behavioral health system in Texas, including an overview of the Texas population, prevalence of behavioral health conditions, services provided, and other information.

Justice-Involved and Forensic Populations in Texas

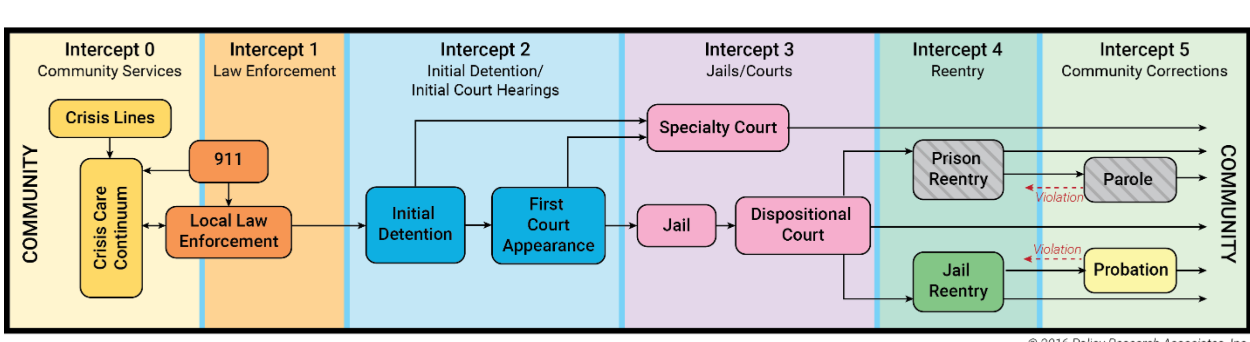
In fiscal year 2021, the Texas county jail population was approximately 700,000, which included people recently arrested or awaiting trial or sentencing.[88] Of that population, nearly 39 percent had received services from the public mental health system within the last three years.[89] However, this number is not inclusive of people served outside the public mental health system or who have not received a formal diagnosis and treatment, making the total percentage of the county jail population with diagnoseable MI, SUD, and/or IDD over 39 percent.

County jails also serve as holding facilities for people who were evaluated and found incompetent to stand trial and are awaiting admission into a state hospital for CR services. Jails are constitutionally required to provide medical care in the United States. And in Texas, jails must provide access to a mental health professional, which may be provided through telehealth services, 24 hours a day, 7 days a week (24/7). In fiscal year 2021, the average wait time for inpatient CR services was 359 days for people awaiting placement in a maximum-security unit (MSU) and 161 days for those waiting for a non-MSU placement.[90] HHSC estimated the fiscal year 2021 incarceration cost for local governments for people with a mental health condition was $436 million.[70]

Sequential Intercept Model and Texas

The Sequential Intercept Model (SIM) developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[91] is used by federal, state, and local agencies as a framework to understand how people with MI, SUD, and/or IDD encounter and move through the criminal justice system. The SIM has been used as a focal point for states and local communities to assess available resources, determine gaps in services, and plan for community change. Figure 13 below depicts the SIM Model.

Figure 10. Sequential Intercept Model (SIM)[91]



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In January 2020, HHSC hosted the state's first Statewide SIM Mapping Summit. The goals for the summit were to:

- Develop a comprehensive picture of how people with MI, SUD, and/or IDD move through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.
- Identify gaps, resources, and opportunities at each intercept for people with MI, SUD, and/or IDD.
- Develop priorities for activities designed to improve system and service level responses for people with MI, SUD, and/or IDD.

As part of this effort, more than 140 stakeholders representing state agencies and urban, suburban, and rural communities from across Texas convened to identify key programs, opportunities, and stakeholders at each intercept. The following pages describe the SIM in Texas, highlighting key features, best practices, Texas programs and services, and SBHCC agencies at each intercept.

Table 8. Programs and Services across the SIM by SBHCC Members

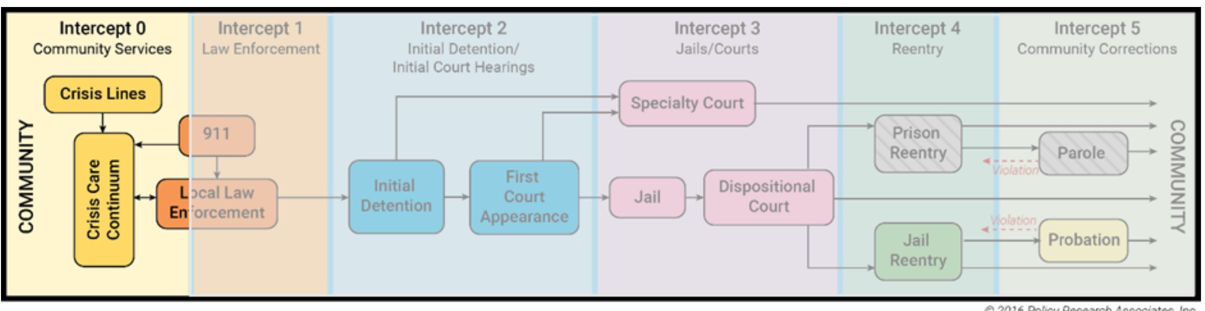
SBHCC Member	**Intercept 0:** Community Services	**Intercept 1:** Law Enforcement	**Intercept 2:** Initial Detention/ Court Hearing	**Intercept 3:** Jails/Courts	**Intercept 4:** Reentry	**Intercept 5:** Community Corrections
CCA	no	no	yes	yes	no	no
DFPS	yes	no	yes	yes	no	no
DSHS	yes	no	no	no	no	no
HHSC	yes	yes	yes	yes	yes	yes
HPC	no	no	no	no	no	no
JCMH/SCoT	no	yes	yes	yes	no	no

SBHCC Member	**Intercept 0:** Community Services	**Intercept 1:** Law Enforcement	**Intercept 2:** Initial Detention/ Court Hearing	**Intercept 3:** Jails/Courts	**Intercept 4:** Reentry	**Intercept 5:** Community Corrections
OOG	no	no	yes	yes	no	no
TCCO	no	no	no	no	no	no
TCJS	yes	no	no	no	no	no
TCMHCC	yes	no	no	no	no	no
TCOLE	yes	yes	no	no	no	no
TCOOMMI/ TDCJ	yes	yes	yes	yes	yes	yes
TDHCA	yes	no	no	no	yes	no
TEA	yes	no	no	no	no	no
THECB	no	no	no	no	no	no
TIDC/OCA	no	no	yes	yes	no	no
TJJD	no	yes	yes	yes	yes	yes
TMD	no	no	no	no	no	no
TSD	yes	no	no	no	no	no
TTUHSC	yes	no	no	no	no	no

SBHCC Member	Intercept 0: Community Services	Intercept 1: Law Enforcement	Intercept 2: Initial Detention/ Court Hearing	Intercept 3: Jails/Courts	Intercept 4: Reentry	Intercept 5: Community Corrections
TVC	yes	yes	yes	yes	yes	yes
TWC	yes	no	no	no	yes	yes
UTHSC-Houston	yes	no	no	yes	yes	no
UTHSC-Tyler	no	no	no	no	no	no

Intercept 0: Early Intervention and Community Services

Figure 11. Intercept 0



Overview

Intercept 0 encompasses the early intervention points for people with MI, SUD, and/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system interaction.

Key Features

- Connects people who have MI and SUD with services before they encounter the criminal justice system.

- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds for urgent but less acute mental health needs.

Best Practices

Table 9. Intercept 0 Best Practices

Program or Service	Description
Warm lines and hotlines	Warm lines and hotlines can serve as alternatives to 911. They link people to treatment and services without the involvement of law enforcement. This allows emergency response agencies to direct their resources to other community needs.
Co-Responder Teams	Co-responder teams allow behavioral health clinicians and law enforcement to respond together to people in crisis in the community. Co-responder teams can stabilize a person in crisis, identify underlying reasons for the person's symptoms, and initiate or link the person to case management services. Co-responder teams can also reconnect a person with a MI, SUD, and/or IDD to case managers or treatment providers who have already worked with them.
Law enforcement-friendly crisis services.	Instead of arresting people in crisis or bringing them to a hospital emergency department, law enforcement officers can bring them to locations such as stabilization units, or crisis respite centers. Processes that allow quick and simple drop-offs make this diversion option more effective.
Peer-operated crisis response support and/or respite	Peer-operated crisis response support and/or respite is provided by people with lived experience with a mental or substance use disorder who may also have been involved in the justice system. Peers can provide helpful information and support shaped by their own experience to help people with MI, SUD, and/or IDD. Programs run by peers and services employing peers have shown promising results in helping people recover.

Program or Service	Description
Substance use-focused early diversion strategies	Self-referral programs, active outreach, and opioid response teams are showing promising outcomes in reducing substance use, overdoses, and fatalities due to overdose. These strategies rely on partners from different fields, such as behavioral health providers, emergency medical services and fire departments, law enforcement, prosecutors, and public defenders (where applicable), working together to provide life-saving treatments and support.

Texas Programs and Services

Crisis services make up a critical component of Intercept 0. In Texas, crisis services are available 24/7 and include prompt face-to-face crisis assessment, crisis intervention services, and crisis follow-up and relapse prevention services. LMHAs/LBHAs operate an array of crisis programs consisting of crisis hotlines, mobile crisis outreach teams (MCOTs), several types of crisis facilities, and inpatient psychiatric beds. Having a continuum of crisis services available in any community can help prevent and reduce justice-involvement for people with MI, SUD, and/or IDD.

- Crisis Hotline: The Crisis Hotline is a 24/7 telephone service operated by trained crisis staff providing crisis screening and assessment, crisis intervention services, mental health and substance use referrals, and general mental health and substance use information to the community. The crisis hotline is an integrated component of the overall crisis service delivery system and is accessible toll-free throughout each LMHA/LBHA service area. In accordance with Texas Health and Safety Code (THSC) §534.053(a)(1) and 26 TAC, Chapter 301, Subchapter G (relating to Mental Health Community Services Standards), any entity providing crisis hotline services must be accredited by the American Association of Suicidology (AAS).
- MCOTs: MCOTs are qualified professionals deployed into the community to provide a combination of crisis services including emergency care services (response within one hour) and provision of urgent care services (response within eight hours), crisis follow-up, and relapse prevention to children, adolescents, or adults 24 hours a day, every day of the year. An MCOT program consists of a roster of dedicated or rotating staff working in a team deployed into the community to provide crisis intervention services. MCOT staff coordinate with the crisis hotline and community partners to determine when and where crisis outreach services are needed in the community. In fiscal year 2021,

85,935 people received mobile crisis outpatient services funded by general revenue and administered by HHSC.[92]

- Crisis Facilities: Several LMHAs operate crisis facilities funded and administered by HHSC. Crisis facilities may be staffed with mental health professionals, medical professionals, or others (such as peer providers) offering assessment, support, and services to achieve psychiatric stabilization to people with behavioral health needs. In fiscal year 2021, 16,704 people received general revenue-funded and HHSC administered crisis residential services.[93] Facilities include:
  - Extended Observation Units (EOU): EOUs provide adult individuals, presenting on voluntary or involuntary status, with access to emergency psychiatric care 24/7. EOU services are provided in a safe and secure environment and staffed by medical personnel, mental health professionals, and trained crisis support staff. Some EOUs may also provide services to children and adolescents.
  - Psychiatric Emergency Services Centers (PESC): PESCs include extended observation beds and services in a secure treatment environment that is co-located in a licensed hospital or in a crisis stabilization unit. A PESC provides walk-in access to immediate behavioral health emergency screening and assessment, extended observation services, and a continuum of crisis and behavioral emergency stabilizing treatment for individuals whose behavioral symptoms cannot be stabilized within 48 hours.
  - Crisis Stabilization Units (CSU): Crisis stabilization units provide short-term residential treatment 24/7 in a secure and protected environment.

SBHCC Member Spotlights

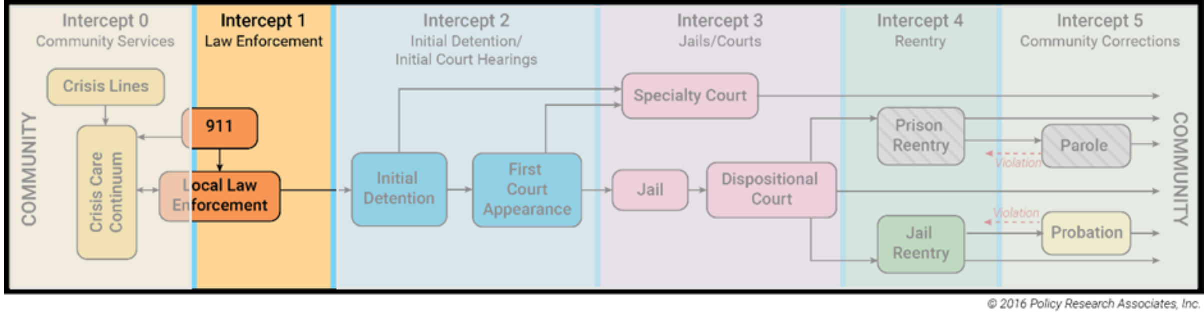
- HHSC seeks to ensure that Texans have access to MH, SUD, and IDD services at the right time and place and in the most appropriate setting. Through coordination of the public mental health system and collaboration with external partners, HHSC seeks to achieve meaningful clinical and cost-effective outcomes for all Texans. Key departments within HHSC, which provide services to people with MI, SUD, and/or IDD include Intellectual and Developmental Disability and Behavioral Health Services, Health and Specialty Care System, and Medicaid and CHIP Services.
- TDHCA is the state agency responsible for affordable housing, community and energy assistance programs, colonial activities, and regulation of the state's manufactured housing industry. TDHCA partners with cities and counties, nonprofit and community-based organizations, private developers, and public housing authorities to support residents in need. For example, through Project Access TDHCA assists low-income persons with disabilities transitioning from

institutions into the community by providing Housing Choice Vouchers. TDHCA also oversees the Section 811 Project Rental Assistance program, which provides project-based rental assistance for extremely low-income persons with disabilities linked with voluntary long-term services through one of the participating HHSC agencies.

- DFPS works with communities to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation. DFPS partners with HHSC to provide targeted case management and psychiatric rehabilitative services for high-needs children in the foster care system.
- TEA is the state agency that oversees primary and secondary public education. It is headed by the commissioner of education. The TEA improves outcomes for all public-school students in the state by providing leadership, guidance, and support to school systems. TEA coordinates a Mental Health Resource Inventory, is developing a Student Mental Health Statewide Plan, and facilitates the Collaborative Task Force on Public School Mental Health Services.
- TCMHCC was created by the 86th Legislature to leverage the expertise and capacity of the health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents. Texas Child Health Access Through Telemedicine (TCHATT) creates or expands telemedicine and telehealth programs to identify and assess the mental health needs of at-risk children and youth, providing short-term, school-based access to services. It aims to maximize the number of school districts served in diverse regions of Texas.

Intercept 1: Law Enforcement

Figure 12. Intercept 1



Overview

Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with a MI, SUD,

and/or IDD who may be engaging in criminal conduct, experiencing a mental health crisis, or both. Intercept 1 captures systems and programs that are designed divert people away from the justice system and toward treatment when safe and feasible.

Key Features

- Begins when law enforcement responds to a person with a MI, SUD, and/or IDD or a person who is in crisis.
- Ends when the person is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.

Best Practices

Table 10. Intercept 1 Best Practices

Program or Service	Description
Dispatcher training	Dispatcher training about mental health and mental crises can improve dispatcher ability to detect when responders with mental health expertise are needed.
Specialized law enforcement training	Specialized law enforcement training can teach law enforcement officers how to identify the signs and symptoms of mental disorders and de-escalate crises. These trainings prepare responders to effectively support people with a MI, SUD, and/or IDD when they see them.
Specialized law enforcement responses	Specialized law enforcement responses include partnerships between law enforcement and behavioral health clinicians or case managers. Specialized law enforcement responses can help people with mental and substance use disorders access the services they need.
Data sharing	Law enforcement agencies can collect and share information with other systems to enhance diversion services and connections to care. For example, law enforcement agencies, crisis services, and hospitals can use data to identify people who are coming into frequent contact with these crisis systems of care. Once these people are identified, they can be connected with the preventive care needed.

Texas Programs and Services

In Texas, pre-arrest diversion is the practice of law enforcement or multidisciplinary teams connecting people to behavioral health treatment as an alternative to arrest. LMHA/LBHAs, police departments, and sheriff's offices may offer pre-arrest diversion program that include mental health deputies, Crisis Intervention Teams (CIT), law enforcement and behavioral health co-response teams and multidisciplinary teams that include law enforcement, behavioral health, developmental disability, and emergency medical services.

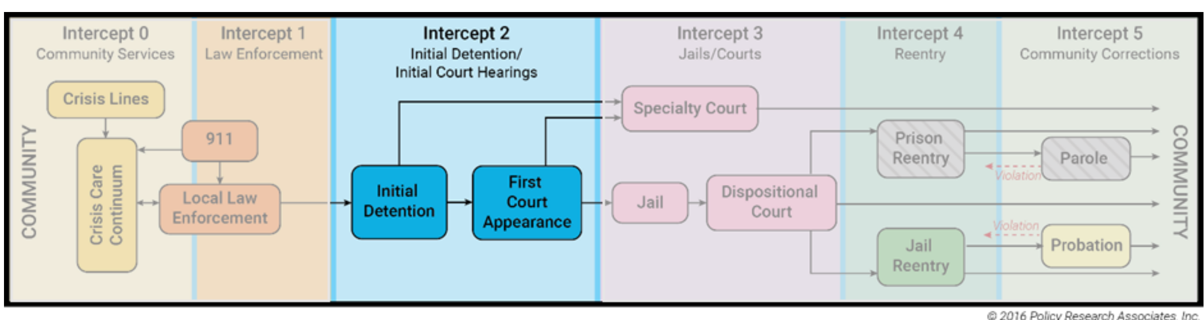
- Mental Health Deputies (MHD): Several LMHAs subcontract with local sheriffs' departments to deploy a certified MHD to address people in crisis. An MHD is an officer specially trained in crisis intervention who works collaboratively with the community and the LMHA's crisis response teams. MHDs help improve the crisis response system by diverting people in need of behavioral health crisis services from hospitals and jails to community-based alternatives providing effective behavioral health treatment. In fiscal year 2021, 5,771 mental health deputy contacts were made.[94]
- CIT: CIT programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises. They are built on strong partnerships between law enforcement, mental health provider agencies, and people and families affected by MI and developmental disabilities.
- Mental Health and Law Enforcement Co-Responder Teams: Several LMHA/LBHAs operate teams that pair specially trained officers and mental health clinicians to respond to mental health calls for service. The most common approach is for the officer and crisis worker to ride together in the same vehicle for an entire shift.
- Mental Health Drop-Off Centers: LMHA/LBHA-operated drop off centers, such as the Judge Ed Emmett Mental Health Diversion Centers in Harris County, provide law enforcement with a centralized location to "drop off" people with MI who are in crisis and at-risk of arrest.
- Substance Use Drop-Off Centers: HHSC, through funding provided by the SAMHSA State Opioid Response (SOR) grants, implements certain services for people with justice involvement and a history of opioid and/or stimulant use. These include drop-off centers for pre-arrest diversion that provide referral to treatment, recovery support services, access to Naloxone, basic medical care, and medical monitoring. In 2021, these centers served 288 people and distributed 771 Narcan kits.[95] Expanding the capacity of Texas drop-off centers helps reduce the risk of re-occurrence and overdose to substance use while increasing stable community tenure and medication-assisted recovery.

SBHCC Member Spotlight

- TCOLE's mission is to establish and enforce standards to ensure that the people of Texas are served by highly trained and ethical law enforcement, corrections, and telecommunications personnel. TCOLE oversees licensing and certification of officers, including Mental Health Officer Certification.

Intercept 2: Initial Detention / Initial Court Hearings

Figure 13. Intercept 2



Overview

A person moves to Intercept 2 of the model once arrested. At Intercept 2, a person is detained and faces an initial hearing presided over by a judge or magistrate. This is the first opportunity for judicial involvement, including interventions such as intake screening, early assessment, appointment of counsel and pretrial release of those with a MI, SUD, and/or IDD.

Key Features

- Involves arrested people experiencing MI, SUD, and/or IDD who are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports early identification and screening to inform decision making around a person's care, treatment continuation, and pretrial orders.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.
- Represents the moment when the question of competence is first raised.

Best Practices

Table 11. Intercept 2 Best Practices

Program or Service	Description
Screening for MI, SUD, and/or IDD	Using validated screening instruments for MI, SUD, and/or IDD allows jails to identify people with these conditions. Once identified, people are linked with jail-based or community-based services. Brief screenings are performed for all people entering the system and conducted by non-clinical staff at jail booking, in police holding cells, in court lock ups, and prior to the first court appearance. Screening every defendant at intake or booking assists jails in measuring the number of people with MI, SUD, and/or IDD entering and cycling through the jails.
Data matching	Data matching involves linking information that different systems have on an individual person. Data matching between the jail and community-based behavioral health and developmental disability providers help develop diversion options that meet all of a person's needs. It can also help determine if newly arrested people received behavioral health or developmental disability services. If they have, they can then be linked back to existing case managers and resources, improving service delivery.
Counsel at Magistration	Counties can provide defense counsel at magistration, typically through a public defender's office. Such programs help identify defendants with MH, IDD, and SUD; increase pretrial release through mental health personal bonds; facilitate early entry into MI and SUD services; and improve case outcomes.
Pretrial supervision and diversion services	Some defendants pose a risk of criminal behavior or failing to appear in court but not to the extent that a jail stay is needed. Pretrial services with specialized mental health services can reduce the need to detain this population. These teams can make sure people with a MI, SUD, and/or IDD receive services in a timely manner and avoid getting worse while waiting for their case to be resolved.
Post-booking release	Some programs allow defendants to be released into treatment while a charge is deferred. These programs can improve the person's health and social outcomes by reducing the long-term impacts of a jail stay and criminal conviction.

Program or Service	Description
Indigent Defense Coordinators	Indigent defense coordinators can ensure timely appointment of counsel for defendants with MI, IDD, and SUD. Early appointment of counsel can result in more timely access to services and medication for defendants and can help resolve cases more quickly with better outcomes.

Texas Programs and Services

Post-booking diversion is the practice of criminal justice agencies connecting people to behavioral health treatment after arrest and booking into jail. Post-booking diversion can include screening for MI, SUD, and/or IDD at jail intake; data matching to identify people who had contact with or received public behavioral health and developmental disability services system; and pre-trial diversion programs.

In Texas, data matching and identification of people who received services from an LMHA/LBHA is completed at jail booking through a Continuity of Care Query (CCQ). The Texas Law Enforcement Telecommunications System (TLETS) uses an electronic data exchange process with HHSC's Clinical Management for Behavioral Health Services (CMBHS) database to search for matches based on the following demographic data: last name, first name, date of birth, social security number, gender, and race. The search identifies people in CMBHS who have within the last three years, been hospitalized in a state psychiatric hospital; admitted to an HHSC-funded contracted psychiatric hospital bed; or assessed, authorized, or received a mental health or developmental disability community service by an LMHA, LBHA, or LIDDA. The three-year look-back window does not apply to people under the age 18. Between September 1, 2020 and June 17, 2021, 664,795 mental health related queries were submitted using the TLETS system.[96] TCJS now requires all county jails to submit a TLETS query for each person booked into jail and can use this information to inform post-booking diversion decisions.

SBHCC Member Spotlights

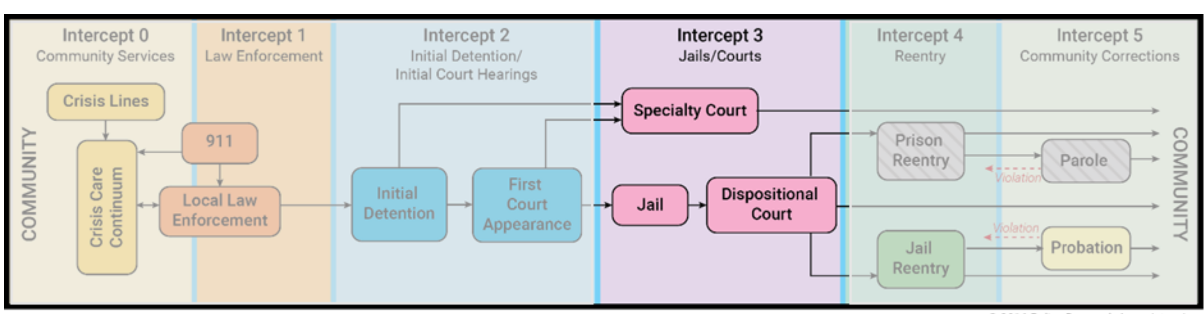
- TCJS was created by the Texas Legislature to promulgate reasonable written rules and procedures establishing minimum standards, inspection procedures, enforcement policies and technical assistance for: the construction, equipment, maintenance, and operation of jail facilities under its jurisdiction; the custody, care, and treatment of inmates; and programs of rehabilitation, education, and

recreation for inmates confined in county and municipal jail facilities under its jurisdiction. TCJS provides training for county jailers, among other programs on mental health issues ranging from initial screening to observation while in custody to release from the jail facility.

- TDCJ manages people in state prisons, state jails, and private correctional facilities under contract with the TDCJ. The agency also provides funding and certain oversight of community supervision and is responsible for the supervision of people released from prison on parole or mandatory supervision. Through the Texas Correctional Office on Offenders with Medical/Mental Impairments, TDCJ oversees several specialized diversion programs for people with a MI or IDD.
- The TIDC was created by the Texas Legislature in 2001 to fund, oversee and improve public defense throughout the State of Texas. TIDC oversees a grant program to assist counties in setting up and operating specialized mental health and indigent defense programs to improve outcomes, cut unnecessary jail days, and reduce recidivism.

Intercept 3: Jails / Courts

Figure 14. Intercept 3



Overview

During Intercept 3 of the model, people with a MI, SUD, and/or IDD not yet diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.

Key Features

- Involves people with MI, SUD, and/or IDD held in jail before and during their trials.

- Includes court-based diversion programs that allow the criminal charge to be resolved while addressing the defendant's behavioral health needs in the community.
- Includes constitutional protections including the right to due process and to representation by a defense attorney at no cost if indigent. Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.

Best Practices

Table 12. Intercept 3 Best Practices

Program or Service	Description
Treatment courts for high-risk/ high-need people	Treatment courts for high-risk/high-need people work within the legal process to help treat the root causes of justice involvement. These programs provide services through a pre-plea or post-plea process. They may include drug courts, mental health courts, Driving While Impaired (DWI) courts, veterans' courts, and others.
Mental Health Defender Programs	Mental health defender programs, including public defender offices and managed assigned counsel programs, can help ensure that defendants with MI, IDD, and SUD are represented by a defense team that is well-versed in behavioral health issues, available services, and treatments. Such programs have been shown to reduce incarceration and improve case outcomes.
Alternatives to prosecution programming	Some people may not need an intensive treatment court but still would benefit from services in the community. For these people, alternatives to prosecution programs, where a charge may be placed "on hold" and then dismissed when a person completes the program, may meet their needs. Programs that require clients to pay a fee or restitution prior to participation should ensure that this does not result in negative consequences or unfair impacts among people with fewer resources.
Jail-based programming and health care services	Jail health care providers are required to provide medical and behavioral health services to people detained and who need treatment. Trauma-informed and evidence-based spaces and programs for people with MI, SUD, and/or IDD help ensure a jail stay does not worsen a person's illness. Jails can also use suicide prevention plans and procedures to prevent suicide among people with and without known mental health concerns.

Program or Service	Description
Partnerships with community-based providers of mental health and substance use treatment	When jails partner with community-based providers, they increase the number of treatments and services that people can access during their detention. This can also help build relationships between patients and providers, making it more likely the person will feel comfortable with continuing services after release from jail. These "in-reach" services can also help identify people with MI, SUD, and/or IDD who may be better placed in community-based or inpatient treatment.
Mental health jail liaisons or diversion clinicians	It takes a lot of work to figure out what community-based resources are available for people with MI, SUD, and/or IDD. Because of this, many of these people are not connected with important services. Mental health jail liaisons and diversion clinicians can help make these connections. They can also provide another layer of treatment or programs in addition to the services delivered by the jail treatment provider.
Collaboration with Veterans Justice Outreach	Collaborations between Veterans Justice Outreach specialists, behavioral health specialists, and local justice system partners strengthen timely access to diversion resources and services for justice-involved veterans.
Prosecutorial Diversion Programs	Diversion programs offer the prospect of "off-ramping" suitable cases early in the court process, potentially alleviating the strain on overburdened criminal justice agencies and resulting in increased case processing efficiency, reduced court backlogs, and better decision-making by court players. Prosecutor-led pretrial diversion programs can encompass pre-filing (before the prosecutor's office formally files charges) and post-filing/pre-adjudication models (after the prosecutor's office has formally filed charges, but before the case is adjudicated); accept felonies and misdemeanors; target specific crimes (e.g., drug, property, or prostitution) or an array of charges; and range in approach from ordering defendants to lengthy periods of drug or mental health treatment to offering short educational classes or job training.[97]

Program or Service	Description
Training for Competency to Stand Trial (CST) evaluators, defense attorneys, and prosecutors	Additional training for CST evaluators, defense attorneys, and prosecutors can foster simultaneous pursuit of competence evaluation and restoration, when needed, and diversion strategies when appropriate. This could include maximizing access to treatment records, improving communication pathways with community mental health services, expanding community-based restoration options, and supporting efforts for community mental health providers working with defense counsel to present plans in court.[98]

Texas Programs and Services

Forensic Services

Forensic mental health services are provided to people who may be or who are found incompetent to stand trial (IST) and committed by a criminal court to receive competency restoration services as well as people acquitted not guilty by reason of insanity (NGRI).

People determined IST may receive CR services in a state hospital, or if available, in an outpatient competency restoration (OCR) or jail-based competency restoration program (JBCR). In fiscal year 2021, 1067 people were admitted to the state hospital for inpatient CR services and 991 people were discharged for adjudication of their criminal case.[99] The average length of stay (LOS) at discharge for a person receiving CR services in a state hospital non-MSU was 265 days and for those in an MSU, the LOS was 231 days. The percentage of people discharged who were restored to competency was 77 percent in fiscal year 2021.[99]

The forensic population in Texas' state hospitals have remained steady at 65 percent from fiscal year 2020 to fiscal year 2021.[99] In fiscal year 2021, the state hospitals served:[99]

- 32 percent adults admitted under civil commitments;
- 49 percent adults who were IST; and
- 18 percent adults who were NGRI.

HHSC provides funding to 18 of the 39 LMHAs/LBHAs for OCR programs and to five local authorities for JBCR. In fiscal year 2021, 279 people received OCR and 537 people received JBCR services.[100, 101] The average LOS for OCR programs in fiscal year 2021 was 211 days.[100] Restoration rates for OCR were nearly 35 percent.[101]

Figures 10 and 11 below provide maps of OCR and JBCR programs in Texas.

Figure 15. Outpatient Competency Restoration Services[100]

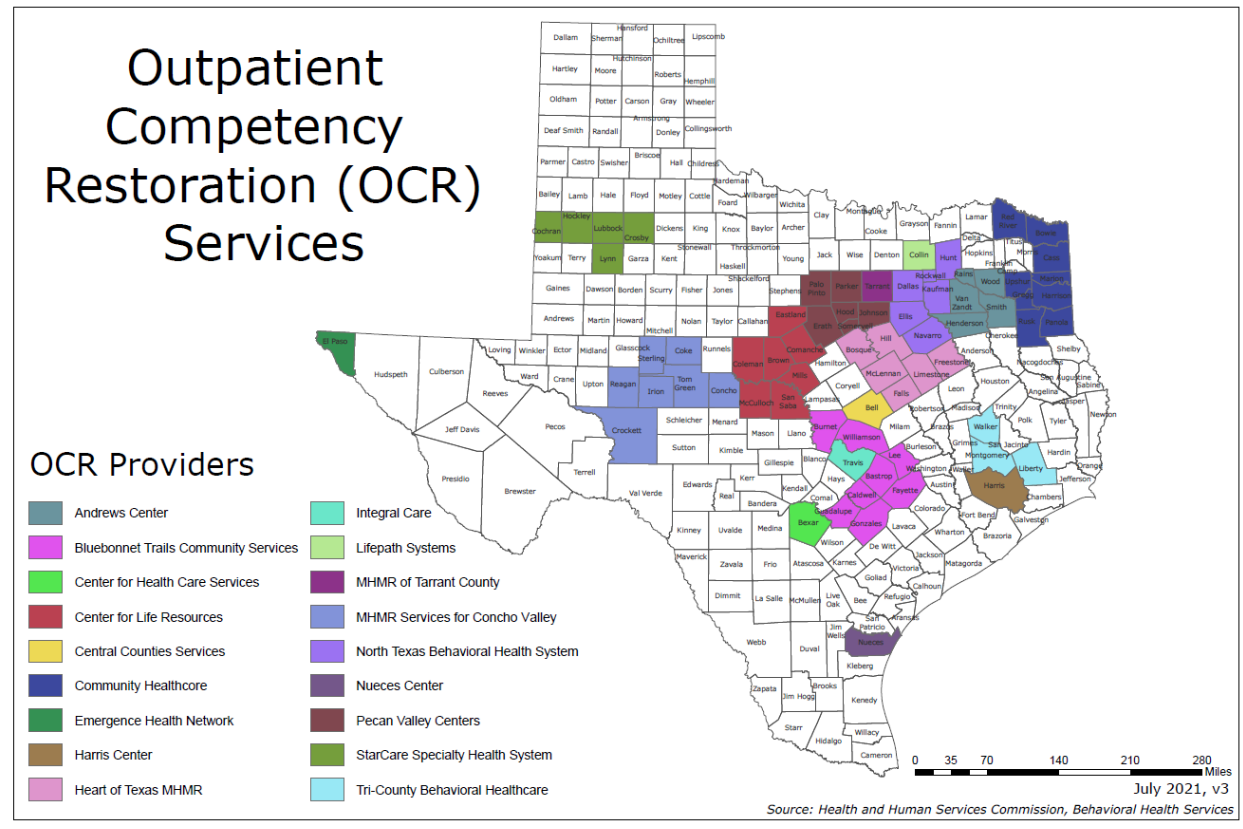


Figure 16. Jail Based Competency Restoration Services[70]

Specialty Courts

Specialty Courts combine rigorous monitoring and supervision with intensive community-based treatment services to reduce recidivism, prevent incarceration, and promote recovery. In Texas, specialized courts cover distinct populations and offenses, including drug courts (adult and juvenile), family drug courts, veterans' treatment courts, and mental health courts. The goal of these courts is essentially to divert the defendant from the criminal justice system and to assure the defendant receives access to the treatment and social programs necessary for the person's success within the community. If defendants successfully complete the specialty court program, they can petition the court to enter an order of nondisclosure of criminal history record information for the offense for which they entered the specialty court program.

In fiscal year 2021, TVC VMHD's Justice Involved Veteran Program provided technical assistance to 45 local court systems, provided training to 1,693 criminal justice professionals, and responded to over 1,700 requests for assistance from justice-involved veterans resulting in 4,672 referrals to mental health and

supportive services.[102] In fiscal year 2021, VMHD's Military Veteran Peer Network (MVPN) had 12,127 statewide interactions with justice-involved veterans at the local level, trained over 600 hundred people in military cultural competency, and trained over 1,000 people in suicide prevention.[103]

Detention

Criminal and juvenile justice systems include detention and rehabilitation for incarcerated people in jails, prisons, and youth detention centers. In Texas, TDCJ oversees custody of adults in prisons and state jails. TJJD has five secure facilities and five halfway houses to meet the individual needs of youth.

Currently, TCJS inspects 238 county jails across the state of Texas. Each of these jails is owned by the county and operated by the Sheriff as one of their primary duties. As of December 1, 2021, these 238 jails were housing 66,146 inmates. Managing inmates with mental health issues is consistently listed as the biggest challenge that jails face when surveyed. To assist jails and the staff that operate them, TCJS provided mental health training to 6,054 officers in fiscal years 2020 and 2021.[104] This training not only educates staff about the standards in place that pertain to mental health and what is required, it also provides them a better understanding of MI and IDD.

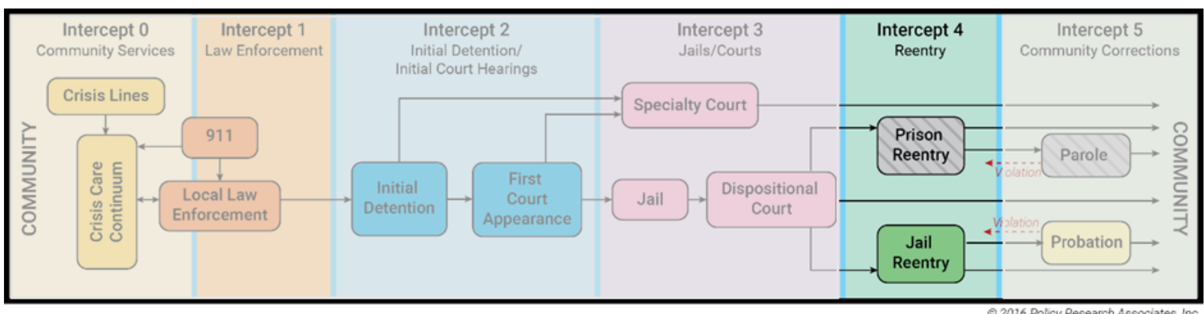
SBHCC Member Spotlights

- JCMH was created by a joint order of the SCoT and the CCA. The mission of the JCMH is to engage and empower court systems through collaboration, education, and leadership, thereby improving the lives of people with mental health needs and IDD. JCMH develops educational materials for judges and attorneys to gather useful information related to cases involving people with MI and IDD, including *The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book and Bench Cards* focused on improving the courts' response to mental health and IDD.
- The OOG Public Safety Office promotes strategies to improve public safety, support victims of crime, prevent terrorism, and prepare communities for the threats and hazards posing the greatest risk to Texans. Through the Specialty Courts Program, the OOG provides grant funds to counties, judicial districts, or juvenile boards to support Specialty Courts (Drug/DWI, Mental Health, Veteran, Family, and Commercially Sexually Exploited Persons). Services provided by the drug court programs include intense supervision, drug testing, counseling and therapy, and case management.

- The OCA is a unique state agency in the Judicial Branch that operates under the direction and supervision of the Supreme Court of Texas and Chief Justice. The mission of the OCA is to provide resources and information for the efficient administration of the Judicial Branch of Texas. The OCA provides information technology solutions and fiscal consultation for appellate and specialty courts.
- UT Health Science Centers are one of Texas' resources for health care education, innovation, scientific discovery, and excellence in patient care. As comprehensive health science universities, the mission of UTHSC system is to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health. UTHSC-Houston provides outpatient care for people with MI; implements clinical training and interventions to enhance the ability and capacity to treat MI; and conducts evidence-based research. UTHSC-Tyler oversees the Mental Health Training Program, which aims to expand the mental health workforce in northeast Texas by training competent psychiatrists and psychologists to provide effective treatments to those who need them, including the chronically and seriously mentally ill, at-risk youth, and rural underserved and disadvantaged populations.

Intercept 4: Reentry

Figure 17. Intercept 4



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Overview

At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive re-entry establishes strong protective factors for justice-involved people with MI, SUD, and/or IDD re-entering a community.

Key Features

- Provides transition planning and support to people with MI, SUD, and/or IDD who are returning to the community after incarceration in jail or prison.

- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
- Should be well planned, resourced, and individual-centric to help set people up for success and avoid lapses in recidivism.

Best Practices

Table 13. Intercept 4 Best Practices

Program or Service	Description
Transition planning by the jail or in-reach providers	Transition planning by the jail or in-reach providers improves reentry outcomes by shaping services around a person's needs before release. Planning for reentry should begin at intake and continue during the person's incarceration; it should involve providers and resources across criminal justice, behavioral health, and physical health care systems.
Alternatives to prosecution programming	Some people may not need an intensive treatment court but still benefit from services in the community. For this population, alternatives to prosecution programs, where a charge may be placed "on hold" and then dismissed when a person completes the program, may meet their needs. Programs that require clients to pay a fee or restitution prior to participation should ensure this does not result in negative consequences or unfair impacts among people with fewer resources.
Jail-based programming and health care services	Jail health care providers are required to provide medical and behavioral health services to people detained and who need treatment. Trauma-informed and evidence-based spaces and programs for people with mental and substance use disorders help ensure that a jail stay does not worsen a person's illness. Jails can also use suicide prevention plans and procedures to prevent suicide among people with and without known mental health concerns.
Medication and prescription access upon release from jail or prison	When released, people should have enough medications and prescriptions to allow them to follow their treatment plans and avoid relapse while waiting to see their community-based medical provider.

Program or Service	Description
Warm hand-offs from corrections to providers increases engagement in services	People picked up upon release and provided transportation directly to services often see more ideal outcomes compared to people simply released to the streets. Ideally, the community-based worker doing the pick-up would already have provided in-reach services throughout Intercept 3, built relationships, and become a trusted partner for the reentry process.
Benefits and health care coverage immediately following or upon release	States are encouraged to suspend rather than end Medicaid coverage while a person is incarcerated. This allows people returning to the community to quickly access important treatment services and medications. Where possible, paperwork to start or restart benefits and/or health care coverage should be done before release. Doing so ensures these essential resources are available to people with MI, SUD, and/or IDD during their transition to the community.
Peer support services	People who transitioned from jail or prison to the community can provide valuable peer support. They can help people plan for reentry, identify safe housing, and learn about triggers or issues that could lead back to the justice system. Peer staff may be employed by the jail or by in-reach providers to deliver transition planning services.
Reentry coalition participation	Many communities have a group that meets and plans for supporting people reentering the community from prison or jail. Partners from criminal justice, behavioral health, and all types of supportive services should be involved. These partners can help coordinate the processes and resources available to people with MI, SUD, and/or IDD as they plan their transition.

Texas Programs and Services

Reentry

In Texas, reentry programs are designed to help returning citizens successfully "reenter" society following their incarceration, thereby reducing recidivism, improving public safety, and saving money.

The Mental Health Peer Reentry program enables mental health peer support providers with prior justice involvement to provide “reach-in” services to people with a MI incarcerated in county jails. The program uses certified peer specialists

employed by LMHAs/LBHAs to support the successful transition of inmates with a MI from the county jail into clinically appropriate community-based care.

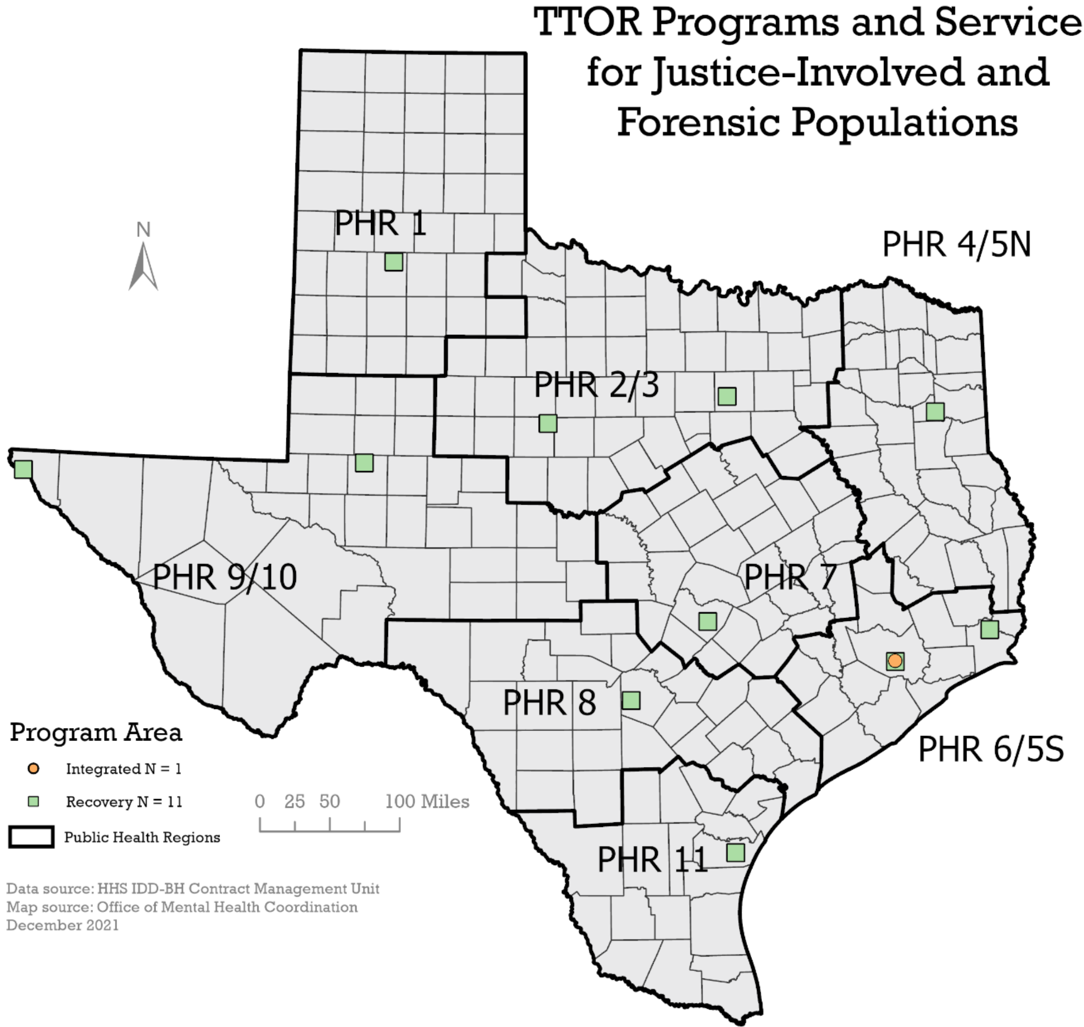
In fiscal year 2021, 440 people were served by the program. Program participants saw a significant decrease in jail admissions at 71 percent, and increased connection to care through HHSC crisis services and HHSC-funded hospitalizations. Since the program's inception in fiscal year 2016, 2,516 people have participated.[105]

HHSC, through funding provided by SAMHSA SOR grants, expanded to 11 the number of recovery support sites (RSS) that provide "in-reach" support to county jail, prisons, and other rehabilitative settings to ensure incarcerated people successfully transition into clinically appropriate community-based care. Expanding the capacity of recovery service sites reduces the risk of re-occurrence and overdose to substance use post-release, and increases stable community tenure, decreases recidivism, and promotes medication-assisted recovery.

During May – September of fiscal year 2021, these RSS sites served:

- 208 people through "in-reach" recovery services in a rehabilitative setting, and
- 95 people through "in-reach" services who continue to receive post-release recovery services from a rehabilitative setting.[106]

Figure 18. Texas Targeted Opioid Response (TTOR) Pre-Arrest Diversion and Recovery Reentry Sites[107]



TCOOMMI, under the authority of Texas Health and Safety Code §614, provides pre-release screening and referrals to aftercare treatment services for people with special needs releasing from correctional settings, local jails, or other referral sources. TCOOMMI contracts with all 39 LMHAs/LBHAs across the state to provide mental health treatment services for juveniles and adults on probation or parole by linking them with community-based interventions and support services. People receive services based on their level of care needs, to include case management services, continuity of care coordination, court resource diversion programs, and placement into dual diagnosis residential programs. Through these mental health initiatives, 41,023 people were served in FY 2020 and 46,633 in FY 2021.[108] The impact of TCOOMMI case management initiatives is evaluated annually using the Legislative Budget Board performance measures for the three-year recidivism rate.

The most current recidivism rate for participants enrolled in the TCOOMMI case management initiative for 12 or more consecutive months is almost 16 percent, which is below the 20 percent rate for prison-released inmates.[109]

TCOOMMI provides ongoing technical support and assessment of LMHA/LBHA compliance with contractual requirements and program guidelines through a team of compliance monitors. In addition to mental health, TCOOMMI also coordinates and collaborates on medical continuity of care, veteran services, and programs, medically recommended intensive supervision, and the wrongfully imprisoned program. Grant initiatives are pursued and utilized to enhance and expand TCOOMMI services. TCOOMMI and the TCOOMMI Advisory Committee, a twenty-eight-member committee composed of gubernatorial appointees, state agencies, experts, and advocacy organizations; work as a collective body to ensure continuity of care for the special needs' population is achieved through evidence-based and research-informed practices.

