

Fiscal Year 2023

Texas Statewide Behavioral Health Strategic Plan: *Progress Report*



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

December 2023

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Executive Summary

The *Statewide Behavioral Health Strategic Plan Progress Report for Fiscal Year 2023* is submitted in compliance with the 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023¹ [Article IX, Section 10.04 (c)] and Government Code 531.476(a)(3).²

The Texas behavioral health landscape tracks with national trends regarding an increased need for services and a shortage of providers. Most of the state is a federally designated mental health professional shortage area.³ However, steps are being taken to recruit and retain the state's behavioral health workforce to include revising the types of professionals that represent this workforce and expand behavioral health provider networks.

- Funding for the Texas Child Mental Health Care Consortium (TCMHCC) to enhance and expand their initiatives to include Community Psychiatric Workforce Expansion (CPWE) program, which supports local mental health authorities (LMHA) in delivering psychiatric telehealth services.^{4,5} The TCMHCC was able to fund the provision of supervised training to graduates of accredited mental health care programs, in specific Health-Related Institutions (HRI),⁶ to deliver effective children's mental health services through community-based mental health providers in their region.
- Increasing appropriations to the Texas Higher Education Coordinating Board (THECB) in the administration of the mental health loan repayment program⁷ and expanded eligibility criteria for the program to include LMHA or Local Behavioral Health Authority and state hospital providers.⁸

¹ [2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023](https://capitol.texas.gov/tlodocs/88R/billtext/pdf/HB00001F.pdf) (capitol.texas.gov/tlodocs/88R/billtext/pdf/HB00001F.pdf).

² [Texas Government Code Chapter 531](https://statutes.capitol.texas.gov/Docs/GV/htm/GV.531.htm) (statutes.capitol.texas.gov/Docs/GV/htm/GV.531.htm).

³ [Texas DSHS Health Professional Shortage Area Application](https://experience.arcgis.com/experience/323d93aa45fd43e88515cdf65365bf78/page/Page-1/?views=Mental-HPSA) (experience.arcgis.com/experience/323d93aa45fd43e88515cdf65365bf78/page/Page-1/?views=Mental-HPSA).

⁴ S.B. 8, 87th Legislature, Third Special Session, 2021.

⁵ SB 30, 88th Legislature, Regular Session, 2023.

⁶ HRIs are the academic science centers affiliated with 12 university members: Texas A&M, Texas Tech Lubbock, Texas Tech El Paso, University of North Texas, Baylor College of Medicine, UT Tyler, UT Dell Medical Center, UT Southwestern, UT San Antonio, UT Rio Grande Valley, UT Medical Branch, and UT Health Houston.

⁷ 2024-2025 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 [Article III, Higher Education Coordination Board, Rider 50.

⁸ H.B. 2100, 88th Legislature, Regular Session, 2023.

- Expanding behavioral health support provided by non-traditional behavioral health workers to include peers and Community Health Workers.
- Incentivizing psychiatry residents and fellows and other behavioral health licensed professionals to practice in underserved and rural communities.

Introduction

The 84th Texas Legislature established the Statewide Behavioral Health Coordinating Council (SBHCC) and directed them to develop a five-year statewide behavioral health strategic plan for fiscal years 2017-2021.⁹ The plan was updated in 2022 resulting in the *Fiscal Years 2022 – 2026 Statewide Behavioral Health Strategic Plan featuring the Texas Strategic Plan for Diversion, Community Integration and Forensic Services*.¹⁰ The 2024-25 General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023¹¹ requires the SBHCC to submit an annual report including the progress of the strategic plan’s implementation to the Governor and Legislative Budget Board by December 1. This report is the first report based on the SBHCC’s implementation of the updated strategic plan.

The SBHCC identified 14 gaps in the behavioral health¹¹ system needing strengthening as the strategic plan is implemented:

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

⁹ [2016-2017 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015](https://lbb.texas.gov/Documents/GAA/General_Appropriations_Act_2016-2017.pdf) (lbb.texas.gov/Documents/GAA/General_Appropriations_Act_2016-2017.pdf).

¹⁰ [Fiscal Years 2022-2026 Texas Statewide Behavioral Health Strategic Plan and the Texas Strategic Plan for Diversion, Community Integration and Forensic Services](https://hhs.texas.gov/sites/default/files/documents/hb1-statewide-behavioral-health-idd-plan.pdf) (hhs.texas.gov/sites/default/files/documents/hb1-statewide-behavioral-health-idd-plan.pdf).

¹¹ The [Substance Abuse and Mental Health Administration](https://samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf) (samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf) defines behavioral health as “the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.”

- Access to Supported Housing and employment
- Behavioral health workforce shortage
- Shared and usable data

Behavioral Health Workforce Shortage

Each progress report focuses on one or two gaps in behavioral health services identified in the Statewide Behavioral Health Strategic Plan, to provide meaningful information on investments and remaining needs. ***This progress report focuses on the behavioral health workforce shortage.*** The report highlights:

- *Federal and state financial and policy investments to increase the behavioral health workforce;*
- *Academic, licensing, and professional association efforts to increase the behavioral health workforce, and*
- *Strategies for developing the behavioral health workforce.*

The behavioral health workforce encompasses a variety of licensed professionals and non-licensed paraprofessionals who work across the continuum of behavioral health services to include prevention programs, school-based services and supports, community-based, residential, and inpatient treatment programs, services and supports provided in juvenile and criminal justice settings, among others.¹²

The behavioral health workforce includes, but is not limited to:

- Psychiatrists and psychologists
- Social workers
- Counselors (e.g., addiction, mental health, school)
- Psychiatric nurses, aids, technicians, and rehabilitation specialists
- Peer support specialists
- Recovery coaches
- Community health workers, and other paraprofessionals in the mental health and substance use recovery fields

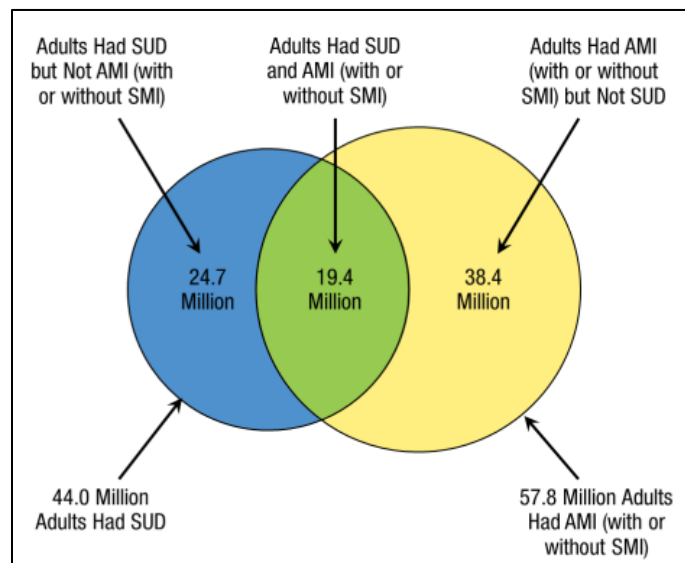
¹² [SAMHSA Workforce, 2023](https://www.samhsa.gov/workforce) (samhsa.gov/workforce).

1. Background

Behavioral Health Workforce: National Landscape

The need for behavioral health care continues to increase. The 2021 National Survey on Drug Use and Health¹³ administered by the Substance Abuse and Mental Health Service Administration (SAMHSA) showed that in 2021, 16.5 percent of the United States (U.S.) population 12 years or older have a substance use disorder (SUD), nearly one in four adults 18 years and older had a mental illness in the past year, and 13.5 percent of young adults aged 18 to 25 had both a SUD and a mental illness in the past year.¹⁴

Figure 1. Number of people in the United States with, Substance Use Disorder, Any Mental Illness, Serious Mental Illness, or Co-Occurring Mental illness and Substance Use Disorder¹⁵



¹³ [2021 National Survey on Drug Use and Health Releases, 2023](https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases)

([samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases](https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases)).