SBHCC Member Spotlight

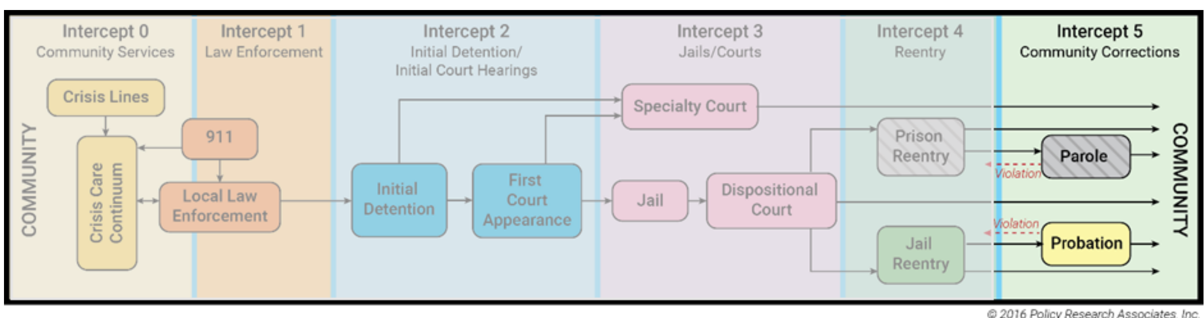
- TCOOMMI provides a formal structure for criminal justice entities, health and human service providers, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting people with special needs who are involved in the justice system. TCOOMMI contracts with 39 LMHAs/LBHAs across Texas to provide screening and assessments; referral to aftercare treatment for those released from custodial institutions or other referral sources; psychiatric services; medication management; benefit assistance; referrals to community resources; among other resources. TCOOMMI also contracts with LMHAs/LBHAs across the state to provide continuity of care services for persons on probation or parole by linking them with community-based interventions and support services (Intercept 5).
- TVC's VMHD is focused on ensuring access to competent mental health services for service members, veterans, and their families. VMHD accomplishes this task by providing training, certification, and technical assistance across Texas. In addition to connecting veterans in need directly to local services, VMHD also works with partners at the national, state, and local level. VMHD consists of the Military Veteran Peer Network, Veteran Provider Program, Community & Faith-Based Partners Program, Homeless Veteran Initiative, and the Justice Involved Veteran Program. The Justice Involved Veteran Program works to improve veteran services across the entire criminal justice continuum. The Justice Involved Veteran Program Coordinators serve as resource to provide technical assistance and training to all Veteran Treatment Courts across Texas, to partner with the local and state law enforcement to deliver relevant trainings such as

trauma affected veterans and crisis intervention strategies to officers, and to collaborate with the local jail and state prison systems to better ensure that incarcerated veterans have access to veteran-specific programming and reentry services.

- TWC is the state agency charged with overseeing and providing workforce development services to employers and job seekers of Texas. TWC strengthens the Texas economy by providing the workforce development component of the Governor's economic development strategy. TWC, through Workforce Solutions Vocational Rehabilitation Services, provides services for people with disabilities, including people with MI or IDD, to help them prepare for, obtain, retain, or advance in employment. TWC also oversees a grant program to offer career pathway options for former offenders in high demand sectors of Texas.

Intercept 5: Community Corrections

Figure 19. Intercept 5



Overview

People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle.

Key Features

- Involves people with MI, SUD, and/or IDD under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with MI, SUD, and/or IDD.
- Addresses the persons' risks and needs.

- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.

Best Practices

Table 14. Intercept 5 Best Practices

Program or Service	Description
MH training for all community corrections officers	Mental health training for all community corrections officers should be provided. Officers with specialized caseloads should receive additional, more in-depth training to learn about the specific needs of the people under their supervision.
Specialized caseloads of people with MI and SUD	The use of smaller and specialized mental health or substance use caseloads shows promising results. Specialized caseloads allow community corrections officers to provide support for maintaining their clients on the path to recovery, increases connections to services and appointments, and reduces the chance of violations and jail stays.
Community partnerships	As people under community supervision get jobs and become more self-sufficient, they may no longer qualify for critical supports. Community corrections officers work with partners to make sure their clients have the support they need to remain independent, continue recovering, and avoid returning to the criminal justice system.
Medication-assisted treatment	Medication-assisted treatment (MAT) is a substance use disorder treatment program that combines behavioral therapy with the use of medications approved by the Food and Drug Administration. These medications include methadone, naltrexone, and buprenorphine for targeting opioid use disorder. MAT can help reduce the risk of overdose and relapse among people with substance use disorders once they are back in the community.
Access to recovery supports	Housing and work with a livable wage are just as important as access to behavioral health services. However, there are many barriers to employment and housing for people who have been in jail or prison. Community corrections officers can help reduce these barriers by helping their clients get government-issued photo identification, start, or reinstate health care coverage, and access criminal record expungement.

SBHCC Member Spotlights

- TJJD is dedicated to caring for the youth in the Texas juvenile justice system and promoting the public safety of all Texans. TJJD's Probation Services Division works with probation departments across the state to enhance the many services offered to local youth referred to them. TJJD facilitates quality interaction between juvenile boards and juvenile probation departments and the various divisions within TJJD. For example, TJJD provide grants to probation departments for mental health treatment and specialized supervision to rehabilitate juveniles and prevent them from penetrating further into the criminal justice system.

Development of the Diversion, Community Integration, and Forensic Services Plan

The *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* represents voices from across Texas, including mental health, substance use, and IDD service providers and peer specialists; criminal and juvenile justice professionals; people with lived experience and their families; community leaders; and program and policy subject matter experts. To ensure the strategic plan reflects the goals and priorities of diverse stakeholders, the SBHCC engaged in a yearlong planning process, which included a State SIM Summit, five strategic planning sessions with the SBHCC, and seven stakeholder listening sessions.

Recommendation by the Joint Committee on Access and Forensic Services

The Joint Committee on Access and Forensic Services (JCAFS), an advisory committee to HHSC, recommended in its *Report on State Hospital Bed Day Allocation Methodology and Utilization Review Protocol for Fiscal Year 2020,* develop a comprehensive, state-level strategic plan for the coordination and oversight of forensic services in Texas.

As the *Texas Statewide Behavioral Health Strategic Plan* serves as the guidepost for behavioral health system transformation in Texas and given the number of juvenile and criminal justice and judicial partners serving as members of the SBHCC, in fiscal year 2021, the forensic strategic plan was developed as a sub-plan of the overarching *Texas Statewide Behavioral Health Strategic Plan*. The foundation for the forensic strategic plan already exists in the *Texas Statewide Behavioral Health Strategic Plan* with criminal justice identified as a gap, need, and priority.

SBHCC Strategic Planning Sessions

SBHCC member agencies met for special strategic planning sessions in 2020 and 2021 to develop the next five-year iteration of the *Texas Statewide Behavioral Health Strategic Plan*, which initiated strategic planning for the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*.

The SBHCC convened through a facilitated process to examine the behavioral health system in Texas and chart a path to make system improvements. Through the process, members had the opportunity to build on the work of the original

Behavioral Health Strategic Plan by reviewing the vision and mission and reassessing the gaps originally identified. The members updated the vision and mission statements and found the gaps, while improved over the past five years, require continued collaborative efforts to reduce the impact on people in Texas. The members adjusted the scope of the gaps but retained most of them for the new strategic plans.

Next, the SBHCC member agencies broke into workgroups to develop parallel strategic plans focused on: 1) mental health issues and the behavioral health system as a whole; 2) substance use issues and integration with the behavioral health system; and 3) forensic services. The workgroups defined major themes to address and discussed the root causes of limitations or gaps in the behavioral health system. Each workgroup drafted goals and strategies to achieve change in their respective areas and presented them to the full SBHCC membership for discussion and revision.

The outcome of the strategic planning process included development of vision and mission statements, guiding principles, goals, objectives, and strategies. The SBHCC used feedback from the State SIM Summit, stakeholder listening sessions and a public survey to shape and finalize the strategic plan.

Stakeholder Listening Sessions

HHSC facilitated seven stakeholder listening sessions from January – July 2021 to receive input from key stakeholders in the development of this strategic plan. Below is a list of organizations and agencies who participated in strategic planning and listening sessions, as well as a description of each session's attendees. See Appendix G for more details on listening sessions and key themes.

- West Texas Centers: This organization serves as the designated LMHA and LIDDA for Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler, and Yoakum counties. They hosted a listening session which included a behavioral health provider, an IDD provider, a substance use treatment provider, a mental health deputy, a judge, and a jail caseworker, among other stakeholders.
- North Texas Behavioral Health Authority: North Texas Behavioral Health Authority serves as the designated LBHA for Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. This listening session included behavioral health providers, a district attorney, a municipal judge, law enforcement, a public defender, a jail coordinator, among other stakeholders.

- National Alliance for Mental Illness, Texas: This organization is a 501(c)3 nonprofit organization with nearly 2,000 members made up of people living with MI, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by MI through education, support, and advocacy. This listening session included peer service providers, behavioral health service providers, IDD service providers, advocates, and people with lived experience.
- HHSC, Behavioral Health Services' Peer and Recovery Services Programs, Planning and Policy: This listening session included peer service providers from across the state.
- HHSC, Health and Specialty Care System: This listening session included state hospital superintendents and other state hospital staff.
- TIDC: The Texas Legislature created the Texas Task Force on Indigent Defense in 2001 to remedy persistent deficiencies in Texas indigent defense: access to counsel, quality of counsel, and data collection. The TIDC listening session included public defenders and assigned counsel.
- JCMH: The JCMH was created in 2018 by a joint order of the Supreme Court of Texas and the Court of Criminal Appeals of Texas to strengthen courts for people with MI, SUD, and/or IDD. The JCMH listening session included a justice of the peace, a law clerk, judges, a district attorney, among other stakeholders.

State Sequential Intercept Mapping Summit

HHSC facilitated the state's first SIM Mapping Summit in January 21-22, 2021, to develop a comprehensive picture of how people with MI and co-occurring disorders flow through the criminal justice system; identify gaps, resources, and opportunities at each intercept for people with MI; and develop priorities for activities designed to improve system and service level responses.

The SIM Summit was divided into four sessions based on which agencies and regions the participants represented: 1) state agencies and key stakeholder organizations; 2) rural west Texas; 3) rural east Texas; and 4) urban/suburban areas. Participants for each session including stakeholders representing mental health and substance use providers, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, and family members. The summit culminated in the development of a report with recommendations to reduce justice-involvement for Texans with MI and help ensure all Texans gain access to care at the right time and the right place.

See Appendix G for summit strategic priorities and recommendations.

Forensic Strategic Plan Public Survey

Finally, on behalf of the SBHCC, HHSC facilitated the release of a public survey from August 31 - September 14, 2021, titled "Survey for the Texas Plan for Diversion, Community Integration, and Forensic Services." The survey was promoted through GovDelivery and shared with external stakeholders who were asked to disseminate the survey with their network.

For a detailed summary of responses and a blank version of the survey, see Appendix G.

Strategic Plan for Diversion, Community Integration, and Forensic Services

The following vision, mission, and guiding principles are applied to the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* to enhance forensic services and reduce and prevent justice involvement for people with MI, SUD, and/or IDD. The vision and mission statements describe the desired outcome and process for advancing toward our collective vision. The guiding principles describe how the strategic plan strategies should impact people, services, and systems.

Vision, Mission, and Principles

Vision

Texans receive the right care in the right place at the right time, preventing and reducing justice involvement for adults and youth with MI, SUD, and/or IDD.

Mission

Develop and implement a high-quality, data-informed, and well-coordinated system of services and supports across the continuum of care to improve the delivery and quality of forensic services and prevent and reduce justice-involvement for people with MI, SUD, and/or IDD.

Principles

The following principles will guide the implementation and evaluation of the strategic plan.

1. A full continuum of care, from early intervention and diversion to competency restoration, reentry, and community supervision, is needed to reduce and prevent justice-involvement for people with MI, SUD, and/or IDD.
2. The social determinants of health (e.g., access to housing, healthcare, transportation, and jobs) are also drivers of justice-involvement and should inform prevention, intervention, and diversion strategies.
3. People with lived experience are valuable contributors to the behavioral health workforce and should be part of policy development and planning for behavioral health services.

4. Racial, economic, and geographic disparities should be evaluated in efforts across the continuum of care to ensure state resources facilitate equitable access to behavioral health care and aim to reduce justice-involvement for all Texans.
5. The stigma associated with MI, SUD, and/or IDD, as well as justice-involvement, should be actively addressed through cultural change in the behavioral health, IDD and justice systems.
6. Behavioral health and justice systems should be evidence-based, trauma-informed, person-centered, and integrate best practices for rehabilitation and restoration.
7. Policy, programs, and services should be data-informed and well-coordinated.
8. Resources should be utilized efficiently and effectively, leveraging public-private partnerships and blended funding streams whenever possible.

Goals, Objectives, and Strategies

Building on the vision, mission, and guiding principles, 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:

1. Support the expansion of robust crisis and diversion systems to reduce and prevent justice involvement for people with MI, SUD, and/or IDD.
2. Increase coordination, collaboration, and accountability across systems, agencies, and organizations.
3. Enhance the continuum of care and support services for justice-involved people with MI, SUD, and/or IDD.
4. Strengthen state hospital and community-based forensic services.
5. Expand training, education, and technical assistance for stakeholders working at the intersection of behavioral health and justice.

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 SBHCC the opportunity to ensure resources are maximized and agencies can respond actively to new trends, the needs of populations, and legislation. Each strategy also identifies stakeholders who play a role in implementation, as well as intercepts along the SIM where strategies should be implemented.

Table 15. Stakeholder Descriptions and Symbols Key

Stakeholder	*Description*	*Icon*
State	State partners include state agencies, state level commissions, and statewide professional associations. State partners are represented by a star icon.	
Local	Local partners include county and city agencies, local mental and behavioral health authorities, school districts and other local leadership. Local partners are represented by an icon with a house enclosed by a bubble.	
Community	Community partners include universities, faith-based organizations, non-profit providers, local advocates, and other community organizations. Community partners are represented by an icon with a group of people.	
Intercept	The SIM provides a conceptual model to inform community-based responses to the involvement of people with MI, SUD, and/or IDD in the justice system. Each strategy includes a mini SIM chart that highlights specific intercepts where strategies can be implemented. The intercepts are indicated with their numbers illustrated in the SIM model.	0 1 2 3 4 5

Goal 1: Crisis Response and Diversion

Develop robust crisis and diversion systems to reduce and prevent justice involvement for people with MI, SUD, and/or IDD.

Objective 1.1: Expand and scale the use of crisis and pre-arrest diversion strategies and programs.

Strategy	Strategy Description	Key Partners	Intercept
1.1.1	Ensure coordination between law enforcement, behavioral health providers, housing service providers, schools, and other stakeholders to develop crisis and prearrest diversion programs.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-2
1.1.2	Support the development of strategies and programs focused on people with complex care needs that frequently cycle between justice, behavioral health, housing, and other systems.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-2
1.1.3	Support expansion of crisis receiving centers, such as law enforcement drop-off, crisis stabilization, crisis respite, and sobering centers.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-1
1.1.4	Promote the expansion of round-the-clock mobile crisis outreach teams, co-responder programs, mental health deputies, and other specialized law enforcement responses.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-1

Strategy	Strategy Description	Key Partners	Intercept
1.1.5	Explore pilot programs that promote partnerships with public safety answering points (911), 9-8-8 (the new three-digit suicide prevention hotline), crisis call centers, school-based law enforcement officers and warm lines to improve emergency call taking, dispatch, and crisis response for people with MI, SUD, and/or IDD.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-1

Objective 1.2: Increase use of jail, detention, and court-based diversion off-ramps.

Strategy	Strategy Description	Key Partners	Intercept
1.2.1	Support increased use of jail and pre-trial diversion programs.	State and Local	0 1 2 3 4 5 Intercepts 2-3
1.2.2	Support increased use of specialized probation for people with MI, SUD, and/or IDD.	State, Local, Community	0 1 2 3 4 5 Intercepts 3-5
1.2.3	Promote expanded use of treatment and problem-solving courts, such as specialty courts, for people with MI, SUD, and/or IDD.	State and Local	0 1 2 3 4 5 Intercept 3
1.2.	Support universal screening for MI, SUD, IDD, veteran status and suicidality at jail booking.	State and Local	0 1 2 3 4 5 Intercept 2

Strategy	Strategy Description	Key Partners	Intercept
1.2.5	Support the expansion of Mental Health Public Defender programs to cover every county in the state.	State and Local	0 1 2 3 4 5 Intercepts 2-3
1.2.6	Support increased use of counsel at magistration to identify defendants with MI, SUD, and/or IDD.	State and Local	0 1 2 3 4 5 Intercepts 2-3

Objective 1.3: Increase diversion using data and technology.

Strategy	Strategy Description	Key Partners	Intercept
1.3.1	Enhance and refine the TLETS Continuity of Care Query (CCQ), the Behavioral Health Services Online Query, and the Veterans Reentry Search Services (VRSS) to support the identification and continuity of care of adults, youth, and veterans with MI, SUD, and/or IDD who are justice-involved.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-2
1.3.2	Explore opportunities to incorporate telehealth and teleresponse into crisis response and pre-arrest diversion programs to expand reach and availability of behavioral health treatment and supports across communities, including rural and frontier communities.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-1

Goal 2: Coordination, Collaboration and Accountability

Increase coordination, collaboration, and accountability across systems, agencies, and organizations.

Objective 2.1: Enhance community collaboration through strategic planning and coordination.

Strategy	Strategy Description	Key Partners	Intercept
2.1.1	Utilize a whole-community approach for addressing issues at the intersection of behavioral health and justice that includes partnerships with: housing authorities, city and state housing departments, hospitals, universities and medical schools, faith-based organizations, schools, federally qualified health centers (FQHCs), child welfare agencies, other regional and local agencies, and community organizations.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
2.1.2	Identify opportunities to maximize resources at a regional level to fund and operate programs that reduce justice-involvement for people with MI, SUD, and/or IDD.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Strategy	Strategy Description	Key Partners	Intercept
2.1.3	Engage local coordinating bodies and positions to provide statewide training and technical assistance on expanding and enhancing behavioral health and justice collaborations.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
2.1.4	Support the provision of SIM Mapping workshops to support strategic planning and collaboration in local communities.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
2.1.5	Promote best practices for care coordination between Certified Community Behavioral Health Clinics and justice partners.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Table 20. Objective 2.2: Increase information sharing across state and local agencies.

Strategy	Strategy Description	Key Partners	Intercept
2.2.1	Promote technological solutions to safely and securely share relevant information with key stakeholders to better understand a person's case, prior justice involvement, previous service referrals, and current connections to care.	State and Local	0 1 2 3 4 5 Intercepts 2-3
2.2.2	Promote local data sharing pilots in select communities to better identify those in need of services and to support continuity of care.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Strategy	Strategy Description	Key Partners	Intercept
2.2.3	Communicate data sharing needs between state agencies to develop a long-term data strategy for the state that supports policy development, oversight, and ongoing improvement efforts.	State and Local	0 1 2 3 4 5 Intercepts 0-5

Goal 3: Continuum of Care and Support Services

Enhance the continuum of care and support services for people who are justice-involved with MI, SUD, and/or IDD.

Objective 3.1: Enhance care and support services across the continuum of care.

Strategy	Strategy Description	Key Partners	Intercept
3.1.1	Promote coordination and collaboration among all possible points of contact/levels of care (e.g., correctional facilities, outpatient treatment, inpatient treatment, transitional housing, schools, etc.) for seamless transitions and appropriate continuity of care.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
3.1.2	Support the expansion and enhancement of programs that focus on providing intensive, culturally relevant, home- and community-based wraparound services for people with complex needs cycling among multiple systems.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Strategy	Strategy Description	Key Partners	Intercept
3.1.3	Increase collaboration between hospitals, correctional facilities, schools, detention centers, defense counsel and community providers to ensure warm handoffs and connection to care when people return to the community.	State, Local, Community	0 1 2 3 4 5 Intercepts 2-5
3.1.4	Support the expansion of Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to serve more people and reduce the risk of recidivism for people with MI, SUD, and/or IDD.	State and Local	0 1 2 3 4 5 Intercepts 0-5
3.1.5	Support expanded access to substance use treatment and prevention programs across the continuum of care.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
3.1.6	Explore opportunities to expand and integrate behavioral health and physical health care for persons who are justice-involved through FQHCs and other partnerships.	State, Local, Community	0 1 2 3 4 5 Intercepts 0, 2, 4-5
3.1.7	Engage employers at the state and local level to address challenges with recruitment and retention of behavioral health, developmental disability, and justice workforces.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Objective 3.2: Increase connection to mental health and substance use treatment and tailored supports for special populations, including people with IDD, youth, and veterans.

Strategy	Strategy Description	Key Partners	Intercept
3.2.1	Ensure training, technical assistance, and other supports to law enforcement, local mental and behavioral health authorities (LMHAs/LBHAs), specialty courts, and other stakeholders to promote best practices and increase use of diversionary paths across the SIM for special populations.	State, Local, Community	Intercepts 0-5
3.2.2	Support expansion of early intervention and prevention programs and school- and home-based- services for MI and SUD for children and youth.	State, Local, Community	Intercept 0
3.2.3	Explore increasing the capacity of crisis and residential treatment services for children and youth.	State, Local, Community	Intercept 0
3.2.4	Build community awareness of Local Intellectual and Developmental Disability Authorities (LIDDAs) as part of the continuum of care.	State, Local, Community	Intercepts 0-5
3.2.5	Promote improvement of screening for people with indicators of IDD and veteran status when entering county jails.	State and Local	Intercept 2

Strategy	Strategy Description	Key Partners	Intercept
3.2.6	Support increased access to housing and tailored support services for people with a diagnosis of IDD or veteran status to reduce justice-involvement.	State, Local, Community	Intercepts 0 and 4
3.2.7	Enhance collaboration among federal, state, and local agencies and local veterans support organizations, including veteran serving programs, the Military Veteran Peer Network, Veteran Justice Outreach, Justice Involved Veteran Coordinators, Veteran Treatment Courts, and other community, volunteer, and faith-based organizations.	State, Local, Community	Intercepts 0-5

Objective 3.3: Address the social determinants of health that increase the risk of justice-involvement, including housing, employment, and transportation.

Strategy	Strategy Description	Key Partners	Intercept
3.3.1	Work collaboratively with local public and private stakeholders to explore expansion of the full continuum of housing options with appropriate services, paying attention to landlord selection criteria, landlord incentives, and transitions between institutions and community.	State, Local, Community	Intercepts 0, 4-5

Strategy	Strategy Description	Key Partners	Intercept
3.3.2	Support programs that increase access to healthcare, employment, education, safe neighborhoods, and transportation to reduce the risk of recidivism for people with behavioral health needs that are justice-involved.	State, Local, Community	Intercepts 0-1, 4-5
3.3.3	Explore cross-system collaborations between justice, housing, and hospital partners to increase access to housing.	State, Local, Community	Intercepts 0-2
3.3.4	Support the expedient resumption of Supplemental Security Income (SSI) for people reentering the community and expand SOAR case management support to aid in Social Security Disability Insurance applications.	State and Local	Intercepts 3-4
3.3.5	Expand awareness of SUD and peer benefits in Medicaid.	State, Local, Community	Intercepts 0, 4-5

Objective 3.4: Expand access to peer-based recovery services across the continuum of care, including recovery support services, peer-led mental health supports, youth recovery communities, and family support services.

Strategy	Strategy Description	Key Partners	Intercept
3.4.1	Support the strengthening and expansion of peer programs and family support services in justice and behavioral health settings to support people with MI, SUD, and/or IDD who are justice-involved and their families.	State and Local	0 1 2 3 4 5 Intercepts 0-5
3.4.2	Provide statewide technical assistance to increase the utilization of peer service providers.	State and Local	0 1 2 3 4 5 Intercepts 0-5
3.4.3	Promote peer specialists with lived experience of the justice system as critical component of the behavioral health workforce, creating career paths, formal certifications, educational opportunities, and training.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
3.4.4	Support the expansion of peer models for special populations.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Table 25. Objective 3.5: Leverage data and technology to expand access to care

Strategy	Strategy Description	Key Partners	Intercept
3.5.1	Maximize the use of telehealth support (including telemedicine, peer services, remote evaluation, telepsychiatry services for jails, competency evaluation, and teletherapy).	State and Local	0 1 2 3 4 5 Intercepts 0-5

Strategy	Strategy Description	Key Partners	Intercept
3.5.2	Support the collection and sharing of accurate and relevant data at the state and local level to help identify and address racial, ethnic, and economic disparities and guide system improvements.	State and Local	0 1 2 3 4 5 Intercept 2
3.5.3	Study improvements to data sharing between state agencies to support continuity of care.	State and Local	0 1 2 3 4 5 Intercept 0, 2, 4-5
3.5.4	Support system improvements at the local level through educational initiatives, policy initiatives, and technical assistance to convert local behavioral health and justice data into actionable insights and information.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Goal 4: State Hospital and Community-Based Forensic Services

Strengthen state hospital and community-based forensic services.

Objective 4.1: Right-size competency restoration services.

Strategy	Strategy Description	Key Partners	Intercept
4.1.1	Promote the expanded use of court-ordered outpatient mental health treatment in lieu of criminal prosecution when public safety is not a threat.	State and Local	0 1 2 3 4 5 Intercepts 2-3

Strategy	Strategy Description	Key Partners	Intercept
4.1.2	Explore ways to amend current state requirements to prevent people with misdemeanors from being committed to inpatient competency restoration services.	State	0 1 2 3 4 5 Intercepts 2-3
4.1.3	Enhance relationships through engagement and learning among state hospitals, judges, courts, LMHA/LBHAs and other partners.	State, Local, Community	0 1 2 3 4 5 Intercepts 0, 2-4
4.1.4	Provide statewide technical assistance on competency restoration and best practices to reduce the number of people waiting for inpatient competency restoration services.	State and Local	0 1 2 3 4 5 Intercepts 0-3

Objective 4.2: Expand evidence-based and research informed programs across the state to reduce the waitlist for inpatient competency restoration services.

Strategy	Strategy Description	Key Partners	Intercept
4.2.1	Explore funding opportunities for jail in-reach coordinators to support diversion, stakeholder coordination and monitoring for people on the waitlist for inpatient competency restoration services and coordinate with LMHAs/LBHAs, state hospitals, jails, and courts.	State, Local, Community	0 1 2 3 4 5 Intercepts 0, 2-4

Strategy	Strategy Description	Key Partners	Intercept
4.2.2	Develop learning and technical assistance opportunities to support jail in-reach for people awaiting inpatient competency restoration services.	State, Local, Community	0 1 2 3 4 5 Intercepts 0, 2-3
4.2.3	Promote expanded use of Outpatient Competency Restoration (OCR) Program and Jail-Based Competency Restoration (JBCR) Programs.	State, Local, Community	0 1 2 3 4 5 Intercepts 0, 2-3

Objective 4.3: Maximize the use of telemedicine for forensic services in communities where access and staffing are limited.

Strategy	Strategy Description	Key Partners	Intercept
4.3.1	Explore statewide infrastructure needs to expand the use of telemedicine in forensic services delivery.	State	0 1 2 3 4 5 Intercepts 0, 2-3
4.3.2	Support expanded use of telehealth infrastructure for virtual competency evaluations.	State, Local, Community	0 1 2 3 4 5 Intercepts 0, 2-3
4.3.3	Support the expansion and utilization of virtual court hearings for defendants committed to state hospitals for competency restoration services and people in outpatient and jail-based competency restoration programs.	State and Local	0 1 2 3 4 5 Intercepts 0,2-3

Objective 4.4: Identify efficiencies and improvements in state hospital and community-based forensic services.

Strategy	Strategy Description	Key Partners	Intercept
4.4.1	Expand and enhance capacity of behavioral health providers to provide competency restoration services to people who have a diagnosis of IDD.	State, Local, Community	Intercepts 0, 2-3
4.4.2	Encourage collaboration between LMHAs/LBHAs and state hospitals in the completion of standardized outpatient management plans for people found Not Guilty by Reason of Insanity and those committed for competency restoration services who are discharging from a state hospital to jail for adjudication.	State and Local	Intercepts 0, 2-4
4.4.3	Identify forensic data collection needs and drive data-informed interventions throughout the continuum of care.	State and Local	Intercepts 0, 2-4

Objective 4.5: Strengthen oversight and quality of competency evaluations.

Strategy	Strategy Description	Key Partners	Intercept
4.5.1	Support the provision of statewide technical assistance to courts on quality competency evaluations.	State, Local, Community	Intercept 2-3

Strategy	Strategy Description	Key Partners	Intercept
4.5.2	Explore the creation of a voluntary statewide registry for community competency evaluators and a statewide peer review process to ensure high quality evaluations.	State, Local, Community	0 1 2 3 4 5 Intercept 2-3

Goal 5: Training, Education and Technical Assistance

Expand training, education, and technical assistance for stakeholders working at the intersection of behavioral health and justice.

Objective 5.1: Provide statewide training and technical assistance on trauma-informed, culturally competent, evidence-based practices for behavioral health providers, law enforcement, jails, courts, and community corrections.

Strategy	Strategy Description	Key Partners	Intercept
5.1.1	Increase focus in behavioral health professions on the intersections of justice and behavioral health and promote evidence-based and promising practices and programs for justice-involved populations with MI, SUD, and/or IDD.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
5.1.2	Coordinate, expand, and promote training and technical assistance operated by state agencies, universities, and professional associations to increase education and training to behavioral health, justice, and other relevant professionals.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Objective 5.2: Promote workforce wellness and resiliency for behavioral health and justice professionals.

Strategy	Strategy Description	Key Partners	Intercept
5.2.1	Provide training and technical assistance on trauma informed practices and compassion fatigue to community members, justice professionals, and behavioral health providers.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5
5.2.2	Identify and reduce barriers to accessing behavioral health care for law enforcement and other justice professionals.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-1
5.2.3	Promote the expansion of peer support and workforce wellness programs for justice professions.	State, Local, Community	0 1 2 3 4 5 Intercepts 0-5

Next Steps, Accountability, and Continuous Improvement

The SBHCC is legislatively charged with ensuring a statewide strategic approach to addressing gaps in behavioral health services. The SBHCC's publication of the *Texas Statewide Behavioral Health Strategic Plan*,[5] *Coordinated Statewide Behavioral Health Expenditure Proposal*,[14] and annual *Behavioral Health Strategic Plan Progress Reports*[15] represent transparency and accountability to the Texas Legislature and the public regarding the good stewardship of state and federal funds to address gaps in behavioral health care for Texans. Most importantly, the plan is a guidepost for addressing gaps in the behavioral health services system in order to increase access to timely and appropriate services that yield long-term recovery in clients served.

Over half of the 254 Texas counties are designated as rural. It can be problematic to develop behavioral health policy that can be implemented in both the state's largest and the smallest counties. It is challenging to ensure timely, quality behavioral health services are equitably accessible in urban and rural Texas, yet these are the strategic plan goals important to achieve.

Since inception, the SBHCC has tried to achieve these goals by:

- Maximizing financial resources;
- Increasing SBHCC membership and the public's awareness of the array of behavioral health services and supports;
- Collaborating to reduce and eliminate unnecessary barriers to people accessing behavioral health services and supports; and
- Assessing opportunities to collect better data on client outcomes which drive decisions regarding policy changes and services.

The updated *Texas Statewide Behavioral Health Strategic Plan* for fiscal years 2022-2026 and the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* are expected to lead to improvements in cross-agency coordination by 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.

A commitment to implementation by state, local, and community partners will help achieve a unified and coordinated approach to enhancing the Texas behavioral health system which will enhance forensic services and reduce and prevent people with MI, SUD, and/or IDD from becoming involved in the justice system. State, local, and community partners can participate in implementing these strategic plans in the following ways, as examples:

- Determining benchmarks (i.e., outputs and outcomes) for each goal, objective and strategy and evaluating the success of implementation;
- Leveraging state-level training and technical assistance to achieve objectives and strategies;
- Convening cross-disciplinary advisory committees or workgroups to monitor planning, and implementation of the strategic plans; and
- Developing cross-disciplinary coalitions and partnerships to implement local or statewide behavioral health initiatives.

Appendix A. List of Acronyms and Abbreviations

Acronym	Full Name
CATR	Campus Alliance for Telehealth Resources
CCA	Court of Criminal Appeals
CCBHC	Certified Community Behavioral Health Clinics
CCQ	Continuity of Care Query
CHIP	Children’s Health Insurance Program
CIT	Crisis Intervention Training
CMHG	Community Mental Health Grant program
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CPAN	Child Psychiatry Access Network
CR	Competency Restoration
CSC	Coordinated Specialty Care
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
DSM	Diagnostic Statistical Manual
DSRIP	Delivery System Reform Incentive Payment
ECHO	Extension for Community Health Outcomes
EMS	Emergency Medical Services
FQHC	Federally Qualified Health Centers
GAA	General Appropriations Act
H.B.	House Bill
HCC	Health Community Collaborative program
HHSC	Health and Human Services Commission

HPC	Health Professions Council
HPSA	Health Professional Shortage Area
IDD	Intellectual and developmental disabilities
IST	Incompetent to Stand Trial
JBCR	Jail-based competency restoration
JCAFS	Joint Committee on Access and Forensic Services
JCMH	Judicial Commission on Mental Health
JTIP	Juvenile Training Immersion Program
LBHA	Local Behavioral Health Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMHA	Local Mental Health Authority
LOS	Length of Stay
MAT	Medication assisted treatment
MCO	Managed care organization
MCOT	Mobile Crisis Outreach Team
MH	Mental Health
MHBG	Community Mental Health Services Block Grant
MHFA	Mental Health First Aid
MHGJII	Mental Health Grant Program for Justice-Involved Individuals
MHPSA	Mental Health Professional Shortage Area
MI	Mental Illness
MSU	Maximum Security Unit
MVPN	Military Veteran Peer Network
NGRI	Not Guilty by Reason of Insanity
OCA	Office of Court Administration
OCR	Outpatient Competency Restoration

OOG	Office of the Governor
OSAR	Outreach, Screening, Assessment, and Referral
RTC	Residential treatment center
S.B.	Senate Bill
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHCC	Statewide Behavioral Health Coordinating Council
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCoT	Supreme Court of Texas
SDOH	Social determinants of health
SED	Serious emotional disturbances
SIM	Sequential Intercept Model
SMI	Serious mental illness
SMVF	Service members, veterans, and families
SOR	State Opioid Response grants
SSLC	State supported living center
SUD	Substance Use Disorder
SWOT	Strengths, weaknesses, opportunities, and threats
TCCO	Texas Civil Commitment Office
TCHATT	Texas Child Health Access Through Telemedicine
TCJS	Texas Commission on Jail Standards
TCM	Targeted case management
TCMHCC	Texas Child Mental Health Care Consortium
TCOLE	Texas Commission on Law Enforcement
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments

TDCJ	Texas Department of Criminal Justice
TDHCA	Texas Department of Housing and Community Affairs
TEA	Texas Education Agency
THECB	Texas Higher Education Coordinating Board
TIDC	Texas Indigent Defense Commission
TJJD	Texas Juvenile Justice Department
TLETS	Texas Law Enforcement Telecommunications System
TMD	Texas Military Department
TTOR	Texas Targeted Opioid Response
TTUHSC	Texas Tech University Health Sciences Center
TV+FA	Texas Veterans + Family Alliance
TVC/VMHD	Texas Veterans Commission/Veterans Mental Health Department
TWC	Texas Workforce Commission
U.S.	United States of America
UTHSC-H	University of Texas Health Science Center at Houston
UTHSC-T	University of Texas Health Science Center at Tyler
VR	Vocational Rehabilitation
VRSS	Veterans Affairs Veterans Reentry Service System
VRD	Vocational Rehabilitation Division
WRAP	Wellness Recovery Action Plan

Appendix B. Glossary of Terms

Behavioral health: The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article IX, Sec. 10.04) defines behavioral health services as "programs or services directly or indirectly related to the research, prevention, or 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."

Biopsychosocial assessments: An evidence-based biopsychosocial approach to care including a person-centered and trauma-informed treatment plan.

Collaborative Care Case Management: A holistic case management approach focused on increasing access to needed services and creating a team of medical, psychiatric, mental health, and paraprofessionals to address the person's unique needs.

Competency restoration: means the treatment or education process for restoring a person's ability to consult with the person's attorney with a reasonable degree of rational understanding, including a rational and factual understanding of the court proceedings and charges against the person.[110]

Community integration: Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community.

Continuity of care: The degree to which the care of a patient is not interrupted over time.

Co-occurring: Term used when a person has a mental health and substance use disorder or other condition.

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 to help providers offer high-quality services that reflect the interests, values, needs, and choices of the people 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.

Forensic population: "Forensic population" refers to individuals committed under 46C and 46B of the Texas Code of Criminal Procedure. The term "46C" refers to Chapter 46C of the Texas Code of Criminal Procedure and applies to cases in which an individual has been found not guilty by reason of insanity. The term "46B" refers to Chapter 46B of the Texas Code of Criminal Procedure[111] and applies to an individual charged with a felony or with a misdemeanor punishable by confinement who may be incompetent to stand trial.

Forensic services: "Forensic services" refers to services for the "forensic population," including competency examinations, competency restoration services, or mental health or intellectual disability services provided to a current or former forensic patient in the community or at a department facility. According to the Texas Health and Safety Code,[81] "forensic services" are defined as competency examination, competency restoration services, or mental health or intellectual disability services provided to a current or former forensic patient in the community or at a HHSC facility. A "Forensic patient" is a person with mental illness or a person with an intellectual disability who is: (A) examined on the issue of competency to stand trial by an expert appointed under Subchapter B, Chapter 46B, Code of Criminal Procedure; (B) found incompetent to stand trial under Subchapter C, Chapter 46B, Code of Criminal Procedure; (C) committed to court-ordered mental health services under Subchapter E, Chapter 46B, Code of Criminal Procedure; (D) found not guilty by reason of insanity under Chapter 46C, Code of Criminal Procedure; (E) examined on the issue of fitness to proceed with juvenile court proceedings by an expert appointed under Chapter 51, Family Code; or (F) found unfit to proceed under Subchapter C, Chapter 55, Family Code.

Home- and Community-Based Services: Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other non-community-based settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.[112]

Incompetent to Stand Trial (IST): A person is incompetent to stand trial if the person does not have: (1) sufficient present ability to consult with the person's lawyer with a reasonable degree of rational understanding; or (2) a rational as well as factual understanding of the proceedings against the person.[111]

Integrated care: The systematic coordination of general and behavioral health care. 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 health care needs.

Integrated housing: Ordinary living arrangements typical of the general population. Integrated housing is achieved when people with disabilities have the choice of ordinary, typical housing units located among people who do not have disabilities or other special needs.

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 18 or 22 years of age, depending on the condition, 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.

Jail-based Competency Restoration (JBCR): Jail-based competency restoration provides services to people with mental health or co-occurring psychiatric and substance use disorders in jail. Services include behavioral health treatment services and competency education for people found incompetent to stand trial, consistent with other competency restoration services.

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 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. 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).

Outpatient Competency Restoration (OCR): Outpatient Competency Restoration are programs that provide community-based competency restoration services, which include mental health and substance use treatment services, as well as legal education for people found Incompetent to Stand Trial. In general,

outpatient competency restoration programs are designed to: (1) Reduce the number of IST people with mental illness or co-occurring psychiatric and substance use disorders on the state mental health hospital clearinghouse waiting list for inpatient competency restoration services. (2) Increase prompt access to clinically appropriate outpatient competency restoration services for people determined to be IST who don't require the restrictiveness of a hospital setting. (3) Reduce the number of bed days in state mental health hospitals used by forensic patients from a contractor's local service area.

Peer services: Services designed and delivered by people who have experienced a mental or substance use disorder 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: People 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 person.

Post-Booking Diversion: Post-booking diversion is the practice of criminal justice agencies connecting people to behavioral health treatment after an arrest has been made and the person has been booked into jail. Post-booking diversion can include screening for mental and substance use disorders at jail intake; data matching to identify people who have used public behavioral health services; and pre-trial diversion programs.

Pre-Arrest Diversion: Pre-arrest diversion is the practice of law enforcement or multidisciplinary teams connecting people to behavioral health treatment as an alternative to arrest.

Reentry: The transition from life in jail or prison to life in the community.[113]

Sequential Intercept Model (SIM): The SIM, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., is used by federal, state, and local agencies as a framework to understand how people with MI and SUD encounter and move through the criminal justice system. The SIM has been used as a focal point for states and local communities to assess available resources, determine gaps in services, and plan for community change.[91]

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.

Social determinants of health (SDOH): The conditions in the environments where people are born, live, learn, work, play, worship, and that affect a wide range of health and quality-of-life outcomes and risks.

State of Texas Access Reform (STAR): A statewide Medicaid managed care program primarily for pregnant women, low-income children, and their caretakers. Most people in Texas Medicaid get their coverage through STAR.

STAR Health: A statewide Medicaid 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.

STAR Kids: A statewide Medicaid managed care program for children and youth age 20 and younger with disabilities, including children and youth receiving benefits under the Medically Dependent Children Program (MDCP) waiver.

STAR+PLUS: A statewide Medicaid managed care program for adults with disabilities and those age 65 and older.

Substance use disorder: Occur when the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Telemedicine: The definition for telemedicine varies by the context applied.

Per the Texas Occupations Code, "telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.[114]

Per the Texas Administrative Code, telemedicine services are defined under Medicaid as 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.[115]

Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver: The Texas Healthcare Transformation and Quality Improvement Program Section 1115 Waiver enables the State to expand its use of Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals. The goals of the demonstration are to:

- Expand risk-based managed care statewide;
- Support the development and maintenance of a coordinated care delivery system;
- Improve outcomes while containing cost growth; and
- Transition to quality-based payment systems across managed care and providers.

Trauma-informed care: Treatment interventions that specifically address the consequences of trauma on a person 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 C. SBHCC Agency Profiles

The following information provided by each SBHCC member agency appointed through fiscal year 2021 outlines their populations of focus and eligibility requirements for services.

Court of Criminal Appeals (CCA)
Populations Served: • Judges and court personnel from all courts in the state of Texas (appellate, district, county, justice of the peace, and municipal), prosecuting attorneys, and criminal defense attorneys.
Groups Served by Programs: • The programs follow a master strategic plan to assist criminal justice stakeholders in identifying, assessing, and providing proper treatment of alleged offenders with mental deficiencies. The programs encompass an appreciation for mental health disorders, treatment options, and legislative enactments designed to facilitate proper treatment, deferment, or placement of mentally impaired people. An across-the-board approach to statewide mental health behavioral problems will allow all stakeholders to understand the roles of all involved as to best address the needs of our citizens.

Department of Family and Protective Services (DFPS)
Populations Served: • All Texans
Eligibility Requirements for Services and Programs: • Families in communities identified as having a high level of maltreatment risk factors including poverty, instability, poor health outcomes, substance abuse, and mental illness, targeted for voluntary prevention and family-strengthening programs. • 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.

Department of State Health Services (DSHS)
Populations Served: • All Texans
Eligibility Requirements for Services and Programs: DSHS delivers population services to 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.

Health and Human Services Commission (HHSC)
Populations Served: • Varies by program or services

Behavioral Health Services – Populations Served:

- Mental Health: adults with SMI and children with SED
- Substance Use Prevention: youth and adults in the general population, with some services focused on people deemed at risk for substance use or misuse
- Substance Use Intervention and Treatment: youth and adults at risk for substance use disorder or with a substance use disorder

Behavioral Health Services - Eligibility Requirements:

- Mental Health Children Services: Children ages 3 to 17 years with SED (excluding a single diagnosis of substance use disorder, IDD, or autism spectrum disorder) and who: (1) have a serious functional impairment; or (2) are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms; or (3) are enrolled in special education because of SED. Also, the federal block grant requires prioritization of services for Early SMI (known in Texas as Coordinated Specialty Care) to address the needs of persons coming into care for the first time.
- Youth Empowerment Services (YES) 1915c Waiver Program: Serves youth ages 3 through 18 (up to the last day before their 19th birthday) with serious mental, emotional, and behavioral difficulties at risk of being removed from their home due to their mental health needs. Must meet the criteria to be in a psychiatric hospital and be eligible for Medicaid (parents' income does not apply).
- Mental Health - Adults: people age 18 or older who have a diagnosis of an SMI with significant functional impairment and the highest need for intervention, including schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, bulimia nervous, anorexia nervosa or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment in accordance with Texas Health and Safety Code, Sec. 533.0354 Also, the federal block grant requires prioritization of Crisis Services to strengthen the crisis continuum.
- Home and Community Based Services - Adult Mental Health: Designed to increase support services for adults with SMI who have a history of long-term psychiatric hospitalization, frequent arrests, or frequent hospital emergency room use. Must be 18 years or older, with active Medicaid or determined to be Medicaid eligible if residing in a state hospital, not be dually-enrolled or receiving HCBS services by any other means, and must meet one of the following needs-based criteria:
  - Long Term Psychiatric Hospitalization: Three or more cumulative or consecutive years in an inpatient psychiatric hospital during the five years prior to referral; or
  - Jail Diversion: Two or more psychiatric crises (i.e., inpatient psychiatric hospitalizations or an outpatient psychiatric crisis that meets inpatient psychiatric criteria) and four or more discharges from correctional facilities during the three years prior to the referral; or
  - Emergency Department Diversion: Two or more psychiatric crises (i.e., inpatient psychiatric hospitalizations or outpatient psychiatric crisis that meets inpatient psychiatric criteria) and 15 or more total emergency department visits during the three years prior to the referral.

- Substance Use:
    - Prevention: Substance use prevention services are available to youth and adult populations. Prevention programs are designed to: (1) outreach to the general population; (2) serve priority groups determined to be at risk for substance use or misuse; and (3) support people experiencing early signs of substance use but not diagnosed with a substance use disorder; (4) establish and maintain collaborative partnerships with individuals and/or organizations that collectively strive to address prevention and behavioral health promotion; (5) collect and analyze data relevant to prevention and health promotion; (6) distribute messaging statewide that promotes behavioral health.
    - Intervention and Treatment: Low-income adults and youth determined to have one of the following:
        - ◊ Misuse: This refers to using substances that can impact a person's health and safety but does not meet the criteria for substance use disorder. People in this category can benefit from Intervention services.
        - ◊ Disorder is a diagnosis based on the evidence of impaired control, social impairment, and pharmacological criteria as defined by the current version of the Diagnostic Statistical Manual (DSM).
    - Also, the federal block grant requires prioritization of certain activities such as prevention services and priority access groups, including pregnant women who inject drugs, pregnant women, and people who inject drugs.

Health and Specialty Care System – Populations Served:

- Children and youth less than 17 years old
- Adults 18 years and older

Health and Specialty Care System – 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 are being temporarily detained so they can be 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 two physician's medical certificates 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;

Health and Human Services Commission (HHSC)

- 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.

Medicaid – Populations Served:

- All ages

Medicaid – Eligibility Requirements:

- A child or youth who meets income, citizenship, residency, and program requirements. Children in foster care, and children receiving SSI automatically qualify for Medicaid.
- An adult who meets income, citizenship, residency, and program requirements. In order to qualify, an adult must care for a child receiving Medicaid (must be a related caretaker), be pregnant, have a disability, or is 65 and older and qualifies for Medicaid for the Elderly and People with Disabilities. Adults with SSI automatically qualify for Medicaid.

CHIP Services – Populations Served:

- Children age 0 through 18.

CHIP - Eligibility Requirements:

- Be a child aged 0 through 18 whose family earns too much to qualify for Medicaid. Texans who apply and do not qualify for Medicaid are automatically tested for CHIP eligibility.

Health and Human Services Commission (HHSC)
Health Professions Council (HPC)
Populations Served: • Licensees of organizations listed below
Eligibility Requirements for Services and Programs: There are several agencies within the HPC which operate some form of peer assistance program. The agencies themselves do not provide mental health services. Licensees of the following organizations are eligible to participate in activities: • 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

Judicial Commission on Mental Health (JCMH), Supreme Court of Texas
Populations Served: • Courts, judges, and attorneys
Groups Served by Programs: The mission of JCMH is to engage and empower court systems through collaboration, education, and leadership, thereby improving the lives of people with mental health needs and people with IDD.

The Office of the Governor (OOG): 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

The Office of the Governor (OOG): Criminal Justice Division
Eligibility Requirements for Services and Programs: • 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 Child Mental Health Care Consortium (TCMHCC)
Populations Served: • Children and Adolescents

Texas Child Mental Health Care Consortium (TCMHCC)
Groups Served by Programs: The TCMHCC was created by the 86th Texas Legislature in S.B. 11 to address gaps in mental health care for children and adolescents in Texas. Through the TCMHCC, Texas has a unique opportunity to implement evidence-based programs across the state and to enhance the collaboration of the state's many health-related institutions, state agencies and nonprofits. Building on the ability and success of existing programs at these institutions, new programs are being developed and improved in conjunction with local school districts and local community mental health providers. The work of the TCMHCC also addresses the shortage of psychiatrists in Texas by providing additional training opportunities and fellowship programs. The TCMHCC was funded by the Legislature through the THECB, which was appropriated $99 million for the work of the Consortium in Rider 58 under H.B. 1. The TCMHCC is responsible for implementing the following initiatives: • Child Psychiatry Access Network (CPAN): A network of child psychiatry access centers based at the health-related institutions that will provide child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers (PCP). • Texas Child Health Access Through Telemedicine (TCHATT): Telemedicine or telehealth programs using HRIs to support local school districts (ISDs) to assist schools in identifying and assessing the behavioral health needs of children and adolescents and providing access to mental health services. • Community Psychiatry Workforce Expansion (CPWE): Full-time academic psychiatrists are funded to serve as academic medical directors at facilities operated by community mental health providers, and new psychiatric resident rotation positions are established at these facilities. • Child and Adolescent Psychiatry Fellowships (CAP Fellowships): This program expands both the number of child and adolescent psychiatry fellowship positions in Texas, and the number of these training programs at Texas HRIs. • Research: Development of a plan to promote and coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan developed by HHSC.