¹⁴ [SAMHSA. \(2023, January 4\). SAMHSA Announces ational Survey on Drug Use and Health Results Detailing Mental Illness and Substance Use Levels in 2021](https://www.samhsa.gov/news/2023/01/04/samhsa-announces-national-survey-drug-use-and-health-results-detailing-mental-illness-and-substance-use-levels-in-2021)

([hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html](https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html)).

¹⁵ [Results from the 2021 National Survey on Drug Use and Health: Graphics from the Key Findings Report](https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021_NNR_figure_slides.pdf)

([samhsa.gov/data/sites/default/files/reports/rpt39443/2021_NNR_figure_slides.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021_NNR_figure_slides.pdf)), retrieved August 2023.

The Venn Diagram of Number of people in the United States with SUD, Any Mental Illness (AMI), Serious Mental Illness (SMI), or Co-Occurring shows that:

- 44 million adults had SUD,
- 24.7 million adults had SUD but not AMI (with or without SMI),
- 57.8 million adults had AMI (with or without SMI),
- 38.4 million had AMI (with or without SMI) but not SUD, and
- 19.4 million had SUD and AMI (with or without SMI).

Studies have shown that the current number of behavioral health professionals is not enough to meet the growing need for care. For example, the Health Resources and Service Administration (HRSA) estimates that 163 million people in the U.S. currently live in one of the 6,573 Mental Health Care Health Professional Shortage Areas (MHPSA),¹⁶ making it difficult for people to access services and treatment. HRSA estimated that these MHPSAs were able to meet about 27 percent of the need.¹⁷

¹⁶ [Health Professional Shortage Areas](https://data.hrsa.gov/topics/health-workforce/shortage-areas) (data.hrsa.gov/topics/health-workforce/shortage-areas), retrieved August 2023. The Health Professional Shortage Areas designation system identifies areas, populations, and facilities that have a shortage in primary, dental, or mental health care providers.

¹⁷Bureau of Health Workforce Health Resources and Services Administration U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics, Third Quarter of Fiscal Year 2023, Designated HPSA Quarterly Summer, June 30, 2023.

Figure 3. Challenges in Recruiting & Retaining Behavioral Health Providers²⁰



Challenges in Recruiting and Retaining Providers

- **Financial:** Limited resources, reimbursement rates, and student debt.
- **Educational:** Lack of training to serve diverse populations and barriers to enter the workforce.
- **Workplace:** Shortages in rural areas and high workloads that lead to burnout.

The U.S. Government Accountability Office found that low reimbursement and compensations rates, combined with high student debt, were a financial disincentive for people to enter the behavioral health field. They also found that the conditions of training played a role; providers tend to stay in the areas where they have been trained and serve the populations they have been trained to serve. There is also a workplace element that includes lack of licensed supervisors and approved internships in rural areas, as well as a heavy workload for behavioral health providers.

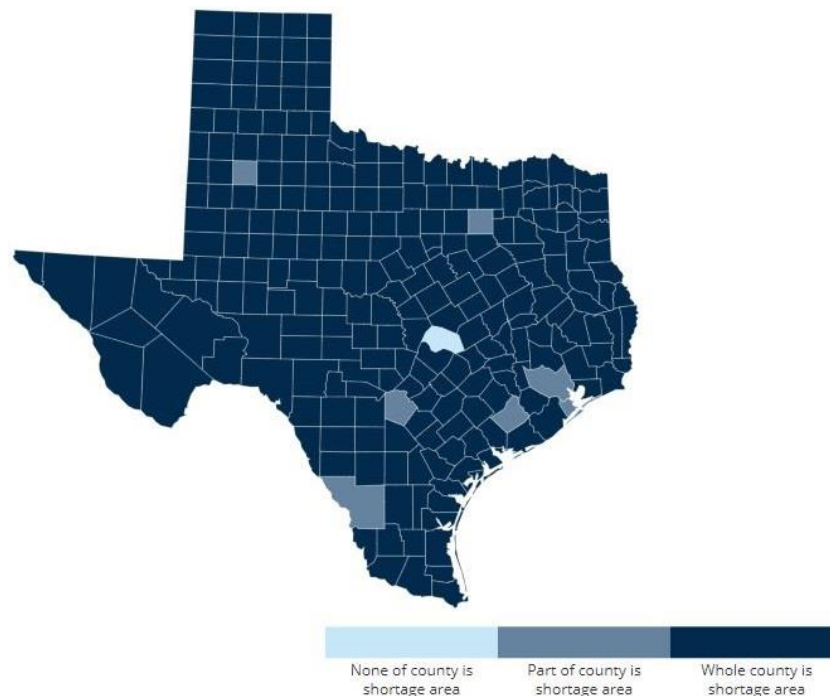
Behavioral Health Workforce: Texas Landscape

Texas reflects national trends in an increased need for behavioral health services. Workforce shortages contribute to the lack of access across the state. The map

²⁰ National Institute for Health Care Management. "[The Behavioral health Care Workforce.](https://nihcm.org/publications/the-behavioral-health-care-workforce-shortages-solutions)" *Nihcm.org*, 08 June 2023, (nihcm.org/publications/the-behavioral-health-care-workforce-shortages-solutions). Accessed August 2023.

below shows there are 246 counties where the whole county is designated a MHPSA.²¹ An additional seven counties, Bexar, Dallas, Galveston, Harris, Lubbock, Webb, and Wharton have part of the county designated a shortage area. Only one county, Williamson, has no designated shortage areas.

Figure 4. Map of Texas Indicating Counties with Mental Health Professional Shortage Areas, 2023



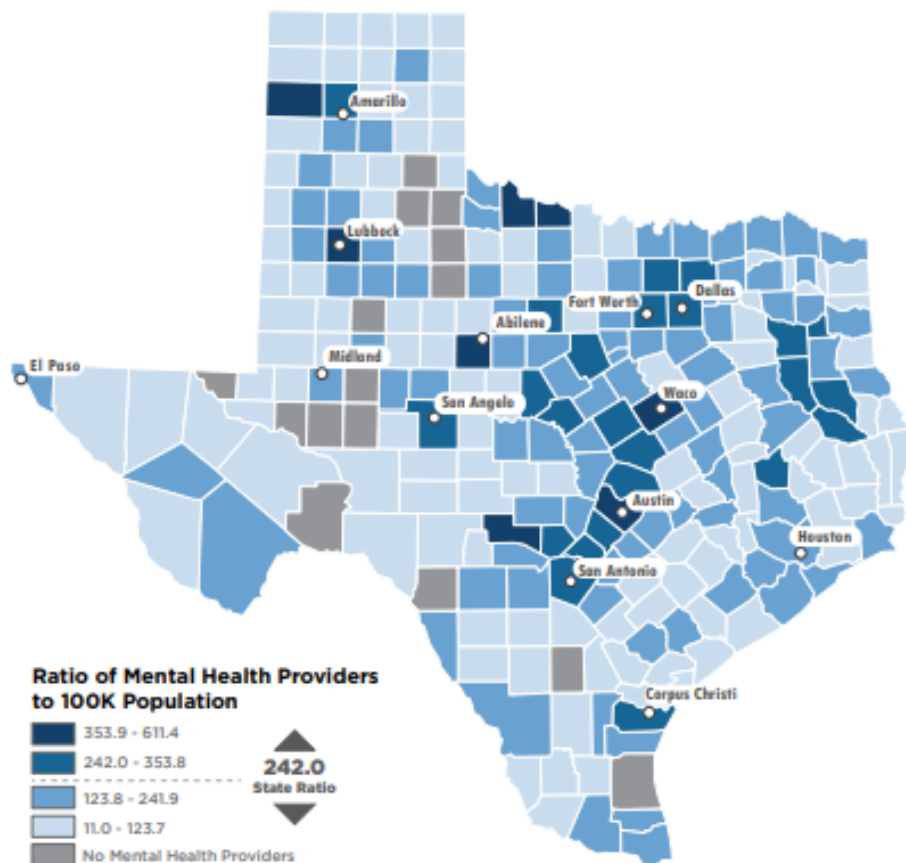
Although there has been some increase in the number of licenses and certifications for behavioral health professions, the workforce is not evenly distributed throughout the state. In 2019, the Texas Department of State Health Services (DSHS)-Health Professions Resource Center, in collaboration with the DSHS-Texas Center for Nursing Workforce Studies, found that the statewide ratio of mental health providers per 100,000 people was 242.²² The map below shows there were 222 counties (87 percent) that had a ratio below the statewide ratio. There were 15

²¹ Rural Health Information Hub. (2023). [Rural health data visualization chart gallery: Health Professional Shortage Areas, Texas](https://ruralhealthinfo.org/charts/7?state=TX) (ruralhealthinfo.org/charts/7?state=TX).

²² Health Professions Resource Center, "A Glance at the Texas Health Care Workforce: How it the Mental Health Workforce in Texas Distributed?" November 2021. Publication 25-16608. (dshs.texas.gov/sites/default/files/chs/hprc/publications/Mental-Health-Workforce.pdf).

counties that had no mental health providers. Only 32 counties had a ratio equal to or greater than the statewide ratio.

Figure 5. Mental Health Provider Ratio of Texas Counties, 2019



The behavioral health workforce has expanded to include professionals and paraprofessionals who work at different parts in the continuum of care. However, Texas has not reached a level where enough providers are available in a majority of counties. Table 1 provides a list of the types of professions that encompass the behavioral health workforce in Texas, as well as showing that not all Texas counties have access to these providers.

Table 1. Active Licensed or Certified Behavioral Health Professionals in Texas: 2022²³

Behavioral Health Profession	Current Number	Counties with Behavioral Health Profession Representation (out of 254)
Licensed Chemical Dependency Counselor	5,940	176
Licensed Baccalaureate Social Worker	3,306	193
Licensed Clinical Social Worker	9,746	160
Licensed Master Social Worker	11,708	175
Licensed Professional Counselor	23,927	215
Licensed Psychological Associate	780	88
Licensed Psychologist	5,031	111
Licensed School Psychologist Specialist	3,881	151
Marriage and Family Therapist	3,076	107
Marriage and Family Therapist Associate	619	66

²³ [Texas Department of State Health Services. Texas Health Data Health Profession Supply](https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-supply) (healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-supply). Accessed August 2023.

Behavioral Health Profession	Current Number	Counties with Behavioral Health Profession Representation (out of 254)
Psychiatrist	2,489	83
Recovery Support Peer Specialist	414	<i>No Data Available</i>
Recovery Support Peer Specialist-Intern	78	<i>No Data Available</i>
Mental Health Peer Specialist	435	<i>No Data Available</i>
Certified Family Partner	114	<i>No Data Available</i>
Community Health Worker	5,142	148

* The numbers in the Current Number column indicate the number of these professionals with active licenses or certifications, they do not reflect the number of people actively working in those fields.

2. Federal and State Financial and Policy Investments to Increase the Behavioral Health Workforce

Over the past few years, federal and state governments have invested in programs and initiatives to recruit and retain the behavioral health workforce and increase access to behavioral health services.

Legislation

In 2023, the U.S. Congress passed the Consolidated Appropriations Act, 2023,²⁴ which included provisions to address workforce shortages. The Act expanded psychiatric programs, removed some administrative requirements for providers who want to prescribe certain medications for opioid use disorder (OUD), included requirements for improved Medicaid provider directories, and added grants for mental health peer support providers.²⁵

The American Rescue Plan Act of 2021 (ARPA)²⁶ allocated \$3 billion for block grants addressing behavioral health conditions and an additional \$100 million in behavioral health workforce education and training grants. In the Fall of 2021, the Texas Legislature allocated \$113 million in federal funds authorized by ARPA to the TCMHCC for enhancements and expansions to their initiatives, one of which is the CPWE program.²⁷ The allocated funds supported LMHAs in delivering psychiatric telehealth services thus increasing services provided in MHPSAs. In addition, the TCMHCC was able to fund supervised training to graduates of accredited mental health care programs, in specific HRIs, to deliver effective children's mental health services to community-based mental health providers in their region.

²⁴ [Consolidated Appropriations Act, 2023](https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf) (congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf).

²⁵ Saunders Heather; Guth, Madeline; Eckart, Gina. "[A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs](https://www.kff.org/mental-health/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/)" (kff.org/mental-health/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/). 10 January 2023.

²⁶ [American Rescue Plan Act of 2021](https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf) (congress.gov/117/plaws/publ2/PLAW-117publ2.pdf).

²⁷ TCMHCC, "[American Rescue Plan Act \(ARPA\) Funding for Consortium Initiatives,](https://www.tcmhcc.utsystem.edu/arpa/)" (tcmhcc.utsystem.edu/arpa/).

Loan Repayment

Both the federal and state government have allocated funds for loan repayment programs for behavioral health providers working in MHPSAs. HRSA's National Health Service Corps (NHSC) Loan Repayment Program provides loan repayment and scholarships to various types of providers, such as psychiatrists and psychologists. In return, the providers agree to practice in underserved areas for at least 2 years. According to HRSA, over 80 percent of behavioral health providers that graduated from these programs from 2012 through 2020 remained practicing in underserved areas as of 2021.²⁸

The NHSC has two additional loan repayment programs that focus on opioid and SUD. The Rural Community Loan Repayment Program is for providers working to combat the opioid epidemic in rural communities by providing SUD and opioid use disorder treatment services at rural SUD treatment facilities approved by the NHSC.²⁹ The Substance Use Disorder Workforce Loan Repayment Program supports the recruitment and retention of health professionals in underserved areas to expand access to SUD treatment and prevent overdose deaths.³⁰ Both of these programs offer the flexibility for providers to work full time or part time at an NHSC-approved SUD service site.

HRSA also has the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP), for people who provide direct treatment or recovery support of patients with or in recovery from a SUD at an approved STAR LRP facility.³¹ STAR LRP facilities are located in counties, or municipalities, where the mean drug overdose death rate per 100,000 people over the past three years is higher than the most recent available national average overdose death rate, or in a MHPSA.

The U.S. Department of Education manages the Public Service Loan Forgiveness Program. This program is for people who are employed by a U.S. federal, state, local, tribal government, or a qualifying nonprofit organization and have made 120

²⁸ [NHSC Loan Repayment Program](https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program) (nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program). Accessed August 2023.

²⁹ [NHSC Rural Community Loan Repayment Program](https://nhsc.hrsa.gov/loan-repayment/nhsc-rural-community-loan-repayment-program) (nhsc.hrsa.gov/loan-repayment/nhsc-rural-community-loan-repayment-program). Accessed September 2023.

³⁰ [NHSC Substance Use Disorder Workforce Loan Repayment Program](https://nhsc.hrsa.gov/loan-repayment/nhsc-sud-workforce-loan-repayment-program) (https://nhsc.hrsa.gov/loan-repayment/nhsc-sud-workforce-loan-repayment-program). Accessed September 2023.