Texas Civil Commitment Office (TCCO)
Populations Served: • Adults that have been civilly committed as repeat sexually violent offenders who suffer from a behavioral abnormality.
Eligibility Requirements for Services and Programs: • 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. Sexually violent predators targeted for services under this strategy may also suffer from concurrent behavioral health diagnoses and require mental health or substance abuse treatment.

Texas Commission on Jail Standards (TCJS)
Populations Served: • County jails, including inmates
Groups Served by Programs: • TCJS employs one trainer who does the following: ‣ 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 Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Texas Department of Criminal Justice (TDCJ)

Populations Served:

- Youth ages 10 to 17 years
- Adults ages 18 years and older

Eligibility Requirements for Services and Programs:

Mental Illness:

- Youth on Probation must be concurrently enrolled with the Special Needs Diversionary Program at TJJD. This program pairs a TDCJ-TCOOMMI funded mental health caseworker and a local juvenile probation officer for coordinated treatment goals, to provide family/community wrap-around support and a team approach between supervision and treatment.
- Youth on Parole from TJJD are served through continuity of care and must have a mental health diagnosis as noted in the latest version of the Diagnostic Statistical Manual.
- Adults on Pre-trial, Probation, and/or on Parole supervision having a mental health diagnosis that is severe or persistent in nature. Diagnoses include but not limited to bipolar disorder, schizophrenia, schizoaffective disorder, major depressive disorder, post-traumatic stress disorder, delusional 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 within the TDCJ 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 continuum of addressing chemical dependency disorders as noted in the latest version of the Diagnostic Statistical Manual.

Developmental Disabilities Program:

- All individuals entering the TDCJ are screened for potential intellectual and adaptive behavioral deficiencies. Inmates identified with a diagnosis of Intellectual Disability or Borderline Intellectual Functioning are eligible for placement in the Developmental Disabilities Program.
- Services available through the Developmental Disabilities Program for inmates include but are not limited to sheltered housing within the institution, 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 people’s level of function so they can successfully reenter the community.

Texas Department of Housing and Community Affairs (TDHCA)
Populations Served: • All ages
Eligibility Requirements for Services and Programs: • Section 811 Project Rental Assistance is limited to individuals who are part of the Target Population and receiving services through DFPS or 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 SMI 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.

Texas Education Agency (TEA)
Populations Served: • Children and youth ages 5 to 21 years • Adults ages 21 to 26 years
Eligibility Requirements for Services and Programs: • 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 Indigent Defense Commission (TIDC), Office of Court Administration
Populations Served: • Indigent adults and juveniles charged with criminal offenses • Judges, magistrates, court personnel, and attorneys
Groups Served by Programs: • 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. • Judges, court personnel, and attorneys: TIDC helps counties, judges, attorneys, public defender offices, and managed assigned counsel programs improve their public defense systems and programs through system building, training, mentoring, model forms, and publications.

Texas Juvenile Justice Department (TJJD)
Populations Served: • Youth ages 10 to 18 years
Eligibility Requirements for Services and Programs: • 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 165 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.

Texas Military Department (TMD)
Populations Served: • Adults 18 years and older
Eligibility Requirements for Services and Programs: • Texas Military Department members (Army and Air National Guard, State Guard)

Texas Tech University Health Sciences Center (TTUHSC)
Populations Served: • Children and youth grades 4-12 in Texas public schools
Eligibility Requirements for Services and Programs: • Youth are eligible for telehealth outpatient services if they exhibit serious emotional, behavioral, or substance use disorders.

Texas Veterans Commission (TVC): Veterans Mental Health Department (VMHD)
Populations Served: • All ages
Eligibility Requirements for Services and Programs: • Fund for Veterans Assistance: Individual grantees define their target populations within the larger population of veterans, their families, and surviving spouses. • VMHD provides training and technical assistance to state, local, community, and faith-based stakeholders related to the mental health needs of Texas service members, veterans, and their families. VMHD also provides certification, training, and technical assistance to Peer Service Coordinators of the Military Veteran Peer Network and licensed mental health professionals servings as Veteran Counselors.

Texas Workforce Commission (TWC)
Populations Served: • All Texans with disabilities
Eligibility Requirements for Services and Programs: A person is eligible for vocational rehabilitation services if they: • 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:** • 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, and deaf blindness

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 for Services and Programs: • 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 substance use disorders.

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.
Eligibility Requirements for Services and Programs: • The UTHSC-Tyler Mental Health Workforce Training Program supports a Psychiatry Residency, Psychology Internship, and Psychology Post-Doctoral program. • There are currently 14 Psychiatry Faculty members and 24 Psychiatry Residents. • The first residency class will graduate in June 2021. • There are currently 8 Psychology Faculty members, 10 Psychology Interns, and 6 Post-Doctoral Interns. UTHSC-Tyler will have 2 Advanced Post-Doctoral positions starting this year. • Psychiatry residents and psychology interns complete training rotations at Rusk State Hospital and Terrell State Hospital.

Appendix D. Successes by SBHCC Agency

SBHCC members have implemented programs and systems that significantly improved behavioral health outcomes. Highlights of these initiatives are listed in this appendix; however, this is not an exhaustive list. The SBHCC publishes annual progress reports that are available online.[15]

Department of Family and Protective Services

Revision of DFPS Substance Use Policy

DFPS Substance Use Policy was revised after ten years to modify organizational changes, law or regulatory changes, and external partner changes. Through an internal collaboration between legal, policy, field, state, and substance use specialists over a six-month period, DFPS Substance Use Policy was revised to address gaps identified in the original *Texas Statewide Behavioral Health Strategic Plan* related to service access and coordination. Further, the immediate and long-term impact of the revision to the policy will promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies and reduce duplication of effort and maximize resources through program and service coordination. SBHCC members were part of the internal collaboration at DFPS.

DFPS-HHSC Communication Process

DFPS and HHSC identified a barrier in communication between agencies. A DFPS-HHSC Communication Process was developed to better communicate concerns, questions, and issues between agency staff. When requesting information related to the status for a DFPS case, a secure email is sent between agencies to ensure confidentiality. The DFPS-HHSC Communication Process improved gaps related to agency coordination and access to services.

Strengthening and Expanding Family Drug Treatment Courts

DFPS performed targeted work in Nueces County collaborating with the stakeholders of that Family Drug Court system to ensure the court system had both the framework and training to function effectively. Multiple trainings were provided, and the team was connected with other Family Drug Courts to share successes and challenges. The Nueces County court was also referred to federal grant programs to further stabilize the funding and positions necessary for the successful continuation of the court.

Additionally, Williamson County and DFPS worked to establish a Family Recovery Court. The Family Recovery Court applies a non-adversarial, collaborative approach and utilizes a multidisciplinary team including the presiding judge, DFPS, prosecutors, attorneys and guardian's ad litem, case-managers, treatment providers, and community support services. The Family Recovery Court focuses on cases of abuse or neglect involving parents with substance abuse disorders and other co-occurring disorders. The Family Recovery Court Team supports better outcomes for families involved in these cases by providing problem-solving court services to the child and parents.

Family-Strengthening Programs that Support Healthy Parenting

DFPS's Prevention and Early Intervention division funds family-strengthening programs and initiatives that support healthy parenting relationships and positive conflict resolution while promoting positive outcomes for children, youth, and families. While these programs are aimed at mitigating the need for more intensive interventions, including behavioral health services, they also involve more targeted interventions and referrals when necessary. The Service Members, Veterans, and Families Program provides parenting, education, counseling, and other support services to military families experiencing the stress and uncertainty of a service member's deployment, return, and coping with symptoms of post-traumatic stress disorder. The Texas Home Visiting program allows communities to implement the Family Connects program model - an evidence-based, universal, home visiting program for families with newborns that links the family to community resources, including behavioral health services, if needed.

Family First Prevention Services Act Planning

DFPS is engaged in planning for implementation of the Family First Prevention Services Act (FFPSA), which seeks to reduce entry to foster care, limit the use of congregate care, and to increase access to substance abuse and mental health service. DFPS is working with legislative partners, providers, researchers, and other organizations to develop and implement FFPSA eligible services. As DPFS considers FFPSA implementation, collaboration with HHSC regarding mental health and substance abuse programs is critical.

Department of State Health Services

Public Health Agency Action Plan for Addressing Substance Use in Texas

DSHS used achievements from their Centers for Disease Control and Prevention grant for the state's public health response to opioid use and stakeholder feedback to develop the *Public Health Agency Action Plan for Addressing Substance Use in Texas* for 2020-2022.[31] The plan details a total of 19 initiatives in three public health areas of focus, including surveillance, education, and resource development. Thus far, 10 of the 19 DSHS action plan initiatives have been completed.

Health and Human Services Commission

Behavioral Health Matching Grants Programs

Community Mental Health Grant Program

The Community Mental Health Grant (CMHG) Program was originally authorized by H.B. 13, 85th Legislature, Regular Session, 2017, to support community mental health programs providing services and treatment for people experiencing mental illness. The program is designed to foster community collaboration, maximize existing community mental health resources, and strengthen continuity of care for people 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 people with a mental illness; and
- Coordinate mental health care services for people with a mental illness with other transition support services.

During fiscal year 2021, CMHG sites served over 36,000 people, covering 155 counties. Of these sites, 137 were counties with populations under 250,000.[116] Figure D-1 shows the distributions of grants for the CMHG Program through fiscal year 2021.

Figure D-1. Distribution of Community Mental Health Grant Program Sites through Fiscal Year 2021[116]

Healthy Community Collaboratives

S.B. 58, 83rd Legislature, Regular Session, 2013 required HHSC to create a grant program according to Texas Government Code, Chapter 539, to establish or expand community collaboratives, which are partnerships that bring the public and private sectors together to provide services to people experiencing homelessness and with mental health and substance use conditions. The sites funded through the Healthy Community Collaborative (HCC) program help participants obtain and maintain housing and employment and achieve substance recovery from mental and substance use disorders.

Initially, collaboratives are expected to leverage matching funds in an amount at least equal to the state grant award. The required match was reduced to 25-50 percent for rural community award recipients, dependent on population size, through modification of Section 539.002(c) of the Government Code by H.B. 3088, 87th Legislature, Regular Session, 2021. 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 Texas Legislature continued funding the HCC program with appropriations for fiscal years 2014 through 2021. 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. Among clients supported across the collaboratives in fiscal year 2021, there was a 23 percent decrease in use of crisis services and a 25 percent decrease in psychiatric hospitalizations.[117]

The LMHA for Harris County, called the Harris Center, is using part of its HCC grant funding to operationalize the Hospital to Home program. This program supports people who are experiencing homelessness and have behavioral health needs, with emphasis on those discharging from emergency or inpatient psychiatric facilities (principally UT Health Harris County Psychiatric Center and state hospitals). The Hospital to Home program consists of 24 beds that are available to provide rehabilitation services to people experiencing homelessness and have a serious mental illness. The people served receive comprehensive rehabilitation services to help them successfully transition to more permanent housing options. The estimated length of stay in the program is 90-180 days. For fiscal year 2021, 60 people transitioned from the Hospital to Home Program into permanent supportive housing.[117]

In fiscal year 2021, HHSC completed the second HCC procurement and the HCC Rural Expansion procurement, funding 6 grantees in 11 counties. The original cohort of HCC grantees engaged a total of 33,379 unduplicated people, of which 5,737 were served in a full Texas Resilience and Recovery (TRR) Level of Care at a LMHAs/LBHAs in fiscal year 2021. Outcomes for HCC in fiscal year 2021 included a 23 percent decrease in the number of crisis services, 25 percent decrease in number of HHSC-funded hospitalizations, and 50 percent decrease in the number of crisis services required when people were served in a full TRR Level of Care and HCC services.[117]

Mental Health Grant Program for Justice-Involved Individuals

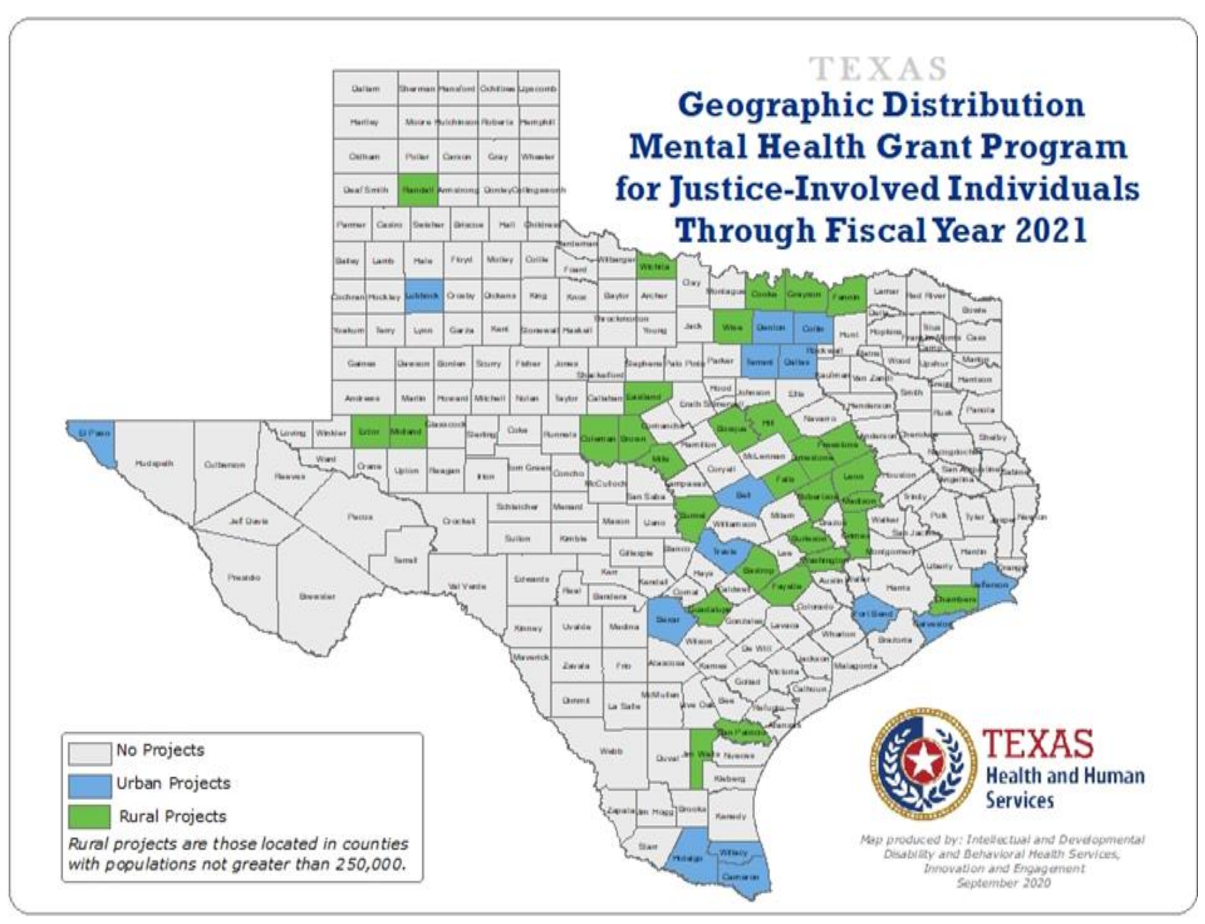
S.B. 292, 85th Legislature, Regular Session, 2017, added the Mental Health Grant Program for Justice-Involved Individuals (MHGJII) to Chapter 531, Government Code, Sections 531.0993 and 531.09935. MHGJII reduces recidivism rates, arrests, and incarceration among people with mental illness, as well as the wait time for forensic commitments. These grants fund local collaborative efforts between

counties, mental health authorities, hospital districts, and other designated entities. This program supports community grants by:

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

In fiscal year 2021, over 47,000 people were served by the program. Over 6,800 clients with significant needs were diverted to community-based programs.[118] Figure D-2 shows the distributions of grants for the MHGJII program through fiscal year 2021.

Figure D-2. Distribution of Mental Health Grant Program for Justice-Involved Individuals Sites through Fiscal Year 2021[118]



Texas Veterans + Family Alliance Grant Program

S.B. 55, 84th Legislature, Regular Session, 2015, created the Texas Veterans + Family Alliance (TV+FA) grant program to support communities and to identify and address the mental health needs of veterans and family members through grant-supported projects. Through S.B. 822, 86th Regular Legislative Session, the match requirement was amended for TV+FA grantees. Both bills led to inclusion of TV+FA in Chapter 531, Government Code, Section 531.0992.

There have been five phases of TV+FA grant periods with total awards of over $46 million in state funds to support 74 projects across the state. Through these five phases, 51,575 veterans and family members have been served through grant-funded activities.[119]

TV+FA-supported treatment and services include:

- Evidence-based therapies and treatment;
- Individual, group, family, and couples peer support services;
- Suicide prevention initiatives to help community members, veterans, and their family members develop awareness and skills in recognizing, assisting, and referring to mental health services;
- Treatment of substance use disorders; and
- Individual and family counseling

TV+FA funding supports activities essential to the provision of mental health services including:

- Family-related services, including childcare;
- Emergency financial support;
- Transportation;
- Housing;
- Infrastructure costs, such as telemedicine equipment; and,
- Training for staff and health care providers, including training in military-cultural competence or evidence-based practices that directly impact the number of veterans and family members served during the grant period.

A new round of two-year TV+FA grants began in September 2021.

Figure D-3. Distribution of Texas Veterans + Family Alliance Grant Program Sites through Fiscal Year 2021[120]

Coordinated Specialty Care

The Coordinated Specialty Care (CSC) program provides outpatient behavioral health services to people ages 15-30 years experiencing an early onset of psychosis.[121] Services are provided via a team-based approach with the goal to empower the person's ability to lead a self-directed life. The CSC team includes a psychiatrist, a Licensed Professional of the Healing Arts, a Supported Education/Employment Specialist, a Certified Family Partner, and a Certified Peer Specialist. CSC is a time-limited program with a maximum length of stay of three years. At that time, it is anticipated people in the program are discharged out of services or transitioned to the most appropriate level of care. There are currently 24 CSC sites in Texas.

In fiscal year 2021, the Texas CSC programs served 1,059 people. The number of crisis services utilized by CSC clients decreased by 63 percent. Before CSC program

participation, these clients utilized 2,726 crisis services in a year and after participating in the CSC program this decreased to 992 crisis services utilized.[122]

Mental Health Texas Website

MentalHealthTX.org is an SBHCC-sponsored website that serves as a one-stop resource for behavioral health services across the state.[123] The website interfaces with 2-1-1 Texas to link visitors to behavioral health providers and resources in their communities. SBHCC agency members post information on behavioral health topics and their activities.

Outreach, Screening, Assessment, and Referral

Outreach, Screening, Assessment and Referral (OSAR) is a no-cost service available to all Texas residents seeking access to substance use services.[124] OSAR reduces barriers for people by conducting outreach and offering screenings and assessments, in various community settings and through electronic communication platforms. Through coordinated efforts with other state agencies and contracts with LMHAs/LBHAs, people can receive OSAR services and connect with behavioral health services to meet their individual needs ensuring continuum of care.

OSAR services provide referrals to community resources (e.g., physical health, housing, and peer support services, etc.) to help address any unmet needs. OSAR programs also incorporate peer support services to provide support and increase engagement throughout the continuum of care. There are 14 OSAR service providers across Texas.

OSAR programs have consistently conducted over 34,000 substance use screenings for the past four fiscal years. In fiscal year 2021, OSAR programs achieved and, in some cases, exceeded their outcome targets for referrals to substance use treatment, recovery support services, and mental health services.[125]

Despite the challenges brought about by COVID-19, OSAR programs were able to maintain collaboration with community partners. In fiscal year 2021, OSAR screened over 12,000 individuals referred by DFPS, conducted outreach activities virtually and at various community locations, cultivated relationships with external stakeholders, and held quarterly calls with regional stakeholders and community partners. In addition, the directors from each of the 14 OSAR programs participated in four quarterly technical assistance calls held by HHSC.[125]

For fiscal year 2022, the OSAR program has some exciting opportunities they were selected to participate in. The OSAR program will be undergoing an environmental scan to evaluate specific programmatic functions and will be featured on a panel at the Texas Substance Use Symposium in March 2022.[125]

Texas Resilience and Recovery

The Texas Resilience and Recovery (TRR) model for general revenue-funded outpatient mental health services establishes eligibility for services through a uniform assessment; establishes ways to manage the use of services as outlined in the HHSC Utilization Management Guidelines; and measures clinical outcomes or the impact of services. When an LMHA/LBHA is unable to assist a person, they may place the person on a waitlist. The LMHA/LBHA must manage the waitlist according to HHSC's waitlist guidelines. HHSC staff also seek individualized details from LMHAs/LBHAs with a waitlist to determine the reasons for the waitlist and what actions are being taken to address the need.

As a result of the COVID-19 pandemic, LMHAs/LBHAs increased the use of teleservices. In fiscal year 2021, LMHAs/LBHAs served a total of 227,027 adults (average 96,158 per month) and 65,718 children (average 26,297 per month). For both adults and children, LMHAs/LBHAs exceeded the Texas legislature's fiscal year 2021 goals for people served despite the public health emergency.[126]

Texas Targeted Opioid Response

Since May 2017, Texas has received more than $280 million in federal funding to fight the opioid crisis through the TTOR program.[127] As of August 2021, more than 900,000 people have received prevention, treatment, and recovery support services, including overdose prevention education and naloxone, prescription drug disposal services, workforce training, medication assisted treatment, peer recovery coaching, and overdose-related emergency response services. TTOR services benefit not only people with opioid use disorder, but their family members, partners, and supportive allies as well. Within the justice-involved population, individuals seeking to reenter community life may have access to recovery services but often lack the complete set of resources needed to start a life free of substance use. In fiscal year 2021, TTOR-funded recovery providers continued to offer both direct and indirect recovery supports, including safe storage boxes for medication-assisted treatment prescriptions; bus passes for travel to and from MAT service providers, some of which are over an hour away; alcohol- and substance-free social activities; referrals to clothing closets, food banks, and mental health services; financial assistance for housing, utilities, transportation, and health and wellness

supports, including hygiene products; and access to the Humane Society for pet food. Meeting the immediate needs of these clients by providing a comprehensive set of resources helps save lives and supports a successful return to community life.

Office of the Governor

Adult Drug Court Best Practice Standards

Texas Government Code Sections 772.0061 and 121 required 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 targeting drug courts to identify Adult Drug Court Best Practice Standards. The standards 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*[128] for all adult drug courts in Texas. The Criminal Justice Division worked with courts to implement the new standards by 2019.

Texas Commission on Jail Standards

S.B. 1849, 85th Legislature, Regular Session, 2017 amended Occupations Code 1701.310(a) to require TCJS to provide eight hours of mental health training to all currently licensed jailers by August 31, 2021. TCJS employs one Mental Health Trainer to develop and instruct the course, "Mental Health Training for Jailers." This program concludes on August 31, 2021, but the agency continues to identify additional areas for which to develop mental health training for jailers.

In 2019, TCJS developed and implemented training course certified by the Texas Commission on Law Enforcement titled, "Suicide Prevention for Jailers". The course was created to provide jailers with techniques to help prevent suicide attempts. The course also helped county jails satisfy annual training requirements and has been well received. TCJS continues to receive requests from jails across the state to provide the training.

Texas Correctional Office on Offenders with Medical or Mental Impairments, Texas Department of Criminal Justice

Rural Expansion

With additional funding allocated through the 86th Legislature, TCOOMMI was able to increase accessibility of services in rural communities and expand staff in LMHA-TCOOMMI programs. Additionally, intake and telehealth opportunities were expanded allowing the program to bring access to care closer to people involved in the justice system residing in rural communities, resulting in an additional 18 caseloads with allocations for increases to psychiatrist time, medication monitoring, and counseling services. Through rural expansion, additional opportunities were solidified for co-location between criminal justice supervision partners and the LMHAs, resulting in increased communication and partnerships between supervision and treatment as an interdisciplinary treatment team

TCOOMMI Advisory Committee

TCOOMMI Advisory Committee members and TCOOMMI program staff worked on updates to the Texas Uniform Health Status Form. This form is critical in exchanging both medical and mental health information when a person is transferring between custody in the county jails and the TDCJ. The TCJS was an important partner with the TCOOMMI Advisory Committee's subcommittee, sending joint messages to jail administrators on the critical nature of this form. This form and the exchange of continuity of care data is important for quality and prompt care between systems.

TCOOMMI Advisory Committee members and TCOOMMI program staff worked to enhance the sharing of information by completing the modifications to the Collection of Information Form, associated with Article 16.22, Texas Code of Criminal Procedure. The form updates resulted from H.B. 601, 86th Legislature, Regular Session, 2019. The form provides critical information on mental health and intellectual disability diagnosis. Upon completion, the form is given to the appropriate magistrate to assist their critical and timely decisions during the criminal justice process.

Texas Department of Housing and Community Affairs

TDHCA operates the Project Access Program and the Section 811 Project Rental Assistance Program by collaborating with HHS and DFPS.

Project Access

TDHCA's Project Access Program assists people with low incomes and disabilities transitioning out of institutions into the community by providing access to affordable housing using federally-funded Housing Choice (Section 8) Vouchers. TDHCA dedicates 140 Housing Choice Vouchers to Project Access. Since the program began in 2003, over 1,702 households have used the voucher program.

Through a pilot project coordinated by TDHCA and HHSC, people relocating from state psychiatric hospitals use 18 of the Project Access Housing Choice Vouchers to transition from state-funded psychiatric hospital beds into the community by providing access to affordable housing. Eligible applicants must meet disability criteria, and either be a current resident of a state-funded psychiatric hospital or have been discharged from a state-funded psychiatric hospital within 60 days of the application date. To date, 140 people were supported with a Project Access Voucher through this pilot program.

Section 811 Project Rental Assistance

The Section 811 Project Rental Assistance (PRA) Program is a federally-funded, project-based program that allows TDHCA, HHS, and DFPS to create rental assistance opportunities for people with extremely low incomes with a disability and are eligible to receive services and supports. The program operates through an Interagency Partnership Agreement that commits TDHCA, HHSC, and DFPS to operate the program, meet no less than quarterly to discuss program barriers for the target populations, troubleshoot problems with the long-term services and supports delivery, and discuss any necessary program changes needed to accomplish the program's objectives. TDHCA has partnerships with 148 properties across the state and has successfully housed 551 households to date. Most people served through the program (92 percent) have been people with serious mental illness referred by LMHAs/LBHAs.

Texas Indigent Defense Commission, Office of Court Administration

TIDC improves public defense for people with mental illness by providing grants to counties to establish mental health defender programs; providing technical assistance in the form of planning studies for counties seeking to establish mental health defender programs; providing trainings for attorneys, social workers, and case managers; and issuing publications.

Mental Health Defender Grants

To date in the 2020-2021 biennium, TIDC has awarded $4.7 million in grant funds to 10 Texas counties for programs specifically focused on representation of people with mental illness in criminal cases. Several additional grants for comprehensive indigent defense programs include elements focused on improving representation for clients with mental illness.

Some program highlights from fiscal year 2021 include:

- Galveston County Misdemeanor Mental Health Public Defender Office: In 2020, TIDC's board approved a $780,334 grant for Galveston County to establish a Misdemeanor Mental Health Public Defender Office. The seven-member office will include a Chief Public Defender, two assistant public defenders, two caseworkers and a licensed clinical social worker to represent misdemeanor defendants with mental illness. This multi-disciplinary defense team will fulfill the goal of reducing incarceration, reducing recidivism, and improving treatment outcomes.
- McLennan County Mental Health Managed Assigned Counsel Program: In 2020, TIDC's board approved a $169,280 grant to McLennan County to establish a managed assigned counsel program to improve the representation of defendants with mental illness. The two-person MAC includes an attorney director and case manager. The office will approve, train, and oversee private attorneys representing indigent defendants with mental illness; provide case management services for clients; and ensure that quality representation and services will be provided to clients.
- The 86th Legislature directed TIDC to make $5 million in grants in fiscal years 2020-2021 to expand programs in existing public defender offices for representing people with mental illness.

Planning Studies

In 2020, TIDC developed a planning study for the Galveston County Misdemeanor Mental Health Public Defender Office. The County submitted a grant application to establish the office, which was approved, based on this planning study.

Trainings/Workshops

In 2021, TIDC hosted the Juvenile Training Immersion Program (JTIP), in partnership with the Texas Criminal Defense Lawyers Association and the National Juvenile Defender Center. As part of its curriculum, JTIP focuses on youth mental

health through specific trainings on adolescent development and competence to stand trial.

In 2020, TIDC hosted the Indigent Defense Workshop for county stakeholders who work with indigent defense. A session entitled "What's New? What Works? Effectively Addressing Defendants with Mental Illness," featured panelists including the Deputy Director from a Managed Assigned Counsel system representing people with mental illness, the TIDC Director of Grant Funding, and Mental Health Statewide Coordinator.

In December 2019, the TIDC Improvement Team attended a Train the Trainer session on the Sequential Intercept Model (SIM), hosted by the Texas Judicial Commission. The SIM Mapping tool helps counties outline their criminal justice processes as it relates to mental health. TIDC staff can now help counties go through this important process.

In November 2019, TIDC hosted the 3rd Texas Roundtable on Representation of Defendants with Mental Illness. This one-day workshop, aligned with the 2019 JCMH Summit, included panels on working effectively with social workers, effective communication with defendants with mental illness, ethics, and using data to document successes and outcomes related to mental health representation.

Publications

In October 2018, TIDC published *Texas Mental Health Defender Programs*.[129] The publication describes the intersection between the criminal justice and mental health systems, the benefits of mental health defender programs, and the operations of mental health defender programs in Texas, all of which have been established or expanded with TIDC grant funds. The publication is designed to educate judges, county commissioners, and other policymakers on the benefits of coordinated mental health defender operations, including reducing jail populations, reducing competency evaluations, reducing recidivism, improving quality of representation, and improving government efficiency. The publication also describes the components of successful mental health defender programs and their outcomes.

Texas Juvenile Justice Department

TJJD increased cross-collaboration with other state agencies, including HHSC and DFPS, to strengthen case coordination and communication. TJJD assists probation departments in case staffing, complex mental health needs, trauma responsive practices, and risk, needs, and responsivity-based interventions. In addition, TJJD

provides funding and assistance to promote the establishment of research-based programming for youth in community-based and residential treatment.

Texas Military Department

Diversity and Resilience Program

The TMD historically held a quarterly Commanders Ready & Resilient Council (CR2C) made up of departments that support health, wellness, resilience, behavioral health, family assistance and suicide prevention. The intent was to integrate the departments and provide an overall picture of the health of TMD service members to leadership, along with any initiatives and to gain feedback from leadership. TMD is now moving the CR2C towards a larger effort, revamping that council and renaming it the Diversity and Resilience program. The effort will remain the same, but with the intent to reinforce TMD's "People First" vision and boost trust and respect throughout the ranks, while being more inclusive of the commanders who are intended to execute related programs.

Army National Guard Substance Abuse Prevention Program

TMD 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 and Reintegration Unit Risk Inventory report data and the subsequent Risk Mitigation Plans into leadership culture to reduce overall risk and efficiently coordinate risk mitigation resources. TMD counselors are integrated into the Risk Mitigation Plans, providing targeted prevention education, where needed.

Telemental health services allow military and veteran populations to receive services in communities where counselors are not available, 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.

Texas Tech University Health Sciences Center

Campus Alliance for Telehealth Resources

TTUHSC operates Campus Alliance for Telehealth Resources (CATR), a program that delivers expanded mental health services for children and families including services to schools using an Extension for Community Health Outcomes (ECHO®) Model and direct psychiatric treatment when appropriate. CATR is made up of two components: CATR-Services for Professionals and CATR-Services for Students.[19]

In addition to the activity described in Section 2, the CATR ECHO® program expanded to provide a collaborative, educational program for community mental and behavioral health professionals who work with youth in the community. In the spring of 2021, CATR-Services for Professionals developed partnerships with Education Service Centers providing 163 participants training in behavioral health concerns of school age children. CATR-Services for Students provides free assessments and short-term treatment of high-risk children and adolescents for 87 school districts in the Panhandle and West Texas areas of the state. From August 2020 through April 2021, the CATR program at TTUHSC received over 387 student referrals from partnering school districts.[19]

Texas Veterans Commission

VMHD Reporting Tool

TVC's VMHD collaborated with TexVet and HHSC to develop and implement a new online SMVF Engagement Activity Reporting Tool for use by the Military Veteran Peer Network (MVPN). The impact of this new reporting tool has reduced hours spent on data entry and increased reporting efficiency by giving MVPN Peer Service Coordinators and Peer Volunteers the ability to report real-time interactions with veterans in need of assistance directly from their mobile devices as they occur.

Texas Workforce Commission

TWC's Vocational Rehabilitation Division (VRD) created five major initiatives that began on fiscal year 2021 and will continue through fiscal year 2022 to enhance and update services for Vocational Rehabilitation (VR) customers experiencing a behavioral health disability. The initiatives will better align VR services with the Mental Health Individual Placement and Support (IPS) model. IPS is an evidence-based practice model of supported employment services for people with serious

mental illness that uses work as part of active treatment. The initiatives include the following:

- Update framework for VR services: TWC's VRD received technical assistance to review policies and make recommendations for change to develop of a new framework for delivery of VR services for people with behavioral health conditions.
- Remove sobriety clause from VR Services Manual: The sobriety clause was removed from the VR Services Manual to reduce exclusion and remove obstacles to services.
- Explore Mental Health Peer Support model: VR Services staff are receiving training on the peer support model related to obtaining, maintaining, and advancing employment. VRD will identify funding to support certification of eligible customers as Peer Support Specialists.
- Pilot Clubhouse Model at employment service providers: TWC VRD is partnering with Clubhouse Texas to develop a model for establishing Employment Service Provider sites at existing recovery clubhouses, integrating vocational rehabilitation and behavioral health supports.
- Expand access to Wellness Recovery Action Plan: The Wellness Recovery Action Plan (WRAP) is a prevention and wellness process designed to help people with serious mental illness who are in recovery reach their goals, including employment. While WRAP services have been available for several years, VR Services has very few certified WRAP providers. A webinar will be developed to introduce VR Services staff to WRAP to promote use of the service.

Appendix E. Inventory of Behavioral Health Programs and Services by Agency

The inventory describes how the identified programs, services, initiatives, and expenditures will further the goals of the strategic plan and outlines behavioral health programs and services to be provided by SBHCC agencies for fiscal year 2022.

Court of Criminal Appeals (GAA, Article IV)

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

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

Department of Family and Protective Services (GAA, Article II)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Post-Adoption/Post-Permanency Purchased Services; Strategy B.1.5	Children and youth at risk of re-entering conservatorship following an adoption.	Provide payments to contractors for short-term residential behavioral health services to provide families with critical supports to promote permanency and reduce re-entry into the foster care system and dissolution of consummated adoptions.	no	no	no	yes	no	no	no	no	no
Substance Abuse Prevention and Treatment Services; Strategy B.1.7	Families who either have a child in foster care or are receiving in-home family-based safety services due to the high-risk of having a child removed and placed in foster care absent preventive measures.	Provide payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to families where needs were not met by HHSC services. Services may include: • Substance abuse assessment and diagnostic consultation. • Individual, group and/or family substance abuse counseling and therapy, including home-based therapy.	no	yes	no	yes	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Counseling and Therapeutic Services; Strategy B.1.8	Families who need assistance to facilitate the achievement of the child's or family's service plan. Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families including those in family-based safety services.	Provide payments to contractors for counseling and therapeutic services delivered to meet service plan needs, where not met by STAR Health or other services. Services may include: • Psychological testing, psychiatric evaluation, and psychosocial assessments. • Individual, group, and/or family counseling and therapy, including home-based therapy.	no	yes	no	yes	no	no	no	no	no
Adult Protective Services (APS) Emergency Client Services; Strategy D.1.3	Persons 65 and older and adults 18 to 64 with a disability in APS cases that are receiving services, and their family members.	Provide payments to contractors for mental health services to assess capacity and meet service plan needs where services are not already provided through HHSC or other funding sources.	no	yes	no	yes	no	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Prevention and Early Intervention Services; Strategy C	Families in communities identified as having a high level of maltreatment risk factors including poverty, instability, poor health outcomes, substance abuse, and mental illness, targeted for voluntary prevention and family-strengthening programs.	Fund family-strengthening programs and initiatives that support healthy parenting relationships and positive conflict resolution while promoting positive outcomes for children, youth, and families to: • Mitigate the need for more intensive interventions. • Make referrals and offer complementary auxiliary support to families.	yes	yes	yes	no	no	no	no	yes	no

Department of State Health Services (GAA, Article II)

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

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
HIV Care Services, Ryan White Part B HIV Grant Program; A.2.2; Mental Health Services; Outpatient	Texas residents (youth and adults) living with HIV who are low-income, uninsured, and/or underinsured with need for mental health services.	Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized with the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Goals are to retain clients in care, so they remain, or attain, viral suppression and improve health outcomes.	no	yes	yes	yes	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Maternal and Child Health Programs; B.1.1; Research	Women and mothers.	The Maternal and Child Health (MCH) Section received exceptional item funding for the FY2020-2021 Biennium and on-ongoing to implement maternal health and safety initiatives. These initiatives include the Alliance for Innovation in Maternal Health (AIM) patient safety bundles. AIM bundles include the Women with Opioid Use Disorder bundle which MCH will begin to implement with up to ten Texas hospitals across the state in FY2021.	yes	yes	yes	yes	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Article II, Department of State Health Services; Specialized Health and Social Services; B.1.1 primary; A.3.3; and A.4.1; Mental Health Services; Other	Children age 0-21 with special health care needs.	Service 1: Regional case management staff are active members of the Community Resource Coordination Groups (CRCG) and provide evidence-based technical assistance to families and organizations in need of behavioral health/ disability services. Service 2: Regional case management staff coordinate with local mental health authorities & parents to conduct risk assessments if client shows signs of need. Regional Texas Health Steps (THSteps) staff educate providers on importance of conducting risk screenings per periodicity schedule for Medicaid recipients. Service 3: Regional case management/Texas Health Steps staff recruit for new behavioral health providers in underserved areas and coordinate with providers in populated areas to assist in underserved area via telehealth or in-person.	yes	yes	yes	no	no	no	yes	no	yes

Health and Human Services Commission (GAA, Article II)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Mental Health Services for Adults; Strategy D.2.1	Adults with 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 the Texas Targeted Opioid Response.	no	yes	yes	yes	yes	yes	yes	yes	no
1915(i) Home and Community Based Services (HCBS); Strategy D.2.5	Adults with extended tenure in state mental health facilities, high utilization of emergency room, and/or frequent incarcerations.	Support the recovery of adults with extended tenure in state mental health facilities, high utilization of emergency rooms, and/or frequent incarcerations by providing intensive wrap-around home and community-based services. People enrolled in HCBS-Adult Mental Health (AMH) are eligible for all Medicaid behavioral health services as well as those specific to the HCBS-AMH program, such as supervised living services, home modifications, home delivered meals, and transportation services.	yes	yes	yes	yes	yes	yes	yes	yes	no
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 children's strengths and supports, and foster resilience, recovery and functioning in the family, school, and community. Examples of the services provided include assessment, case management, psychosocial rehabilitation, skills training, counseling, family support services, and crisis intervention services.	yes	yes	yes	yes	yes	yes	yes	yes	yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
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 solely due to a lack of mental health resources to meet the needs of children with severe emotional disturbance whose symptoms make it unsafe for the family to care for the child in the home.	yes	yes	yes	yes	yes	no	no	yes	yes
YES Waiver; Strategy D.2.5	Children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance (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.	no	yes	yes	yes	yes	yes	yes	yes	no
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.	yes	yes	yes	no	no	yes	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Jail-Based Competency; Community Mental Health Crisis Services; Strategy D.2.3	Defendants in county jails participating in the program and people first not able to be served in outpatient competency restoration in designated pilot site.	Implement a pilot project to provide competency restoration services for people in a county jail setting.	yes	yes	yes	yes	no	no	no	no	no
Substance Abuse Prevention; Strategy D.2.4	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.	yes	no	yes	no	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Substance Abuse Intervention; Strategy D.2.4	Targeted people who are at risk or high risk of substance use.	• Reduce substance use and/or substance use effects to target populations. Outreach, Screening, Assessment and Referral (OSAR) Centers provide coordinated access to a continuum of substance use disorder services. • Parenting Awareness and Drug Risk Education (PADRE) programs provide community-based, gender-specific services to parenting males and expecting fathers who at risk for involvement or currently involved with child welfare who use substances. • Pregnant and Postpartum Intervention (PPI) programs provide community-based, gender-specific intervention and outreach services for pregnant, postpartum, and parenting females who use substances. • Rural Border Intervention (RBI) programs provide integrated prevention and intervention services through coordinated care to members of the rural border communities who are using substances. • Community Health Worker (CHW) programs increase access to existing behavioral and physical health services for marginalized communities.	yes	yes	yes	no	no	no	no	no	no
Substance Abuse Treatment; Strategy D.2.4	Adults (18 and above) who are diagnosed with a substance use disorder. Youth (aged 13-17) diagnosed with a substance use disorder.	State-funded substance use disorder treatment services serve youth and adults. For youth, residential and outpatient services are available. For adults, detoxification, residential, and outpatient services are available.	no	yes	yes	yes	no	yes	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Recovery; Strategy D.2.4	Recovery support service organizations provide services to increase long-term recovery and recovery quality. Services are provided by peers.	In 2014, HHSC issued a competitive bid to provide recovery support services to people with substance use disorders. The goals of the initiative include: 1. embedding long-term recovery support services into peer-based organizations, community-based organizations, and substance use disorder treatment programs in local communities across Texas; and 2. expanding the recovery supports that are available to people in their natural community environments. Services include a wide array of non-clinical services and supports to help people initiate, support, and maintain recovery from alcohol and other drug use problems. One of the key elements of in the project was the recruitment and utilization of recovery support peer specialists. Services also included peer-run Recovery Support Services increase the prevalence and quality of long-term recovery from substance use disorders by enhancing quality of life and increased social connections through sustained long-term engagement.	yes	yes	yes	yes	no	yes	yes	no	no
Substance Abuse: Neonatal Abstinence Syndrome (NAS); Strategy D.2.4	Pregnant women who use opioids, including certain prescription medications, during pregnancy, possibly causing NAS.	Reduce the incidence, severity, and costs associated with NAS. This project supports a range of health care services, products, and community-based activities.	yes	yes	yes	yes	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Mental Health Crisis Services; Strategy D.2.3.	People involved in the criminal justice system with a serious and persistent mental illness	Statewide Diversion Grant Program. Reduce recidivism rates, arrests, and incarceration among people with mental illness and reduce wait times for forensic commitments. This is a matching grant program to support community projects that provide services and programs for people with mental illness encountering the criminal justice system.	yes	yes	yes	yes	yes	yes	yes	yes	no
Community Mental Health Crisis Services; Strategy D.2.3.	Children in the foster care system	Targeted Case Management and Services for Foster Care Children Grant. Increase access to targeted case management (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.	no	yes	no	no	no	no	no	no	yes
Mental Health Community Hospital Beds; Strategy G.2.2	People experiencing mental illness	Community Mental Health Grant (CMHG) Program. Funding to improve and increase the availability of and access to mental health services and treatment for people with mental illness and coordinate mental health care services with other transition support services. This is a matching grant program to support community collaboratives.	yes	yes	yes	yes	yes	yes	yes	yes	yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Intellectual and Developmental Disability (IDD) Crisis Respite and Behavioral Intervention Programs; Strategy A.1.1	People with intellectual and developmental disabilities (IDD) who have significant behavioral and psychiatric challenges.	Outpatient Biopsychosocial approach for IDD services (OBI) offers security of services that will meet individual's long-term needs. These services provide: • Evidence-based biopsychosocial approach to care including a person-centered and trauma-informed treatment plan; • Education and training on co-occurring IDD and mental health conditions to practitioners in mental health, substance use, or other related fields to establish, expand, or enhance Community-based Crisis Services; • Holistic case management approach focused on increasing access and creating a team of medical, psychiatric, mental health and paraprofessionals to address the person's unique needs; and • Both the person and their support system mental wellness support and skills training. Crisis Intervention Services: • Intervention for individuals experiencing a crisis and linking to other LIDDA supports like the Transition Support Team; • Follow-up care to monitor and provide support to people with IDD who received crisis services; and • Support to existing crisis mobile units (such as a Mobile Crisis Outreach Team [MCOT]) to include the availability of a behavioral specialist who is specifically trained on addressing crisis situations with people with IDD/Developmental Disability (DD). Crisis Respite Services: • Provides people with IDD in crisis with access to temporary stabilization through in-home or out-of-home crisis respite services • Crisis respite services for people with IDD/DD and IDD/Mental Illness which excludes mental illness only.	yes	no	no	no	no	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Regional Medical, Behavioral, and Psychiatric Technical Support Teams; Centers for Medicare and Medicaid Services (CMS) Grant Funded Initiative	Community providers and LIDDAs who serve people with IDD at risk of being admitted into an institution, and those who have moved from institutional settings, including state supported living centers (SSLCs) and nursing facilities (NFs).	Provide the following: • Quarterly educational activities, webinars, videos, and other correspondence, to increase the expertise of LIDDA and provider staff in supporting the targeted population. • Technical assistance, upon request from LIDDAs and providers, on specific disorders and diseases, with examples of best practices and evidence-based services for people with significant medical, behavioral, and psychiatric challenges. • De-identified (as necessary) case-specific peer review support to service planning teams that need assistance planning and providing effective care for an individual.	yes	no	no	no	no	no	no	yes	no
Enhanced Community Coordination; Strategy A.1.1	People with IDD residing in an institution, such as an SSLC or NF, who are transitioning to a community Medicaid waiver program or community Intermediate Care Facilities for People with an Intellectual Disability or Related Conditions (ICF/IID).	Provide information to: • The individual and the individual's legally authorized representative (LAR) about available community living options, services, and supports, in addition to the information provided during the community living options process; • The individual and LAR are provided opportunities to visit community resources; • The individual is provided intensive and flexible support to achieve success in a community setting; and • The individual is provided enhanced pre- and post-transition services.	no	no	yes	no	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Wellness for Individuals with IDD (MHW-IDD); CMS Grant Funded Initiative	Direct service workers who support people with IDD with behavioral health needs. People with IDD who have behavioral health needs and co-occurring mental illness (MI).	Provide eLearning courses designed to support the enhancement and development of a highly skilled workforce staff (i.e., direct support workers, clinicians, and physicians) to support the behavioral health needs of people with an IDD and a co-occurring mental health condition; and promote their successful placements in community settings of their choice.	yes	no	no	no	no	no	no	no	no
Community Resource Coordination Group (CRCG) Program Support (Information Technology); Strategy A.1.1	People (children, youth, and adults) with complex needs (physical, health, social, behavioral, emotional, and/or developmental) which can best be addressed through a coordinated multiagency approach.	• 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.	yes	yes	yes	no	no	yes	yes	no	no
Rio Grande State Center Outpatient Clinic; Strategy G.1.3	Adults living in the lower Rio Grande Valley in four counties: Cameron, Hidalgo, Willacy, and Starr.	Provide the following: • A physical health care clinic that also makes referrals to local mental health authorities for mental health services. • Funding includes all Rio Grande State Center (RGSC) activity and not just activity related directly to behavioral health.	no	yes	yes	yes	yes	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Repair and Renovation of Mental Health Facilities; Strategy G.4.2	State Hospital Infrastructure	Repair, renovate, and construct projects required to maintain the state's 10 psychiatric hospitals at acceptable levels of effectiveness and safety.	no	no	no	no	no	no	no	no	yes
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 (SOC) cross-systems framework through a five-year strategic plan to local communities throughout the state with support of state child/youth agency leadership and advice from additional stakeholders. • Expand from pilot/demonstration to statewide implementation for developing local systems of care. • Maintain and implement a comprehensive strategic plan and supportive infrastructure for statewide delivery of mental health services and supports to children and families using a collaborative SOC framework or approach, increasing: ‣ Access to services and supports ‣ Community implementation capacity ‣ Use of cross-system data ‣ Diverse funding opportunities	yes	no	yes	no	yes	no	yes	yes	no
Mental Health Program for Veterans; 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 • Suicide prevention training for coordinator and peers • Promotion of engagement of faith-based organizations	yes	yes	yes	yes	no	yes	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Children's Health Insurance Program (CHIP); Strategy C.1.1	CHIP provides health coverage to low-income, uninsured children in families with incomes too high to qualify for Medicaid. CHIP is administered by CMS and is jointly funded by the federal government and the states. 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, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals, and state-operated facilities. Outpatient mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to: • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments • Residential treatment services • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) • Skills training (psycho-educational skill development) Inpatient substance abuse treatment services including but not limited to residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs. Outpatient substance abuse treatment services including: • Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment, and referral for chemical dependency disorders • Intensive outpatient services • Partial hospitalization (Intensive outpatient service is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.)	yes	yes	yes	yes	yes	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR	Pregnant women, families, newborns, and children with limited income	Benefits include: • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (children/adolescents) • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older)	yes	yes	yes	yes	yes	no	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR+PLUS	People who are age 65 or older and adults with disabilities receive services through a managed care organizations (MCOs) under contract with the HHSC.	The Medicaid STAR+PLUS program provides acute care services plus long-term services and supports (LTSS) by integrating primary care, pharmacy services, and LTSS. Benefits include: • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (children/adolescents) • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older)	yes	yes	yes	yes	yes	no	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR Kids	Children and young adults age 20 or younger who have disabilities receive most of their services through managed care organizations (MCOs) under contract with the HHSC.	STAR Kids is a managed care program that provides Medicaid-covered acute care and community-based long-term services & supports to children and young adults age 20 or younger with disabilities. Benefits include: • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (children/adolescents)	yes	yes	yes	yes	yes	no	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR Health	Children and youth in conservator-ship of DFPS, including those in foster care and kinship care. Services are delivered through a single Managed Care Organizations (MCO) under contract with HHSC.	Other qualifications include: • Young adults aged 18 through the month of their 22nd birthday who voluntarily agree to continue in a foster care placement also qualify for STAR Health; • Young adults aged 18 through the month of their 21st birthday who are participating in the Former Foster Care Children (FFCC) program or are participating in the Medicaid for Transitioning Foster Care Youth (MTFCY) Program due to ineligibility for the FFCC program; • Children and youth with disabilities who are participating in the DFPS Adoption Assistance or Permanency Care Assistance programs; and • An infant born to a Medicaid-eligible mother enrolled in STAR Health MCO. STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions. • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (children/adolescents) • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older)	yes	yes	yes	yes	yes	no	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Medicaid Fee for Service	Some Medicaid clients are served through a traditional fee-for-service (FFS) delivery system. Health care providers are paid for each service they provide, such as an office visit, test, or procedure. The FFS model allows access to any Medicaid provider. The provider submits claims directly to the Texas Medicaid claims administrator for reimbursement of Medicaid covered services.	Services include: • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (children/adolescents) • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older) *Mental Health Targeted Case Management includes helping Medicaid clients gain access to needed medical, social/behavioral, educational, and other services and supports.	yes	yes	yes*	yes	yes	no	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Healthy Texas Women (HTW) Plus	HTW Plus is an enhanced postpartum services package. HTW clients who have been pregnant in the 12 months prior to HTW enrollment are eligible to receive additional HTW Plus services to treat certain health conditions including behavioral health conditions, like postpartum depression or substance use disorders.	Services include: • Individual, family & group psychotherapy • Pharmacological management* • Substance use disorder SUD assessment/evaluation • SUD - individual and group counseling • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Peer specialist services for substance use disorder or mental health condition (adults aged 21 and over) • Postpartum depression screening and treatment* *Office visits including mental health screenings and antidepressant medications are covered in the core HTW benefit package rather than HTW Plus.	yes	yes	no	yes	no	no	no	no	no

Health Professions Council (GAA, Article VIII)

Board of Dental Examiners

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy A.1.2	Dentists impaired by chemical dependency or mental illness.	Provide services to impaired dentists to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice: • Monitor impaired dentists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery. • Identify dentists with a potential impairment and coordinate evaluation to assess impairment for dentists. • Provide referrals to qualified mental health professionals to evaluate and provide mental health services to dentists, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral of dentists to access mental health services in a confidential manner through a support agreement without professional disciplinary action. • Provide crisis intervention through peer assistance program.	no	no	no	no	no	no	no	no	yes

Board of Nursing

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy B.1.2	Registered and licensed vocational nurses, whose practice is impaired or suspected of being impaired by chemical dependency, mental illness, or diminished mental capacity.	Provide services to registered and licensed vocational nurses, whose practice is impaired or suspected of being impaired by chemical dependency, mental illness, or diminished mental capacity. Texas Peer Assistance Program for Nurses (TPAPN) identifies, monitors, and assists with locating appropriate treatment so that they may return to practice safe nursing. • Statewide peer advocacy • Statewide monitoring • A network of trained peer volunteer advocates • Physical and psychological evaluations • Substance abuse treatment • Drug screening • Individual and group psychotherapy	yes	no	yes	no	no	no	yes	no	no

Board of Pharmacy

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy B.1.2	Pharmacists or eligible pharmacy students impaired by chemical abuse or mental or physical illness.	Provide services to impaired pharmacists to support recovery and monitor people 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 for pharmacists. • Provide referrals to qualified mental health professionals to evaluate and provide mental health services to pharmacists, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral of pharmacists to access mental health services in a confidential manner through a support. agreement without professional disciplinary action. • Provide crisis intervention through peer assistance program.	no	no	no	no	no	no	no	yes	yes

Board of Veterinary Medical Examiners

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy A.2.2	Veterinarians impaired by chemical dependency or mental illness.	Provide services to impaired veterinarians to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice: • Monitor impaired veterinarians to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery. • Identify veterinarians with a potential impairment and coordinate evaluation to assess impairment for veterinarians. • Provide referrals to qualified mental health professionals to evaluate and provide mental health services to veterinarians, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral of veterinarians to access mental health services in a confidential manner through a support agreement without professional disciplinary action. • Provide crisis intervention through peer assistance program.	no	no	no	no	no	no	no	yes	yes

Medical Board

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Physician Health Program; Strategy B.1.2	Licensees of the Medical Board and associated boards (physicians, physician assistants, acupuncturists, and surgical assistants).	Provide for the oversight and monitoring of licensees who may have a substance abuse disorder, mental health issue, or physical illness or impairment that has the potential to compromise a licensee's ability to practice.	no	no	no	no	no	no	no	no	yes

Optometry Board

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy A.1.4	Optometrists impaired by chemical abuse or mental or physical illness.	Provide services to impaired optometrists to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice: • Monitor impaired optometrists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery. • Identify optometrists with a potential impairment and coordinate evaluation to assess impairment for optometrists. • Provide referrals to qualified mental health professionals to evaluate and provide mental health services to optometrists, including treatment and counseling. • Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services. • Allow for self-referral of optometrists to access mental health services in a confidential manner through a support agreement without professional disciplinary action. • Provide crisis intervention through peer assistance program.	no	no	no	no	no	no	no	no	yes

Officer of the Governor, Trusteed Programs (GAA, Article I)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Violence Against Women; Mental Health Services; Strategy B.1.1	Women charged who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide grant funding to local governments and non-profit corporations to provide mental health services to victims of crime.	no	yes	yes	yes	yes	yes	no	yes	no
Crime Victim Assistance; Mental Health Services; Strategy B.1.1	Adults and juveniles who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide grant funding to local governments and non-profit corporations to provide mental health services to victims of crime.	no	yes	yes	yes	yes	no	no	yes	no
Criminal Justice / Residential Substance Abuse Treatment; Strategy B.1.1	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse problem.	Provide direct treatment services to the eligible offender populations of state agencies, counties, and community supervision and corrections departments operating secure correctional facilities.	no	yes	yes	yes	yes	no	no	NO	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Criminal Justice / Specialty Courts; Strategy B.1.1	Adults (charges include Drug/Driving While Intoxicated (DWI), Mental Health related, Veteran, Family, and Commercially Sexually Exploited Persons) and juveniles charged with a nonviolent offense and who are suffering from substance abuse or mental health problem.	Provide grant funds to counties, judicial districts, or juvenile boards to support Specialty Courts (Drug/DWI, Mental Health, Veteran, Family, and Commercially Sexually Exploited Persons). Services provided by the drug court programs include intense supervision, drug testing, counseling and therapy, and case management.	no	yes	yes	yes	no	no	no	no	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Criminal Justice / Juvenile Justice and Delinquency Program; Strategy B.1.1	At-risk youth and juveniles who have had contact with the juvenile justice system. Local communities with a high population of mentally ill or population suffering from substance abuse problems.	Provide grant funding to local communities and non-profit organizations to improve the juvenile and adult criminal justice system in a variety of ways, including increased access to mental health and substance abuse programs. Services include: • Early Intervention and Prevention activities and services such as academic tutoring, truancy, suspension, and expulsion prevention services. • Substance abuse, alcohol, and mental health prevention services. • Work awareness and training projects. • Diversion activities to prevent youth from further involvement in the juvenile justice system.	yes	yes	yes	yes	yes	no	no	no	no
Edward Byrne Memorial Justice Assistance; Mental Health Services; Strategy B.1.1	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide grant funding to states and local governments to improve the administration of the criminal justice system to include substance abuse treatment and mental health services.	no	yes	yes	yes	yes	no	no	no	no

Texas Child Mental Health Care Consortium & Texas Higher Education Coordinating Board (GAA, Article III)

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

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Centralized Operations Support Hub	Children and adolescents.	Provides centralized communications and data management systems to health-related institutions providing services through Child Psychiatry Access Network (CPAN), Texas Child Health Access Through Telemedicine (TCHATT) and Community Psychiatry Workforce Expansion. Provides high level coordination and facilitates collaboration between physicians providing CPAN and TCHATT consultations through a Medical Director position.	no	no	no	no	no	no	no	no	yes

Texas Civil Commitment Office (GAA, Article II)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Sexually Violent Predator Mental Health Services; Strategy M.1.1	Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require traditional mental health or substance abuse treatment.	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.	yes	yes	yes	yes	yes	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Sexually Violent Predator Mental Health Services; Strategy M.1.1	Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require substance abuse treatment.	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 in order to provide services for civilly committed sex offenders who reside in the Texas Civil Commitment Center.	yes	yes	yes	yes	yes	no	no	yes	no

Texas Commission on Jail Standards (GAA, Article V)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Training for County Jailers; Strategy A.2.2	All current county jailers.	One full-time employee for the agency allocated for the Mental Health Trainer position, assigned to the Management Consultation strategy. The trainer 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.	no	yes	no	no	no	no	no	yes	no

Texas Commission on Law Enforcement (GAA, Article V)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Support Network, Technical Assistance; Strategy B.1.2	Appointed peace officers of Municipal police departments, county law enforcement agencies, and Texas Dept. of Public Safety	TCOLE will subcontract with the Caruth Police Institute at The University of North Texas Dallas to do the following: • Recruit peers throughout the regional catchment area to serve as volunteer peers. • Provide TCOLE-approved peer training to volunteer peers in person and virtually. • Provide app registration codes to approved volunteer peers. • Coordinate peer network events throughout the region and provide calendar events to the Network Coordinator to be placed on the App at TCOLE. • Market the network throughout the region to departments and officers. • Identify and recruit culturally appropriate clinical providers to become members of the network providing low-cost services to first responders. • Keep deidentified statistics.	yes	yes	yes	yes	no	no	no	yes	no

Texas Correctional Office on Offenders with Medical or Mental Impairments & Texas Department of Criminal Justice (GAA, Article V)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Diversion Programs / Specialized Mental Health Caseloads; Strategy A.1.2	Defendants on probation.	Support specialized community supervision caseloads for offenders with mental health disorders.	yes	yes	yes	yes	yes	yes	yes	yes	no
Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Defendants on probation.	Provide grants to local adult probation departments for outpatient programs to divert offenders with substance abuse disorders from further court action and/or prison.	yes	yes	yes	yes	yes	yes	yes	yes	no
Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Defendants on probation.	Provide grants to local adult probation departments to divert offenders with substance abuse disorders from prison through residential beds for substance abuse treatment.	yes	yes	yes	yes	yes	yes	yes	yes	no
Diversion Programs / Substance Abuse Felony Punishment Facilities (SAFPF) Aftercare; Strategy A.1.2	Defendants on probation.	Provide funding to local adult probation departments for continuum of care management services and aftercare outpatient counseling for felony substance abuse probationers after their release from a TDCJ SAFPF.	yes	yes	yes	yes	yes	yes	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Corrections; Strategy A.1.3	Defendants on probation.	Provide formula funding to Community Supervision and Corrections Departments for substance abuse services to serve primarily as diversions from prison.	yes	yes	yes	yes	yes	yes	yes	yes	no
Treatment Alternatives to Incarceration Program; Strategy A.1.4	Defendants on probation.	Provide grants to local adult probation departments for treatment to divert offenders from incarceration, including screening, evaluation, and referrals to appropriate services.	yes	yes	yes	yes	yes	yes	yes	yes	no
Special Needs Programs and Services / TCOOMMI – Adult; Strategy B.1.1	Adult incarcerated inmates, paroled clients, defendants on probation, pre-trial defendants.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for adult offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	yes	yes	yes	yes	yes	yes	yes	yes	no
Special Needs Programs and Services / TCOOMMI – Juvenile; Strategy B.1.1	Juvenile detainees, incarcerated juveniles, paroled juveniles, juveniles on probation, discharged youth.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for juvenile offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	yes	yes	yes	yes	yes	yes	yes	yes	no
Unit and Psychiatric Care; Strategy C.1.8	Incarcerated inmates.	Provide mental health care for incarcerated inmates.	yes	yes	yes	yes	yes	yes	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Managed Health Care – Pharmacy; Strategy C.1.10	Incarcerated inmates.	Provide pharmacy services, both preventive and medically-necessary care, consistent with standards of good medical practice for mental health cases.	no	no	no	yes	yes	yes	no	no	no
Treatment Services / Parole Special Needs; Strategy C.2.3	Paroled clients.	Provide specialized parole supervision and services for clients with mental illness, intellectual disabilities, developmental disabilities, terminal illness, and physical disabilities. Provide subsidized psychological counseling to sex offenders.	yes	yes	yes	yes	yes	yes	yes	yes	no
Treatment Services / Sex Offender Treatment Program; Strategy C.2.3	Incarcerated inmates.	Provide sex offender education for lower risk inmates, though a four-month program addressing healthy sexuality, anger management, and other areas. Provide sex offender treatment for higher risk inmates, through a 9-month or 18-month intensive program using a cognitive-behavioral model.	yes	yes	yes	yes	yes	yes	yes	yes	no
Reentry Initiatives / Transitional Coordinators; Strategy C.2.3.	Incarcerated inmates.	Provide for 10 designated reentry transitional coordinators for special needs inmates.	yes	yes	yes	yes	yes	yes	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Substance Abuse Felony Punishment Facilities (SAFPF); Strategy C.2.4	Incarcerated inmates.	Provide a six-month substance abuse program for inmates (nine-months for inmates with special needs) who are sentenced by a judge as a condition of community supervision or as a modification to parole or community supervision. Upon completion of the incarcerated phase, clients must complete a Transitional Treatment Center for residential and outpatient care/counseling.	yes	yes	yes	yes	yes	yes	yes	yes	no
In-Prison Substance Abuse Treatment & Coordination; Strategy C.2.5	Incarcerated inmates.	Provide a six-month substance abuse program for inmates within six months of parole release. Upon completion of the incarcerated phase, clients must complete a Transitional Treatment Center for residential and outpatient care/counseling.	yes	yes	yes	yes	yes	yes	yes	yes	no
Driving While Intoxicated (DWI) Treatment; Strategy C.2.5	Incarcerated inmates.	Provide a six-month program that offers a variety of educational modules that accommodate the diversity of needs presented in the DWI inmate population, including treatment activities, and group and individual therapy.	yes	yes	yes	yes	yes	yes	yes	yes	no
State Jail Substance Abuse Treatment; Strategy C.2.5	Incarcerated inmates.	Provide a substance abuse program for inmates who have been convicted of a broad range of offenses and are within four months of release. The program is designed to meet the needs of the diverse characteristics of TDCJ's state jail population.	yes	yes	yes	yes	yes	yes	yes	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Substance Abuse Treatment and Coordination; Strategy C.2.5	Incarcerated inmates.	Provide support services for pre-release substance abuse facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.	yes	yes	yes	yes	yes	yes	yes	yes	no
Parole Supervision; Strategy E.2.1.	Paroled clients.	Provide outpatient substance abuse counseling to parolees.	yes	yes	yes	yes	yes	yes	yes	yes	no
Intermediate Sanction Facility Treatment; Strategy E.2.3	Paroled clients.	Provide substance abuse and or cognitive treatment slots for Intermediate Sanction Facility beds.	yes	yes	yes	yes	yes	yes	yes	yes	No

Texas Department of Housing and Community Affairs

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Project Access; Strategy A.15	Low income persons with disabilities transitioning out of institutions.	Assist low-income persons with disabilities in transitioning from institutions into the community by providing Section 8 Housing Choice vouchers. Program administratively supported in part by Money Follows the Person funds and program coordinated with HHSC.	no	no	no	no	no	yes	no	no	no
Section 811; Strategy A.1.6	People with disabilities living in institutions, people with serious mental illness, and youth and young adults with disabilities exiting foster care receiving services through DFPS.	Provide project-based rental assistance for extremely low-income people with disabilities linked with voluntary long-term services through HHSC or DFPS. Program coordinated via an Interagency Agreement with HHSC.	no	no	no	no	no	yes	no	no	no

Texas Indigent Defense Commission, Office of Court Administration (GAA, Article IV)

The Texas Indigent Defense Commission does not deliver these services directly. These services are funded by TIDC but delivered by other organizations.

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Improve Indigent Defense Practices and Procedures; Strategy D.1.1	Adults and juveniles with mental illness or IDD charged with crimes who cannot afford to hire defense counsel.	Grant program to assist counties in setting up & operating specialized mental health indigent defense programs to improve outcomes, cut unnecessary jail days, and reduce recidivism. Provide specialized attorneys and social workers to address criminal charges in the context of mental health needs, connect defendants with supports that stabilize them, and address the causes of the conduct that led to criminal charges. Social workers or case workers may provide case coordination, jail release planning, service referrals, mitigation investigations and other support and advocacy to help stabilize defendants in the community, improve case outcomes.	no	yes	yes	no	no	no	no	no	yes

Texas Juvenile Justice Department (GAA, Article V)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Probation Grants: Special Needs Diversionary Program; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide grants to probation departments for mental health treatment and specialized supervision to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system.	yes	yes	yes	yes	yes	no	no	yes	no
Probation Grants: Community Programs; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide assistance to local juvenile probation departments for community-based services for misdemeanors, enhanced community-based services for felons, and other behavioral health programs.	yes	yes	yes	yes	yes	no	no	yes	no
Probation Grants: Commitment Diversion Initiatives; Strategy A.1.5	Juvenile offenders under the jurisdiction of a juvenile probation department	Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities.	yes	yes	yes	yes	yes	no	no	yes	no
Probation Grants: Mental Health Services; Strategy A.1.7	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide grants and technical assistance to local juvenile probation departments for mental health services.	yes	yes	yes	yes	yes	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Probation Grants: Regional Diversion Alternatives; Strategy A.1.8.	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide discretionary grants to local juvenile probation departments to build additional mental health resources.	yes	yes	yes	yes	yes	no	no	yes	no
State Programs: Psychiatric (Mental Health) Services; Strategy B.1.1	Youth at the intake and orientation unit with mental health problems who require psychiatric treatment and psychotropic medication and/or require a comprehensive psychiatric evaluation based on the assignment of a 12 Minimum Length of Stay or longer.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to intake and assessment unit.	no	yes	no	yes	no	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7	Juveniles in residential care who are receiving ongoing psychiatric services as part of their rehabilitation program. Youth are assigned to any of the state-operated programs.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to TJJD residential facilities.	no	yes	yes	yes	no	no	no	yes	no
State Programs: General Rehabilitation Treatment; Strategy B.1.8	Juveniles in state-operated residential care except orientation and assessment and the designated mental health residential treatment center.	Support all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by Youth Service Team (YST), crisis intervention and management, reintegration planning and family involvement.	no	yes	yes	yes	yes	no	no	yes	no

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
State Programs: Specialized Rehabilitation Treatment; Strategy B.1.8	Juveniles in state-operated residential care except orientation and assessment who require specialized treatment services in addition to general rehabilitation treatment.	TJJD administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. 99% of youth entering TJJD have a need for one or more of these programs. Services include assessment, group and/or individual counseling, YST collaboration, and re-integration planning, which are provided by licensed or those under the supervision of a licensed clinician.	no	yes	yes	yes	yes	no	no	yes	no
State Programs: Parole Programs and Services; Strategy C.1.2	Juveniles who have been released from residential programs to parole and who require aftercare services in addition to general parole services. A youth may reside in an approved home or home substitute while receiving aftercare services.	Youth who have completed specialized treatment in residential placements required aftercare services in those areas as a condition of their parole in order to improve outcomes.	no	no	no	yes	yes	no	no	no	no

Texas Military Department (GAA, Article V)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Services; Strategy C.1.3	Texas Military Department members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard)	• Provide mental health and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, and more. • Develop support plans for TMD service members. • Respond to critical incidents and provide post-vention care. • Coordinate with TMD unit leadership to support behavioral health awareness and wellness promotion plans. • Conduct behavioral health training for TMD. • Provide support through the 24/7 Counseling Line. • Coordinate with Texas Military Forces (TXMF) Family Support Services (FSS) programs to offer holistic care to TMD Service members. • Assist and execute plans for behavioral health assistance to TMD Service members during disaster response missions. • Provide appropriate referrals to care for non TMD service members (dependents, veterans, non-TMD service members).	yes	yes	yes	yes	yes	yes	no	no	yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Services; Sexual Assault Response Counselor; Strategy C.1.3	Texas Military Department members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard) and service members' surviving family	• Provide mental health and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, and more. • Develop support plans for TMD service members. • Facilitates individual and group counseling sessions for survivors of domestic and/or sexual violence as a priority, supporting general behavioral health counseling as needed. • Facilitate individual and group violence intervention sessions for military sexual offenders. • Coordinate with TMD unit leadership to support behavioral health awareness and wellness promotion plans. • Conduct behavioral health training for TMD. • Coordinate with TXMF Family Support Services (FSS) programs to offer holistic care to TMD Service members. • Assist and execute plans for behavioral health assistance to TMD Service members during disaster response missions. • Provide appropriate referrals to care for non TMD service members (dependents, veterans, non-TMD service members).	yes	yes	yes	yes	yes	yes	no	no	yes

Texas School for the Deaf (GAA, Article III)

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

Texas Tech University Health Sciences Center (GAA, Article III)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Rural Health Care; Strategy D.4.1.	Children and adolescents in rural school districts	The Campus Alliance for Telehealth Resources (CATR) program seeks to improve the mental health of communities across West Texas through partnership with independent school districts. CATR improves access to mental health care expertise through free, time-limited mental health services to youth in need of urgent behavioral or emotional assessment and care. The CATR ECHO® Program will create community learning collaboratives among participating schools, increase learning experience in virtual communities, expand force multiplication through interprofessional practice, and improve outcomes.	yes	yes	no	no	no	no	no	no	yes

Texas Veterans Commission (GAA, Article I)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Veteran Mental Health Grants; Texas Veterans Commission (TVC) Strategy B.1.1.1 General Assistance Grants	Texas veterans, their families, and survivors.	Fund for Veterans Assistance Grants provides assistance to veterans, their families, and survivors by making grants to local nonprofit organizations and units of local governments providing direct services.	yes	no	yes	yes	no	yes	yes	no	no
Veterans Mental Health Department (VMHD), Texas Veterans Commission (TVC) Strategy A.1.4. Veterans Outreach	Texas service members, veterans, their families.	The Veterans Mental Health Department (VMHD) of TVC provides multiple trainings on veteran mental health needs including military trauma, suicide prevention, military cultural competency/military-informed care; provides certification and technical assistance to the Military Veteran Peer Network (MVPN) made up of peer service coordinators and peer volunteers who connect veterans and their families to local resources to address mental health needs including military trauma. VMHD also provides training and technical assistance to community-based licensed mental health professionals, community-based organizations, and faith-based organizations; and coordinates services for justice-involved veterans involved in veteran treatment courts and criminal justice settings.	yes	yes	yes	yes	yes	yes	yes	yes	no

Texas Workforce Commission (GAA, Article VII)

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

University of Texas Health Science Center – Houston (GAA, Article III)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Psychiatric Services [UTHealth Department of Psychiatry & Behavioral Sciences]	Adults and children with mental health issues treatable in outpatient settings, including UT Physicians Clinics, Harris Health, and integrated-care community-health centers	This strategy is an Article III appropriation for research. The other services listed below are not funded through a state appropriation: • Provide outpatient care for people with mental illness. • Implement clinical training and interventions to enhance the ability and capacity to treat mental illness. • Conduct evidence-based research to allow for long-term follow-up with validation of treatment and its effect.	yes	yes	yes	yes	yes	no	no	yes	no
UTHealth Harris County Psychiatric Center	Adults and children assessed with mental health disorders (includes non-resource funding, i.e., state or county funds)	• Funding for the services listed comes through a state appropriation to DSHS in Article II. • Provide acute inpatient care with screening, stabilization, and planning for aftercare services. • Educate professionals in the fields of nursing, medicine, pharmacy, psychology, and social work. • Conduct research into the treatment of mental illness.	no	yes	yes	yes	yes	no	no	yes	no

University of Texas Health Science Center – Tyler (GAA, Article III)

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Training Programs; Strategy D.1.2	Psychiatry residents, Psychology interns, and other mental health professionals and providers	This strategy does not fund direct patient services; it funds new educational programs designed to increase the mental health workforce in rural underserved areas. Strategy D.1.2 provides funding for workforce training programs. Residents complete rotations in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.	no	no	no	no	no	no	no	no	yes

Appendix F. Behavioral Health 2020 Survey Data Summary

The SBHCC administered on online survey in 2016 to inform the first *Texas Statewide Behavioral Health Strategic Plan*. The survey asked members of the public to indicate the strengths, weaknesses, opportunities, and threats of the state-delivered behavioral health system in Texas. A minor variation on the survey was administered in 2018 to update the state assessment. In 2020, the SBHCC administered a new survey to gather input from the public to use in the development of the second edition of the *Texas Statewide Behavioral Health Strategic Plan*. The 2020 Behavioral Health Strategic Plan Survey had a similar scope and framework to make limited comparisons to the results of the 2018 Survey.

Survey Promotion and Administration

The SBHCC hosted the 2020 Survey. The survey was designed to be completed by any person involved in the behavioral health system in Texas, including:

- People who have used state-delivered behavioral health services;
- Caregivers, family members, and friends of people who have used services;
- Direct behavioral health service providers; and
- People who work for behavioral health advocacy, support, or service organizations and agencies.

The survey was promoted by SBHCC member agencies throughout the state using a variety of channels, including:

- Announcements for behavioral health services recipients;
- Website and social media announcements;
- Notices directed to LMHAs, LIDDAs, and MCOs; and
- Agency advisory committees.

The survey was hosted using an online platform and a general web link was provided for use by anyone who wanted to take the survey. The survey was open for responses from November 8 - 21, 2020.

Response Rate and Methods

A total of 3,059 people initiated the survey. Any respondents who did not complete at least one opinion question were not included in the analysis. After removing blank surveys and those without opinion responses, the final pool of surveys for analysis included 2,211 respondents.

Gap Questions

Development

The first *Texas Statewide Behavioral Health Strategic Plan*, published in 2016, identified 15 gaps within the Texas behavioral health system. These gaps were identified based on expert knowledge of the system and feedback from external stakeholders.

To assess progress related to these gaps, the 2020 Survey developed questions aimed at assessing stakeholder perceptions about which gaps were still present in the Texas behavioral health system. Each of the fifteen gaps included in the *2016 Strategic Plan* were worded as positive statements in the survey (see Table F-1 for each *2016 Strategic Plan* gap and the corresponding 2020 Survey statement). Participants were then asked how strongly they agreed or disagreed with the statement using a four-point Likert type scale.

Table F-1. Gaps Assessed in 2020 Survey

Full Item	Abbreviation/Domain
There are enough behavioral health workers to support the needs of people in Texas	Enough Behavioral Health Workers
People with behavioral health conditions have secure housing options	Secure Housing Options Available
There are enough transportation resources for people to get to their behavioral health services	Enough Transportation to Get to Services
Public school students get the behavioral health services they need at school	Public School Students Needs Met
People released from prison or jail continue to get behavioral health services if needed	Behavioral Health (BH) Services Continued After Incarceration
Adequate peer support services are available in the community	Peer Support Available in Community
People are able to get substance use treatment services when they need them	Timely Substance Use (SU) Treatment

Full Item	Abbreviation/Domain
People are able to get the behavioral health services that best meet their needs	Behavioral Health (BH) Services Meet Needs
Veterans and military service members get the long-term, community behavioral health services they need	Veterans/Military Members Get Community Services
People with intellectual and developmental disabilities can get mental health or substance use services when they need are needed	People with IDD Get Needed Mental Health (MH) and Substance Use (SU) Services
State agencies and local service providers coordinate well on behavioral health services	State and Local Coordination on Services
People's behavioral health needs are identified quickly	Quick Needs Identification
Community-based behavioral health services are available for people with distinct needs (examples: people with disabilities, mothers with postpartum depression, people who were incarcerated)	Community Services Available for People with Distinct Needs
State agencies and local service providers share useful data	Agencies and Providers Share Data
Behavioral health service providers implement evidence-based practices whenever possible	Evidence-Based Practices Implemented

Analysis

To analyze the strategic plan gap questions, which were rated on a four-point Likert type scale from "Strongly Agree" to "Strongly Disagree," horizontal bar graphs were constructed to reflect the percentage of respondents who selected a given option for the question. Dark green was used to show the percentage who selected "Strongly Agree," light green was used to show the percentage who selected "Agree," light red was used to show the percentage who selected "Disagree," and dark red was used to show the percentage who selected "Strongly Disagree." This coloring made it easy to see the percentage of people who selected one of the four options, as well as quickly compare the percentage who agreed overall (selected "Agree" or "Strongly Agree") with the percentage who disagreed overall (selected

“Disagree” or “Strongly Disagree”). The gaps were then ranked from most overall agreement to least overall agreement for display in the graph.

SWOT Questions

Development

In 2018, a survey was administered to update the first *Texas Statewide Behavioral Health Strategic Plan*. The survey asked four open-ended questions about the strengths and weaknesses within the behavioral health system and opportunities and threats facing the system. This permitted what is otherwise known as a "SWOT" analysis, because it captures internal strengths and weaknesses and external opportunities and threats. There were 409 total responses for the 2018 survey.

For the 2020 Survey, a survey designer reviewed the 2018 responses to create response categories. Categorical responses are quantifiable and were used to improve the content validity of questions used for the 2020 Survey. The response categories were identified using the open-ended responses from the 2018 Survey, which provided a template for developing a survey instrument with measurable responses. It also provided an opportunity to compare responses by survey year moving forward. Responses could be placed into multiple categories, as appropriate.

After the 2018 responses were categorized, the survey design team calculated the percentage of responses that could be represented by each category. The team then discussed appropriate cutoffs for category exclusion. Strengths, opportunities, and threats categories used a cut-off of 10 percent, meaning if a category had less than 10 percent of the responses classified under it, it was removed from the list of categories. Weaknesses used the same method but had a cut-off of 15 percent. This left 9 categories each for strengths, weaknesses, opportunities, and threats. Further discussion among the survey design team resulted in additional categories being included in the weakness, opportunities, and threats areas. Two categories were added to the weakness areas, six categories were added to the opportunities area, and two were added to the threats area. These categories formed the pre-defined options for participants to select from for the 2020 Strengths, Weaknesses, Opportunities, and Threats survey questions. There were no open-ended response options on the 2020 Survey. Table F-2 through F-5 below show the categories derived from the 2018 Survey and the categories included in the 2020 Survey.

Participants were then asked in four separate questions to select all the options they felt were strengths given all of the strengths options, weaknesses given all of the weaknesses options, opportunities given all of the opportunity's options, and threats given all of the threat's options (see Tables F-2 through F-5). Selecting the

item indicated the participant agreed that the item was a strength, weakness, opportunity, or threat in the given context.

Table F-2. Strengths Topics Assessed

Strengths - Full Item	Abbreviation/Domain
People can access behavioral health services when they need them	Access
Collaboration between state agencies and local behavioral health providers	Collaboration
Consistency or standardization of care	Standardization of Care
Funding to support behavioral health services	Funding
State government’s awareness of need for behavioral health services	Government Awareness
Local control of behavioral health resources	Local Control
Availability of peer services	Peer Services
Care is focused on the person	Person-centered
Service providers are dedicated to people’s care	Workforce

Table F-3. Weaknesses Topics Assessed

Weaknesses - Full Item	Abbreviation/Domain
Difficulty accessing services	Access
Affordability of services	Affordable
Lack of collaboration between service providers and state agencies	Collaboration

Weaknesses - Full Item	Abbreviation/Domain
Not enough funding for behavioral health services	Funding
Lack of government awareness of the need for behavioral health services	Government Awareness
Lack of coverage for some services	Insurance Coverage
Services are not focused on the person	Person-centered
Behavioral health workforce or provider shortage	Workforce
Lack of resources for providers to offer range of services to the community	Resources
Poor behavioral health service quality	Quality
Lack of data sharing	Data Sharing

Table F-4. Opportunities Topics Assessed

Opportunities - Full Item	Abbreviation/Domain
Enhance behavioral health service accessibility	Accessible
Attract more behavioral health service providers	Attract Providers
Improve communication with the public	Communication
Create a comprehensive range of behavioral health services (or continuum of care)	Continuum of Care
Prevent disruptions in care (or continuity of care)	Continuity of Care

Opportunities - Full Item	Abbreviation/Domain
Improve data sharing	Data Sharing
Make services easier to find	Service Navigation
Increase funding to support more behavioral health services	Funding
Expand service provider roles and responsibilities to permit care for more people	Provider Roles
Provide additional support for vulnerable populations	Vulnerable
Increase inpatient behavioral health services	Inpatient Services
Expand use of telehealth technology	Telehealth
Increase availability of crisis intervention services	Crisis
Increase access to housing for people with behavioral health issues	Housing
Improve use of justice diversion options	Justice Diversion

Table F-5. Threats Topics Assessed

Threats - Full Item	Abbreviation/Domain
Inability to get transportation to service locations	Transportation
Services are too expensive	Affordable
Reduction of funding to support behavioral health services	Funding

Threats - Full Item	Abbreviation/Domain
Lack of insurance for services needed	Insurance Coverage
Increased demand for behavioral health services	Demand
Lack of political support for funding and services	Political Support
Poor quality of care	Quality
Disruptions in care (or continuity of care)	Continuity of Care
Lack of communication across behavioral health services	Communication
Stigma experienced by people seeking behavioral health care	Stigma
Lack of person-focused care	Person-centered

Analysis

To compare results from the 2018 Survey to the 2020 Survey, slope graphs were created. Slope graphs allow for a visual representation of the change in a value from one point to another. In this instance, the change in the percentage is displayed in the slope of the line, allowing for a visual comparison of the change in percentage for the categories in a given area.

For this analysis, the percentage of respondents whose response was classified into one of the categories for the 2018 Survey was compared to the percentage of respondents who selected the same category on the 2020 Survey. A true comparison is not possible at this time, given the different manner of survey administration between the 2018 and 2020 surveys. However, the slope graph seemed the most appropriate way to show potential differences between the surveys. Changes displayed in the slope graphs should be critically considered in light of the difference in survey modalities.

COVID-19 Questions

Development

The COVID-19 questions were developed to examine concerns the COVID-19 pandemic was impacting access to behavioral health services. These questions used survey skip logic so only survey respondents who had services disrupted by COVID-19 were eligible to answer the follow-up questions. This resulted in certain questions only being answered by a subset of the survey respondents.

Analysis

Percentages were illustrated using a bar graph to analyze responses for the COVID-19 questions.

Pilot Test

The 2020 Survey was pilot tested by 15 people with knowledge of the Texas behavioral health system who were not involved with the survey creation. The goal of this pilot was to solicit feedback about the readability and substance of the survey questions to ensure the demographic questions covered all appropriate categories and opinion questions were clear and concise.

The pilot data were used to inform the development of the analysis strategy, and aid in turnaround time for the larger dataset collected when the survey was officially distributed to stakeholders.

Results

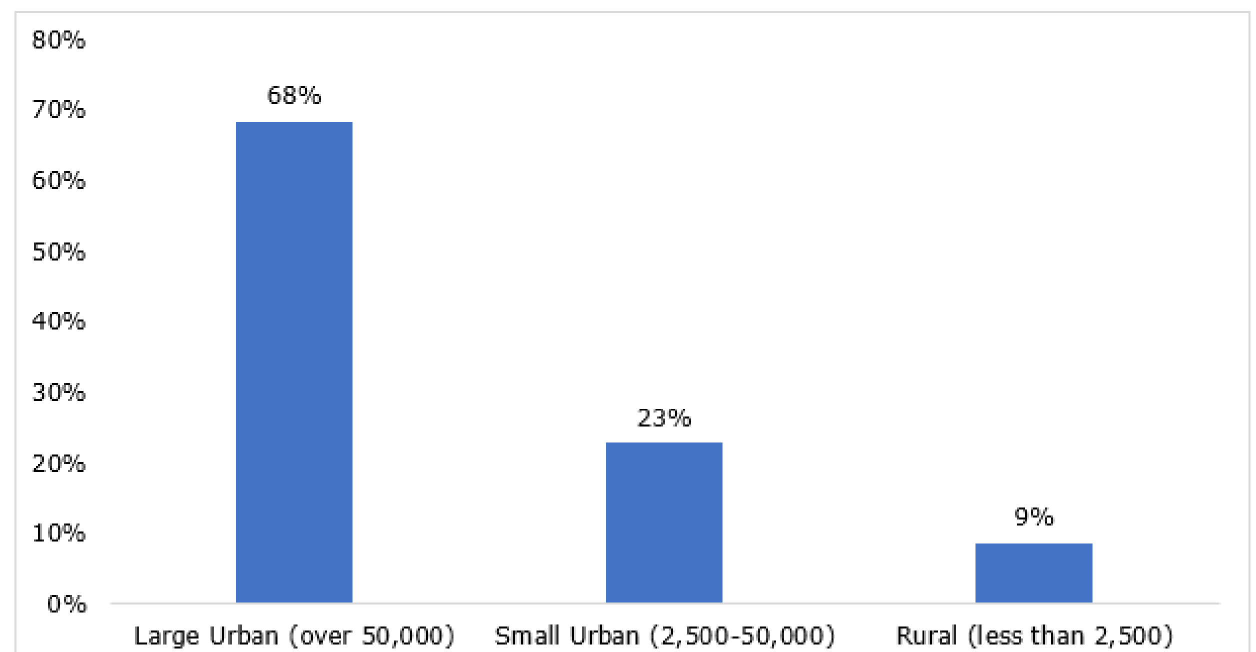
Respondent Demographics

Over half of the 2020 Survey responses were submitted by people who identified as service providers working in the behavioral health system (see Figure F-1). About 25 percent of respondents had received behavioral health services at some point, 34 percent were connected to service recipients as caregivers, family members, or friends, and 36 percent worked with the behavioral health system in other ways (see Figure F-1). Respondents were able to choose more than one answer to allow them to best describe their experience with the behavioral health services.

Figure F-1. Experience with Behavioral Health Services in Texas

Respondents were also asked to report whether they live in large urban, small urban, or rural areas. Two-thirds of respondents lived in large urban areas, while 23 percent lived in small urban areas and 9 percent lived in rural areas (see Figure F-2).

Figure F-2. Location of Respondent's Residence



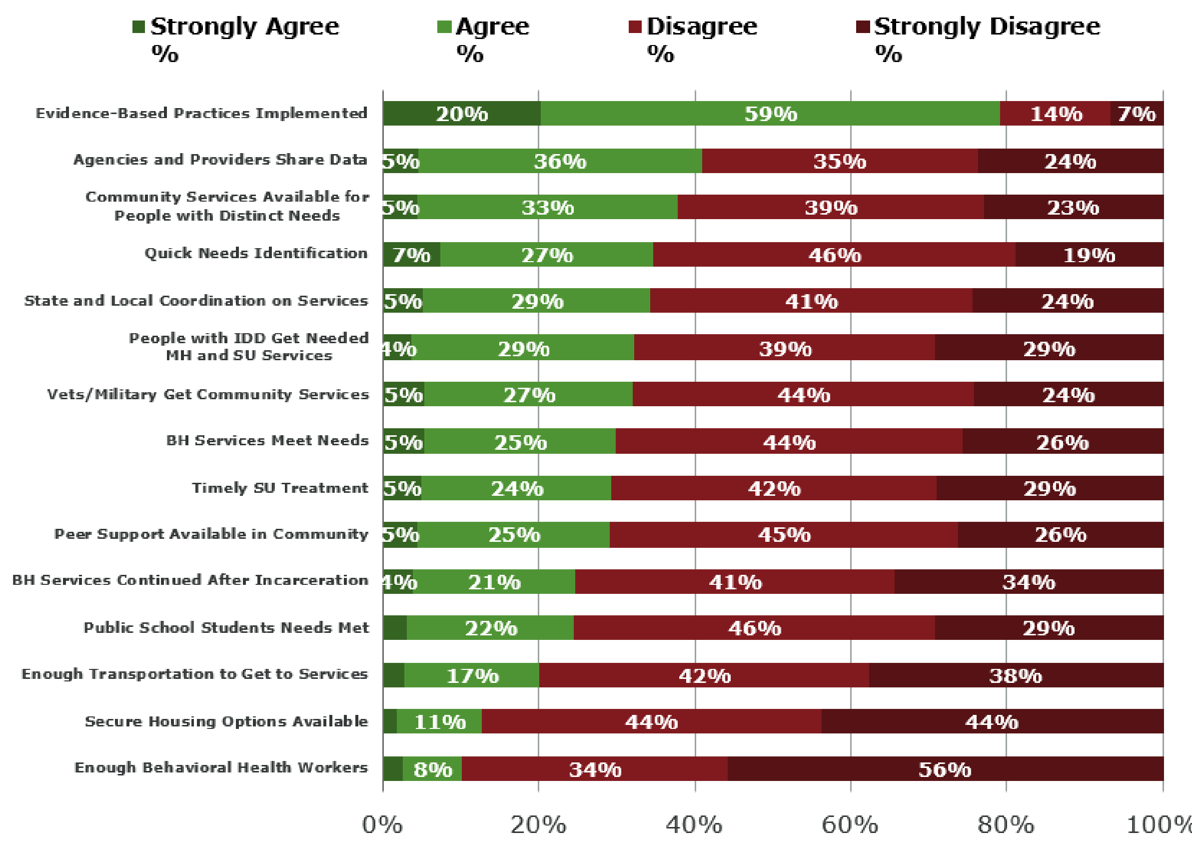
Gaps

Below is a graphical presentation of the responses to the gap's statements (see Figure F-3). Table F-1 lists the full statements to which participants responded. The percentage of respondents selecting the given response (strongly agree, agree, disagree, or strongly disagree) are shown within the bars. Bars without percentages displayed had less than 3 percent of the total responses.

Gap	Strongly Agree	Agree	Disagree	Strongly Disagree
Evidence-Based Practices Implemented	20%	59%	14%	7%
Agencies and Providers Share Data	5%	36%	35%	24%
Community Services Available for People with Distinct Needs	5%	33%	39%	23%
Quick Needs Identification	7%	27%	46%	19%
State and Local Coordination on Services	5%	29%	41%	24%
People with IDD Get Needed Mental Health (MH) and Substance Use (SU) Services	4%	29%	39%	29%
Veterans/Military Members Get Community Services	5%	27%	44%	24%
Behavioral Health (BH) Services Meet Needs	5%	25%	44%	26%
Timely Substance Use (SU) Treatment	5%	24%	42%	29%
Peer Support Available in Community	5%	25%	45%	26%
Behavioral Health (BH) Services Continued After Incarceration	4%	21%	41%	34%
Public School Students Needs Met	3%	22%	46%	29%
Enough Transportation to Get to Services	3%	17%	42%	38%

Secure Housing Options Available	2%	11%	44%	44%
Enough Behavioral Health Workers	3%	8%	34%	56%

Figure F-3. Gaps Responses from Most Agreement to Least Agreement



The data used to create the graph above are shown in table format below (see Table F-6).

Table F-6. Gaps Responses from Most Agreement to Least Agreement

Most respondents indicated they agreed the behavioral health system has improved in use of evidence-based practices. Between one-third and half of respondents agreed the following areas improved:

- Agencies and providers share data;
- Community services available for people with distinct needs;
- Quick behavioral health needs identification;
- State and local coordination of behavioral health services;

- People with IDD get needed mental health and substance use services; and
- Veterans/military members get community services needed.

Less than a quarter of respondents indicated improvement in transportation for behavioral health services, secure housing for people with behavioral health needs, and an adequate behavioral health workforce.

SWOT

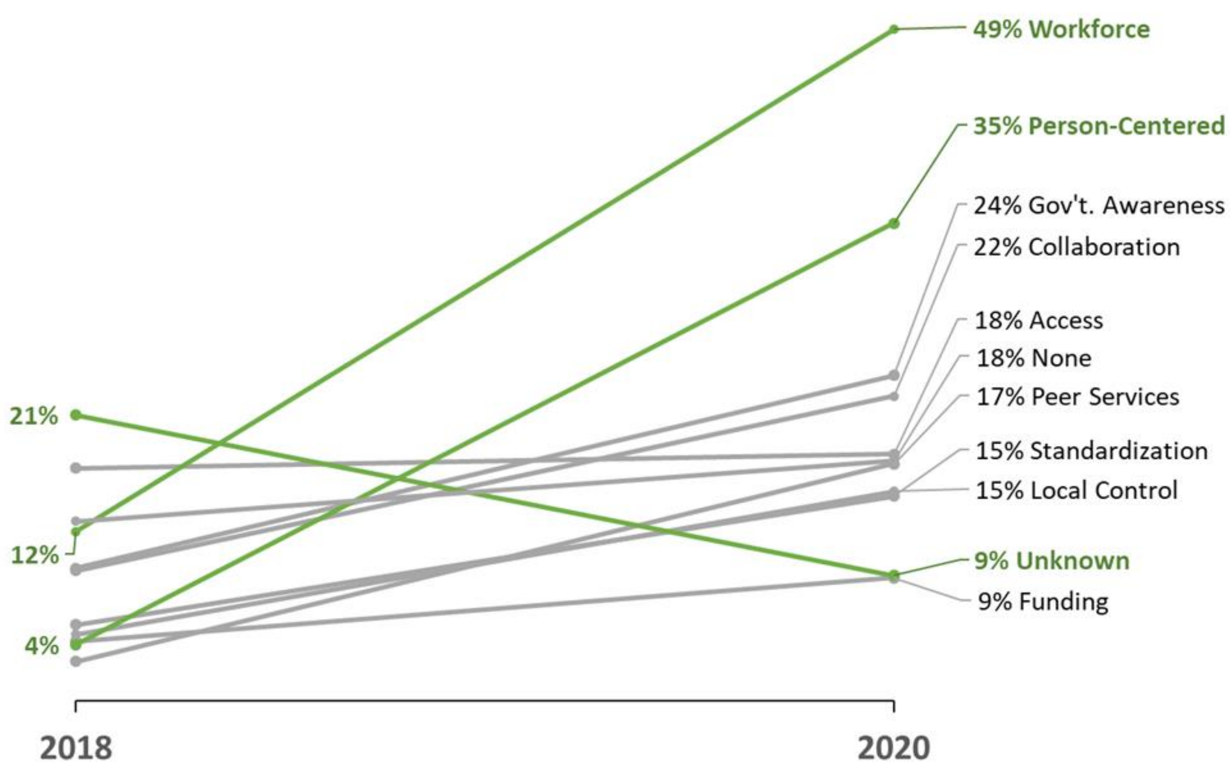
Slope graphs are presented below to show the change in percentage of respondents who indicated a given item was a strength, weakness, opportunity, or threat. It is important these results are considered with limitations in mind, given the difference in the survey methods from 2018 to 2020.

The percentages and overall ranking of the options from the 2020 Survey are displayed to the left edge of the graphs. Color coding is used to point out the greatest changes in the percentages from 2018 to 2020. Green indicates a positive change (items that increased percentage in the strengths and opportunities, and items that decreased percentage in the weakness and threats categories). Red indicates a negative change (items that decreased percentage in the strengths and opportunities, and items that increased in the weakness and threats categories).

Strengths

- Figure F-4 demonstrates the change in percentage from 2018 to 2020 for the strengths categories. The right edge of the graph shows the rank order sorted by the percentage of respondents who selected the item as a strength on the 2020 Survey.

Figure F-4. Strengths Comparison, 2018 to 2020



The data used to create the graph above are shown in table format below (see Table F-7). The percentage of responses for each option in the 2018 and 2020 surveys are listed along with the amount of change between surveys.