³¹ [HRSA STAR LRP](https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/star-lrp-application-guidance.pdf) (https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/star-lrp-application-guidance.pdf). Accessed September 2023.

qualifying monthly payments while working full time with an eligible employer.³² Different from loan repayment programs, the Public Service Loan Forgiveness forgives the remaining balance on your Direct Loans,³³ not repaid but forgiven.

Texas also has a loan repayment program managed by the THECB. The Mental Health Professionals Loan Repayment encourages qualified mental health professionals to practice in a MHPSA and provide mental health care services to recipients under the medical assistance program.³⁴ The loan repayment program began in fiscal year 2016 with 109 enrollees. No new applicants were admitted to the program in fiscal years 2019 or 2020. There were no new applicants in fiscal year 2021 due to budget reductions in response to the Coronavirus Disease 2019 (COVID-19) pandemic, but there were new applications in 2022. More detail can be found in Figure 6 and Table 2.

³² [Public Service Loan Forgiveness Program](https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service) (studentaid.gov/manage-loans/forgiveness-cancellation/public-service). Accessed September 2023.

³³ Direct loans are loans received under the William D. Ford Federal Direct Loan Program, such as Direct subsidized loans, Direct unsubsidized loans, Direct PLUS loans, and Direct consolidation loans.

³⁴ [Mental Health Professionals Loan Repayment Program - THECB](https://hhloans.com/index.cfm?objectid=E27A2130-C7DC-11EC-B45B0050560100A9) (hhloans.com/index.cfm?objectid=E27A2130-C7DC-11EC-B45B0050560100A9). Accessed August 2023.

Figure 6. New Enrollees in the Texas Mental Health Professional Loan Repayment Program per Fiscal Years 2016-2022

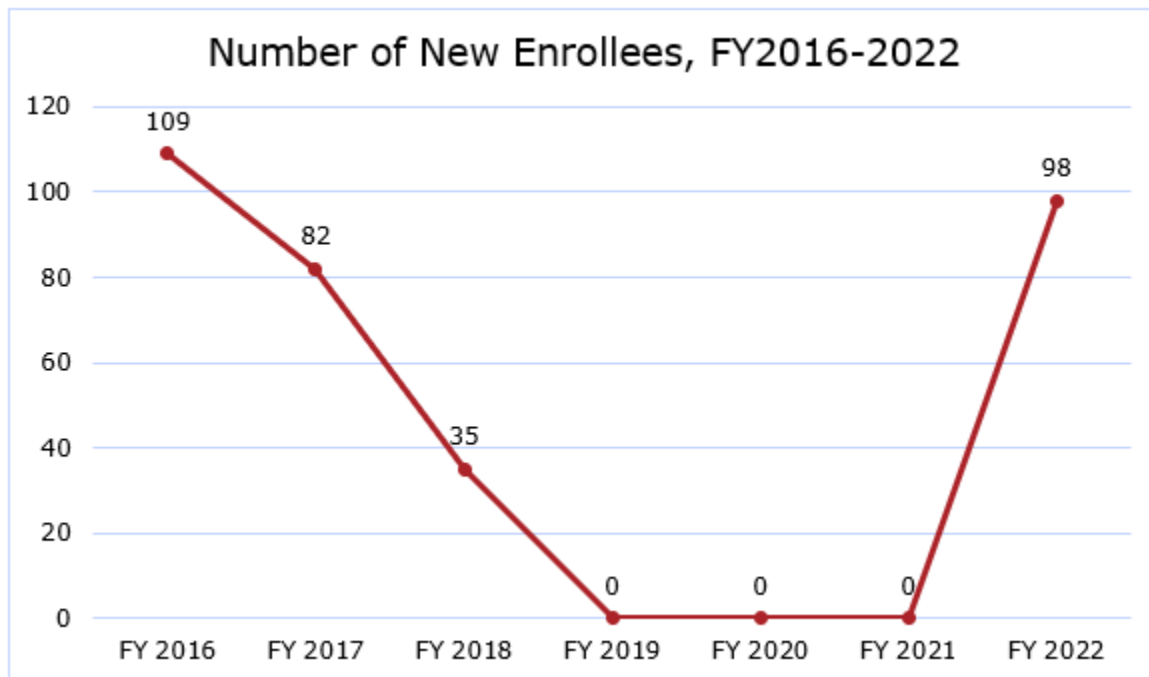


Table 2. New Enrollees in the Texas Mental Health Professional Loan Repayment Program per Fiscal Years 2016-2022

Fiscal Year	Number of New Enrollees
FY 2016	109
FY 2017	82
FY 2018	35
FY 2019	0
FY 2020	0
FY 2021	0
FY 2022	98

The 88th Texas Legislature increased the number and type of providers that are eligible for the Mental Health Professional Loan Repayment program.

- The Legislature increased the state’s financial investment in the loan repayment program from \$2 million per biennium to \$14 million for the 2024-2025 biennium.³⁵

³⁵ 2024-2025 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, Article III, Higher Education Coordination Board, Rider 50.

- H.B. 1211 amended Education Code section 61.601 to add licensed specialists in school psychology employed by a school district in a federally designated MHPSA to the loan repayment program.³⁶
- H.B. 2100 amended Education Code section 61.603 to include all LMHAs and state psychiatric hospitals as eligible places to work to receive repayment assistance, even if the facility is not located in a MHPSA.³⁷
- Senate Bill 532 amended Education Code section 61.603 to reduce the number of consecutive years of practice from five years to three years required for a person to obtain the maximum total amount of repayment assistance.³⁸ Participants would get the eligible maximum balance repaid in a shorter amount of time. The bill also adds LMHAs and state psychiatric hospitals as eligible places to work to receive repayment assistance, even if the facility is not located in a MHPSA.

The THECB also manages the State Loan Repayment Program, which is a grant from HRSA for primary care providers working in Health Professional Shortage Areas.³⁹ Although not specifically for behavioral health, the State Loan Repayment Program is available for various types of providers including Health Service Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors Psychiatric, Marriage and Family Therapists, Psychiatric Nurse Specialists, and Alcohol and Substance Abuse Counselors who are credentialed by the state and meet the educational requirements and master's degree requirements. Figure 7 and Table 2 depict the number and types of providers who participated in the loan repayment program by year. The THECB began participation in the State Loan Repayment Program in 2018 and awards were not issued until August 2020.

³⁶ H.B. 1211, 88th Texas Legislature, Regular Session, 2023.

³⁷ H.B. 2100, 88th Legislature, Regular Session, 2023.

³⁸ S.B. 532, 88th Texas Legislature, Regular Session, 2023.

³⁹ [State Loan Repayment Program](https://hhloans.com/index.cfm?objectid=46391700-C9BA-11ED-B7870050560100A9) (hhloans.com/index.cfm?objectid=46391700-C9BA-11ED-B7870050560100A9). Accessed September 2023.