Table F-7. Strengths Comparison by Amount of Change, 2018 to 2020

Strengths Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Workforce	12%	49%	37%
Person-Centered	4%	35%	31%
Government Awareness	10%	24%	14%
Collaboration	10%	22%	13%
Peer Services	3%	17%	14%

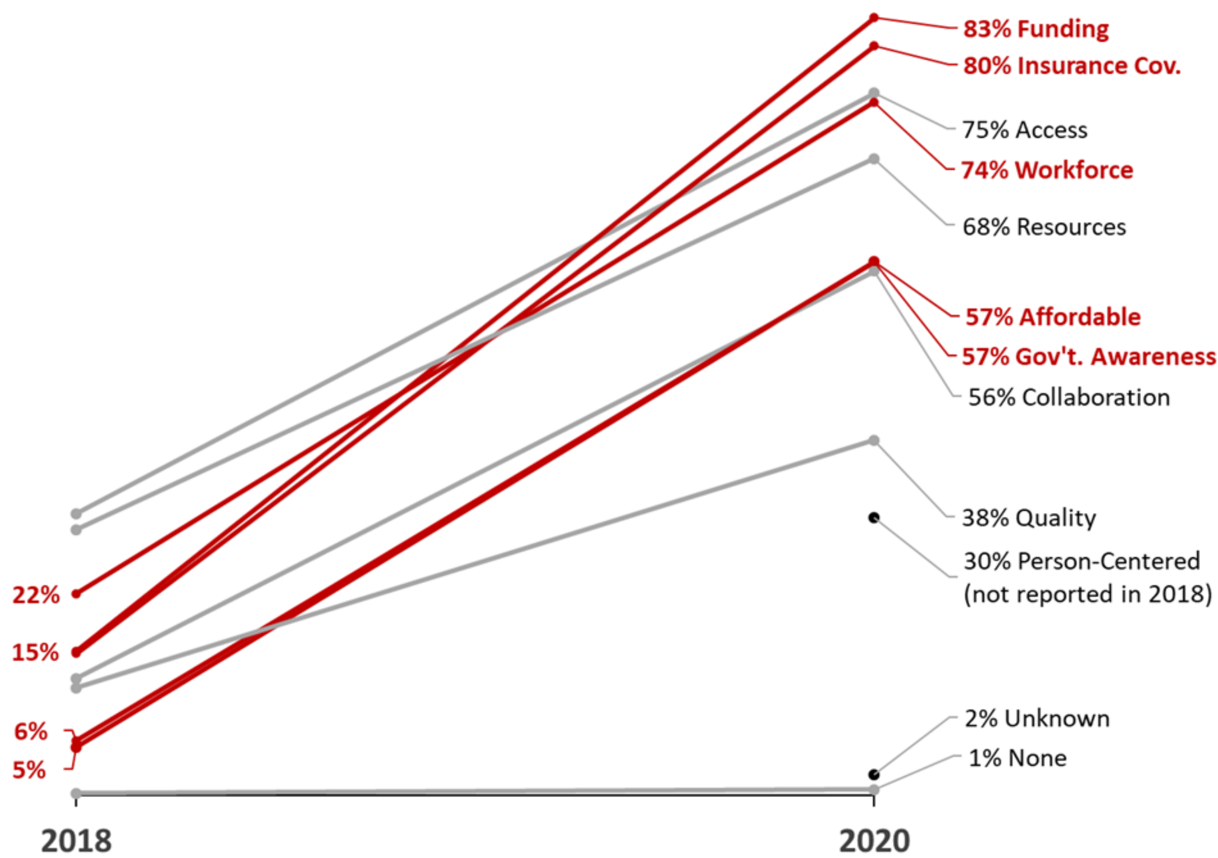
Strengths Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Local Control	5%	15%	11%
Standardization of Care	6%	15%	9%
Funding	4%	9%	5%
None	13%	18%	4%
Access	17%	18%	1%
Unknown	21%	9%	-12%

The greatest positive changes were seen in the number of respondents who indicated the workforce and person-centered care were strengths of the behavioral health system. Additionally, fewer respondents indicated they did not know what the strengths of the behavioral health system were.

Weaknesses

Figure F-5 demonstrates the change in percentage from 2018 to 2020 for the weaknesses categories. The right edge of the graph shows the rank order sorted by the percentage of respondents who selected the item as a weakness on the 2020 Survey.

Figure F-5. Weaknesses Comparison, 2018 to 2020



The data used to create the graph above are shown in table format below (see Table F-8). The percentage of responses for each option in the 2018 and 2020 surveys are listed along with the amount of change between surveys.

Table F-8. Weaknesses Comparison by Amount of Change, 2018 to 2020

Weaknesses Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Funding	15%	83%	68%
Insurance Coverage	15%	80%	65%
Affordable	5%	57%	52%
Workforce	22%	74%	52%

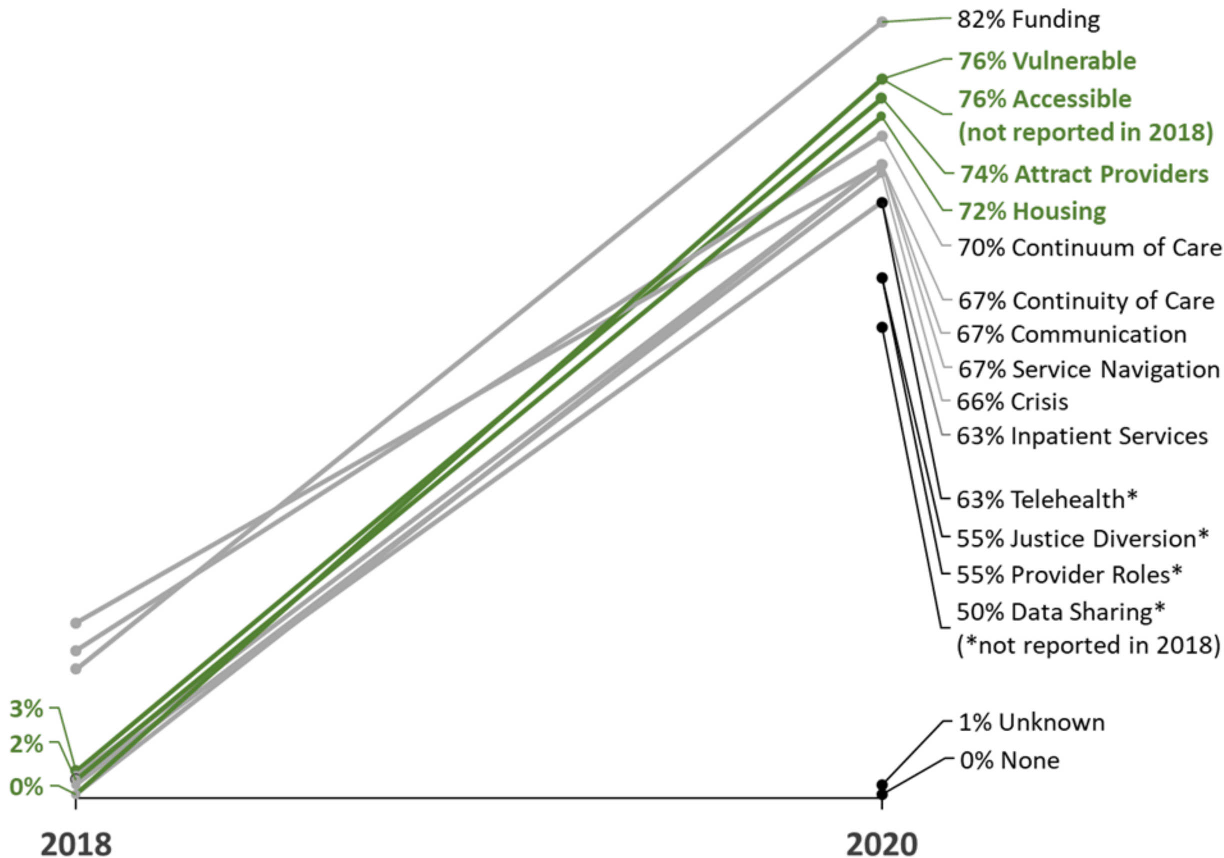
Weaknesses Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Government Awareness	6%	57%	51%
Access	30%	75%	45%
Collaboration	12%	56%	44%
Resources	28%	68%	40%
Data Sharing	1%	41%	40%
Person-Centered	NA	30%	30%
Quality	11%	38%	26%
Unknown	NA	2%	2%
None	0%	1%	0%

Funding for services, insurance coverage for behavioral health services, the workforce, affordability of services, and government awareness of the need for behavioral health services had the steepest increases in the percentage of respondents who indicated these areas are weaknesses. The behavioral health workforce appears as a weakness in the survey responses as well as a strength. This suggests improvements have been made building the workforce since 2018 but it remains an area that should be further addressed.

Opportunities

Figure F-6 demonstrates the change in percentage from 2018 to 2020 for the opportunities categories. The right edge of the graph shows the rank order sorted by the percentage of respondents who selected the item as an opportunity on the 2020 Survey.

Figure F-6. Opportunities Comparison, 2018 to 2020



The data used to create the graph above are shown in table format below (see Table F-9). The percentage of responses for each option in the 2018 and 2020 surveys are listed along with the amount of change between surveys.

Table F-9. Opportunities Comparison by Amount of Change, 2018 to 2020

Opportunities Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Accessible	NA	76%	76%
Vulnerable	0%	76%	76%
Attract Providers	3%	74%	71%
Housing	2%	72%	70%

Opportunities Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Funding	14%	82%	68%
Communication	0%	67%	67%
Service Navigation	2%	67%	65%
Crisis	1%	66%	65%
Telehealth	NA	63%	63%
Inpatient Services	2%	63%	61%
Continuum of Care	16%	70%	54%
Justice Diversion	NA	55%	55%
Provider Roles	NA	55%	55%
Data Sharing	NA	50%	50%
Continuity of Care	19%	67%	48%
Unknown	NA	1%	1%
None	NA	0%	0%

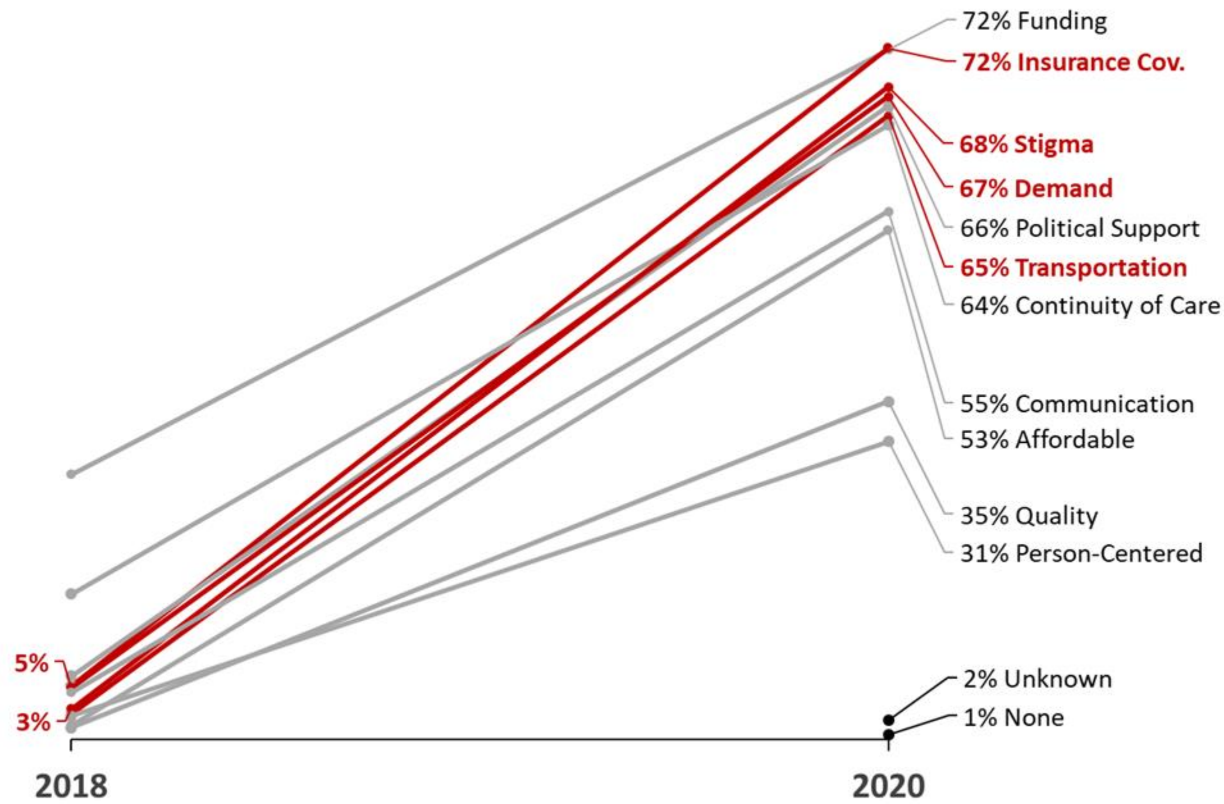
Several categories were selected by a large portion of respondents as opportunities for the behavioral health system to be more successful. The categories with the largest increase in selections since 2018 included providing additional support for vulnerable populations, improving accessibility of services, attracting behavioral health providers to the workforce, and increasing access to housing for people with behavioral health needs. The categories with the next largest increase in selection were communication with the public, making services easier to find, increasing funding for public services, expanding telehealth options, and increasing crisis

intervention services. The results of the opportunities question may be an indicator of community support for different improvements to the behavioral health system.

Threats

Figure F-7 demonstrates the change in percentage from 2018 to 2020 for the threats categories. The right edge of the graph shows the rank order sorted by the percentage of respondents who selected the item as a threat on the 2020 Survey.

Figure F-7. Threats Comparison, 2018 to 2020



The data used to create the graph above are shown in table format below (see Table F-10). The percentage of responses for each option in the 2018 and 2020 surveys are listed along with the amount of change between surveys.

Table F-10. Threats Comparison by Amount of Change, 2018 to 2020

Threats Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Insurance Coverage	6%	72%	66%
Stigma	3%	68%	65%
Demand	5%	67%	62%
Transportation	3%	65%	62%

Threats Response	2018 Survey Percentage	2020 Survey Percentage	Percentage Point Change
Political Support	7%	66%	59%
Affordable	1%	53%	52%
Communication	5%	55%	50%
Continuity of Care	15%	64%	49%
Funding	28%	72%	44%
Quality	1%	35%	34%
Person-Centered	2%	31%	29%
Unknown	NA	2%	3%
None	NA	1%	1%

Many of the categories for threats showed marked increase from 2018 to 2020. The greatest increases occurred with lack of insurance coverage for behavioral health services, increasing demand for services, lack of transportation to services, and stigma experienced by people seeking behavioral health care.

COVID-19

Access and Impact on Behavioral Health Services

The graphs below summarize the responses to questions regarding the effect of COVID-19 on behavioral health access and service delivery. Many participants indicated that COVID-19 has already affected their behavioral health (Figure F-8) and their access to behavioral health services (Figure F-9). Also, 85% of respondents indicated they are concerned about the long-term impact of COVID-19 on availability of behavioral health services (Figure F-10).

Figure F-8. COVID-19 Affected Individual Behavioral Health

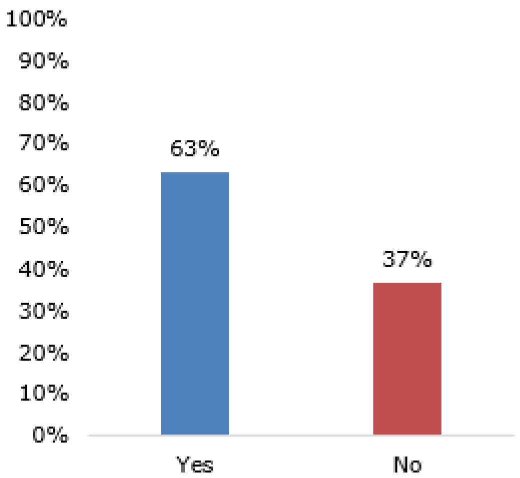


Figure F-9. COVID-19 Affected Access to Behavioral Health Care

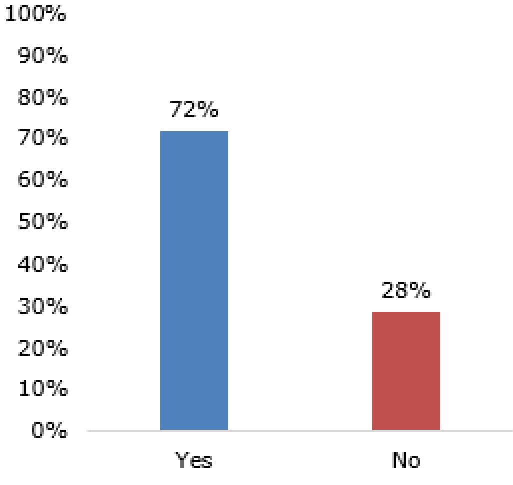
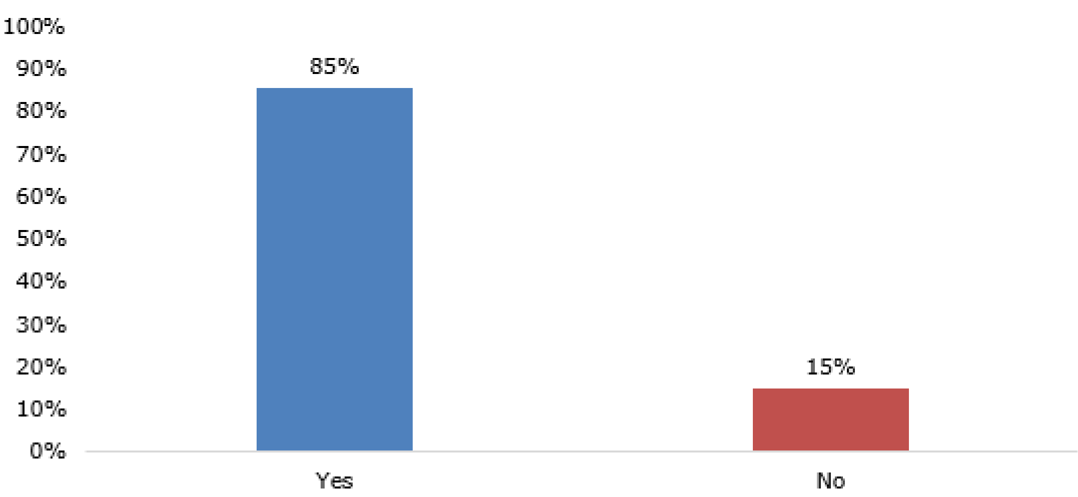


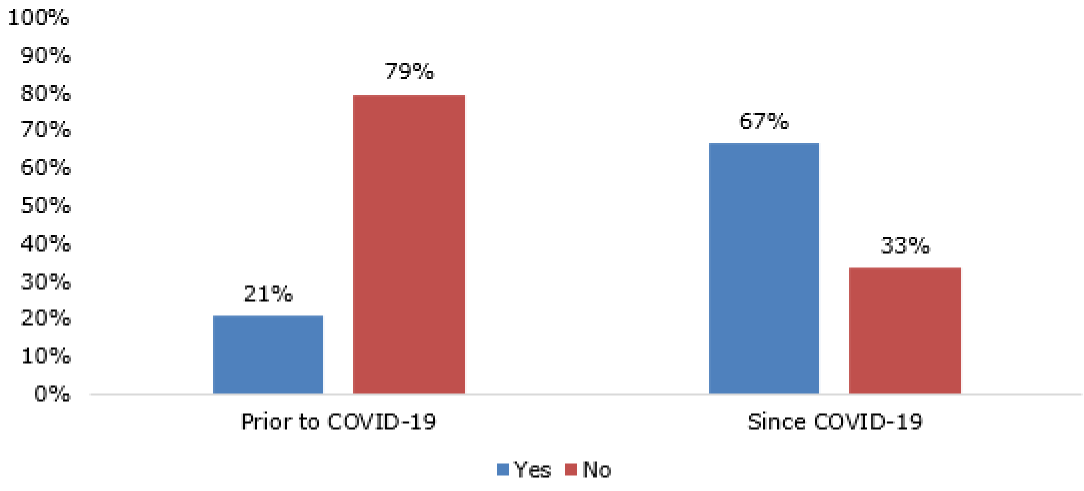
Figure F-10. Concerns Regarding Long-Term Impact of COVID-19 on Availability of Services



Telehealth Services

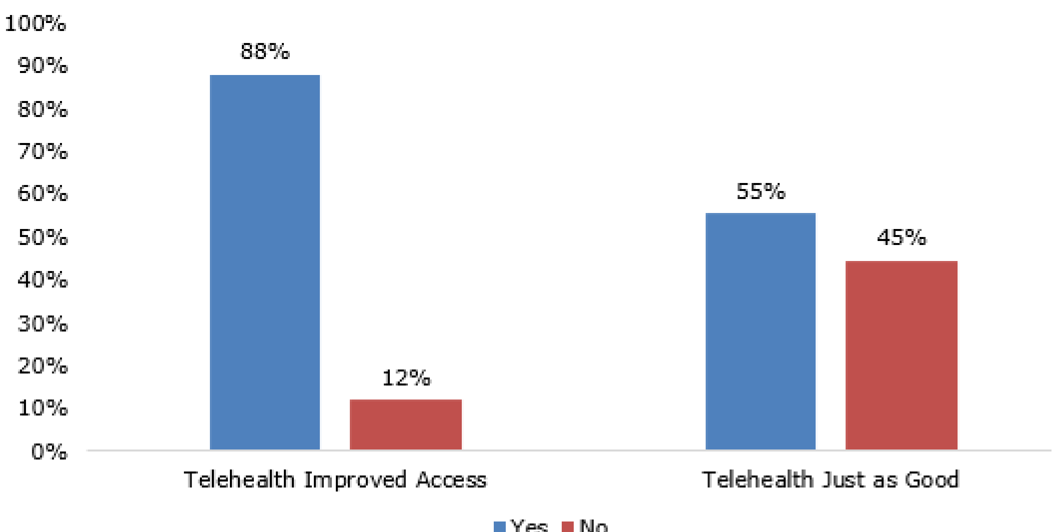
The percentage of respondents who had used telehealth behavioral health services greatly increased after the COVID-19 pandemic began, increasing from only 21 percent prior to COVID-19 to 67 percent after onset of the pandemic (see Figure F-11). This is a 46 percentage-point swing.

Figure F-11. Use of Telehealth for Behavioral Health Services



Among respondents that have used telehealth services since the start of COVID-19, 88 percent indicated telehealth improved access to behavioral health services (see Figure F-12). Among the same group, 55 percent indicated that telehealth was just as good as in-person behavioral health visits (see Figure F-12).

Figure F-12. Evaluation of Telehealth Behavioral Health Services



Limitations

The current iteration of the survey does have several limitations. The current iteration collects many more responses than the 2018 Survey because it did not rely on open-ended text responses. However, that means the respondents for the 2020 Survey were not able to enter new responses to the SWOT questions. Participants were only able to select from the options given. This can also result in respondents selecting options they may not have considered without the prompt. Future iterations of the survey could be easily paired with more qualitative assessments like focus groups or open-ended text surveys, like the 2018 Survey, to make sure the response options presented in this type of survey are relevant and cover most or all potential options.

While this survey was promoted through state agency websites, social media, and announcements to provider networks, online surveys can have limited reach to consumers. More targeted marketing may be necessary in the future to increase participation by consumers and people who speak Spanish. Working with service providers could enhance the voices of frontline providers as well as consumers who may not have access to social media or internet otherwise.

Conclusions

Gaps

Among the gaps assessed, the greatest improvement reported in the behavioral health system was in implementation of evidence-based practices. All of the remaining gaps continue to require an investment by state agencies and partners to make change. It is important to note the behavioral health workforce is considered a gap related to the quantity of available professionals. However, the workforce is considered a strength in the SWOT assessment. The responses to the 2018 Survey acknowledged the shortage of qualified behavioral health professionals but reported the workforce is dedicated and works hard to support clients.

SWOT

The SWOT analysis highlighted some strengths of the behavioral health system, but more importantly identified areas for improvement and opportunities where there may be a strong level of support for change. The issues cited most often in the SWOT questions are listed in the SWOT analysis diagram below (see Figure F-13).

Figure F-13. SWOT Analysis

STRENGTHS
Dedicated workforce
Person-centered care

WEAKNESSES
Funding for services
Insurance coverage for behavioral health needs
Workforce capacity
Service affordability
Government awareness of need for services

OPPORTUNITIES
Support vulnerable people
Improve accessibility
Attract providers
Increase access to housing
Improve communication
Make services easier to find
Increase funding
Expand telehealth
Increase crisis services

THREATS
Lack of insurance coverage for behavioral health services
Increased demand for services
Lack of transportation to services
Stigma related to seeking care

Survey

2020 BEHAVIORAL HEALTH STRATEGIC PLAN SURVEY

Survey Instructions

Welcome to the Statewide Behavioral Health Coordinating Council's (SBHCC) survey. We want your feedback about behavioral health services in Texas. Your responses will help the SBHCC update the Statewide Behavioral Health Strategic Plan. This plan guides state agencies in providing services that meet people's needs. (Haga clic en el lado derecho de la pantalla para cambiar el idioma.)

The term "behavioral health services" refers to services that treat and promote the health and recovery of people with mental health and substance use conditions. These services include the prevention and treatment of mental and substance use disorders like mental health conditions in adults, severe emotional disturbance in children, post-traumatic stress, and alcohol/drug addiction. Behavioral health services supported by state agencies can be delivered in many places, including local community clinics, schools, foster family homes, state hospitals, and jails.

Important information to know about this survey:

- Your responses are anonymous. We will not know who you are.
- Anyone who has been involved with behavioral health services over the past 24 months is invited to take the survey. Maybe you use services yourself or you take care of someone who does. You might be a service provider or work for the government. We want your feedback.
- The survey takes approximately 10 minutes to complete. You must complete the survey all at once, so please give yourself enough time to answer all the questions.
- You may take this survey on a computer or mobile device, but it is easier on a computer. If you use a mobile device, be sure to answer all questions.
- You may take this survey only once.
- The survey is available in English or Spanish. Go to the right side of the screen to change the language.
- This survey will end on November 21, 2020.

For questions about this survey, please email MentalHealth_SBHCC@hhsc.state.tx.us.

If you or someone you know is experiencing anxiety, stress, or emotional challenges due to the COVID-19 pandemic, call the Statewide COVID-19 Mental

Health Support Line 24 hours a day, 7 days a week toll-free at 833-986-1919 or visit https://mentalhealthtx.org/

Survey Questions

Respondent Demographics

1. Which options describe your experience with behavioral health services in Texas? (check all that apply)

   a) I receive or have received behavioral health services
   b) I am a friend, family member, or caregiver of someone who has received behavioral health services
   c) I am a behavioral health service provider (all types of services and provider levels)
   d) I work with the behavioral health system in other ways
   e) I have no experience with the behavioral health system [skips to end]

[Branched question based on responses to Question 1]

Service Recipients	Family	Providers	Other Workers
Q1A: Which options describe your personal experience receiving services? (check all that apply)	Q1B: What is your experience as a friend, family member, or caregiver of a person receiving services? (check all that apply)	Q1C: Which options best describe you as a service provider? (check all that apply)	Q1D: How do you work with behavioral health services?

Service Recipients	Family	Providers	Other Workers
a) I receive mental health services now or in the past. b) I receive substance use services now or in the past. c) I received mental health services in the past while in jail, prison, juvenile detention, or on parole or probation. d) I received substance use services in the past while in jail, prison, juvenile detention, or on parole or probation.	a) I have friends or family who are receiving or have received mental health services. b) I have friends or family who are receiving or have received substance use services. c) I have friends or family who are receiving or have received mental health services in jail, prison, juvenile detention, or on parole or probation. d) I have friends or family who are receiving or have received substance use services in jail, prison, juvenile detention, or on parole or probation.	a) I am a mental health service provider. b) I am a substance use service provider. c) I provide mental health services to people in jail, prison, juvenile detention, or on parole or probation. d) I provide substance use services to people in jail, prison, juvenile detention, or on parole or probation.	a) I work for a local mental health or local behavioral health authority (LMHA/LBHA), also called an MHMR. b) I work for a substance use prevention organization. c) I work for an organization that provides advocacy, peer services, transportation, housing, employment assistance, service referral or other support services. d) I work for a managed care organization. e) I work in education. f) I work in law enforcement. g) I work in local government, other than law enforcement. h) I work in state government, other than law enforcement. i) I provide services not named here.

2. What is your current employment status?
   a) Private sector employee (non-government organization or company)
   b) Government employee
   c) Self-employed
   d) Other employment (work in a for-profit family business or farm for 15 hours or more per week, with or without pay)
   e) Unemployed [no branching following this response]

[Branched question based on responses to Question 2]

Private Sector	**Government**	**Self-Employed**	**Other Employment**
Q2A: What type of private sector employer do you work for?	Q2B: What type of government agency do you work for?	Q2C: How are you self-employed?	Q2D: Describe your other employment
a) A for-profit organization (examples: retail store, food service, bank) b) A non-profit organization (including tax-exempt and charitable organizations)	a) Local government (examples: city or county agency or school district) b) State government (including state colleges/ universities) c) Active duty U.S. Armed Forces or Commissioned Corps d) Federal government civilian agency	a) Owner of non-incorporated business, professional practice, or farm b) Owner of incorporated business, professional practice, or farm	[open text box for response]

3. What was your total individual income for the PAST 12 MONTHS (no matter what income source)?
   a) Under $30,000 annually
   b) $30,001-$50,000 annually
   c) $50,001-$80,000 annually
   d) $80,001-$120,000 annually
   e) Above $120,000 annually

4. Which description best identifies where you live?
   a) A large urban area (population of over 50,000)
   b) A small urban area (population between 2,500 and 50,000)
   c) A rural area (population less than 2,500)

5. How old are you? [drop-down menu of individual ages]

6. What is the highest level of school you have COMPLETED?
   a) Grade 12 or below (no diploma) [no branching following this response]
   b) High school graduate or equivalent
   c) Technical/career program or professional certification
   d) Undergraduate school
   e) Graduate school

[Branched question based on responses to Question 6]

High School	Tech/Career	Undergraduate	Graduate School
Q6A: Describe your level of high school completion:	Q6B: Describe your level of technical/career program completion:	Q6C: Describe your level of undergraduate school completion:	Q6D: Describe your level of graduate school completion:
a) Regular high school diploma b) GED or alternative	a) Some technical/career program b) Professional certification or diploma c) Apprentice d) Journeyman	a) Some college b) College graduate	a) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) b) Advanced professional degree (for example: MD, DDS, DVM, LLB, JD) c) Doctorate degree (for example: PhD, EdD)

7. Are you of Hispanic, Latino, or Spanish origin?
   a) No
   b) Yes
   c) I don't know
   d) Prefer not to answer

8. What is your race?
   a) American Indian or Alaska Native
   b) Asian or Pacific Islander (for example: Chinese, Korean, Filipino, Pakistani, Asian Indian, Native Hawaiian, Samoan)
   c) Black (for example: African American, Jamaican, Haitian, Nigerian, Ethiopian)
   d) White (for example: German, Irish, English, Italian, Lebanese, Egyptian)
   e) Multiple races
   f) Other race
   g) Prefer not to answer

9. Do you have a disability (deaf, hard of hearing, blind, low vision, mobility impairment, or others)?
   a) Yes
   b) No

   9a. [If yes] Do you think your disability has been a barrier to obtaining behavioral health services?
      a) Yes
      b) No
      c) I don't know

Gaps

10. Rate how much you agree with the statements below based on <u>your experience</u> with the behavioral health system in Texas.

Statement	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**Does Not Apply**
People's behavioral health needs are identified quickly.					
People are able to get the behavioral health services that best meet their needs.					
People are able to get substance use treatment services when they need them.					
Veterans and military service members get the long-term, community behavioral health services they need.					
State agencies and local service providers					

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply
coordinate well on behavioral health services.					
Behavioral health service providers implement evidence-based practices whenever possible.					
Public school students get the behavioral health services they need at school.					
People released from prison or jail continue to get behavioral health services if needed.					
Adequate peer support services are available in the community.					
People with behavioral health conditions have secure housing options.					
There are enough transportation resources for people to get to their behavioral health services.					
People with intellectual and developmental disabilities can get mental health or substance use services when they need are needed.					
Community-based behavioral health services are available for people with distinct needs (examples: people with disabilities, mothers with postpartum depression, people who were incarcerated).					
There are enough behavioral health workers					

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply
to support the needs of people in Texas.					
State agencies and local service providers share useful data.					

SWOT Comparison

11. Which items below are things the Texas behavioral health system does well (STRENGTHS)? (check all that apply)

a) People can access behavioral health services when they need them
b) Collaboration between state agencies and local behavioral health providers
c) Consistency or standardization of care
d) Funding to support behavioral health services
e) State government's awareness of need for behavioral health services
f) Local control of behavioral health resources
g) Availability of peer services
h) Care is focused on the person
i) Service providers are dedicated to people's care
j) Unknown
k) None

12. Which of the items below are WEAKNESSES of the behavioral health system in Texas? (check all that apply)

a) Difficulty accessing services
b) Affordability of services
c) Lack of collaboration between service providers and state agencies
d) Not enough funding for behavioral health services
e) Lack of government awareness of the need for behavioral health services
f) Lack of coverage for some services
g) Services are not focused on the person
h) Behavioral health workforce or provider shortage
i) Lack of resources for providers to offer range of services to the community
j) Poor behavioral health service quality
k) Lack of data sharing
l) Unknown
m) None

13. Which of the items below are OPPORTUNITIES for the behavioral health system in Texas to be more successful? (check all that apply)

a) Enhance behavioral health service accessibility
b) Attract more behavioral health service providers
c) Improve communication with the public
d) Create a comprehensive range of behavioral health services (or continuum of care)
e) Prevent disruptions in care (or continuity of care)
f) Improve data sharing
g) Make services easier to find
h) Increase funding to support more behavioral health services
i) Expand service provider roles and responsibilities to permit care for more people
j) Provide additional support for vulnerable populations
k) Increase inpatient behavioral health services
l) Expand use of telehealth technology
m) Increase availability of crisis intervention services
n) Increase access to housing for people with behavioral health issues
o) Improve use of justice diversion options
p) Unknown
q) None

14. Which of the items below are THREATS that can hurt the behavioral health system in Texas? (check all that apply)

a) Inability to get transportation to service locations
b) Services are too expensive
c) Reduction of funding to support behavioral health services
d) Lack of insurance for services needed
e) Increased demand for behavioral health services
f) Lack of political backing for funding and services
g) Poor quality of care
h) Disruptions in care (or continuity of care)
i) Lack of communication across behavioral health services
j) Stigma experienced by people seeking behavioral health care
k) Lack of person-focused care
l) Unknown
m) None

COVID-19 Impact on Behavioral Health

COVID-19 may affect people's mental health and substance use recovery and their access to behavioral health services. The questions below are about COVID-19 and impact on behavioral health care. Everyone taking this survey can respond to these questions.

15. Has COVID-19 affected your behavioral health?
   a) Yes [if yes, jump to 15a]
   b) No

   15a. What has COVID-19 affected?
      a) Mental health
      b) Substance use
      c) Both

16. Has COVID-19 affected access to behavioral health services?
   a) Yes [if yes, jump to 16a]
   b) No

   16a. What services has COVID-18 affected access to?
      a) Mental health
      b) Substance use
      c) Both

17. Prior to COVID-19, did you ever use telehealth for behavioral health services or appointments?
   a) Yes
   b) No

18. Since COVID-19, have you used telehealth for behavioral health services or appointments?
   a) Yes
   b) No

[Branched question based on responses to Questions 18]

If yes...	If no...
Q18A: Has telehealth improved access to behavioral health services? a) Yes b) No c) I don't know	Q18B: Do you think telehealth improves access to behavioral health services? a) Yes b) No c) I don't know (End of question)
Q18C: Do you think telehealth visits are just as good as in-person behavioral health visits? a) Yes b) No c) I don't know	

19. Are you concerned about the long-term impact of COVID-19 on the availability of behavioral health services?

a) Yes [if yes, jump to 19a]
b) No

19a. I am concerned about COVID-19's long-term impact on:

a) Mental health services
b) Substance use services
c) Both mental health and substance use services

Thank You

If you or someone you know is experiencing anxiety, stress, or emotional challenges due to the COVID-19 pandemic, call the Statewide COVID-19 Mental Health Support Line 24 hours a day, 7 days a week toll-free at 833-986-1919 or visit https://mentalhealthtx.org/.

Appendix G. Summary of Findings from Justice-Related Stakeholder Engagement

People across Texas were consulted to develop the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*. State agencies, organizations, and local partners gathered mental health, substance use, IDD service providers and peer specialists; justice professionals; people with lived experience and their families; community leaders; and program and policy subject matter experts. To ensure that the strategic plan is reflective of the goals and priorities of diverse stakeholders, on behalf and as a member of the SBHCC, HHSC hosted a State Sequential Intercept Mapping Summit, five strategic planning sessions, seven listening sessions, four targeted informational interviews, and a public survey. Each effort is described in detail below.

Strategic Planning and Listening Sessions

On behalf of the SBHCC, HHSC hosted five strategic planning sessions, seven listening sessions, and four targeted informational interviews January-July 2021 to engage key stakeholders in the development of the strategic plan. Below is a list of organizations and agencies who helped host strategic planning and listening sessions, as well as a description of each session's attendees. Also, included is a summary of key themes from listening sessions, and ranked strategic priorities.

- HHSC, Office of Mental Health Coordination: The State Forensic Director and Office of Mental Health Coordination facilitated three strategic planning sessions with HHSC staff representing all levels of leadership and teams across IDD and Behavioral Health Services, Health and Specialty Care Services, and Medicaid and CHIP Services departments.
- HHSC, Office of Mental Health Coordination: The State Forensic Director and OMHC facilitated two strategic planning sessions with SBHCC members.
- West Texas Centers: This organization serves as the designated LMHA and LIDDA for Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler, and Yoakum counties. West Texas Centers hosted listening session included a behavioral health provider, an IDD provider, a substance use treatment provider, a mental health deputy, a judge, and a jail caseworker, among other stakeholders.
- North Texas Behavioral Health Authority: This organization serves as the designated LBHA and LIDDA for Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. The North Texas Behavioral Health Authority listening session

included behavioral health providers, a district attorney, a municipal judge, law enforcement, a public defender, a jail coordinator, among other stakeholders.

- National Alliance for Mental Illness, Texas: This 501(c)3 nonprofit organization has nearly 2,000 members made up of people living with MI, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy. This listening session included peer service providers, behavioral health service providers, IDD service providers, advocates, and people with lived experience.
- HHSC, Behavioral Health Services Peer and Recovery Services Programs, Planning and Policy team: This listening session included peer service providers from across the state.
- HHSC, State Hospital System team: This listening session included state hospital superintendents and other state hospital staff.
- The Texas Indigent Defense Commission (TIDC): The Texas Legislature created the Texas Task Force on Indigent Defense in 2001 to remedy persistent deficiencies in Texas indigent defense: access to counsel, quality of counsel, and data collection. The TIDC listening session included public defenders and assigned counsel.
- The Judicial Commission on Mental Health (JCMH): The JCMH was created in 2018 by a joint order of the Supreme Court of Texas (SCoT) and the Court of Criminal Appeals (CCA) of Texas to strengthen courts for people with diagnosable MI, SUD, and/or IDD. The JCMH listening session included a justice of the peace, a law clerk, judges, a district attorney, among other stakeholders.

Targeted informational interviews were also held with HHSC Medicaid and CHIP Services department, HHSC Behavioral Health Services department, Texas State Affordable Housing Corporation, and the Texas Department of Housing and Community Affairs (TDHCA).

Strategic Planning and Listening Session Themes

Through the strategic planning and listening sessions, several themes emerged. Below is a description of each theme with proposed strategies shared by listening session attendees.

1. **The Importance of Expanding Crisis Systems of Care and Pre-Arrest Diversion Strategies:** Behavioral health and justice systems face challenges from the growing number of people experiencing behavioral health crises. In many communities across Texas, there are few options available for a person in crisis. Law enforcement agencies, emergency departments, jails, and prisons have become the safety nets, yet are often underequipped to provide the care

people need. Throughout the strategic planning and listening sessions, multiple stakeholders emphasized the importance of State and local partners working together to better address the behavioral health needs of people and the community and to enhance diversion opportunities. Specifically, participants suggested the plan include strategies that focus on:

- Developing a resource hub on diversion programs;
- Communicating information about diversion programs to stakeholders (public, communities, schools, faith-based communities, etc.);
- Increasing the use of diversionary paths, specialty courts, and relevant reentry efforts for special populations including justice-involved veterans;
- Establishing mental health defender programs that cover every county in the state;
- Ensuring that every community has a place where people can voluntarily receive de-escalation, respite, and connection to services, particularly places that offer peer support;
- Utilizing trained mental health law enforcement to respond to crisis calls;
- Diverting mental health calls, when safe and feasible, away from law enforcement;
- Training 911 operators to dispatch mental health calls to mental health providers;
- Developing diversion programs in rural counties;
- Ensuring all crisis services are safe, accessible, accountable, and well-funded; and
- Leveraging technology to support crisis response and diversion.

2. **The Cyclical Relationship Between Housing Instability and Justice Involvement**: There is a cyclical relationship between housing and justice involvement. Law enforcement procedures can contribute to arrest for behaviors associated with experiencing homelessness, such as criminal trespass. A lack of stable housing is viewed as a risk factor for justice-involvement and reduces courts' willingness to divert people from jail or prison. Criminal history serves as a barrier to housing, contributing to housing instability and homelessness. Lack of stable housing upon reentry contributes to supervision failure and increases a persons' risk of recidivism. All issues are amplified for people with diagnosable MI, SUD, and/or IDD. Throughout the strategic planning and listening sessions, participants shared ideas for helping state and local leaders understand the scope of the problem, promoting collaborative strategies to expand housing options for this population, and developing targeted investments in effective interventions from both the housing and justice systems. Specifically, participants suggested the plan include strategies that focus on:

- Expanding supportive living options, particularly for people who have a diagnosis of an IDD;
- Addressing overly restrictive landlord requirements;
- Providing safe housing in safe neighborhoods for people reentering the community; and
- Adding housing as a component of OCR.

3. **The Opportunity to Strengthen Local Collaborations:** Cross-system collaboration is key to ensuring better outcomes for people with diagnosable MI, SUD, and/or IDD. Collaboration can be difficult and funding "silos" make cross-systems efforts more challenging. Limited resources create a competitive and/or protective environment. Systems represent different cultures with their own histories, languages, values, concerns, and operations. Positively, collaboration fosters comprehensive thinking, brings diverse people, organizations, and sectors together, and can change the way communities solve problems. Throughout the strategic planning and listening sessions, participants emphasized the importance of bringing behavioral health, justice, housing, and other key stakeholders together to address issues facing their community. Specifically, participants suggested the plan include strategies that focus on:
   - Refining and enhancing a full continuum of care for people who are justice involved through local collaboration and coordination;
   - Establishing forensic services coordinators that cover every county in the state;
   - Strengthening relationships between housing, justice, and behavioral health services to improve reentry, reintegration;
   - Strengthening local behavioral health and law enforcement collaborations;
   - Offering opportunities for team building between state hospitals and community partners; and
   - Supporting increased collaboration between state hospitals, jails and LMHAs/LBHAs to improve the initial handoff when people are released from jail and returning to the community.

4. **The Need for Cross-System Training and Education:** Robust community-based care and supports can help minimize justice contact for people with diagnosable MI, SUD, and/or IDD. Such programs also provide opportunities for diversion once a person is involved in the justice system. Collaboration, education, and cross-training (involving both justice and behavioral health stakeholders) is critical in driving practice and policy changes. Throughout the strategic planning and listening sessions, participants identified multiple strategies to build on and enhance cross-system training and education for law enforcement, behavioral

health providers, courts and the judiciary, sheriffs, state hospitals, and other key stakeholders. Specifically, participants suggested this plan include strategies that focus on:

- Developing a coordinated resource and technical support strategy;
- Educating judges and defense and prosecuting attorneys on the components of quality competency evaluations;
- Promoting general education for the public on how to access treatment and avoid justice-involvement;
- Improving mental health training for attorneys;
- Providing trauma-informed training for law enforcement;
- Promoting Mental Health First Aid for all professionals working with people who have diagnosable MI, SUD, and/or IDD;
- Promoting awareness across the SIM of MH, SUD, and IDD resources that exist in local communities;
- Promoting general training and awareness on the importance of diversion to all stakeholders across the SIM;
- Developing community education and awareness campaigns regarding local community resources and SUD treatment; and
- Expanding academic partnerships with local partners, including city and county governments.

5. **The Challenges in the Competency to Stand Trial Process:** The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Like other states, Texas faces a growing crisis in the number of people who are waiting in county jails for inpatient competency restoration services. Throughout the strategic planning and listening sessions, participants identified strategies to reduce the number of people waiting for inpatient competency restoration services and improve competency restoration services for those that need them. Specifically, participants suggested this plan include strategies that focus on:

- Promoting diversion to reduce the number of people who are arrested and booked into jail with diagnosable MI, SUD, and/or IDD;
- Developing a statewide registry of qualified competency evaluators;
- Improving the quality of trial competency evaluation reports;
- Expanding OCR and JBCR Programs;
- Reconciling the costs associated with defense attorney’s fees for OCR and JBCR;

- Identifying the appropriate competency restoration pathways for people found IST based on clinical need or acuity and public safety risk using a research-based framework; and
- Developing new discharge opportunities for long-term 46B commitments who have been determined not be restorable in the foreseeable future.

6. **The Value of Information Sharing and Using Data to Inform Policy Development and Service Delivery:** Tracking and understanding data are critical to the development of a robust continuum of care and the reduction of justice system involvement for people with diagnosable MI, SUD, and/or IDD. Throughout the strategic planning and listening sessions, participants expressed the need for state and local partners to work collaboratively to identify opportunities to gather, analyze, and use data to inform policy development and improve service delivery across the continuum of care. Specifically, participants suggested the plan include strategies that focus on:

- Increasing information sharing across systems, agencies, and organizations;
- Developing a Global Client's record system for people who are justice-involved;
- Improving information sharing between court officials, including magistrates, prosecutors, and defense attorneys;
- Improving information sharing with law enforcement to support pre-arrest diversion; and
- Evaluating crisis and diversion programs to assess impact and support the scaling of successful programs.

In addition to the themes listed above, strategic planning and listening session participants raised the importance of prevention and early intervention for youth, particularly when it comes to substance use; the need for improved education and services for people who have diagnoses of IDD across the SIM; the importance of expanding round-the-clock SUD services to rural communities; the need to remove unnecessary barriers to treatment for people with diagnosable MI, SUD, and/or IDD; the need to address the social determinants of health (access to housing, employment, and transportation); and the role of telehealth support in maximizing access to care across all intercepts.

Listening Session Strategic Priorities

At sessions hosted by West Texas Centers (West Texas), North Texas Behavioral Health Authority (North Texas), National Alliance for Mental Illness Texas (NAMI), HHSC's Peer and Recovery Services (Peers) and State Hospital Superintendents

(State Hospital), TIDC, and JCMH, participants were asked to prioritize strategies through anonymous polling discussed during their respective listening session. Figures G-1 through G-19 below illustrate the prioritized strategies for each strategic goal and objective. Tables G-1 through G-19 list text versions of the information in the figures.

Goal 1: Develop robust crisis and diversion systems to reduce and prevent justice involvement for people with diagnosable MI, SUD, and/or IDD.

Figure G-1. Spread and Scale Use of Crisis and Pre-Arrest Diversion Programs and Strategies (number of votes)

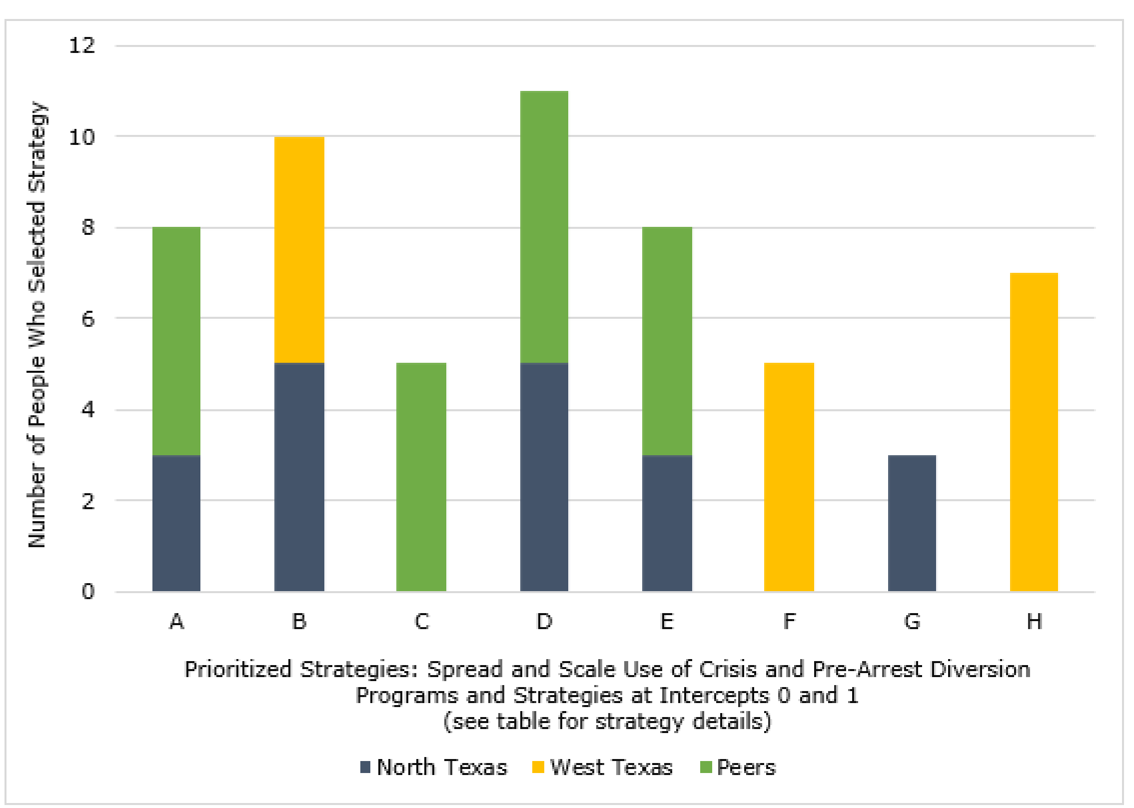


Table G-1. Spread and Scale Use of Crisis and Pre-Arrest Diversion Programs and Strategies (number of votes)

Strategy	North Texas	West Texas	Peers
A. Support local planning for crisis and pre-arrest diversion programs.	3	0	5
B. Expand crisis receiving, crisis stabilization, crisis respite, and sobering centers.	5	5	0
C. Identify and reduce barriers to crisis response and pre-arrest diversion.	0	0	5
D. Promote the expansion of round-the-clock mobile crisis outreach teams and co-responder programs, and identify best practices that can scale across rural, suburban, and urban communities.	5	0	6
E. Identify opportunities to pilot emergency department diversion programs and promote connections to care for people with complex behavioral health needs.	3	0	5
F. Promote specialized law enforcement training programs to improve outcomes in interactions between law enforcement and people with diagnosable MI, SUD, and/or IDD.	0	5	0
G. Coordinate with law enforcement, behavioral health providers, housing service providers, and other stakeholders to develop programs focused on people with complex care needs that frequently cycle between systems.	3	0	0
H. Increase Mental Health Deputies.	0	7	0

Figure G-2. Increase Use of Diversion Off-Ramps across Intercepts 2 and 3 (number of votes)

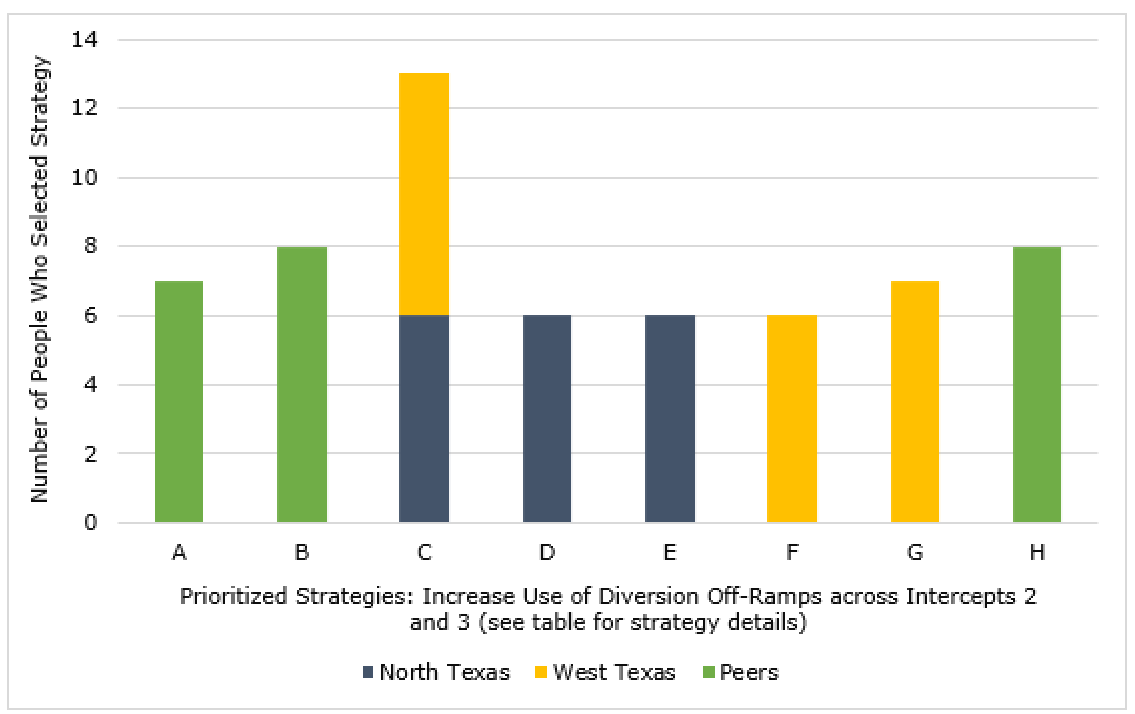


Table G-2. Increase Use of Diversion Off-Ramps across Intercepts 2 and 3 (number of votes)

Strategy	North Texas	West Texas	Peers
A. Ensure universal screening for MI, SUD and IDD at jail booking.	0	0	7
B. Establish mental health public defender programs that cover every county in the state.	0	0	8
C. Support the uptake of diversion strategies at arraignment and to inform pre-trial services.	6	7	0
D. Expand pretrial supervision and diversion services to reduce episodes of incarceration.	6	0	0

Strategy	North Texas	West Texas	Peers
E. Increase the use of pre-trial diversion programs, specialty courts, and specialized probation and parole for justice-involved people with behavioral health needs.	6	0	0
F. Expand tailored services for people with SUD and co-occurring issues.	0	6	0
G. Expand use of jail coordinators to support diversion and reentry.	0	7	0
H. Engage peer counselors to support judges and provide education and training.	0	0	8

Figure G-3. Increase Diversion through Use of Data and Technology (number of votes)

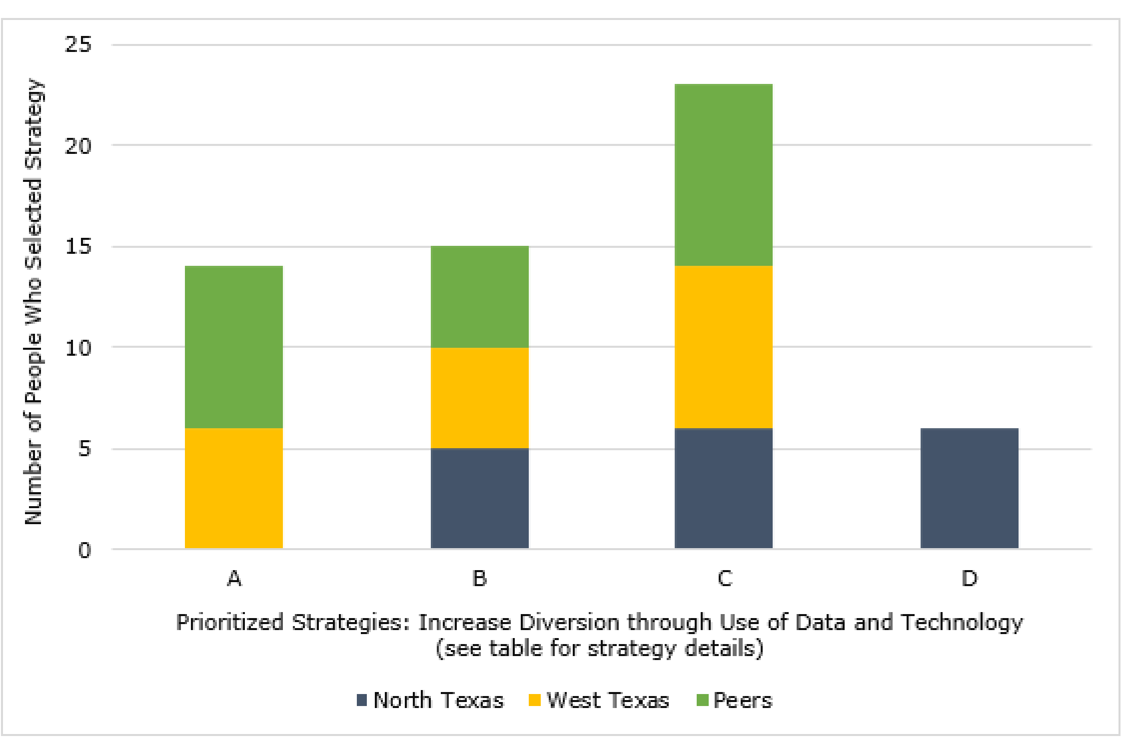


Table G-3. Increase Diversion through Use of Data and Technology (number of votes)

Strategy	North Texas	West Texas	Peers
A. Enhance current technology to support the identification and case management of people with diagnosable MI, SUD, and/or IDD who are justice involved.	0	6	8
B. Promote the use of virtual supports to enhance crisis response and diversion through statewide technical assistance.	5	5	5
C. Explore opportunities to incorporate technology into crisis response and pre-arrest diversion programs to expand reach and availability across communities, including rural and frontier communities.	6	8	9
D. Utilize technology to inventory local supports and services in the community for first responders.	6	0	0

Goal Two: Increase coordination, collaboration, and accountability across systems, agencies, and organizations.

Figure G-4. Enhance Community Collaboration through Strategic Planning and Coordination (number of votes)

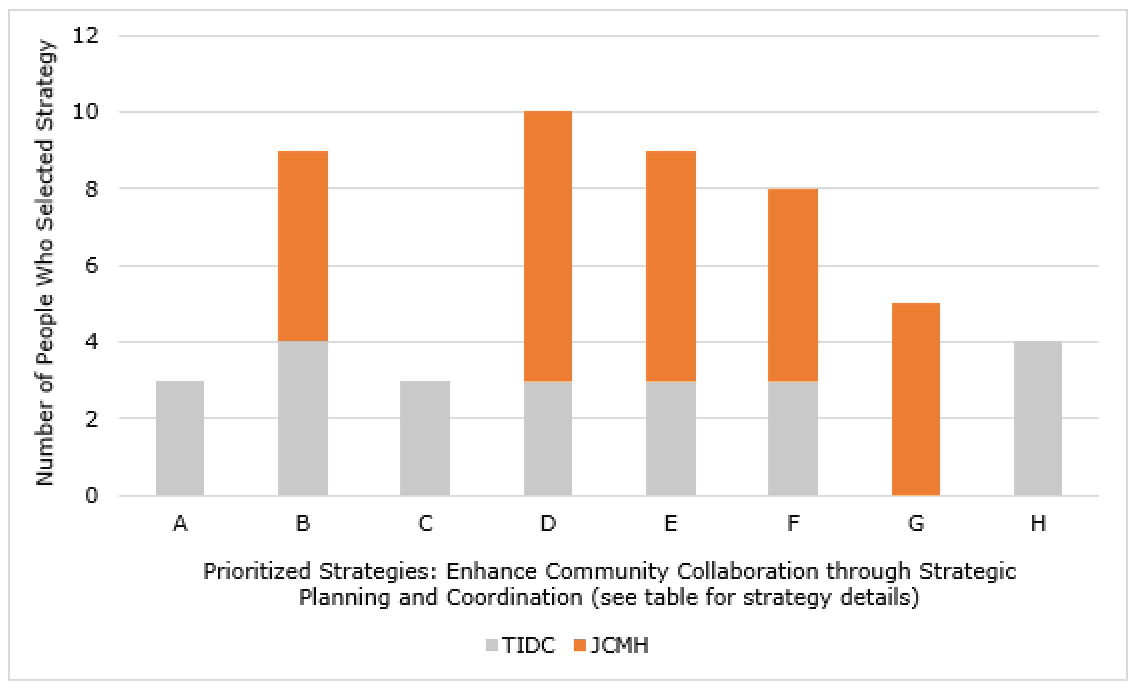


Table G-4. Enhance Community Collaboration through Strategic Planning and Coordination (number of votes)

Strategy	TIDC	JCMH
A. Provide SIM Mapping workshops to support strategic planning and collaboration in local communities.	3	0
B. Provide statewide training and technical assistance on expanding and enhancing behavioral health-criminal justice collaborations through local coordinating bodies.	4	5
C. Adopt the Sequential Intercept Model framework for local planning and collaboration.	3	0
D. Identify opportunities to fund local forensic and diversion coordinators responsible for coordination between behavioral health providers, jails, courts, community corrections, and state hospitals.	3	7

E. Explore best practice models for local coordination, including criminal justice coordinating councils and regional planning and oversight bodies.	3	6
F. Increase local partnerships to expand the social safety net and connect justice-involved persons with supportive services.	3	5
G. Fund local and regional collaborative projects focused on coordination and information sharing to reduce and prevent justice-involvement of people with behavioral health needs.	0	5
H. Expand State's support to local communities to increase communication, collaboration, and education across the SIM.	4	0

Figure G-5. Increase Information Sharing at State and Local Levels (number of votes)

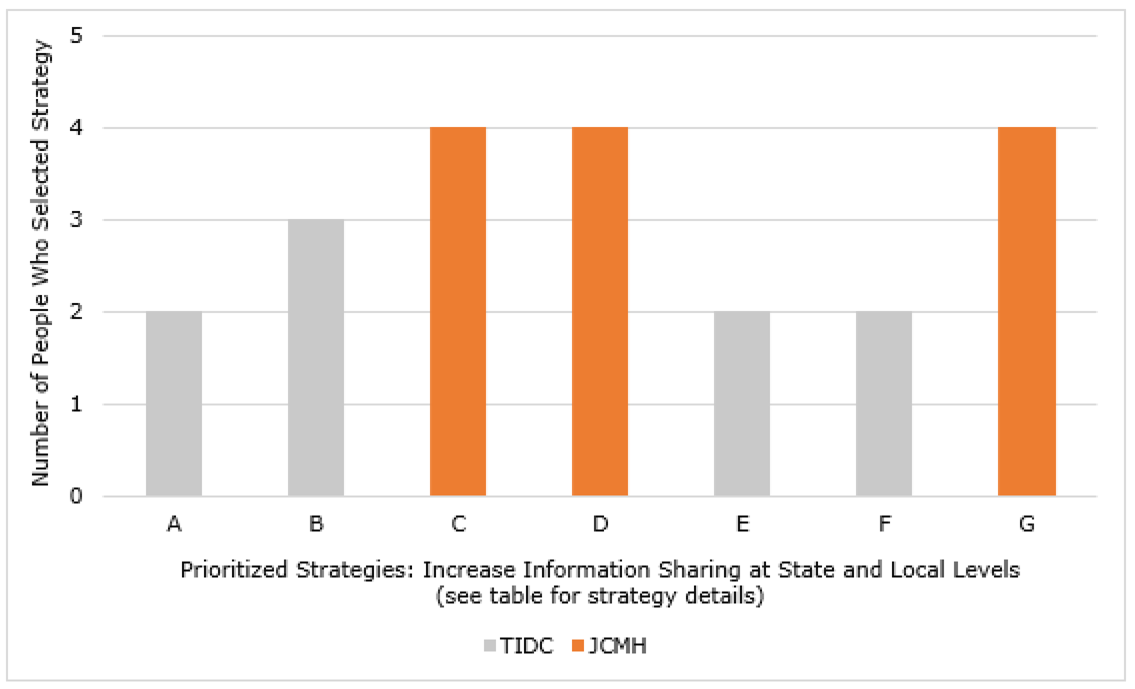


Table G-5. Increase Information Sharing at State and Local Levels (number of votes)

Strategy	TIDC	JCMH
A. Explore data sharing needs between state agencies to develop a long-term data strategy for the state to support policy development, oversight, and ongoing improvement efforts.	2	0
B. Explore the development of a Global Client Record to ensure data sharing for continuity of care.	3	0
C. Support data sharing pilots in select communities to better identify those in need of services and to support continuity of care.	0	4
D. Promote the use of data use agreements, business associate agreements, and universal consent forms for information sharing between local government agencies (e.g., HHSC Medicaid and TDCJ, TJJD, and jails).	0	4

Strategy	TIDC	JCMH
E. Develop and standardize training for prosecutors and defense attorneys who handle cases related to MI, SUD and IDD.	2	0
F. Partner with the Texas State Bar to create legal education on MI, SUD, and IDD.	2	0
G. Safely and securely share information with prosecutors, defense attorneys and judges to better understand a person's case, prior justice involvement, previous referrals, and current connections to care.	0	4

Figure G-6. Increase Strategic Partnerships between State, Local, Regional, and Community Agencies and Organizations (number of votes)

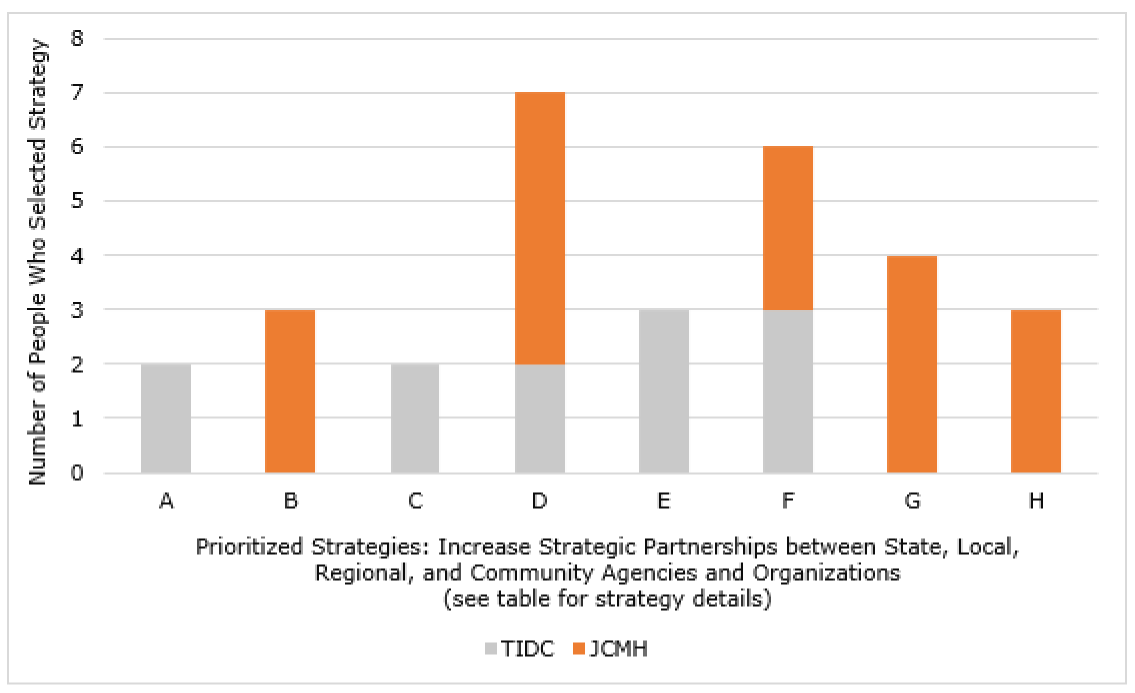


Table G-6. Increase Strategic Partnerships between State, Local, Regional, and Community Agencies and Organizations (number of votes)

Strategy	TIDC	JCMH
A. Explore opportunities to streamline and maximize state benefits and supportive services through state agency partnerships.	2	0
B. Promote best practices of care coordination between CCBHCs and criminal justice partners.	0	3
C. Utilize a whole-community approach for addressing issues at the intersection of behavioral health and criminal justice that includes partnerships with housing authorities, hospitals, universities and medical schools, faith-based organizations, schools, and other agencies and organizations.	2	0
D. Maximize resources at a regional level to fund and operate programs that reduce justice involvement for people with diagnosable MI, SUD, and/or IDD.	2	5
E. Enhance MOUs, interlocal agreements and other contracts to support the expansion of the mental health workforce.	3	0
F. Ensure every county has Mental Health Deputies who work with LMHA/LBHAs to reduce and prevent justice involvement for people with diagnosable MI, SUD, and/or IDD.	3	3
G. Create liaison/coordinator positions within LMHA/LBHAs to coordinate care for people with diagnosable MI, SUD, and/or IDD through someone's entire experience in the justice system and support re-entry.	0	4
H. Promote trust building and collaboration among prosecution and defense, supporting more collaboration between attorneys involved.	0	3

Goal Three: Enhance the continuum of care and support services for people who are justice-involved with diagnosable MI, SUD, and/or IDD.

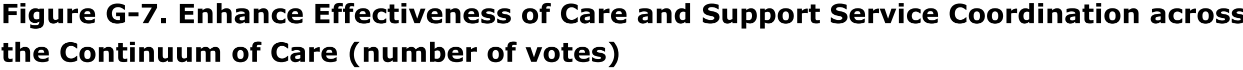


Figure G-7. Enhance Effectiveness of Care and Support Service Coordination across the Continuum of Care (number of votes)

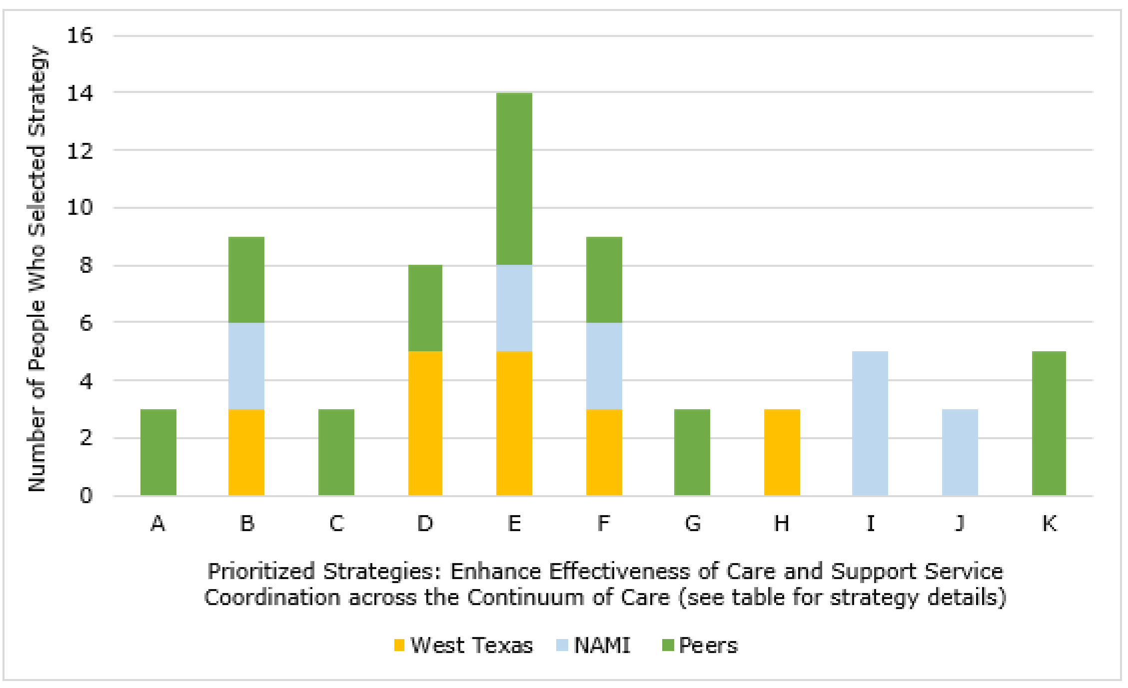


Table G-7. Enhance Effectiveness of Care and Support Service Coordination across the Continuum of Care (number of votes)

Strategy	West Texas	NAMI	Peers
A. Utilize CCBHCs to increase care coordination and integrated physical and behavioral health services for people who are justice-involved.	0	0	3
B. Explore the use of a system-wide drug formulary to ensure medication continuity.	3	3	3
C. Expand TCOOMMI to serve more moderate and high-risk people and reduce the risk of recidivism for people with diagnosable MI, SUD, and/or IDD.	0	0	3
D. Enhance substance use services in rural communities to decrease the risk of recidivism for justice-involved people with diagnosable MI, SUD, and/or IDD.	5	0	3

Strategy	West Texas	NAMI	Peers
E. Expand and enhance programs that focus on providing intensive, wraparound services for people with complex needs cycling among multiple systems.	5	3	6
F. Promote coordination and collaboration among all possible points of contact/levels of care for a seamless transition and appropriate continuity of care.	3	3	3
G. Explore opportunities to increase access to medication-assisted treatment in county jails and at reentry to the community.	0	0	3
H. Expand access to substance use treatment across the SIM.	3	0	0
I. Promote the development of crisis response models that reduce the need for law enforcement to respond to mental health calls.	0	5	0
J. Expand the crisis continuum to ensure people have places to go in the community to de-escalate.	0	3	0
K. Promote prevention and early intervention, identify people who have fallen through the cracks and reengage.	0	0	5

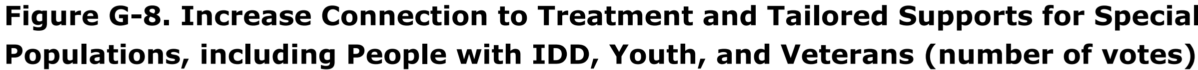


Figure G-8. Increase Connection to Treatment and Tailored Supports for Special Populations, including People with IDD, Youth, and Veterans (number of votes)

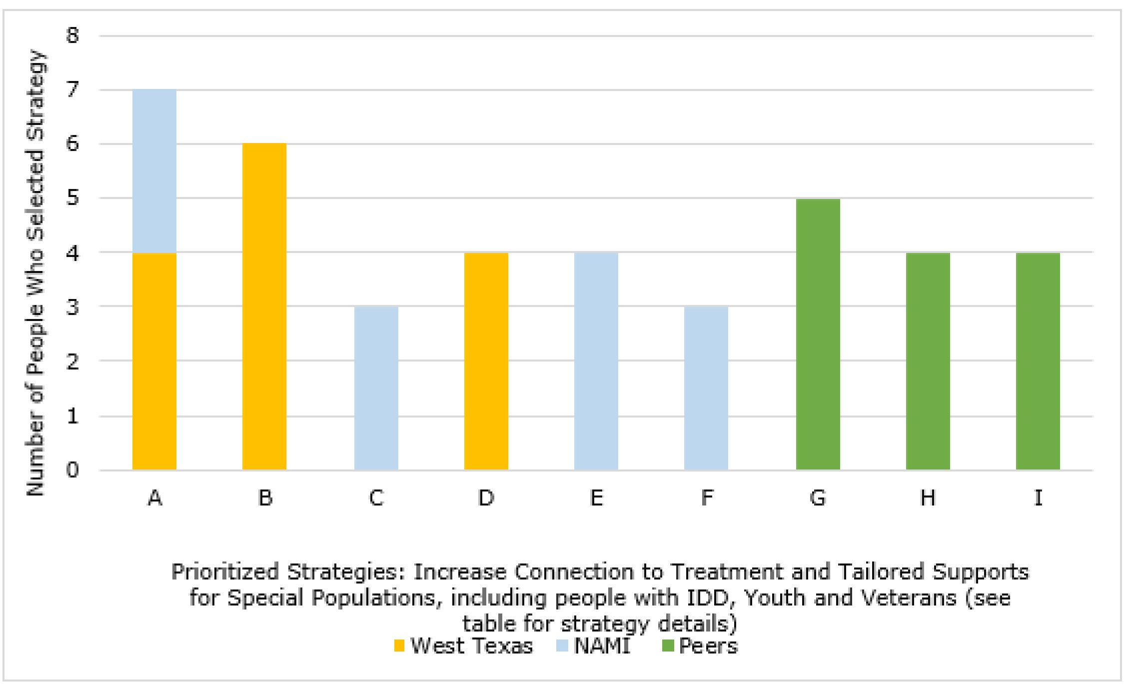


Table G-8. Increase Connection to Treatment and Tailored Supports for Special Populations, including People with IDD, Youth, and Veterans (number of votes)

Strategy	West Texas	NAMI	Peers
A. Remove barriers to diversion for special populations by developing actionable and tailored solutions through state partnerships and state-local collaborations.	4	3	0
B. Provide training, technical assistance, and other supports to law enforcement, LMHA/LBHAs, and other stakeholders to promote best practices for special populations.	6	0	0
C. Compile strategies and resources for addressing the needs of people with IDD into a format that is easy to understand and that is easily accessible to all county jails.	0	3	0

Strategy	West Texas	NAMI	Peers
D. Early prevention and intervention for substance use and youth	4	0	0
E. Increase access to housing, supports and services for people with an IDD diagnosis to reduce justice involvement.	0	4	0
F. Improve screening for people with an IDD diagnosis when entering county jails.	0	3	0
G. Expand the use of youth peer specialists to support youth: focus on prevention and early intervention.	0	0	5
H. Provide more focused, wrap around services, peer engagement to people who have justice involvement - meet people where they are.	0	0	4
I. Ensure continued access to medication assisted treatment for pregnant women.	0	0	4

Figure G-9. Address the Social Determinants of Health that Increase the Risk of Justice Involvement, including Housing, Employment, and Transportation (number of votes)

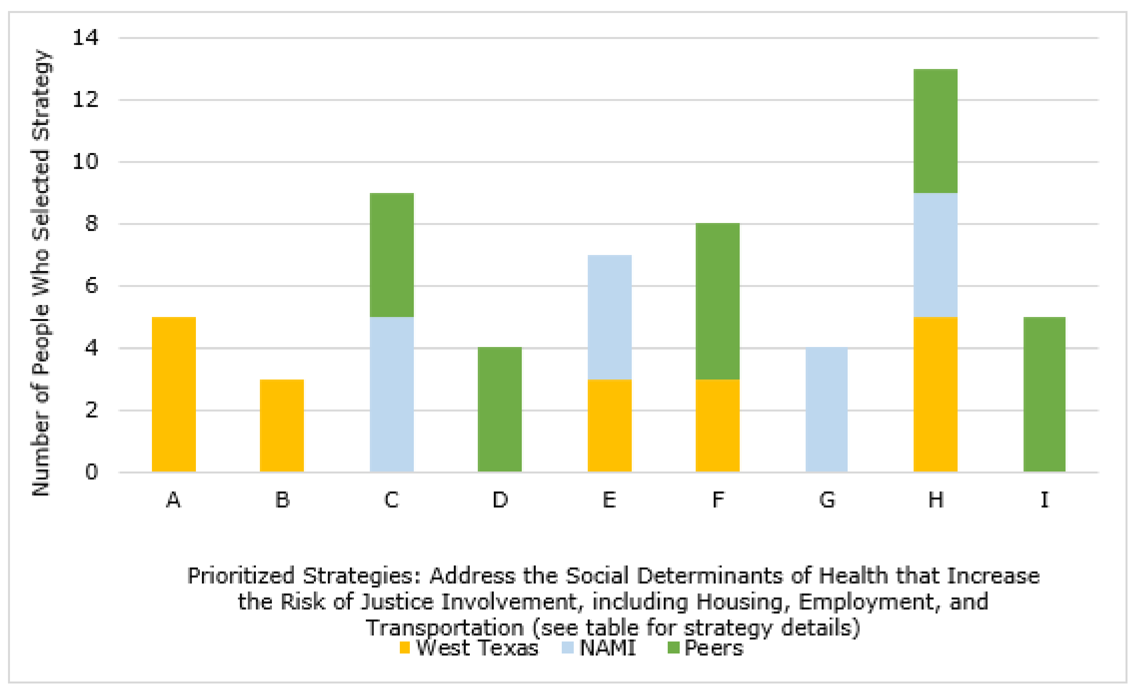


Table G-9. Address the Social Determinants of Health that Increase the Risk of Justice Involvement, including Housing, Employment, and Transportation (number of votes)

Strategy	West Texas	NAMI	Peers
A. Promote supported housing and employment through dedicated funding streams.	5	0	0
B. Explore opportunities to maximize access and enrollment in benefits and supports to address housing, employment, and transportation.	3	0	0
C. Support the development of a full continuum of housing options with appropriate services and attention to transitions between institutions and community.	0	5	4

Strategy	West Texas	NAMI	Peers
D. Promote awareness of opportunities to reduce the barriers to housing for justice-involved persons, including tenancy selection criteria.	0	0	4
E. Support the development of dedicated position(s) at each LMHA, LBHA and LIDDA to provide housing navigation, employment, transportation, and education services for people with diagnosable MI, SUD, and/or IDD who have a history of justice involvement.	3	4	0
F. Promote fair chance housing practices through rule changes that encourage the development of "low barrier" housing for units built with state-administered funds.	3	0	5
G. Explore opportunities to utilize the expungement of misdemeanor criminal records to facilitate connection with employment and housing, when appropriate.	0	4	0
H. Work collaboratively with local stakeholders to expand housing options with attention to landlord criteria and transitions between institutions and community.	5	4	4
I. Promote safe housing options.	0	0	5

Figure G-10. Increase Use of Peers across the SIM (number of votes)

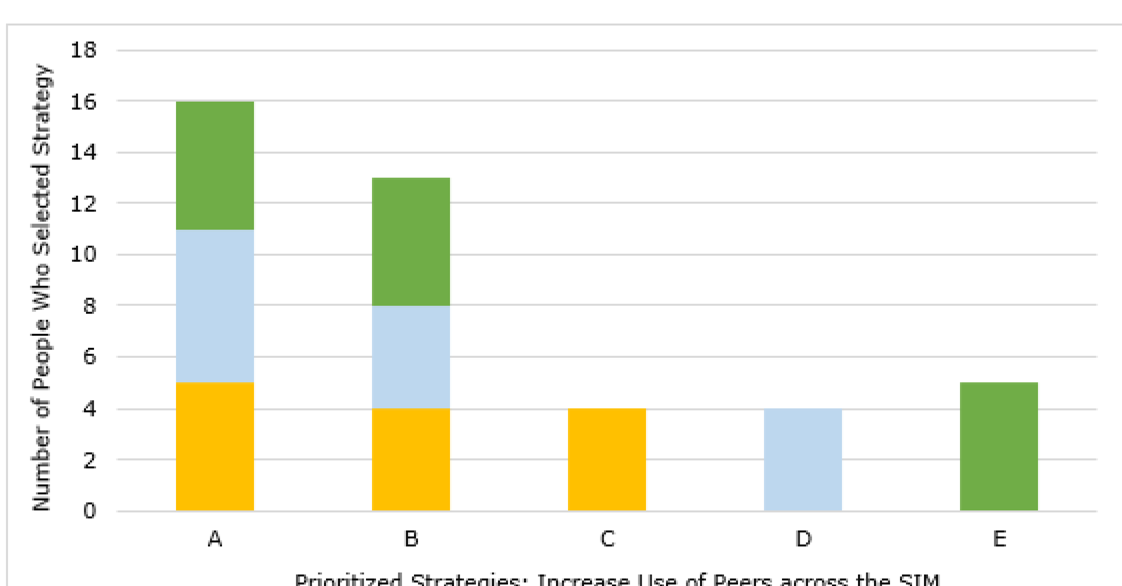


Table G-10. Increase Use of Peers across the SIM (number of votes)

Strategy	West Texas	NAMI	Peers
A. Expand peer programs in criminal justice and behavioral health settings to support people with behavioral health needs who are justice-involved.	5	6	5
B. Provide statewide technical assistance to increase the utilization of peers to support justice-involved persons with behavioral health needs.	4	4	5
C. Create a Texas certification for justice-involved peer specialists.	4	0	0
D. Explore opportunities to incorporate peers into crisis response, diversion, specialty courts, and reentry.	0	4	0
E. Promote communication between peer-supports in lock-up settings and other peer-based services to provide continuity of support upon reentry.	0	0	0

Figure G-11. Leverage Data and Technology to Expand Access to Care Across the SIM (number of votes)

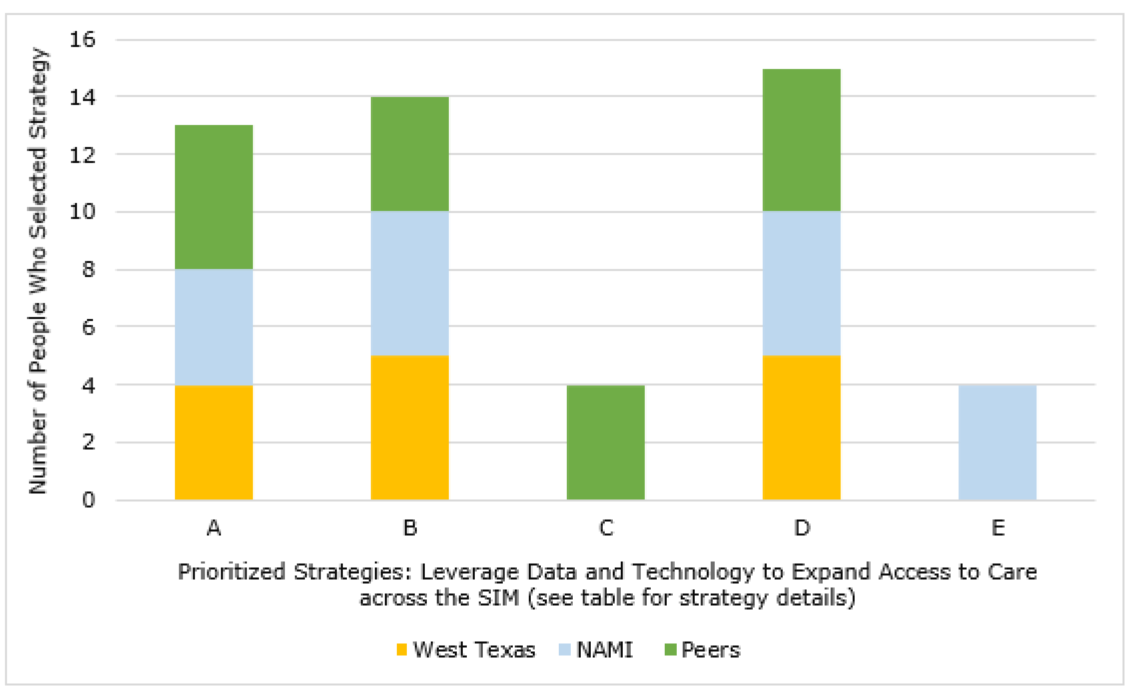


Table G-11. Leverage Data and Technology to Expand Access to Care Across the SIM (number of votes)

Strategy	West Texas	NAMI	Peers
A. Maximize use of telehealth support across the SIM (including telemedicine, peer services, telepsychiatry services for jails, competency evaluation, teletherapy).	4	4	5
B. Explore the development of a Global Client's record system for Justice-Involved people to promote sharing of client-level data across agencies to support continuity.	5	5	4
C. Connect the Department of Public Safety (DPS) Texas Law Enforcement Telecommunication System (TLETS), and the Veterans Affairs Veterans Reentry Service System (VRSS) or other approved Veterans Affairs identification program to provide veterans information to county jails for the purposes of continuity of care and veterans benefits.	0	0	4

Strategy	West Texas	NAMI	Peers
D. Collect accurate data, using systems already in place and mandated in county jails, of the number of individuals incarcerated who may have an IDD diagnosis.	5	5	5
E. Promote navigation system for officers to support crisis response and pre-arrest diversion.	0	4	0

Goal Four: Strengthen state hospital and community-based services.

Figure G-12. Develop Evidence-Based Guidance for the Appropriate Use of the Competency Restoration Continuum to "Right-Size" Competency Restoration in Texas (number of votes)

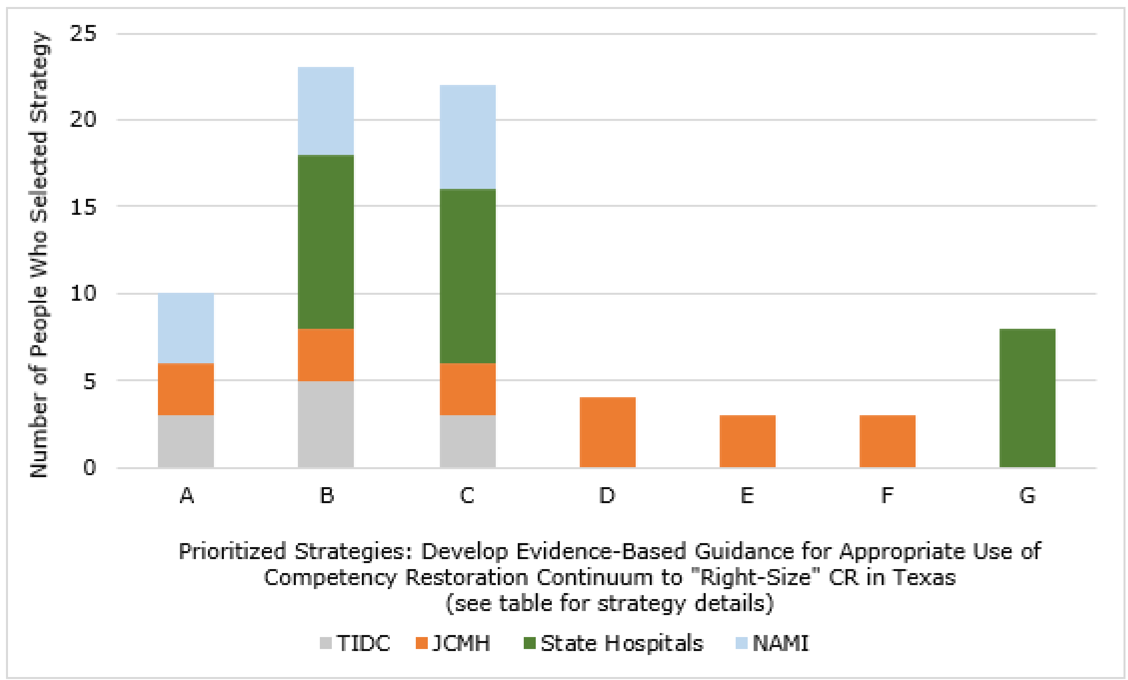


Table G-12. Develop Evidence-Based Guidance for the Appropriate Use of the Competency Restoration Continuum to "Right-Size" Competency Restoration in Texas (number of votes)

Strategy	TIDC	JCMH	State Hospitals	NAMI
A. Provide statewide technical assistance on competency restoration and best practices to reduce the waitlist for inpatient competency restoration services.	3	3	0	4
B. Promote and expand use of court-ordered outpatient mental health treatment in lieu of criminal arraignment and prosecution.	5	3	10	5
C. Explore statutory changes to prevent people with lower, non-violent offenses (misdemeanors) from being placed on the competency restoration waitlist.	3	3	10	6

Strategy	TIDC	JCMH	State Hospitals	NAMI
D. Explore use of technology to compile list of available local service providers and pertinent information related to their services.	0	4	0	0
E. Expand housing options and awareness of housing options for people transitioning out of institutions and into the community.	0	3	0	0
F. Expand and enhance behavioral health services for people inside jails for anyone in need of services, not just those of have been found IST.	0	3	0	0
G. Enhance relationships among state hospitals, judges, courts, LMHAs, and other partners by creating opportunities for authentic engagement and learning (conferences, site visits, role playing exercises, etc.).	0	0	8	0

Figure G-13. Expand Outpatient and Jail-Based Competency Restoration Programs and Jail In-Reach Coordinators across the State to Reduce the Waitlist for Inpatient Competency Restoration Services (number of votes)

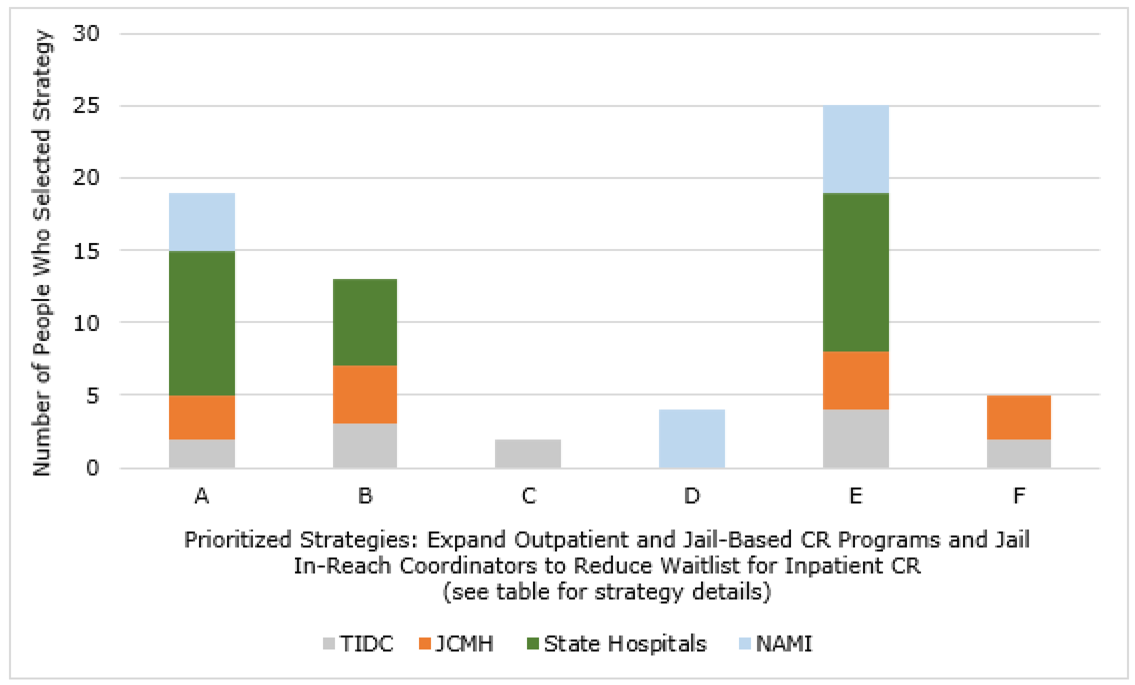


Table G-13. Expand Outpatient and Jail-Based Competency Restoration Programs and Jail In-Reach Coordinators across the State to Reduce the Waitlist for Inpatient Competency Restoration Services (number of votes)

Strategy	TIDC	JCMH	State Hospitals	NAMI
A. Explore incorporating outpatient (OCR) and jail-based competency restoration (JBCR) as part of the service array provided by LMHAs and LBHAs.	2	3	10	4
B. Explore funding opportunities for jail in-reach coordinators that monitor people on the waitlist for inpatient competency restoration services and coordinate with LMHAs/LBHAs, state hospitals, jails, and courts.	3	4	6	0

Strategy	TIDC	JCMH	State Hospitals	NAMI
C. Develop innovative learning and technical assistance opportunities to support jail in-reach for people on 46B.073 commitments awaiting inpatient competency restoration services.	2	0	0	0
D. Explore the development of OCR, JBCR, and jail in-reach coordinator programs through braided and blended funding and federal funding.	0	0	0	4
E. Expand access to housing, or add residential component to OCR, to expand OCR programs.	4	4	11	6
F. Develop standardized trainings and support to promote the expansion of OCR programs.	2	3	0	0

Figure G-14. Maximize Use of Telemedicine for Forensic Services (number of votes)

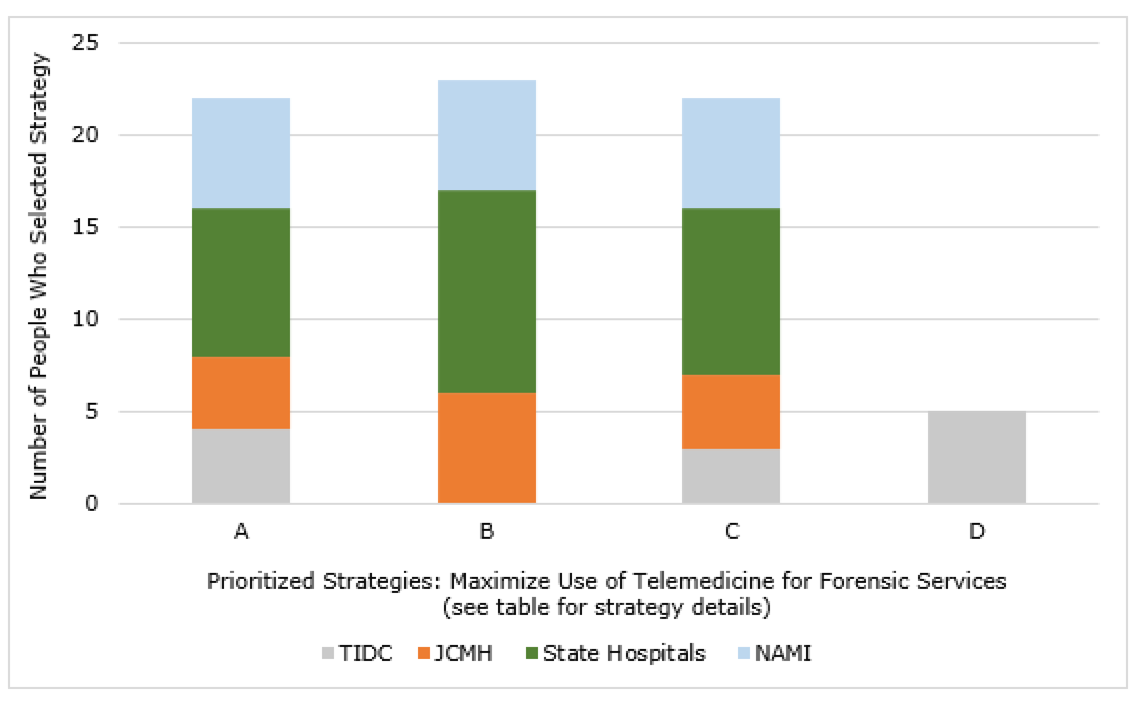


Table G-14. Maximize Use of Telemedicine for Forensic Services (number of votes)

Strategy	TIDC	JCMH	State Hospitals	NAMI
A. Explore statewide infrastructure needs for the widespread use of telemedicine in forensic services delivery, with attention to rural communities.	4	4	8	6
B. Utilize telehealth infrastructure for virtual competency evaluations.	0	6	11	6
C. Utilize telehealth infrastructure for virtual court hearings for defendants committed to state hospitals for competency restoration services.	3	4	9	6
D. Provide education on the ways in which telemedicine can be used and how it can enhance client outcomes.	5	0	0	0