Figure 7. State Loan Repayment Program Provider Breakdown by Year, 2020-2023

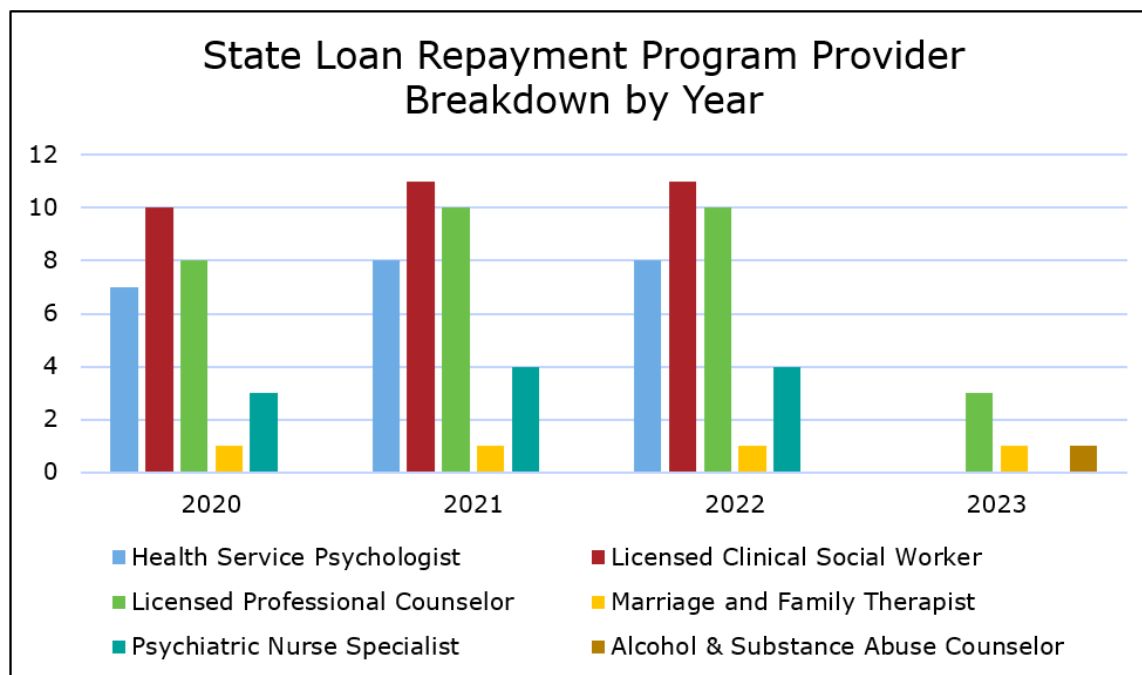


Table 3. State Loan Repayment Program Provider Breakdown by Year, 2020-2023

Year	Health Service Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Marriage and Family Therapist	Psychiatric Nurse Specialist	Alcohol & Substance Abuse Counselor
2020	7	10	8	1	3	0
2021	8	11	10	1	4	0
2022	8	11	10	1	4	0
2023	0	0	3	1	0	1

Additionally, the THECB manages the Physician Education Loan Repayment Program which encourages qualified physicians to practice medicine in a Health Professional Shortage Area, provide health care services to recipients under the medical assistance program, and to enrollees under the child health plan program.⁴⁰ This program is only available to those who hold a full physician license from the Texas Medical Board, including psychiatrists. Table 4 below depicts the number of psychiatrists who participated in the program based on the fiscal year they applied.

⁴⁰ [Physician Education Loan Repayment Program](https://hhloans.com/index.cfm?objectid=A85AA8AA-0CD1-EDD4-D9379C7C084059FB&flushcache=1&showdraft=1) (hhloans.com/index.cfm?objectid=A85AA8AA-0CD1-EDD4-D9379C7C084059FB&flushcache=1&showdraft=1). Accessed September 2023.

Table 4. Physician Education Loan Repayment Program, Psychiatrist, by Application Submission Year

Fiscal Year	# Psychiatrists
2016	45
2017	57
2018	35
2019	34
2020	48
2021	33
2022	39
2023 ⁴¹	7
Total	298

Extending and Building Interest in the Behavioral Health Workforce

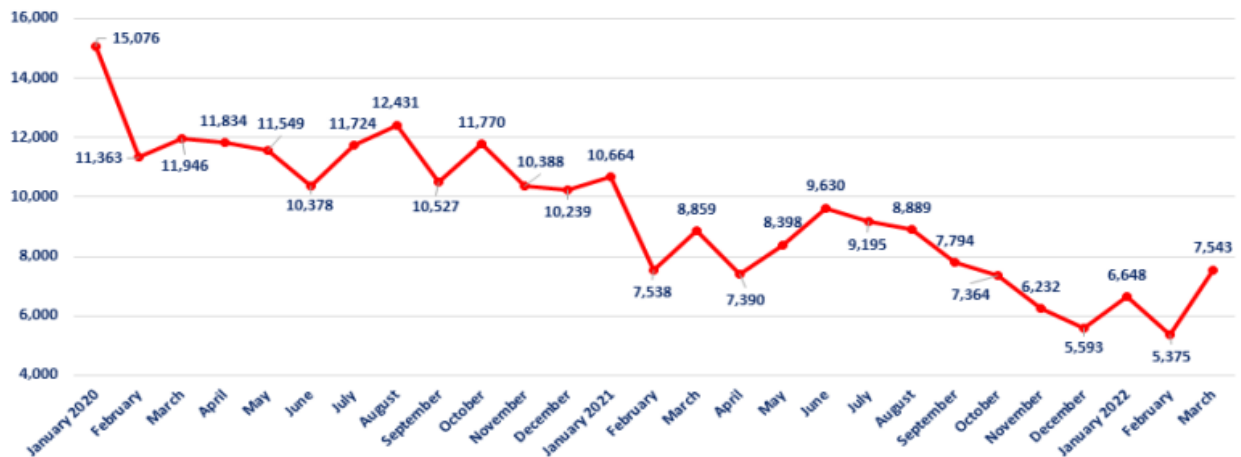
Texas has extended the behavioral health workforce by incorporating paraprofessionals into prevention and treatment teams and creating credentialing and certification processes for professionals such as peer support specialists. State agencies also implemented strategies to recruit and retain behavioral health professionals with a focus on increased wages. For example, in 2021 the Texas Health and Human Services Commission’s (HHSC) Health and Specialty Care System Department piloted recruitment bonuses at select state hospitals for registered nurses, licensed vocational nurses, direct support professionals, and psychiatric nurse assistants. They expanded this approach to all facilities in 2022. Health and Specialty Care System also implemented salary increases at all state hospitals and state supported living centers in March 2022. The percent increase for the various positions were based on current salary levels and turnover rates. The recruitment bonuses and raises resulted in an increase in the number of applicants.⁴² Figure 8 below shows a decrease in applicants from 15,076 in January

⁴¹ Applications for 2023 are still being processed. Note: A psychiatrist can be counted in more than one fiscal year.

⁴² Health and Specialty Care Services (2022). Overcoming Workforce Challenges [PowerPoint slides]. Meeting of the Joint Committee on Access and Forensic Services. Retrieved from hhs.texas.gov/sites/default/files/documents/april-2022-jcafs-agenda-item-6.pdf.

2020 to 7,039 in April of 2021. Submitted job applications began to increase in June 2021 with 9,630 applications but fell again to 7,543 in February 2022.

Figure 8. Health and Specialty Care System Total Job Applications, January 2020 - March 2022



Research indicates that peer support services decrease substance use, reduce use of inpatient and emergency room care, and increase consumer engagement in care.⁴³ H.B. 1486, 85th Legislature, Regular Session, 2017⁴⁴, created a peer support benefit under Texas Medicaid and defined the training and certification of substance use and mental health peer workers. HHSC’s Behavioral Health Services Department established the Peer and Recovery Services Program, Planning, and Policy Unit to develop, support, and advance the peer workforce in Texas.⁴⁵

The reimbursement rate for peer services sometimes limits the provision of peer services and retention of the peer workforce. In March 2022, Texas Medicaid increased the reimbursement rate for individual peer support services from \$7.58 to \$11.25 per unit,⁴⁶ an increase of 48.42 percent, making it more appealing for providers to include peers on the care team and bill for peer support services.