Figure G-15. Identify Effectiveness and Improvements in State Hospital and Community-Based Forensic Processes and Services (number of votes)

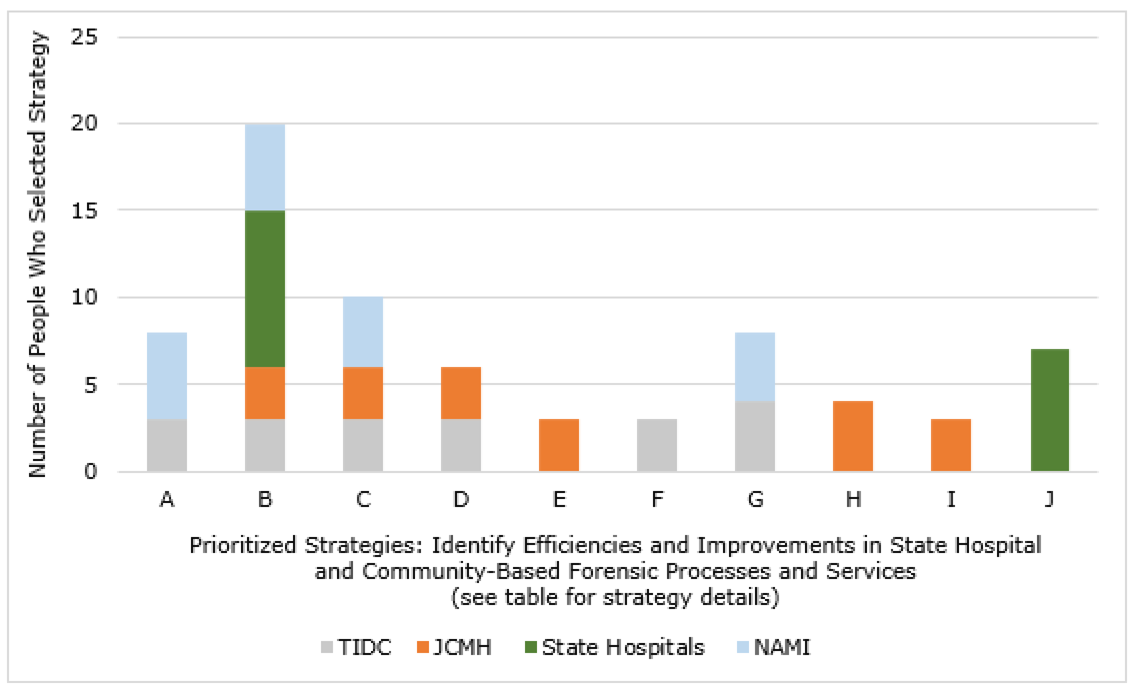


Table G-15. Identify Effectiveness and Improvements in State Hospital and Community-Based Forensic Processes and Services (number of votes)

Strategy	TIDC	JCMH	State Hospitals	NAMI
A. Standardize competency restoration curriculum (CRC) for use throughout the State Hospital System and explore the expansion of such CRC to other levels of services.	3	0	0	5
B. Encourage collaboration between LMHAs/LBHAs and state hospitals in the completion of standardized outpatient management plans.	3	3	9	5

Strategy	TIDC	JCMH	State Hospitals	NAMI
C. Identify forensic data collection needs across the continuum of care and formulate a data dashboard to understand trends, benchmark processes, and drive data-informed interventions throughout the continuum of care.	3	3	0	4
D. Explore the creation of a statewide dashboard to report forensic statistics and trends across state hospitals, counties, and courts with the goal of targeting technical assistance efforts across the continuum of care.	3	3	0	0
E. Strengthen focus on youth found unfit to proceed through increased partnership between HHSC and TJJD.	0	3	0	0
F. Examine the effectiveness and cost-benefit of competency restoration for individuals charged with misdemeanor crimes.	3	0	0	0
G. Explore opportunities to support forensics and diversion coordinators through each LMHA to ensure coordination with the state hospitals, courts, jails, law enforcement, community corrections, and community health and mental health providers.	4	0	0	4
H. Consider the development of new model for reviewing and making decisions on who to release, similar to a parole board.	0	4	0	0

Strategy	TIDC	JCMH	State Hospitals	NAMI
I. Develop state guidance on reporting, fees, and other requirements for doctors who complete competency evaluations.	0	3	0	0
J. Improve the medication reimbursement program to ensure jails can easily apply and get reimbursed for medications.	0	0	7	0

Figure G-16. Strengthen Oversight and Quality of Competency Evaluations (number of votes)

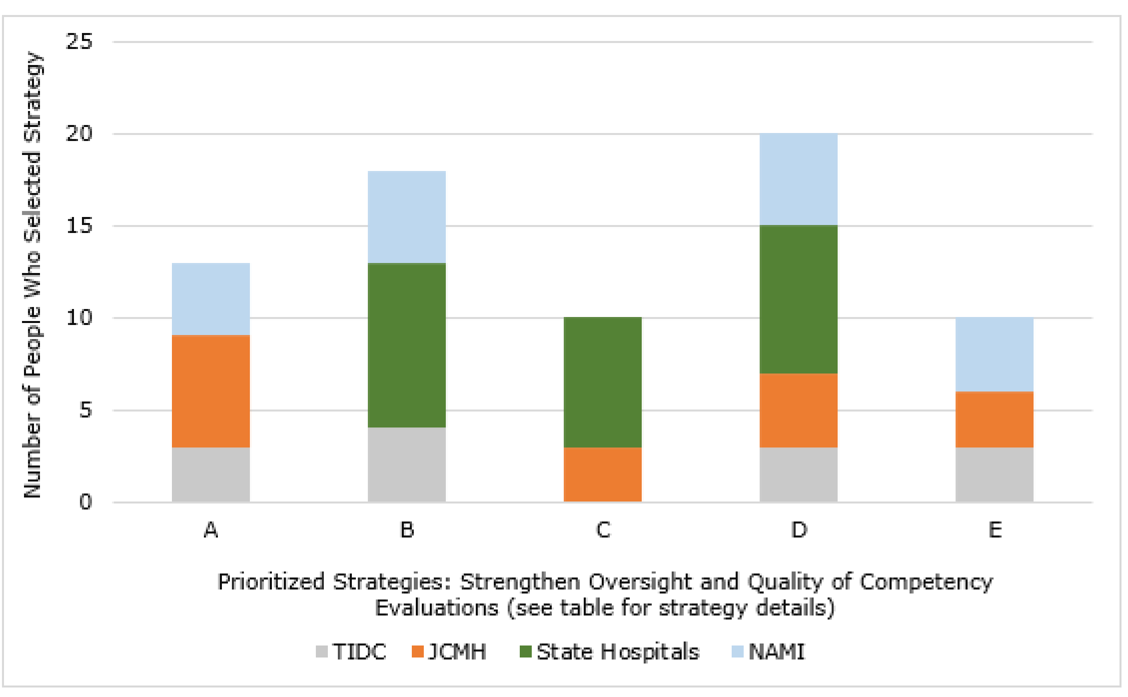


Table G-16. Strengthen Oversight and Quality of Competency Evaluations (number of votes)

Strategy	TIDC	JCMH	State Hospitals	NAMI
A. Develop a State Hospital System (SHS) registry of credentialed competency evaluators in the SHS to ensure high quality competency evaluations.	3	6	0	4
B. Provide statewide technical assistance to courts on quality competency evaluations.	4	0	9	5
C. Explore development of state credentialing for competency evaluators with professional licensing boards.	0	3	7	0
D. Explore the creation of a voluntary statewide registry for community competency evaluators and a statewide peer review process to ensure high quality evaluations.	3	4	8	5
E. Institute a SHS trial competency evaluation (TCE) peer review process to enhance the quality of competency evaluations and TCE reports filed with court.	3	3	0	4

Goal Five: Expand training, education, and technical assistance for stakeholders working at the intersection of behavioral health and justice.

Figure G-17. Provide Statewide Technical Assistance to Promote Best Practices for Diversion for Behavioral Health Providers, Law Enforcement, Jails, Courts, and Community Corrections (number of votes)

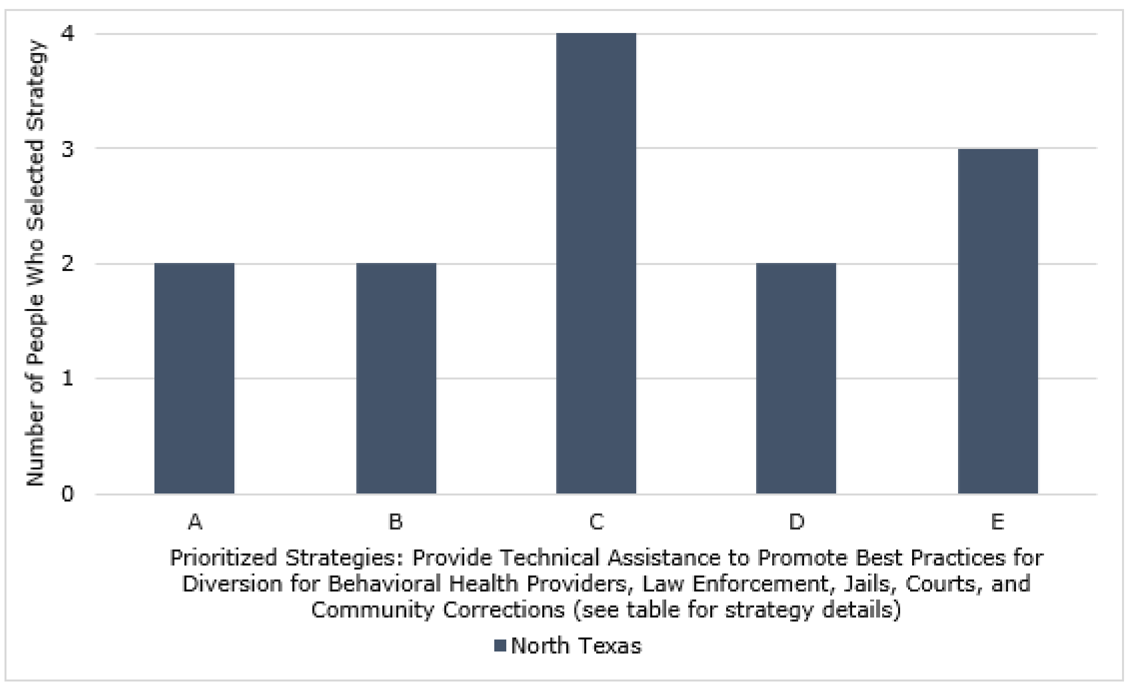


Table G-17. Provide Statewide Technical Assistance to Promote Best Practices for Diversion for Behavioral Health Providers, Law Enforcement, Jails, Courts, and Community Corrections (number of votes)

Strategy	North Texas
A. Develop centers for training and technical assistance focused on the intersection of behavioral health and criminal justice.	2
B. Promote criminal justice competency in the behavioral health workforce to improve outcomes for people who are justice-involved with diagnosable MI, SUD and/or IDD.	2
C. Foster learning communities among LMHAs/LBHAs, courts, jails, and law enforcement.	4
D. Increase the use of validated and reliable criminogenic risk assessment instruments to support structured decision-making across the SIM.	2

E. Enhance training for jailers on veteran's trauma, needs, benefits and services.	3

Figure G-18. Leverage Existing Training Infrastructures through Partnerships to Provide Education and Training to Criminal Justice and Behavioral Health Professionals (number of votes)

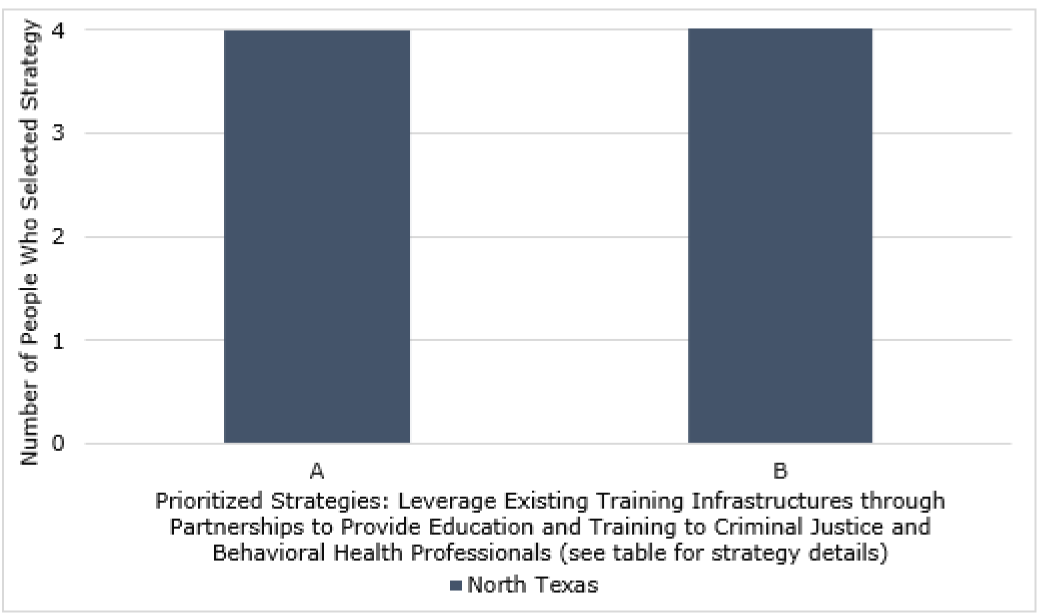


Table G-18. Leverage Existing Training Infrastructures through Partnerships to Provide Education and Training to Criminal Justice and Behavioral Health Professionals (number of votes)

Strategy	North Texas
A. Utilizing existing training platforms operated by HHSC, TCOLE, TCJS, TDCJ, LEMIT, and CMIT, increase education and training to behavioral health, criminal justice, and other relevant professionals.	4
B. In a partnership with HHSC, Texas Judicial Commission on Mental Health, the Supreme Court Commission on Children, Youth, and Families, the Texas Children’s Mental Health Care Consortium, the Juvenile Law Section of the Texas State Bar, and the TxSOC identify potential opportunities to develop and launch a training module with information related to children’s behavioral health and the system of care approach.	5

Figure G-19. Promote Workforce Wellness and Resiliency (number of votes)

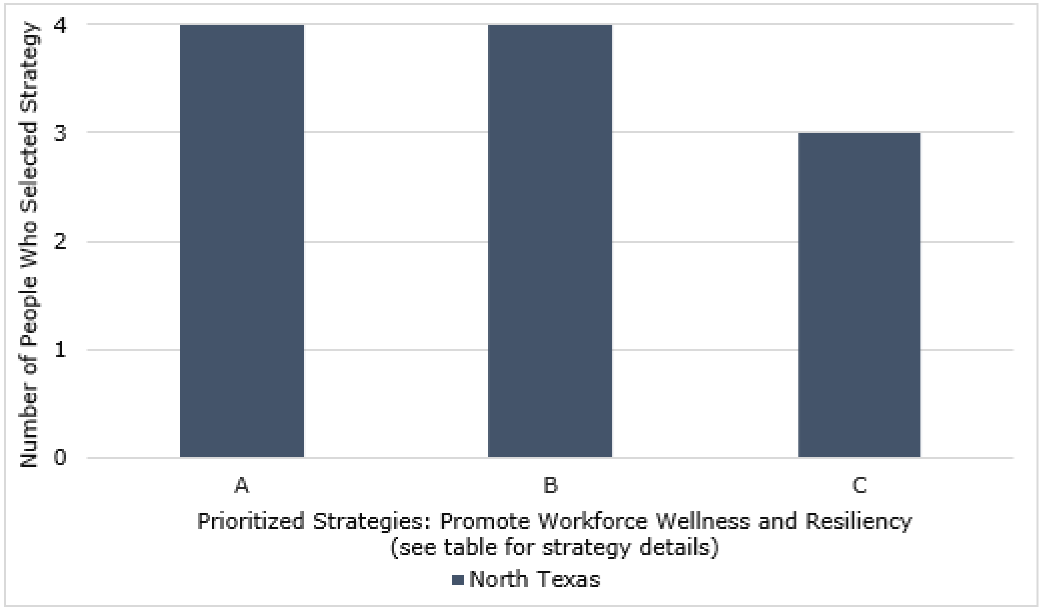


Table G-19. Promote Workforce Wellness and Resiliency (number of votes)

Strategy	North Texas
A. Provide training and technical assistance on trauma as an experience shared by community members, law enforcement and behavioral health providers.	4
B. Identify and reduce barriers to accessing behavioral health care for law enforcement.	4
C. Promote the expansion of peer support and workforce wellness programs for criminal justice professions across the SIM.	3

Statewide Sequential Intercept Model Mapping Summit

HHSC hosted the state's first SIM Mapping Summit on January 21-22, 2021, to develop a comprehensive picture of how people with diagnosable MI and co-occurring disorders flow through the criminal justice system; identify gaps, resources, and opportunities at each intercept for people with diagnosable MI; and develop priorities for activities designed to improve system and service level responses.

The SIM Summit was divided into four sessions based on which agencies and regions the participants represented: 1) State Agencies; 2) Rural West Texas; 3) Rural East Texas; and 4) Urban/Suburban Areas. Participants for each session including stakeholders representing mental health and substance use providers, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, and family members. The summit culminated in the development of a report with recommendations to reduce justice-involvement for Texans with MI and help ensure all Texans gain access to care at the right time and the right place.

State SIM Summit Strategic Priorities

Strategic priorities to improve outcomes for people with MI and co-occurring disorders involved with the criminal justice system were identified through a discussion of gaps in each session and ranked through a voting process where each participant had three votes. The ranked priorities are grouped in topical categories in the Table G-20 through G-22 below.

Table G-20. Ranked Priorities for Intercepts 0 and 1 (Community Service and Law Enforcement)

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Resource Lists and 911 Dispatch	N/A	Develop a list of mental health, substance use, and IDD resources that are available, and educate the community about those resources.	Additional training for 911 call takers/dispatchers (e.g., Crisis Intervention Team training, Mental Health First Aid). Partnerships with LMHAs/LBHAs where professionals are trained and included in 911 Dispatch operations responding to MH calls. Communication and coordination between 911 dispatch community-based treatment providers and community education around mental health/substance use/IDD resources and the role of crisis services vs. law enforcement.

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Law Enforcement and Crisis Response	Development of relationships and collaborations between Sheriffs and LMHAs to improve access to mental health and substance use services, particularly in rural areas (i.e., Mental Health Deputy approach). Ongoing cross-system training and provision of information to law enforcement/first responders about mental and substance use disorders, as well as about local services. Self-care/wellness resources for law enforcement and other first responders. Access to mobile crisis services.	Expansion of multi-disciplinary mobile crisis response teams. Include people with lived experience and family members in multi-disciplinary teams. Immediate access to services, particularly during nights and weekends. Law enforcement officers who respond to calls involving individuals experiencing a mental health or substance use crisis in the region are often unable to connect individuals with treatment and other support services. Expand capacity and scope of Mobile Crisis Outreach Team (MCOT) which currently only responds to acute crisis situations (i.e., potential suicide risk). MCOT not currently responding to individuals' homes due to safety concerns unless law enforcement is present. Explore development of a co-responder program. Involve people with lived experience in MCOT. Expand harm reduction initiatives including Naloxone distribution to law enforcement, other first responders, and the public.	Expansion of efforts focusing on Intercept 0 and expansion/development of pre-arrest diversion processes, triage, and non-refusal drop-off facilities, avoiding detours to hospitals. Expansion and utilization of mobile crisis services (i.e., increasing referrals, building capacity, reducing response time).

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Community-Based Service Providers and Hospitals	Collaboration between LMHAs and other community-based service providers. People picking up criminal charges while in hospitals or while attempting to receive/receiving services elsewhere. Substance use disorder treatment needs to be a focus of the conversation.	Alternatives to providing in-person services (both now and post-COVID-19), including utilization of teleservices and access to mobile devices and adequate internet service, particularly in rural areas. Law enforcement officers, particularly in rural areas, often transport people long distances to the nearest state hospital for screening to determine eligibility for admission (consider pre-screening options prior to transport to state hospitals). Increase the amount of crisis stabilization beds. Regional Crisis Stabilization Unit to help address shortage of hospital beds. Increase access to civil and forensic beds at hospitals. Transitioning people out of the hospital in a timely manner, when appropriate. Specific strategies for people who are/have been in the hospital for long periods of time. People placed on waiting lists for accessing community-based services may be required to contact the providers periodically to maintain their positions on the waiting lists. Deal with the psychiatrist workforce shortage. Access to substance use detox facilities/programs, including insurance requirements.	Transition people out of the hospital in a timely manner, when appropriate, ensuring information sharing to maintain continuity of care. Specific strategies for people who are/have been in the hospital for long periods of time or continuously cycle in and out of the hospital (i.e., finding alternatives and dismissing charges). State hospital redesign (i.e., increasing efficiency, create more recovery-oriented environment/space). Expansion of Certified Community Behavioral Health Clinic (CCBHC) and wraparound services model. Strategies for reducing the arrest of people who are attempting to/receiving treatment at hospitals and other treatment provider facilities. Access to substance use treatment, particularly opioid use disorder treatment and medication assisted treatment.

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Peer Supports and Advocates	Involvement of people with lived experience and family members in operation of crisis lines and mobile crisis services. Utilization of peer-run organizations and peer-delivered programs and services, as well as funding to support them. Community engagement and the development of mechanisms for gathering feedback from community members about their experiences in the behavioral health and criminal justice systems. Support for families of people with diagnosable MI, SUD, and/or IDD who are involved in the criminal justice system.	N/A	Embed peer support specialists across the intercepts (i.e., in crisis services and hospital emergency departments, conducting jail-in reach and assisting with reentry). Also, additional funding for peer support services and appropriate compensation. Distribution of resources for family members of people with diagnosable MI who are involved in the criminal justice system and appreciation for their role in recovery.

Table G-21. Ranked Priorities for Intercepts 2 and 3 (Initial Detention, Court Hearing and Jails, Courts)

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Competency to Stand Trial and Assisted Outpatient Treatment	People who may be IST face long wait times for competency evaluation and restoration.	Establishment of mental health/substance use training requirements for attorneys. Utilization of Assisted Outpatient Treatment (AOT) and outpatient competency restoration.	Jail-based initiation of medications for people requiring competency evaluation/restoration who are being held waiting for hospital bed. Expand outpatient competency restoration residences/programs through capacity building to offer more intensive levels of care and security. Development of processes for reviewing the lists of people awaiting competency restoration to monitor/follow up and determine if it is still needed. Explore what data exists that can be analyzed to determine how frequently people are arriving at hospitals and found to be competent.

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Jail Medication and Mental Health Services	Medication continuity (immediate access) and formulary consistency for people booked into jails.	Quick access to medication and continuity at jail booking. Establish a mental health advocate position in jails. Improve communication between jails and LMHAs (some jails and LMHAs communicate and collaborate more than others). Ensuring jails regularly submit information about people booked into the jail booking information to the Veterans Reentry Search Service. Jails to provide medications for opioid use disorder and offer a continuum of medication-assisted treatment (MAT). Strategies for providing jail-based and reentry services, particularly during COVID-19 pandemic (i.e., teleservices).	Advance opportunities for shared professional resources (MDs, PAs, RNs, MAs, Pharmacy, Psychiatrists, Counselors and QMHPs) at a time of professional shortages.

Table G-22. Ranked Priorities for Intercepts 4 and 5 (Reentry and Community Corrections)

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Jail and Hospital Reentry	Direct linkage (warm handoffs) during times of transition such as when individuals are released from jails or hospitals.	Jails providing a sufficient temporary supply of medications to people being released Jail clearance for people with lived experience in peer support/recovery coaching roles who have prior criminal histories Jail releases can be unpredictable and happen quickly, such as from court	Jails providing temporary supply of medications at time of release. Also, the development of strategies to address unpredictability and coordinate transportation and direct linkage "warm hand-off" to LMHA or other community-based treatment and service providers

Focus	State Agencies	Rural Areas	Urban/Suburban Areas
Probation and Parole	Access to/continuation of services for people being released from jail who are being supervised by probation or parole.	Share information with community corrections about a person's relevant mental health/substance use treatment history and results of recent assessments from LMHAs and other treatment and service providers. Better communication between LMHAs and probation departments regarding bond hearings.	Addition/expansion of Dual Diagnosis Residential Programs (DDRPs) within community corrections agencies.
Employment	N/A	Increasing employment opportunities and incentives for hiring people with prior criminal history. Minimizing collateral consequences of criminal justice involvement including eliminating barriers to accessing job training.	N/A

State SIM Summit Recommendations by Policy Research Associates

PRA developed a set of recommendations based on priorities identified in breakout groups, national initiatives, and PRA's experience consulting with other states and localities. The following publications also informed recommendations in this report: *All Texas Access Report*; *Report on the Mental Health Peer Reentry Program*; *Texas Court of Criminal Appeals Mental Health Resource Guide*; *Hogg Foundation A Guide to Understanding the Mental Health System and Services in Texas*; *Texas Statewide Behavioral Health Strategic Plan*; *The Joint Committee on Access and Forensic Services (JCAFS): 2019 Annual Report*.

1. **Establish a Statewide Technical Assistance and Training Coordination Effort:** Programs across Texas have demonstrated good outcomes, but a gap exists in identifying best practices and scaling those across the state. PRA recommends Texas develop a statewide or regional training and technical assistance effort to:
   a. Provide coordination across criminal justice and behavioral health system stakeholders;

b. Promote data utilization across programs and serve, in partnership with state universities, as an evaluation and technical assistance hub; and
c. Share information regarding criminal justice/mental health resources, events, and initiatives.

2. **Launch a Local Housing Pilot and Maximize Key Learnings:** Though not identified as a priority in regional voting, lack of a continuum of housing options for people who have behavioral health needs and/or are justice-involved was identified as a major gap across all of the four SIM Summit sessions, particularly in the Intercept 0-1 and Intercept 4-5 discussions. Housing is also listed as a priority in 5 of the 6 regions cited in the *All Texas Access Report* and listed as a gap in the *Texas Statewide Behavioral Health Strategic Plan*. PRA recommends Texas develop strategies to address housing challenges, including the launch of local housing pilots to support people exiting institutions with complex behavioral health needs. PRA also recommends Texas address shelter and landlord housing criteria that limit or exclude people with criminal justice or mental health or substance use issues.

3. **Expand and Collaborate with CCBHCs, FQHCs, and LMHAs/LBHAs across the State:** Texas has an array of CCBHCs which are an integrated and sustainably financed model for care delivery that has dramatically increased access to mental health and SUD treatment, expanded states' capacity to address the overdose crisis, and established innovative partnerships with law enforcement, schools, and hospitals to improve care, reduce recidivism, and prevent hospital readmissions. PRA recommends Texas continue to expand and enhance collaborations between CCBHCs, FQHCs, and LMHAs/LBHAs.

4. **Expand Utilization of People with Lived Experience (Peers) across the Intercepts:** It is important to develop diversion programming inclusive of people with mental illness and/or those who have been affected by the criminal justice system. Expanding peer services was identified as a priority across regions. In addition, both the *All-Texas Access Report* and the *Texas Statewide Behavioral Health Strategic Plan* identify utilization of peers as a gap. PRA recommends Texas expand utilization of people with lived experience across all Intercepts.

5. **Develop/Enhance Officer Wellness Strategies:** Officer wellness was listed as a priority in the State Agency Workshop, and there was substantial discussion about the importance of addressing this topic in the Rural East Workshop with one department identifying the topic as an urgent issue. Given resource challenges in rural communities in particular, police officer wellness may be a more critical

concern in these areas. PRA recommends Texas support the development and provision of officer safety and wellness programs.

6. **Increase Access to Transportation:** A common and under-addressed gap nationally is access to transportation, especially for justice-involved people. This not only impacts access to health care but also impacts criminal justice outcomes. Not surprisingly, transportation was identified as a gap in the Rural East and Rural West sessions. Transportation was also identified in both the *All Texas Access Report* and in the *Texas Statewide Behavioral Health Strategic Plan* as significant gaps in rural regions of Texas. PRA recommends Texas support the implementation of programs that increase access to transportation for justice-involved populations.

7. **Expand Use of Technology across the Intercepts:** The pandemic has altered how people access behavioral health services and even how courts and community supervision programs operate. Use of videoconferencing and teleconferencing has allowed people to initiate or maintain access to services, courts, and community supervision agencies.

As noted in the *All Texas Access Report*:

> "From January to June 2020, face-to-face encounters decreased by 67 percent while video encounters increased by 137 percent, and telephone encounters increased 365 percent. Compared to the same period in 2019, there was a net increase in services to people who receive ongoing services at the LMHA/LBHAs. This continuation of services is significant because HHSC's analysis has shown that 98 to 99 percent of persons receiving ongoing services at the LMHA/LBHAs avoid psychiatric hospitalizations. HHSC will conduct further analysis over time about the impact of this telephonic/telehealth demonstration; however, the early analysis is promising."

PRA recommends Texas continue to expand the use of technology across the Intercepts to increase access to care and improve continuity of care. PRA also supports the All Texas Access legislative recommendations to encourage closer coordination with the newly formed Broadband Development Council to expedite and expand broadband access to local communities.

8. **Continue to Expand and Refine Competency to Stand Trial Evaluation/Restoration Backlogs:** Participants echoed the work of the *JCAFS 2019 Annual Report*, the *All Texas Access Report*, and the *Texas Statewide Behavioral Health Strategic Plan* in addressing challenges around people who may be IST in Texas. In general, restoration settings from most restrictive to least include inpatient (usually at a state mental health hospital), jail-based, and

community-based outpatient. PRA recommends Texas continue to support and expand current state and local initiatives to reduce the number of competence evaluations ordered, provide both outpatient and jail-based competence restoration, improve custodial treatment, and expedite transition from state hospital beds to local communities. In addition, the Texas JCMH Law Bench Book advises against using the competency process for people charged with misdemeanors. PRA recommends Texas explore legislation other states are pursuing regarding this issue.

9. **Facilitate County and Regional Criminal Justice and Behavioral Health Planning in Rural Areas:** Participants described great disparity in criminal justice and behavioral health collaboration between the urban/suburban areas and rural areas. These disparities included: level of LMHA collaboration with law enforcement and the jails; information sharing between jails and LMHAs and the need for additional HIPAA training among LMHAs; ensuring utilization and effectiveness of the jail matching capability; jail treatment services and awareness and utilization of local resources; and lack of opportunities to develop regional approaches and sharing of resources. PRA recommends Texas continue to facilitate county and regional criminal justice and behavioral health planning in rural areas, like that promoted through All Texas Access regions.

10. **Develop more Formal and Coordinated Diversion Strategies for Arraignment Diversion (Intercept 2) and Pretrial Diversion (Intercept 3) especially in Rural Communities and including Validated Risk Assessments:** Early diversion opportunities in rural communities are hampered by a lack of resources, collaboration, and training for assigned counsel, the judiciary, and prosecutors. Training for judges, attorneys, and court staff is critical to the success of these programs. Increasing MI understanding and how various tools measure pretrial risk (as opposed to risk of violence) facilitates informed decision-making by court-based professionals. Specialty courts are not required for diversion especially in rural areas. Cross-system collaboration is crucial though to ensure time screening and access to services. PRA recommends Texas develop more formal and coordinated diversion strategies for arraignment diversion and pretrial diversion, especially in rural communities. PRA also suggested state leaders look to other states who are expanding the use of pretrial services, relying on validated risk assessment instruments to guide release decisions.

11. **Further Explore Substance Use Service and Program Needs Particularly in Rural Communities:** Across regions (particularly rural regions), there were gaps reported for access to detoxification and substance use residential treatment

and jail-based MAT. One of the services CCBHCs implemented in Texas provide is MAT. PRA recommends Texas review current MAT processes in the community and jail for a continuum of options. PRA also suggests Texas ensure support, especially peer support, to help people maintain MAT and their recovery.

12. **Further Explore Training and Service Access for Justice-Involved People with IDD:** IDD encompasses a spectrum of disorders that limit intellectual functioning such as reasoning, learning, and integration (e.g., problem-solving), and adaptive behavior (conceptual, social, and practical skills). While not listed as a priority by participants, services specific to people with diagnosable IDD did arise as a gap in the Rural East and Suburban/Urban regions where both noted there was a high number of people with diagnosable IDD in the jails. PRA recommends Texas further explore training and service access for people who are justice involved with diagnosable IDD.

PRA also identified two overarching issues that should be addressed:

- **Racial equity and disparity:** While the focus of the State SIM Summit was on people with MI and co-occurring disorders, disparities in health care access and criminal justice involvement should also be addressed to ensure comprehensive system change.
- **Trauma:** It is estimated 90 percent of justice-involved people have experienced traumatic events at some point in their life. It is critical that both the healthcare and criminal justice systems be trauma-informed and there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:
  - Realizing the prevalence of trauma;
  - Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and
  - Responding by putting this knowledge into practice with trauma-informed care in behavioral health services.

Public Survey

Logistics

On behalf of the SBHCC, HHSC hosted a public survey August 31-September 14, 2021, titled “Survey for the Texas Plan for Diversion, Community Integration, and Forensic Services.” The survey was promoted through GovDelivery and shared with external stakeholders who were asked to disseminate the survey with their network. The survey instrument is provided at the end of this appendix.

Responses

A total of 588 people started the survey. All the survey questions were optional to encourage participation. Respondents were not included in the survey analysis if they:

- Did not identify as living in Texas;
  - Survey respondents who did not answer this question and/or did not explicitly identify as not living in Texas were included in the survey analysis;
- Did not answer any of the questions relating to strategies and/or leave an open-ended comment; or
- Did not have experience with the behavioral health or criminal justice system were not included in the analysis.

The number of surveys included in this analysis is 546. If survey respondents met the criteria for survey inclusion, yet did not respond to certain questions, their non-responses were not included in the survey analysis.

Objectives

Prior to the survey, five objectives were identified for *The Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*. For each of these objectives, strategies were identified that could be help Texas advance the objectives. Some of the objectives had as many as 15 strategies identified while other objectives had as few as two strategies identified. Survey participants were asked to select the top strategies they felt were most important to furthering the objectives.

Survey participants were generally asked to select the top three strategies for each objective yet could choose to select all strategies per question due to survey limitations. Survey participants who did the following were excluded from the survey analysis (amounting to less than 5 percent of the responses):

- Selected more than half of the strategies per Objective 1.1, Objective 3.1, Objective 3.2, Objective 3.3;
- Selected all of the strategies for an objective; and/or
- Selected more than 5 strategies per objective were excluded from the survey analysis.

Strategies for Each Objective

The most-commonly selected strategies for each objective are listed below.

Objective 1.1: Expand and scale use of crisis and pre-arrest diversion programs and strategies at Intercepts 0 and 1.

- (17 percent) Coordinate with law enforcement, behavioral health providers, housing service providers, and other stakeholders to develop programs focused on people with complex care needs that frequently cycle between systems.
- (15 percent) Promote Crisis Intervention Team training and other specialized law enforcement training programs to improve outcomes in interactions between law enforcement and people with diagnosable MI, SUD, and/or IDD.
- (16 percent) Expand crisis receiving centers such as, crisis stabilization, crisis respite, and sobering centers.
- (13 percent) Promote the expansion of round-the-clock MCOT and co-responder programs and identify best practices that can scale across rural, suburban, and urban communities.
- (8 percent) Identify opportunities to pilot emergency department diversion programs and promote connections to care for people with complex behavioral health needs.

Objective 1.2: Increase use of diversion pathways across intercept 2 and 3.

- (19 percent) Increase the use of pre-trial diversion programs, specialty courts, and specialized probation and parole for justice-involved people with behavioral health needs.
- (19 percent) Increase the use of pre-trial diversion programs, specialty courts, and specialized probation and parole for justice-involved people with behavioral health needs.
- (15 percent) Ensure universal screening for MI, SUD, and IDD at jail booking.
- (12 percent) Promote best practices and supports in treatment courts for high-risk/high-need people.
- (11 percent) Expand tailored services for people with SUD and co-occurring issues.

Objective 1.3: Increase diversion through the use of data and technology across the SIM.

- (25 percent) Enhance and refine current technology to support the identification and case management of people with diagnosable MI, SUD, and/or IDD who are justice involved (e.g., Texas Law Enforcement Telecommunication System [TLETS] Continuity of Care Query).
- (24 percent) Explore opportunities to incorporate technology into crisis response and pre-arrest diversion programs to expand reach and availability across communities, including rural and frontier communities.
- (20 percent) Use appropriately shared data to support decision-making and linkages to care.

- (15 percent) Utilize technology to inventory local supports and services in the community for first responders.
- (15 percent) Promote the use of virtual supports to enhance crisis response and diversion through statewide technical assistance.

Objective 2.1: Enhance community collaboration through strategic planning and coordination across the SIM.

- (21 percent) Identify opportunities to fund local forensic and diversion coordinators responsible for coordination between behavioral health providers, jails, courts, community corrections, and state hospitals.
- (20 percent) Fund local and regional collaborative projects focused on coordination and information sharing to reduce and prevent justice-involvement of people with behavioral health needs.
- (20 percent) Increase local partnerships to expand the social safety net and connect justice-involved people with supportive services.
- (14 percent) Provide statewide training and technical assistance on expanding and enhancing behavioral health-criminal justice collaborations through local coordinating bodies.
- (10 percent) Explore best practice models for local coordination, including criminal justice coordinating councils and regional planning and oversight bodies.
- (10 percent) Extend support to local communities to increase communication, collaboration, and education across the SIM.

Objective 2.2: Increase information sharing at state and local levels.

- (19 percent) Work with county judges to require attorneys to receive specialized training to take on cases related to MI, SUD, and IDD.
- (19 percent) Safely and securely share information with prosecutors, defense attorneys, and judges to better understand a person's case, prior justice involvement, previous service referrals, and current connections to care.
- (12 percent) Explore the development of a Global Client Record to ensure data sharing for continuity of care.
- (12 percent) Support data sharing pilots in select communities to better identify those in need of services and to support continuity of care.
- (11 percent) Explore data sharing needs between State agencies to develop a long-term data strategy for the state to support policy development, oversight, and ongoing improvement efforts.

Objective 2.3: Increase strategic partnerships between state, local, regional, and community agencies and organizations.

- (26 percent) Utilize a whole-community approach for addressing issues at the intersection of behavioral health and criminal justice that includes partnerships

with housing authorities, hospitals, universities and medical schools, faith-based organizations, schools, FQHCs, and other regional and local agencies and organizations.

- (24 percent) Maximize resources at a regional level to fund and operate programs that reduce justice involvement for people with diagnosable MI, SUD, and/or IDD, including regional crisis receiving facilities.
- (22 percent) Expand liaison/coordinator positions within LMHA/LBHAs to coordinate care for people with diagnosable MI, SUD, and/or IDD throughout their entire experience in the justice system and during reentry.
- (17 percent) Promote best practices for care coordination between CCBHCs and criminal justice partners.
- (12 percent) Explore opportunities to streamline and maximize state benefits and supportive services through State agency partnerships.

Objective 3.1: Enhance care and support services across the SIM.

- (14 percent) Promote coordination and collaboration among all possible points of contact/levels of care (e.g., jails, outpatient treatment, inpatient treatment, transitional housing, etc.) for seamless transitions and appropriate continuity of care.
- (13 percent) Expand and enhance programs that focus on providing intensive, wraparound services for people with complex needs cycling among multiple systems.
- (13 percent) Increase collaboration between hospitals, jails, and community providers to ensure warm handoffs and connection to care when people return to the community.
- (10 percent) Focus on prevention and early intervention in substance use for youth to reduce the likelihood of entering the juvenile justice system.
- (8 percent) Enhance substance use services in rural communities to decrease the risk of recidivism for justice-involved people with diagnosable MI, SUD, and/or IDD.

Objective 3.2: Increase connection to treatment and tailored supports for special populations, including people with IDD, youth, and veterans.

- (13 percent) Increase access to housing and support services for people with diagnosable IDD to reduce justice involvement.
- (11 percent) Provide training, technical assistance, and other supports to law enforcement, LMHA/LBHAs, and other stakeholders to promote best practices and increase use of diversionary paths across the SIM for special populations.
- (10 percent) Increase the capacity of residential treatment centers for children and youth.

- (9 percent) Reduce barriers to diversion across the SIM for special populations by developing actionable and tailored solutions through state partnerships and state-local collaborations.
- (9 percent) Improve screening for people with diagnosable IDD when entering county jails.

Objective 3.3: Address the social determinants of health that increase the risk of justice involvement, including housing, employment, and transportation.

- (10 percent) Work collaboratively with local public and private stakeholders to expand housing options with attention to landlord criteria and transitions between institutions and community, including step-down and transitional housing, adult residential settings, and sober living/recovery home options.
- (9 percent) Support the development of a full continuum of housing options with appropriate services and attention to transitions between institutions and community, including step-down and transitional housing, adult residential settings, and sober living/recovery home options.
- (9 percent) Support programs that address the social determinants of health and reduce the risk of recidivism for people with behavioral health needs who are involved with the criminal justice systems.
- (9 percent) Support the development of dedicated position(s) at each LMHA, LBHA, and LIDDA to provide housing navigation, employment, transportation, and education services for people with diagnosable MI, SUD, and/or IDD and justice-involvement.
- (9 percent) Explore hospital and housing partnerships to reduce the utilization of emergency rooms and increase housing for people with complex care needs cycling between systems.

Objective 3.4: Increase the use of peers across the SIM.

- (23 percent) Expand peer programs in criminal justice and behavioral health settings to support people with behavioral health needs who are justice-involved.
- (19 percent) Explore opportunities to incorporate peers into crisis response, diversion, specialty courts, and reentry.
- (15 percent) Explore comprehensive approaches to incorporate youth peer support training and services into juvenile justice alternative education programs and disciplinary alternative education programs.
- (13 percent) Provide statewide technical assistance to increase the utilization of peers to support justice-involved persons with behavioral health needs.
- (12 percent) Create a Texas certification for justice-involved peer specialists.

- (11 percent) Work with philanthropy and faith-based organizations to support peer-run crisis respite and recovery homes.

Objective 3.5: Leverage data and technology to expand access to care across the SIM.

- (28 percent) Maximize use of telehealth support across the SIM (including telemedicine, peer services, telepsychiatry services for jails, competency evaluation, and teletherapy).
- (25 percent) Connect the Texas Department of Public Safety's TLETS, and the VRSS or other approved Veterans Affairs identification program to provide veterans information to county jails for the purposes of continuity of care and veterans benefits.
- (25 percent) Collect accurate data, using systems already in place and mandated in county jails, of the number of people incarcerated who may have an IDD diagnosis.
- (25 percent) Explore the development of a Global Client's record system for justice-involved clients to promote sharing of client-level data across agencies to support continuity.

Objective 4.1: Develop evidence-based guidance for the appropriate use of the competency restoration continuum to "right-size" competency restoration in Texas.

- (22 percent) Promote and expand use of court-ordered outpatient mental health treatment in lieu of criminal arraignment and prosecution.
- (18 percent) Expand housing options for people transitioning out of institutions into the community.
- (15 percent) Explore statutory changes to prevent people with lower, non-violent offenses (misdemeanors) from being placed on the competency restoration waitlist.
- (13 percent) Enhance relationships among state hospitals, judges, courts, LMHA/LBHAs, and other partners by creating opportunities for engagement and learning.
- (13 percent) Identify the appropriate competency restoration pathways for people found incompetent to stand trial based on clinical need/acuity and public safety risk using a research-based framework.

Objective 4.2: Expand outpatient and jail-based competency restoration programs and jail in-reach coordinators across the state to reduce the waitlist for inpatient competency restoration services.

- (65 percent) Explore funding opportunities for jail in-reach coordinators who monitor people on the waitlist for inpatient competency restoration services and coordinate with LMHAs/LBHAs, state hospitals, jails, and courts.

- (35 percent) Develop innovative learning and technical assistance opportunities to support jail in-reach for people on 46B.073 commitments awaiting inpatient competency restoration services.

Objective 4.4: Identify efficiencies and improvements in state hospital and community-based forensic processes and services.

- (16 percent) Explore opportunities to support forensics and diversion coordinators through LMHA/LBHAs to ensure coordination with the state hospitals, courts, jails, law enforcement, community corrections, and community health and mental health providers.
- (14 percent) Expand and enhance capacity of behavioral health providers to provide restoration services to people with diagnosable IDD.
- (14 percent) Encourage collaboration between LMHAs/LBHAs and state hospitals in the completion of standardized outpatient management plans (for people found not guilty by reason of insanity and those committed for competency restoration services who are discharging from a state hospital and into the community).
- (13 percent) Expand access to Home and Community Based Services-Adult Mental Health waivers.
- (10 percent) Examine the effectiveness and cost-benefit of competency restoration for people charged with misdemeanor crimes.

Objective 4.5: Strengthen oversight and quality of competency evaluations.

- (28 percent) Develop a SHS registry of credentialed competency evaluators in the SHS to ensure high quality competency evaluations.
- (25 percent) Explore development of state credentialing for competency evaluators with professional licensing boards.
- (24 percent) Provide statewide technical assistance to courts on quality competency evaluations.
- (23 percent) Explore the creation of a voluntary statewide registry for community competency evaluators and a statewide peer review process to ensure high quality evaluations.

Objective 5.1: Provide statewide technical assistance on the SIM to promote best practices for diversion for behavioral health providers, law enforcement, jails, courts, and community corrections.

- (18 percent) Increase focus in behavioral health professions on the intersections of behavioral health and evidence-based and promising interventions and programs for justice-involved populations with behavioral health needs.
- (17 percent) Promote criminal justice competency in the behavioral health workforce to improve outcomes for justice-involved people with diagnosable MI, SUD, and/or IDD.

- (15 percent) Develop centers for training and technical assistance focused on the intersection of behavioral health and criminal justice.
- (14 percent) Partner with universities and medical schools to increase focus in behavioral health professions on the intersections of behavioral health and evidence-based promising interventions and programs for justice-involved populations with behavioral health needs.
- (14 percent) Enhance training for jailers on veterans' trauma, needs, benefits, and services.

Open-Ended Input

Survey participants were also invited to provide SBHCC open-ended input concerning forensics and behavioral health services at the end of the survey. A sampling of responses is listed below with minor editing for clarity or grammatical errors:

- This population needs housing before they can work on their other issues. Encourage developers to build in low-income options into their development plans. Low-income housing is getting more scarce.
- Creating financial opportunities and rewards for communities to develop, adopt, and coordinate local applications of SIM principles will change Texas for the better the fastest.
- The largest gap we have in our criminal and behavioral health system is in early identification and gaps in continuity of care.
- These issues cannot be solved if there is nowhere to take people with IDD. Group homes don't want them back, and Adult Protective Services believes jails are the safest place for them. Until this issue is solved, training and sharing information is a moot point.
- My daughter was incarcerated and not treated for five months at Del Valle before receiving mental health competency restoration at the Conroe mental health facility. I saw her in stripes and chains through a thick window like a common criminal. No physical contact, hardly able to hear… Her crime was officially driving under the influence. Her real “crime” was schizophrenia.
- My own experience in Tarrant County Jail was a terrible one. I had one 5-minute conversation with a psychiatrist, and he misdiagnosed me and that was it. I was in for 140 days and on the wrong meds. Having a diversion program, advocate, or peer would have made it a much less traumatic experience.
- One of the things I see lacking is the ability of someone to maintain medications once released from prison. Assisting those that were on disability before incarceration to reestablish that income in coordination with the release.

- There is too much focus … on correcting problems after MH/IDD clients enter the criminal justice system rather than on providing benefits, services, treatment, and medication before clients ever enter the criminal justice system. It is far more cost effective and efficient to prevent a problem than to fix it afterwards.
- The forensic outpatient services offered by each LMHA vary significantly, and many LMHAs have no forensic (46B or 46C) specific program(s) that exist or can be offered to people who qualify and could be managed on outpatient. This keeps many people in a hospital setting when they could be appropriately placed and managed in a lesser restrictive environment, and therefore keeps hospital beds unavailable for other people in jails and in the community in need of inpatient care.
- The criminal justice system and the providers need to come together and share relevant information in order to better serve the person.

Demographics

The "Survey for the Texas Plan for Diversion, Community Integration, and Forensic Services" asked several demographic questions. A general analysis of the responses to each demographic question is provided below as Figures G-20 though G-30.

Figure G-20. Which options describe your experience with behavioral health services in Texas?

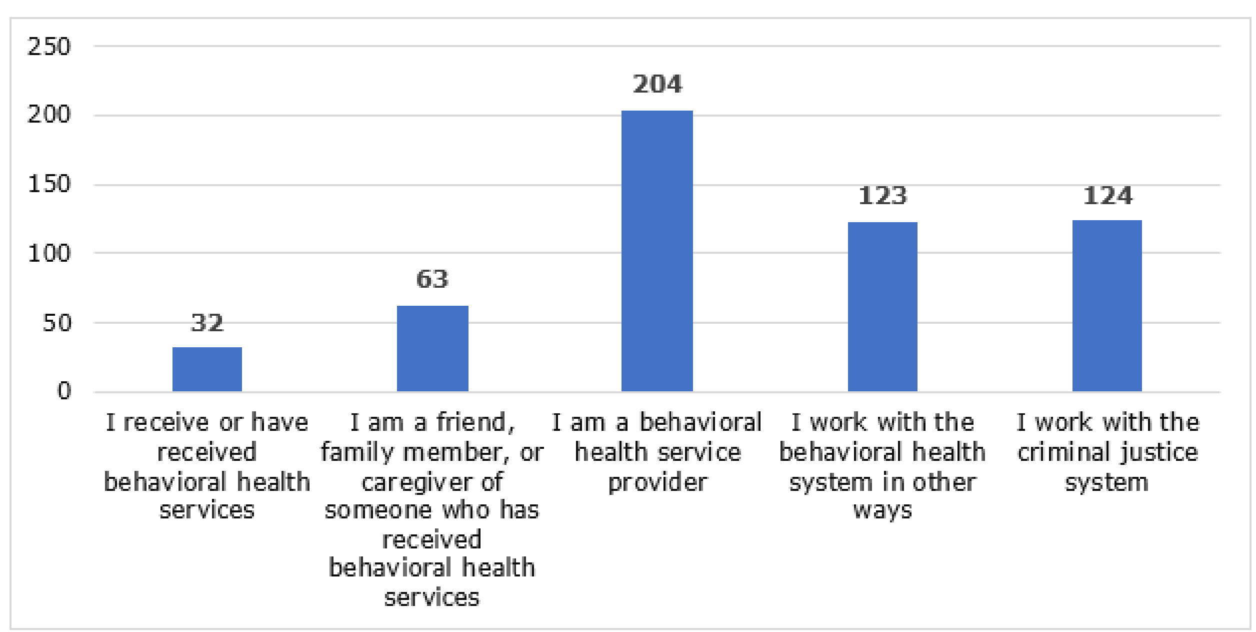


Figure G-21. What is your current employment status?

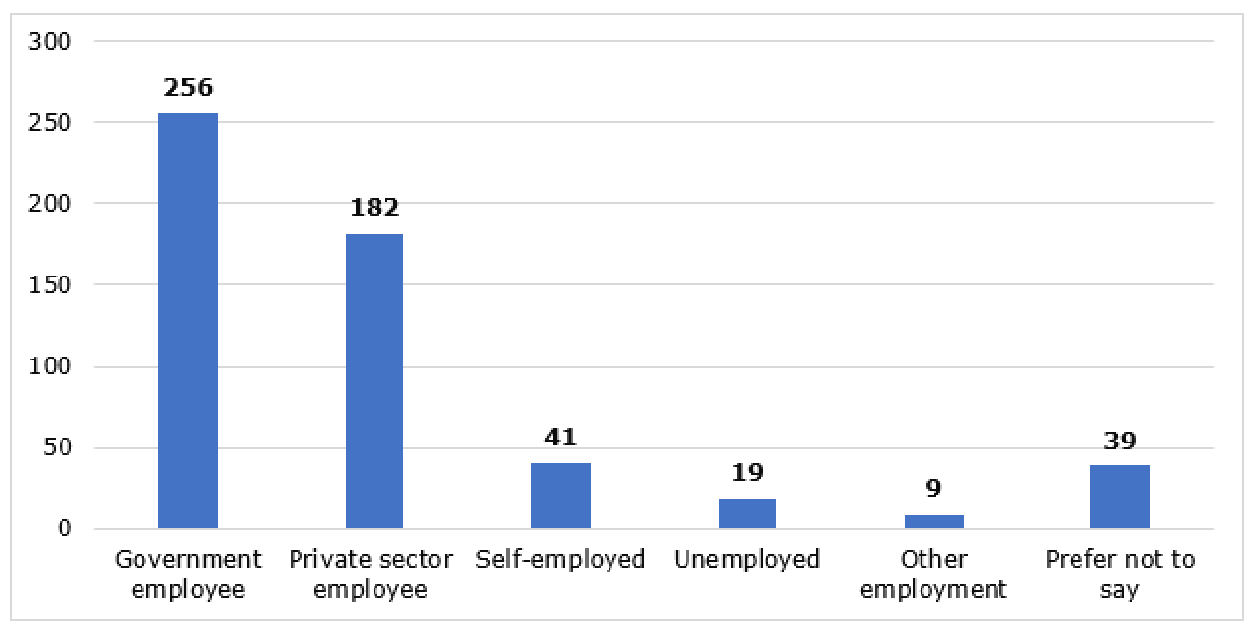


Figure G-22. What was your total individual income for the past 12 months?

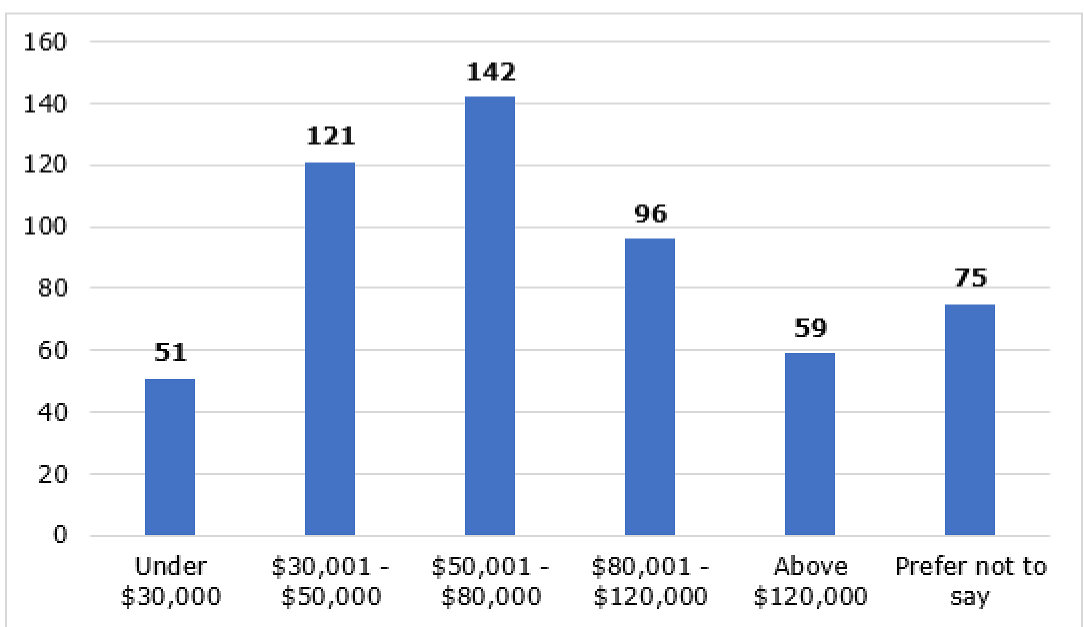


Figure G-23. How old are you?

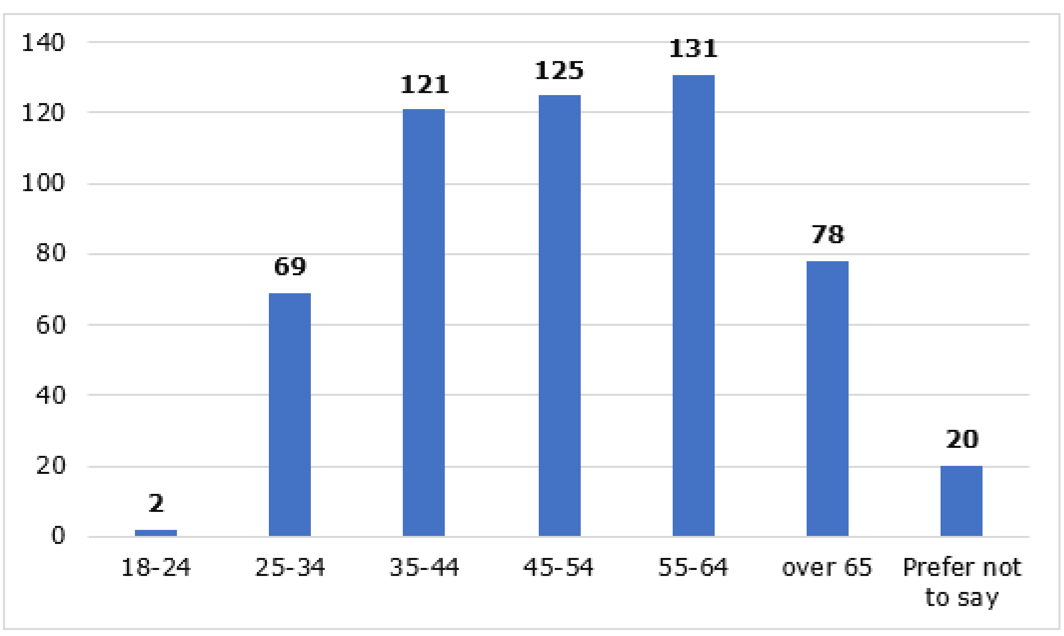


Figure G-24. What is the highest level of school you have completed?

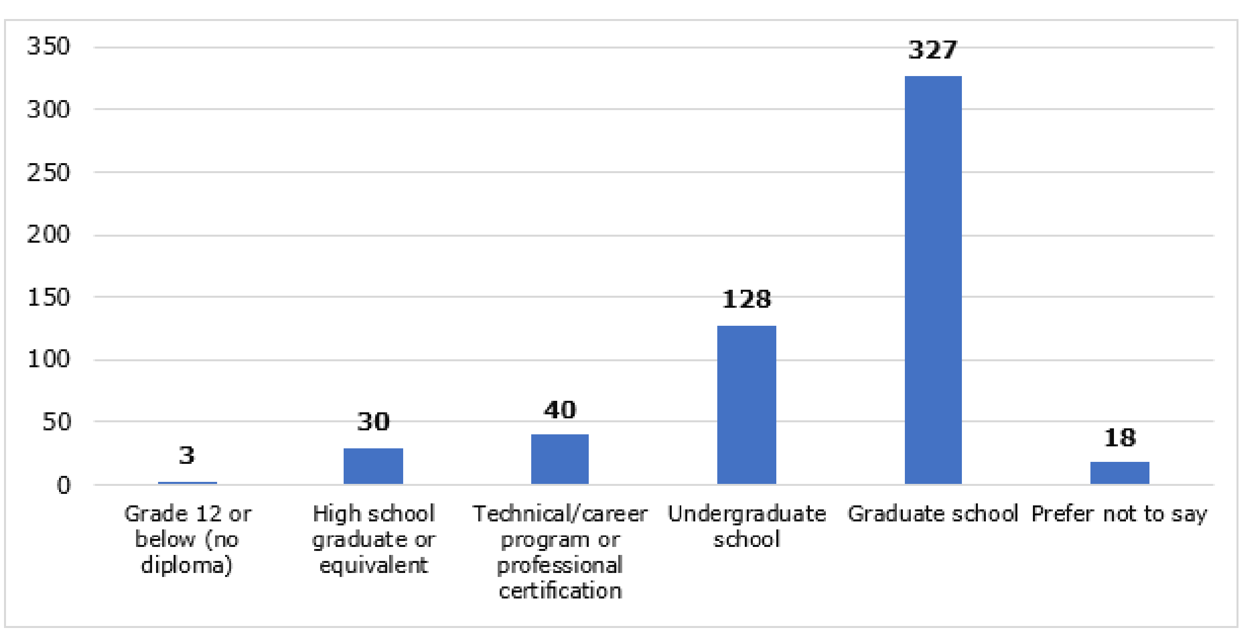


Figure G-25. Are you of Hispanic, Latino, or Spanish origin?

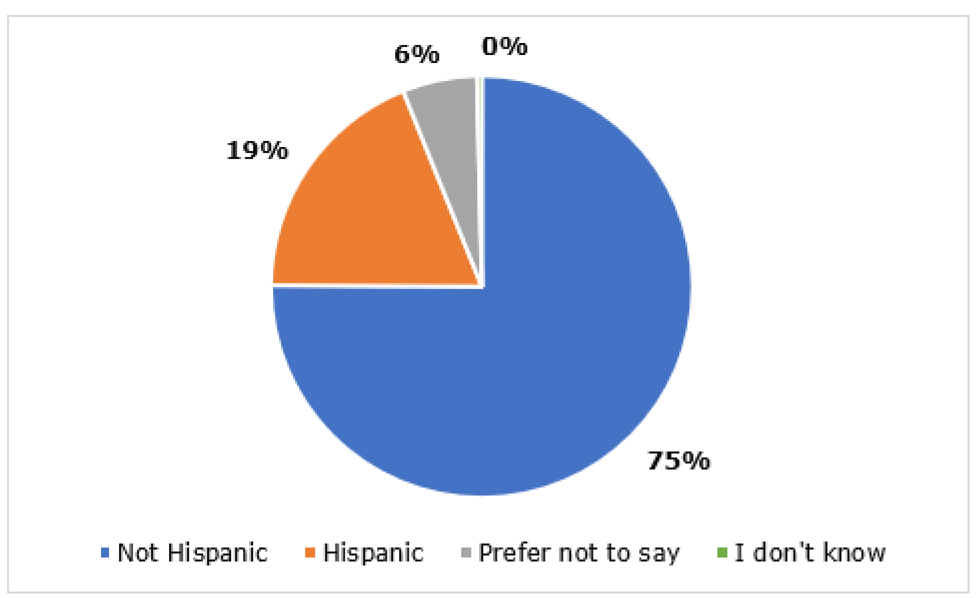


Figure G-26. What is your race?

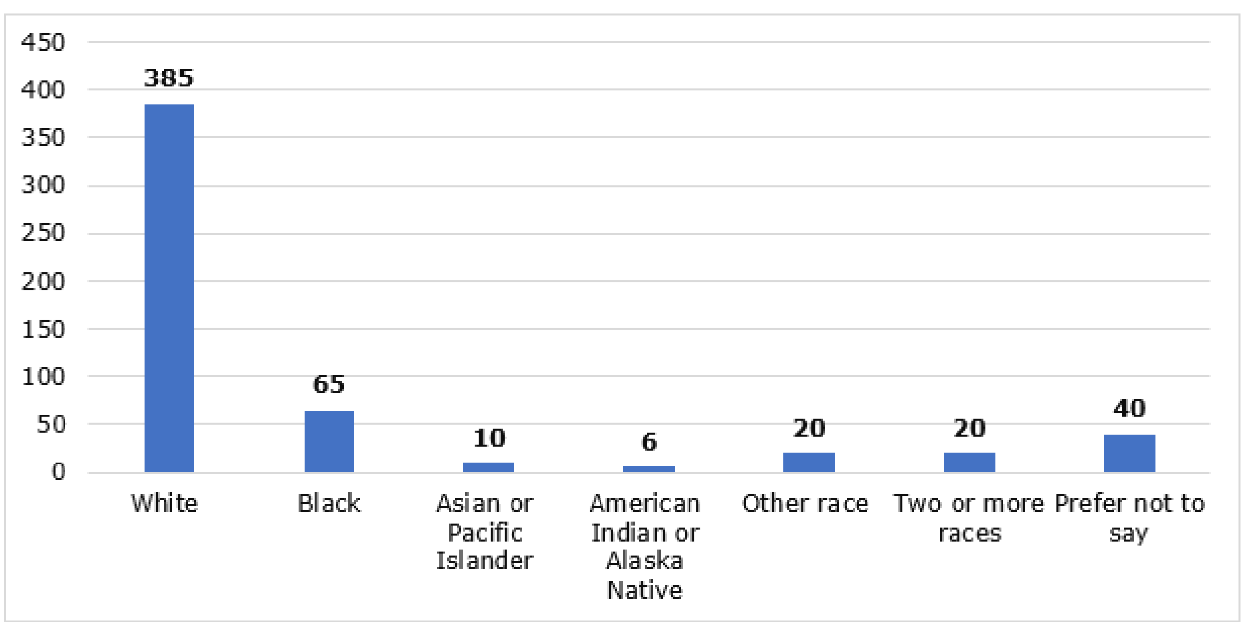


Figure G-27. Do you have a disability?

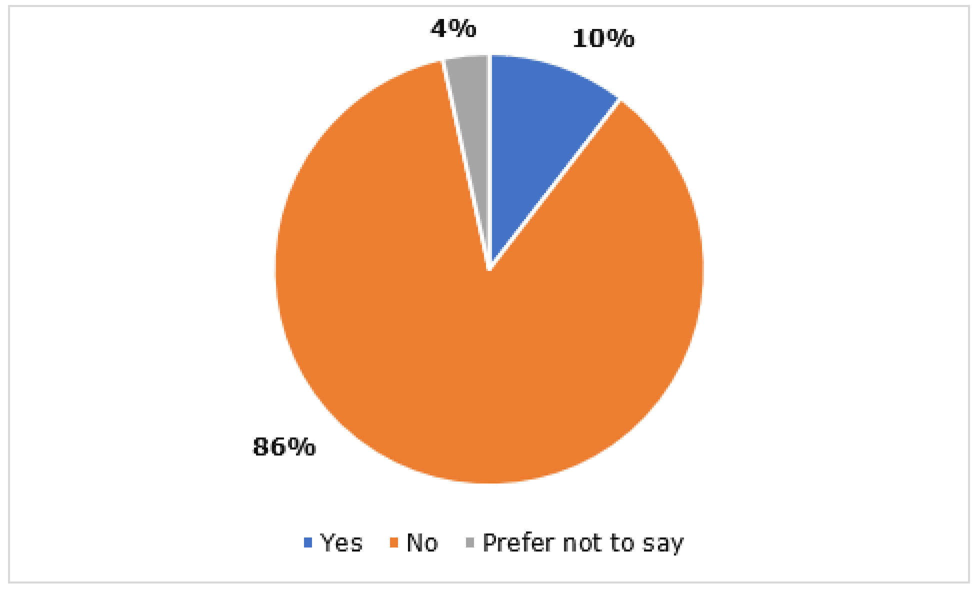


Figure G-28. Do you think your disability has been a barrier to obtaining behavioral health services?

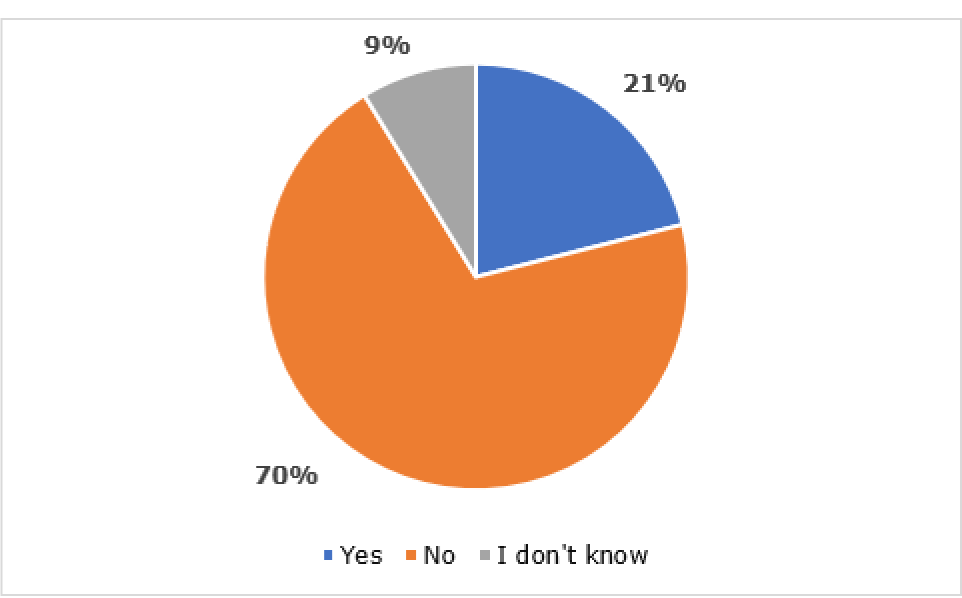


Figure G-29. Population Size for County of Residence

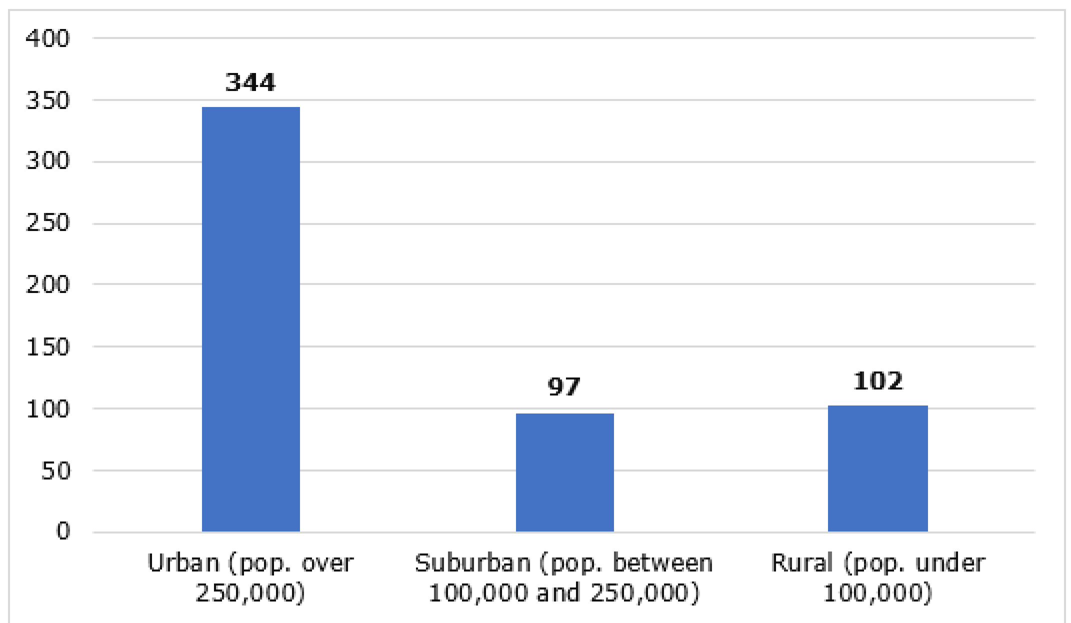
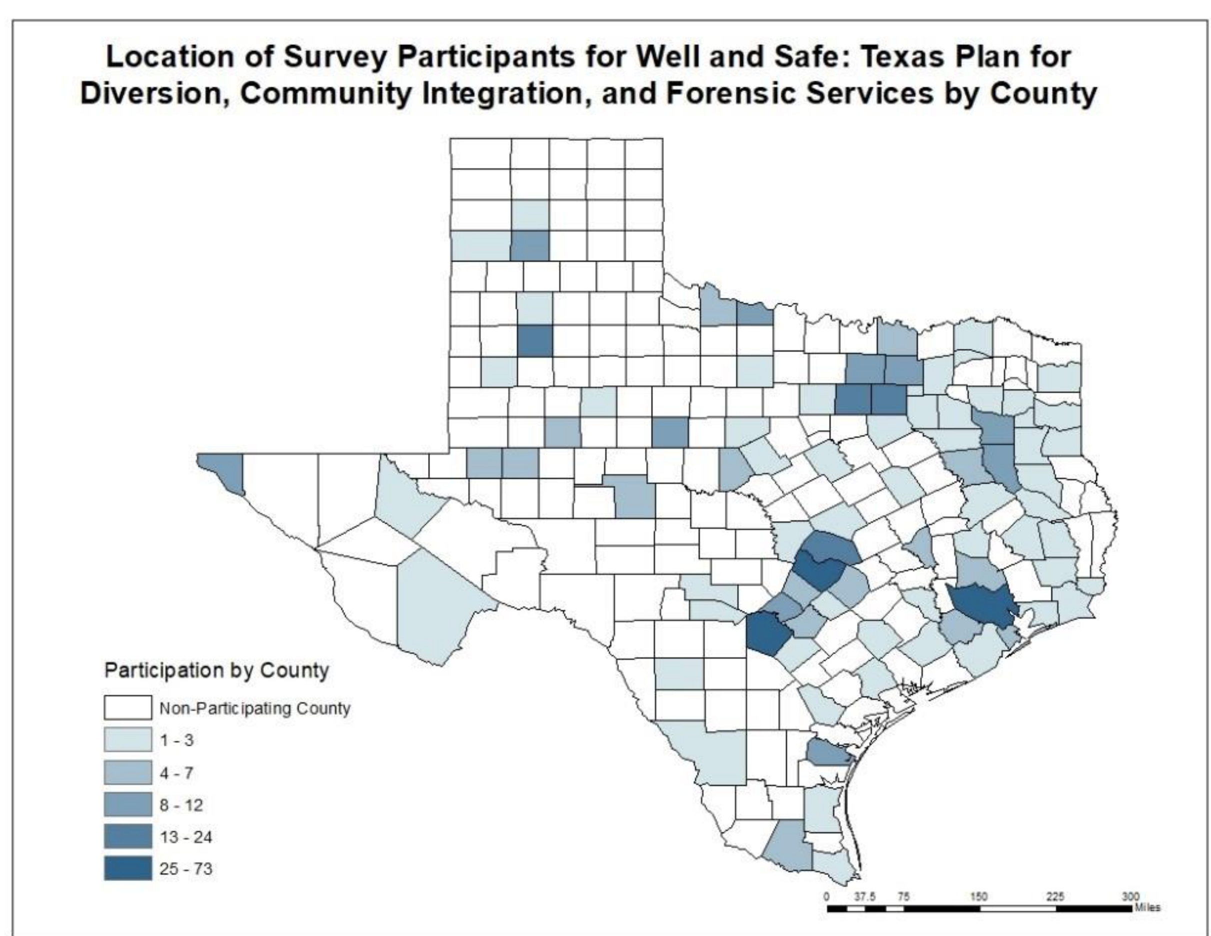


Figure G-30. Location of Survey Participants for Well and Safe: Texas Plan for Diversion, Community Integration, and Forensic Services by County



Survey

Survey for the Texas Plan for Diversion, Community Integration, and Forensic Services

Survey Instructions

The survey will be open from Tuesday, August 17 to Tuesday, August 31. Your answers will be anonymous and will help HHSC develop Well and Safe: The Texas Strategic Plan for Diversion, Community Integration, and Forensic Services.

Survey Questions

1. Which options describe your experience with behavioral health services in Texas? (check all that apply)

a. I receive or have received behavioral health services
b. I am a friend, family member, or caregiver of someone who has received behavioral health services
c. I am a behavioral health service provider
d. I work within the criminal justice system
e. I work with the behavioral health system in other ways
f. I have no experience with the behavioral health or criminal justice system

[If a.] Which options describe your personal experience receiving services? (check all that apply)

a. I receive mental health services now or in the past
b. I receive substance use services now or in the past
c. I received mental health services in the past while in jail, prison, juvenile detention, or on parole or probation
d. I received substance use services in the past while in jail, prison, juvenile detention, or on parole or probation
e. Other:

[If b.] What is your experience as a friend, family member, or caregiver of a person receiving services? (check all that apply)

a. I have friends or family who are receiving or have received mental health services
b. I have friends or family who are receiving or have received substance use services
c. I have friends or family who are receiving or have received mental health services in jail, prison, juvenile detention, or on parole or probation
d. I have friends or family who are receiving or have received substance use services in jail, prison, juvenile detention, or on parole or probation
e. Other:

[If c.] Which options best describe you as a service provider? (check all that apply)

a. I am primarily a mental health service provider for community services
b. I am primarily a substance use service provider for community services
c. I primarily provide mental health services to people in jail, prison, juvenile detention, or on parole or probation
d. I primarily provide substance use services to people in jail, prison, juvenile detention, or on parole or probation
e. I primarily provide inpatient care
f. Other:

[If d.] Which options best describe you as working within the criminal justice system?

a. I work for a law enforcement agency
b. I work with the courts
c. I work within the jails or with jail administration
d. I work with probation or parole
e. I am a defense attorney or public defender
f. I am a district or county attorney
g. Other:

[If e.] How do you work with behavioral health services?

a. I work for a substance use prevention organization
b. I work for an organization that provides advocacy, peer services, transportation, housing, employment assistance, service referral or other support services
c. I work for a managed care organization
d. I work in education
e. I work in local government
f. I work in state government
g. Other:

2. What is your current employment status?
    a. Private sector employee (non-government organization or company, including non-profits)
    b. Government employee
    c. Self-employed
    d. Other employment (work in a for-profit family business or farm for 15 hours or more per week, with or without pay)
    e. Unemployed
    f. Prefer not to say

3. What was your total individual income for the PAST 12 MONTHS (no matter what income source)?
    a. Under $30,000 annually
    b. $30,001-$50,000 annually
    c. $50,001-$80,000 annually
    d. $80,001-$120,000 annually
    e. Above $120,000 annually
    f. Prefer not to say

4. How old are you?
    a. Under 18
    b. 18-24
    c. 25-34
    d. 35-44
    e. 45-54
    f. 55-64
    g. Over 65
    h. Prefer not to say

5. What is the highest level of school you have COMPLETED?
   a. Grade 12 or below (no diploma) [no branching following this response]
   b. High school graduate or equivalent
   c. Technical/career program or professional certification
   d. Undergraduate school
   e. Graduate school
   f. Prefer not to say

6. Are you of Hispanic, Latino, or Spanish origin?
   a. No
   b. Yes
   c. I don't know
   d. Prefer not to say

7. What is your race?
   a. American Indian or Alaska Native
   b. Asian or Pacific Islander (for example: Chinese, Korean, Filipino, Pakistani, Asian Indian, Native Hawaiian, Samoan)
   c. Black (for example: African American, Jamaican, Haitian, Nigerian, Ethiopian)
   d. White (for example: German, Irish, English, Italian, Lebanese, Egyptian)
   e. Other race
   f. Prefer not to say

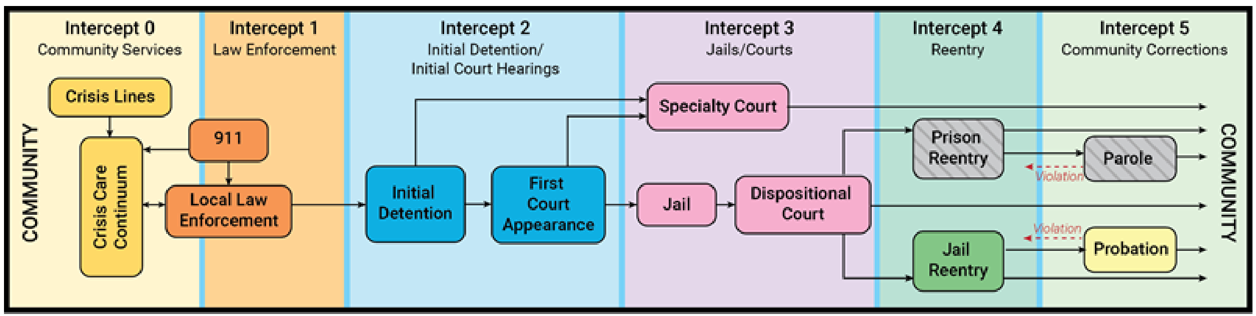
8. Do you have a disability (deaf, hard of hearing, blind, low vision, mobility impairment, or others)?
   a. Yes
   b. No
   c. Prefer not to say

[If a.] Do you think your disability has been a barrier to obtaining behavioral health services?
   d. Yes
   e. No
   f. I don't know
   g. Prefer not to say

9. What county do you reside in?

The purpose of *Well and Safe: The Texas Plan for Diversion, Community Integration, and Forensic Services* is to lay out a vision and **a clear, actionable, and achievable plan** for reducing justice involvement and increasing community integration for Texans with mental health (MH) and substance use disorders (SUD) and intellectual and developmental disabilities (IDD) by **ensuring all Texans receive care in the right place at the right time**.

Two final notes: (1) There are several references to the Sequential Intercept Model (SIM) in the goals and strategies listed below. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategies. The infographic below visually illustrates the SIM. You can also visit https://www.samhsa.gov/criminal-juvenile-justice/sim-overview for more information. (2) You will also see references to behavioral health services and behavioral health providers. These terms are catch all for MH, SUD, and IDD services and providers in Texas.



Goal 1 of 5

Develop robust crisis and diversion systems to reduce and prevent justice involvement for people with MH, SUD, and IDD.

10.Objective 1.1: Expand and scale use of crisis and pre-arrest diversion programs and strategies at Intercepts 0 and 1. Please select the top three strategies you think are most important to pursue.

a. Support local planning for crisis and pre-arrest diversion programs.
b. Expand crisis receiving centers such as, crisis stabilization, crisis respite, and sobering centers.
c. Leverage 988 to reduce justice involvement through improved emergency call taking, dispatch, and crisis response.
d. Identify and reduce barriers to crisis response and pre-arrest diversion at the local level.

e. Conduct statewide education and technical assistance on the value of pre-arrest diversion programs and ways different stakeholders can support implementation.
f. Explore the use of state opioid funding and other federal and state programs to establish and expand diversion programs for substance use.
g. Promote the expansion of round-the-clock mobile crisis outreach teams and co-responder programs, and identify best practices that can scale across rural, suburban, and urban communities.
h. Identify opportunities to pilot emergency department diversion programs and promote connections to care for people with complex behavioral health needs.
i. Promote Crisis Intervention Team training and other specialized law enforcement training programs to improve outcomes in interactions between law enforcement and people with MH, SUD, and IDD.
j. Study the feasibility of providing local law enforcement access to relevant information for the purpose of diverting individuals with MH, SUD, and IDD into proper treatment instead of jail.
k. Explore federal and philanthropic funding for crisis and pre-arrest diversion programs.
l. Coordinate with law enforcement, behavioral health providers, housing service providers, and other stakeholders to develop programs focused on people with complex care needs that frequently cycle between systems.
m. Partner with universities and medical schools to increase local behavioral health service capacity and expand the behavioral health workforce.
n. Promote education and outreach to the community and justice partners to increase awareness of crisis and behavioral health services.
o. Expand mental health deputy programs across the state.

11.Objective 1.2: Increase use of diversion pathways across intercept 2 and 3. Please select the top three strategies you think are most important to pursue.

a. Ensure universal screening for MH, SUD, and IDD at jail booking.
b. Establish mental health public defender programs that cover every county in the state.
c. Support the uptake of diversion strategies at arraignment.
d. Expand pretrial supervision and diversion services to reduce episodes of incarceration.
e. Promote best practices and supports in treatment courts for high-risk/high-need people.

f. Increase the use of pre-trial diversion programs, specialty courts, and specialized probation and parole for justice-involved individuals with behavioral health needs.
g. Expand tailored services for people with substance use disorders and co-occurring issues.
h. Expand the use of jail coordinators to support diversion and reentry.

12.Objective 1.3: Increase diversion through the use of data and technology across the SIM. Please select the top three strategies you think are most important to pursue.

a. Enhance and refine current technology to support the identification and case management of people with MH, SUD, and IDD who are justice involved (e.g., TLETS Continuity of Care Query).
b. Promote the use of virtual supports to enhance crisis response and diversion through statewide technical assistance.
c. Explore opportunities to incorporate technology into crisis response and pre-arrest diversion programs to expand reach and availability across communities, including rural and frontier communities.
d. Use appropriately shared data to support decision-making and linkages to care.
e. Utilize technology to inventory local supports and services in the community for first responders.

Goal 2 of 5

Increase coordination, collaboration, and accountability across systems, agencies, and organizations.

13.Objective 2.1: Enhance community collaboration through strategic planning and coordination across the SIM. Please select the top three strategies you think are most important to pursue.

a. Provide SIM Mapping workshops to support strategic planning and collaboration in local communities.
b. Provide statewide training and technical assistance on expanding and enhancing behavioral health-criminal justice collaborations through local coordinating bodies.
c. Adopt the SIM framework for local planning and collaboration.
d. Identify opportunities to fund local forensic and diversion coordinators responsible for coordination between behavioral health providers, jails, courts, community corrections, and state hospitals.

e. Explore best practice models for local coordination, including criminal justice coordinating councils and regional planning and oversight bodies.
f. Increase local partnerships to expand the social safety net and connect justice-involved people with supportive services.
g. Fund local and regional collaborative projects focused on coordination and information sharing to reduce and prevent justice-involvement of people with behavioral health needs.
h. Extend support to local communities to increase communication, collaboration, and education across the SIM.

14.Objective 2.2: Increase information sharing at state and local levels. Please select the top three strategies you think are most important to pursue.

a. Explore data sharing needs between state agencies to develop a long-term data strategy for the state to support policy development, oversight, and ongoing improvement efforts.
b. Explore the development of a Global Client Record to ensure data sharing for continuity of care.
c. Support data sharing pilots in select communities to better identify those in need of services and to support continuity of care.
d. Improve TLETS matching and other data sharing platforms to identify those in need of services in both the adult and juvenile population.
e. Examine system data and information to pinpoint areas for improvement across justice and behavioral health services.
f. Explore the use of data use agreements, business associate agreements, and universal consent forms for information sharing between local government agencies.
g. Work with county judges to require attorneys to receive specialized training to take on cases related to MH, SUD, and IDD.
h. Safely and securely share information with prosecutors, defense attorneys, and judges to better understand a person's case, prior justice involvement, previous service referrals, and current connections to care.

15.Objective 2.3: Increase strategic partnerships between state, local, regional, and community agencies and organizations. Please select the top three strategies you think are most important to pursue.

a. Explore opportunities to streamline and maximize state benefits and supportive services through state agency partnerships.
b. Promote best practices for care coordination between Certified Community Behavioral Health Clinics and criminal justice partners.

c. Utilize a whole-community approach for addressing issues at the intersection of behavioral health and criminal justice that includes partnerships with housing authorities, hospitals, universities and medical schools, faith-based organizations, schools, Federally Qualified Health Centers, and other regional and local agencies and organizations.
d. Maximize resources at a regional level to fund and operate programs that reduce justice involvement for people with MH, SUD and IDD, including regional crisis receiving facilities.
e. Expand liaison/coordinator positions within LMHA/LBHAs to coordinate care for people with MH, SUD and IDD throughout their entire experience in the justice system and during reentry.

Goal 3 of 5

Enhance the continuum of care and support services for people who are justice-involved with MH, SUD, and IDD.

16.Objective 3.1: Enhance care and support services across the SIM. Please select the top three strategies you think are most important to pursue.

a. Utilize Certified Community Behavioral Health Clinics to increase care coordination and integrated physical and behavioral health services for people who are justice-involved.
b. Provide statewide technical assistance on evidence-based and best practices for behavioral health care, integrated physical and behavioral health care, and supportive services for people who are justice-involved.
c. Explore the use of a system-wide drug formulary to ensure medication continuity.
d. Increase the Medicaid provider base to create additional capacity for crisis and outpatient services.
e. Expand Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to serve more moderate and high-risk people and reduce the risk of recidivism for people with MH, SUD, and IDD.
f. Prioritize coordination between local communities, law enforcement, and public safety answering points in state planning and implementation of 988.
g. Enhance substance use services in rural communities to decrease the risk of recidivism for justice-involved people with MH, SUD, and IDD.
h. Explore opportunities to expand physical health care for persons who are justice-involved through Federally Qualified Health Centers.
i. Expand and enhance programs that focus on providing intensive, wraparound services for people with complex needs cycling among multiple systems.

j. Promote coordination and collaboration among all possible points of contact/levels of care (e.g., jails, outpatient treatment, inpatient treatment, transitional housing, etc.) for seamless transitions and appropriate continuity of care.
k. Expand access to substance use treatment across the SIM.
l. Focus on prevention and early intervention in substance use for youth to reduce the likelihood of entering the juvenile justice system.
m. Increase collaboration between hospitals, jails, and community providers to ensure warm handoffs and connection to care when people return to the community.

17.Objective 3.2: Increase connection to treatment and tailored supports for special populations, including people with IDD, youth, and veterans. Please select the top three strategies you think are most important to pursue.

a. Reduce barriers to diversion across the SIM for special populations by developing actionable and tailored solutions through state partnerships and state-local collaborations.
b. Provide training, technical assistance, and other supports to law enforcement, LMHA/LBHAs, and other stakeholders to promote best practices and increase use of diversionary paths across the SIM for special populations.
c. Compile strategies and resources for addressing the needs of people with IDD into a format that is easy to understand and that is easily accessible to all county jails.
d. Increase the capacity of residential treatment centers for children and youth.
e. Enhance collaboration amongst state agencies and local veterans support organizations, including volunteer and faith-based organizations, to provide support and funding for veterans PODS/Dorms and county jails.
f. Enhance local partnerships with Veteran Justice Outreach Program Specialists and the Military Veteran Peer Network.
g. Create opportunities for shared learning and interaction between the IDD community and law enforcement.
h. Expand prevention and early intervention for substance use and youth.
i. Expand the use of youth peer specialists to support youth.
j. Expand access to medication assisted treatment for pregnant women with SUDs.
k. Expand the use of peer services for people with IDD.
l. Build awareness of LIDDAs as part of the continuum of care.

m. Increase access to housing and support services for people with IDD to reduce justice involvement.
n. Improve screening for people with IDD when entering county jails.

18.Objective 3.3: Address the social determinants of health that increase the risk of justice involvement, including housing, employment, and transportation. Please select the top three strategies you think are most important to pursue.

a. Promote supported housing and employment through dedicated funding streams.
b. Explore opportunities to maximize access and enrollment in benefits and supports to address housing, employment, and transportation.
c. Support the development of a full continuum of housing options with appropriate services and attention to transitions between institutions and community, including step-down and transitional housing, adult residential settings, and sober living/recovery home options.
d. Provide statewide technical assistance to local housing authorities and developers receiving state-administered funds on behavioral health, stigma, tenancy selection criteria, and opportunities to provide housing to people with current or prior justice involvement.
e. Leverage Project Access and Home and Community Based Services-Adult Mental Health to provide housing to people transitioning from inpatient and correctional settings into communities.
f. Promote awareness of opportunities to reduce the barriers to housing for justice-involved persons, including tenancy selection criteria.
g. Support the development of dedicated position(s) at each LMHA, LBHA and LIDDA to provide housing navigation, employment, transportation, and education services for people with MH, SUD, and IDD and justice-involvement.
h. Promote fair chance housing practices through rule changes that encourage the development of “low barrier” housing for units built with state-administered funds.
i. Expand the use of the SOAR (SSI/SSDI Outreach, Access, and Recovery) model to increase access to benefits and supports.
j. Explore opportunities to utilize the expungement of misdemeanor criminal records to facilitate connection with employment and housing, when appropriate.
k. Work collaboratively with local public and private stakeholders to expand housing options with attention to landlord criteria and transitions between institutions and community, including step-down and transitional housing, adult residential settings, and sober living/recovery home options.

l. Support programs that address the social determinants of health and reduce the risk of recidivism for people with behavioral health needs that are involved with the criminal justice systems.
m. Explore hospital and housing partnerships to reduce the utilization of emergency rooms and increase housing for people with complex care needs cycling between systems.
n. Fund innovative housing initiatives at the local level.

19. Objective 3.4: Increase the use of peers across the SIM. Please select the top three strategies you think are most important to pursue.

a. Expand peer programs in criminal justice and behavioral health settings to support people with behavioral health needs who are justice-involved.
b. Provide statewide technical assistance to increase the utilization of peers to support justice-involved persons with behavioral health needs.
c. Create a Texas certification for justice-involved peer specialists.
d. Explore comprehensive approaches to incorporate youth peer support training and services into juvenile justice alternative education programs and disciplinary alternative education programs.
e. Expand peer clubhouses, including virtual clubhouses.
f. Explore opportunities to incorporate peers into crisis response, diversion, specialty courts, and reentry.
g. Work with philanthropy and faith-based organizations to support peer-run crisis respite and recovery homes.

20. Objective 3.5: Leverage data and technology to expand access to care across the SIM. Please select the top three strategies you think are most important to pursue.

a. Maximize use of telehealth support across the SIM (including telemedicine, peer services, telepsychiatry services for jails, competency evaluation, and teletherapy).
b. Explore the development of a Global Client's record system for Justice-Involved clients to promote sharing of client-level data across agencies to support continuity.
c. Connect the Department of Public Safety (DPS) Texas Law Enforcement Telecommunication System (TLETS), and the Veterans Affairs Veterans Reentry Service System (VRSS) or other approved Veterans Affairs identification program to provide veterans information to county jails for the purposes of continuity of care and veterans benefits.

d. Collect accurate data, using systems already in place and mandated in county jails, of the number of people incarcerated who may have an IDD diagnosis.

Goal 4 of 5

Revolutionize state hospital and community-based forensic services.

21.Objective 4.1: Develop evidence-based guidance for the appropriate use of the competency restoration continuum to "right-size" competency restoration in Texas. Please select the top three strategies you think are most important to pursue.

a. Identify the appropriate competency restoration pathways for people found incompetent to stand trial based on clinical need/acuity and public safety risk using a research-based framework.
b. Provide statewide technical assistance on competency restoration and best practices to reduce the number of individuals waiting for inpatient competency restoration.
c. Promote and expand use of court-ordered outpatient mental health treatment in lieu of criminal arraignment and prosecution.
d. Explore statutory changes to prevent people with lower, non-violent offenses (misdemeanors) from being placed on the competency restoration waitlist.
e. Provide technical assistance to local courts on competency restoration services.
f. Pilot demonstration projects of best practices across the SIM and measure results.
g. Enhance relationships among state hospitals, judges, courts, LMHA/LBHAs and other partners by creating opportunities for engagement and learning.
h. Expand housing options for people transitioning out of institutions into the community.

22.Objective 4.2: Expand outpatient and jail-based competency restoration programs and jail in-reach coordinators across the state to reduce the waitlist for inpatient competency restoration services. Please select the top strategy you think is most important to pursue.

a. Explore funding opportunities for jail in-reach coordinators that monitor individuals on the waitlist for inpatient competency restoration services and coordinate with LMHAs/LBHAs, state hospitals, jails, and courts.
b. Develop innovative learning and technical assistance opportunities to support jail in-reach for individuals on 46B.073 commitments awaiting inpatient competency restoration services.

23. Objective 4.4: Identify efficiencies and improvements in state hospital and community-based forensic processes and services. Please select the top three strategies you think are most important to pursue.

   a. Standardize competency restoration curriculum (CRC) for use throughout the State Hospital System and explore the expansion of such CRC to other levels of services (i.e., OCR, JBCR and community contractors).
   b. Encourage collaboration between LMHAs/LBHAs and state hospitals in the completion of standardized outpatient management plans (for individuals found not guilty by reason of insanity and those committed for competency restoration services who are discharging from a state hospital and into the community).
   c. Identify forensic data collection needs across the continuum of care and formulate a data dashboard to understand trends, benchmark processes, and drive data-informed interventions throughout the continuum of care.
   d. Explore the creation of a statewide dashboard to report forensic statistics and trends across state hospitals, counties, and courts with the goal of targeting technical assistance efforts across the continuum of care.
   e. Strengthen focus on youth found unfit to proceed through increased partnership between HHSC and Texas Juvenile Justice Department.
   f. Examine the effectiveness and cost-benefit of competency restoration for individuals charged with misdemeanor crimes.
   g. Explore opportunities to support forensics and diversion coordinators through LMHA/LBHAs to ensure coordination with the state hospitals, courts, jails, law enforcement, community corrections, and community health and mental health providers.
   h. Expand access to Home and Community Based Services Adult Mental Health waivers.
   i. Expand and enhance capacity of behavioral health providers to provide restoration services to individuals with IDD.

24. Objective 4.5: Strengthen oversight and quality of competency evaluations. Please select the top three strategies you think are most important to pursue.

   a. Develop a State Hospital System (SHS) registry of credentialed competency evaluators in the SHS to ensure high quality competency evaluations.
   b. Provide statewide technical assistance to courts on quality competency evaluations.
   c. Explore development of state credentialing for competency evaluators with professional licensing boards.

d. Explore the creation of a voluntary statewide registry for community competency evaluators and a statewide peer review process to ensure high quality evaluations.

Goal 5 of 5

Expand training, education, and technical assistance for stakeholders working at the intersection of behavioral health and criminal justice.

25.Objective 5.1: Provide statewide technical assistance on the SIM to promote best practices for diversion for behavioral health providers, law enforcement, jails, courts, and community corrections. Please select the top three strategies you think are most important to pursue.

a. Develop centers for training and technical assistance focused on the intersection of behavioral health and criminal justice.
b. Promote criminal justice competency in the behavioral health workforce to improve outcomes for justice-involved people with MH, SUD, and IDD.
c. Foster learning communities among LMHAs/LBHAs, courts, jails, and law enforcement to help facilitate the implementation of best practices for each region of the state.
d. Increase the use of validated and reliable criminogenic risk assessment instruments to support structured decision-making across the SIM.
e. Enhance training for jailers on veterans' trauma, needs, benefits, and services.
f. Increase focus in behavioral health professions on the intersections of behavioral health and evidence-based and promising interventions and programs for justice-involved populations with behavioral health needs.
g. Partner with universities and medical schools to increase focus on behavioral health professions on the intersections of behavioral health and evidence-based promising interventions and programs for justice-involved populations with behavioral health needs.

Final Question!

Is there anything else you like to share with HHSC concerning forensic and behavioral health services?

Thank you!

Thank you for participating in the survey!

If you or someone you know is experiencing anxiety, stress, or emotional challenges due to the COVID-19 pandemic, call the Statewide COVID-19 Mental Health Support Line 24 hours a day, 7 days a week toll-free at 833-986-1919 or visit https://mentalhealthtx.org/.

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