⁴³ Texas Health and Human Services. (2023). [Benefits of peer support services](https://www.hhs.texas.gov/providers/behavioral-health-services-providers/peer-support-services/benefits-peer-support-services) (hhs.texas.gov/providers/behavioral-health-services-providers/peer-support-services/benefits-peer-support-services).

⁴⁴ [H.B. 1486, 85th Legislature, Regular Session, 2017](https://capitol.texas.gov/tlodocs/85R/billtext/pdf/HB01486F.pdf) (capitol.texas.gov/tlodocs/85R/billtext/pdf/HB01486F.pdf).

⁴⁵ Texas Health and Human Services. (2023). [Peer Support Services](https://www.hhs.texas.gov/providers/behavioral-health-services-providers/peer-support-services) (https://www.hhs.texas.gov/providers/behavioral-health-services-providers/peer-support-services).

⁴⁶ [Outpatient Behavioral Health, Including Peer Support Services.xlsx \(live.com\)](https://www.hhs.texas.gov/providers/behavioral-health-services-providers/peer-support-services).

HHSC’s Behavioral Health Advisory Committee (BHAC) submitted a topic nomination form to Texas Medicaid requesting that Certified Family Partners (CFPs) also be included as a Medicaid billable service.⁴⁷ CFPs provide services to families of children with behavioral health conditions. The BHAC believes that including CFPs in the Medicaid state plan would add a more sustainable funding stream for CFPs to be an asset to the behavioral health workforce. HHSC is currently reviewing this request.

The HHSC Peer and Recovery Services Program, Planning, and Policy Unit partners with PeerForce to be a hub for peer careers. PeerForce is a statewide coordination hub for the Texas peer workforce. They support people newly entering the career field find and access the resources they need to get certified and find employment. PeerForce is a collaborative effort between Form Communities and the Centralized Training Infrastructure at the University of Texas Health Science Center San Antonio's School of Social Work. HHSC is working with the Addiction Research Institute at the University of Texas at Austin’s Steve Hicks School of Social Work to modify the core certification curricula for peers and peer supervisors to ensure that the certification remains true to the origins of peer services, and peer supervisors have the knowledge to effectively supervise peers. Having proficient supervision addresses some challenges peers face as part of the care team.

The incorporation of Community Health Workers (CHWs) in public health has long shown to be beneficial in connecting populations to needed services.⁴⁸ CHWs are non-medical workers from the communities they serve. The skills and occupational responsibilities of CHWs can impact the behavioral health arena. For example, in fiscal year 2021 HHSC began contracting with nine providers for the CHW Program to increase awareness of substance use services, increase linkage to these services, and support people receiving these services in engaging with substance use, mental health, and medical providers.⁴⁹ CHWs assist clients in navigating how to access behavioral health services. Like peers, CHWs are non-clinical, frontline workers helping people access the services they need. In fiscal year 2022, the number of CHW providers increased from the original nine to fourteen, with the additional

⁴⁷ A topic nomination form is used by the Texas Health and Human Services Commission to obtain submissions from the public regarding Medicaid medical and dental benefits in Texas.

⁴⁸ Balcazar, Hector, et. al, "Community Health Workers Can Be a Public Health Force for Change in the United States: Three Actions for a New Paradigm," American Journal of Public Health, 2011 December, 101(2): 2199-2203.

⁴⁹ Texas Health and Human Services. (2023). [Substance Use Disorder Community Health Worker Programs](http://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/community-health-workers) (www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/community-health-workers)

providers focusing on serving rural and frontier regions of the state. All CHW providers are governmental entities such as mental health authorities or public health departments.

To help alleviate health care workforce shortages, the Texas Department of State Health Services supports the Texas Conrad 30 J-1 Visa Waiver Program. This federal program allows the department of health within each state, DSHS in Texas, to recommend up to 30 international medical graduates (IMGs) each year for a waiver of the J-1 visa requirement to return to the IMGs home country for two years.⁵⁰ To receive the waiver in Texas, physicians on a J-1 visa must work full time at a facility located in a federally designated Health Professional Shortage Area or Medically Underserved Area for at least three years.⁵¹ The eligible mental health care specialties include addiction medicine, addiction psychiatry, child and adolescent psychology, geriatric psychiatry, and general psychiatry. Physicians providing direct patient care in these mental health specialties must practice in a designated area: geographic or population MHPSA, state mental hospital with a facility MHPSA designation, Medically Underserved Areas updated within the past four years, or clinics with automatic facility Health Professional Shortage Area designation (Federally Qualified Health Center, Rural Health Clinic, Indian Health Service/Tribal). Since 2019, there have been eleven applicants under a mental health specialty. Table 5 below highlights the location of each visa waiver application at the time they applied and where they were practicing in 2022.

Table 5. People in the Conrad 30 J-1 Visa Waiver Program under the Psychiatry Specialty, 2019-2023

Application Fiscal year	Employment County When First Applied	2022 County of Practice	Secondary Specialty
2019	Harris	Harris	Child and Adolescent Psychiatry
2019	Wichita	Travis	Child and Adolescent Psychiatry
2019	El Paso	Dallas	Addiction Psychiatry
2019	Harris	Harris	Faculty

⁵⁰ [Texas DSHS Texas Conrad 30 J-1 Visa Waiver Program](https://www.dshs.texas.gov/texas-primary-care-office-tpco/texas-conrad-30-j-1-visa-waiver-program) (https://www.dshs.texas.gov/texas-primary-care-office-tpco/texas-conrad-30-j-1-visa-waiver-program).

⁵¹ [Texas Conrad 30 J-1 Visa Waiver Program FFY2024 Policy Manual](https://dshs.texas.gov/sites/default/files/STATEEPI-TPCO/Documents/FY2024%20Conrad30%20J1%20Visa%20Policy%20Manual%20-%20Final%204-25-2023.pdf) (dshs.texas.gov/sites/default/files/STATEEPI-TPCO/Documents/FY2024%20Conrad30%20J1%20Visa%20Policy%20Manual%20-%20Final%204-25-2023.pdf).

Application Fiscal year	Employment County When First Applied	2022 County of Practice	Secondary Specialty
2019	Kaufman	Kaufman	Addiction Psychiatry
2020	McLennan	Kaufman	Child and Adolescent Psychiatry
2021	Lubbock	Not available	Addiction Psychiatry
2021	Wichita	Dallas	Not available
2021	Potter	Potter	Faculty
2023	Brazos	Not available	Not available
2023	Lubbock	Not available	Not available

One challenge faced by some soon-to-be licensed professionals is locating sites to obtain direct contact with clients in fulfillment of requirements for full credentialing.⁵² The Council on Recovery is a non-profit organization helping to cover this gap. The Council on Recovery helps people whose lives have been impacted by substance use and co-occurring mental health conditions.⁵³ Aside from offering provisionally licensed professionals the opportunity to treat clients, they offer multi-disciplinary training through their Behavioral Health Training Institute for undergraduate, graduate, and post-graduate interns. They also train medical and public health professionals to recognize the signs and symptoms of substance use and co-occurring mental health conditions and educate on an appropriate course of action. The Council on Recovery helps expand the behavioral health Houston-based workforce by collaborating with the Network of Behavioral Health Providers to support their recruitment and advocacy initiatives.

Network of Behavioral Health Providers is a network of Houston-based behavioral health providers that provides a forum for solutioning common problems faced by organizations in the network. Network of Behavioral Health Providers established the Behavioral Health Workforce, Recruitment, Education and Development Initiative, to develop a qualified workforce to meet the growing demand for behavioral health services in the region.⁵⁴ The Behavioral Health Workforce, Recruitment, Education and Development Initiative provides education through

⁵² Simpson, Stephen, [Texas' shortage of mental health care professionals is getting worse](#), The Texas Tribune, Feb. 22, 2023.

⁵³The Council on Recovery. "[How We Are helping Address Texas' Shortage of Mental Health Professionals](#)" (councilonrecovery.org/behavioral-health-workforce-shortage/). Web blog post. TCOR Marketing, 13 March 2023.

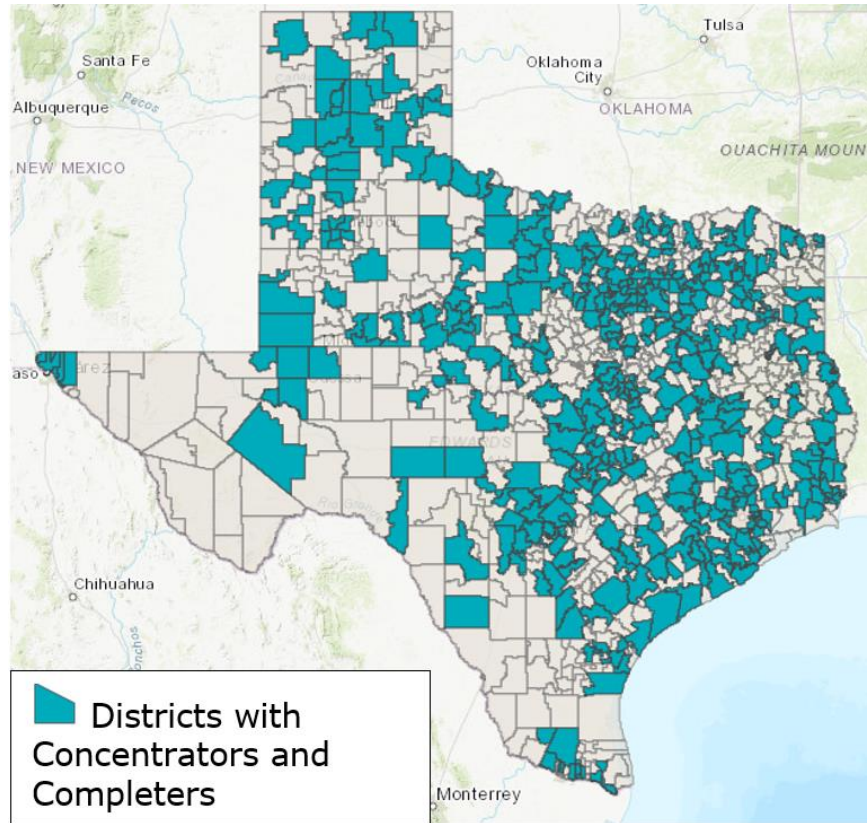
⁵⁴ Network of Behavioral Health Providers. (2023), [Behavioral Health Workforce Development](#) (nbhp.org/wredi.html).

presentations to high school and college students to expose them to the behavioral health field, coordinates externships for high school and college students who demonstrate interest in behavioral health, and provides scholarships for postsecondary students enrolled in a behavioral health program of study.

The Texas Education Agency incorporated a Family and Community Services program of study under the Human Services Career Cluster. This career cluster introduces students to employment in career pathways such as counseling and mental health services, family and community services, personal care services, and consumer services.⁵⁵ The Family and Community Services program of study offers courses in principles of human services, social and community services, counseling and mental health. It requires a practicum in human services and career preparation; introducing the behavioral health workforce field at the pre-higher education level. The map below (Figure 10) shows that in the 2020-2021 school year there were 488 school districts in Texas with completers, students completing and passing two or more Career and Technical Education courses for a total of at least two credits within the same program of study but did not complete. In the same school year there were 846 school districts with completers or concentrators, students completing and passing three or more Career and Technical Education courses for a total of four or more credits within the program of study, including one level three or level four course from within the same program of study.

⁵⁵ Texas Education Agency. [Human Services Career Cluster](https://tea.texas.gov/academics/college-career-and-military-prep/career-and-technical-education/hs-family-and-community-services.pdf) (tea.texas.gov/academics/college-career-and-military-prep/career-and-technical-education/hs-family-and-community-services.pdf). August 2022.

Figure 9. Texas School Districts with Concentrators and Completers: 2020 - 2021 School Year⁵⁶



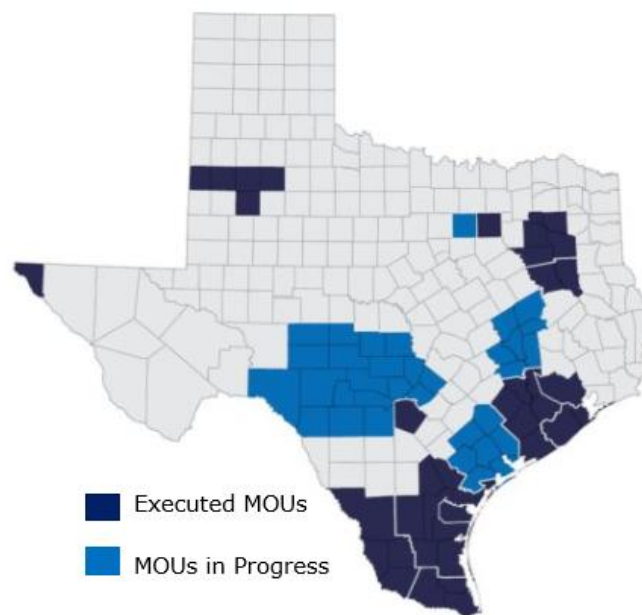
⁵⁶ Texas Education Agency. [Human Services | Texas Career and Technical Education Programs of Study](https://experience.arcgis.com/experience/f0dc818f3900452ea7cb25a95add1dfc/page/Human-Services/) (experience.arcgis.com/experience/f0dc818f3900452ea7cb25a95add1dfc/page/Human-Services/). Accessed August 2023.

3. Academic and Licensing Board Efforts to Understand and Increase the Behavioral Health Workforce

Academic institutions, licensing boards, and professional organizations are critical to addressing the behavioral health workforce shortage.

Initiatives implemented by HRIs, who are members of the TCMHCC, focus their workforce shortage efforts mostly in psychiatry. The CPWE initiative is to collaborate with community mental health providers to expand the availability of mental health services by increasing the number of Texas-trained psychiatry residents who work in the public mental health system.⁵⁷ The CPWE funds community psychiatric workforce expansion projects through partnerships between HRIs and community mental health providers. These partnerships provide training opportunities for residents under an academic medical director provided by the HRIs.

Figure 10. Collaborations with Community Mental Health Centers

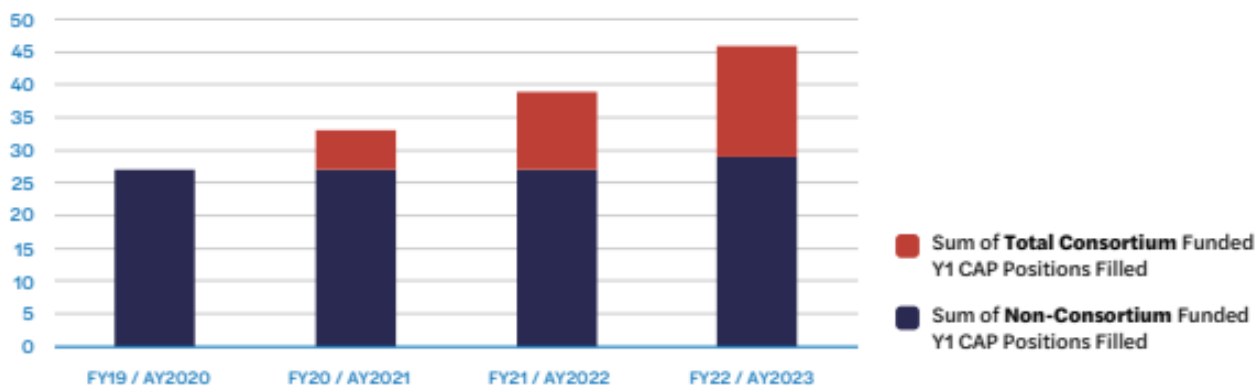


⁵⁷ Texas Child Mental Health Care Consortium. [Workforce Expansion](https://tcmhcc.utsystem.edu/workforce-expansion/) (tcmhcc.utsystem.edu/workforce-expansion/).

The map of Texas in Figure 11 shows executed memoranda of understanding through South Texas, the Gulf Coast, East Texas, the southern panhandle, and El Paso County. It also indicates memoranda of understanding that are in progress through the Hill Country area, areas of the Gulf Coast, areas between Houston and Tyler, and Tarrant County.

The TCMHCC administers the Child and Adolescent Psychiatry (CAP) Fellowship program. This expands the number of child and adolescent psychiatry fellowship positions in Texas and the number of training programs at Texas HRIs.⁵⁸ These fellowships help increase the ratio of child and adolescent psychiatrists to the child population and reduce the number of designated MHPSA’s. The number of first-year CAP fellows increased from 27 in 2020 to 46 in 2023. Since September 2020, the HRIs have trained 118 new CAP fellows, 35 of which were funded through the TCMHCC.

Figure 11. CAP Fellowships in Texas



The University of Texas Health Science Center (UTHSC)-Tyler is currently funded \$6.73 million a year for their Mental Health Workforce Training Program, which trains psychiatrists and psychologists to provide treatment in rural, underserved communities and to disadvantaged populations.¹⁰ The program allows faculty and residents to serve patients, expanding access to treatment in Northeast Texas. The university also has a psychology internship and a psychology post-doctoral program. 60 psychology interns have completed the program and there have been 15 post-doctoral trainees. The first class for the UTHSC-Tyler Child Adolescent Psychiatry Fellowship graduated in 2022. There are currently two first-year and one

⁵⁸ Texas Child Mental Health Care Consortium. "Biennial Report September 1, 2020-August 31, 2022."

second-year trainees in the fellowship, which supports two 1st year and two 2nd year trainees when full.

Additionally, UTHSC-Tyler has a rural psychiatric residency that supports a full complement of 16. There are currently has six residents in year one, six residents in year two. The school’s psychiatric residency, which supports a full complement of 24, graduated its first class in 2021. The number of residents has increased every year. Table 6 below shows the number of Psychiatry Residents at UTHSC-Tyler during school years 2017-2023.

Table 6. Number of UTHSC-Tyler Psychiatry Residents, 2017-2023 school year

School Year	Number of Residents
2017-2018	6
2018-2019	12
2020-2021	18
2021-2022	22
2023-2024	22

Baylor University received a grant from HRSA to establish the Baylor Integrated Behavioral Health Certificate Program to develop a qualified workforce to address critical needs of the state by integrating master social work students into primary care health teams after they graduate.⁵⁹ The Behavioral Health Certificate Program will follow the primary care behavioral health model and train incoming professionals on how to practice the model with fidelity. In the program’s first year, 28 students received stipends and tuition to participate. Students in the first-year cohort demonstrated significant gain in skills and knowledge for work in integrated

⁵⁹ Baylor University. "[Addressing the Primary Care Behavioral Health Workforce Gap in Texas](https://research.baylor.edu/news/story/2023/addressing-primary-care-behavioral-health-workforce-gap-texas)" (research.baylor.edu/news/story/2023/addressing-primary-care-behavioral-health-workforce-gap-texas). 20 March 2023.

behavioral health teams. Many received employment in team-based medical care within two months of graduating.

The Texas Behavioral Health Executive Council (BHEC) was created by the 86th Legislature in 2019 and consists of the Texas State Board of Examiners of Marriage and Family Therapists, Texas State Board of Examiners of Professional Counselors, Texas State Board of Examiners of Psychologists, and the Texas State Board of Social Work Examiners.⁶⁰ The BHEC provides administrative services to process licensure applications and renewals and ensures that the various boards' rules do not affect the other professions.⁶¹ The BHEC disseminates an annual workforce survey to gather data to help develop a coordinated statewide approach for building and maintaining a mental health workforce. Through this survey, the BHEC collects demographic information, information about populations served by licensed professionals, practice settings, as well as education and financial data. The 2023 survey was launched in February and will close December 31, 2023. The information in Figures 13 and 14 below depict survey responses as of August 31, 2023.

Survey respondents can select more than one option when indicating the types of services they provide. As of August 2023, over 70 percent of BHEC survey respondents indicated they provide adult individual counseling, about 27 percent provide group counseling, about 38 percent provide family counseling or marriage and family therapy, about 48 percent provide child and adolescent counseling, and about 30 percent provide clinical assessments and evaluations. Forensic assessments and evaluations, rehabilitation counseling, and school counseling were among the services with the lowest percentage of respondents, with 10 percent or less (see Figure 13).

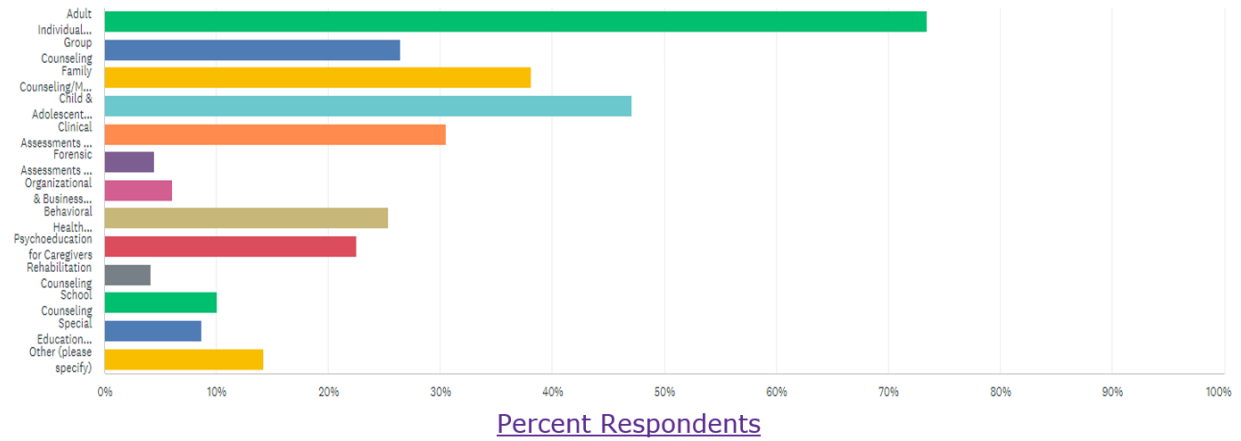
⁶⁰ [Texas Behavioral Health Executive Council](https://bhec.texas.gov/) (bhec.texas.gov/).

⁶¹ National Association of Social Workers, Texas Chapter, [Texas Behavioral Health Council](https://naswtx.org/page/BHEC?&hhsearchterms=%22behavioral+and+health%22) (naswtx.org/page/BHEC?&hhsearchterms=%22behavioral+and+health%22).

Figure 12. Types of Behavioral Health Services Provided by Licensed Professionals in Texas who responded to the survey as of August 2023

What types of mental or behavioral health services do you currently offer (check all that apply)?

Answered: 7,410 Skipped: 1,049



Texas Behavioral Health Executive Council Workforce Study

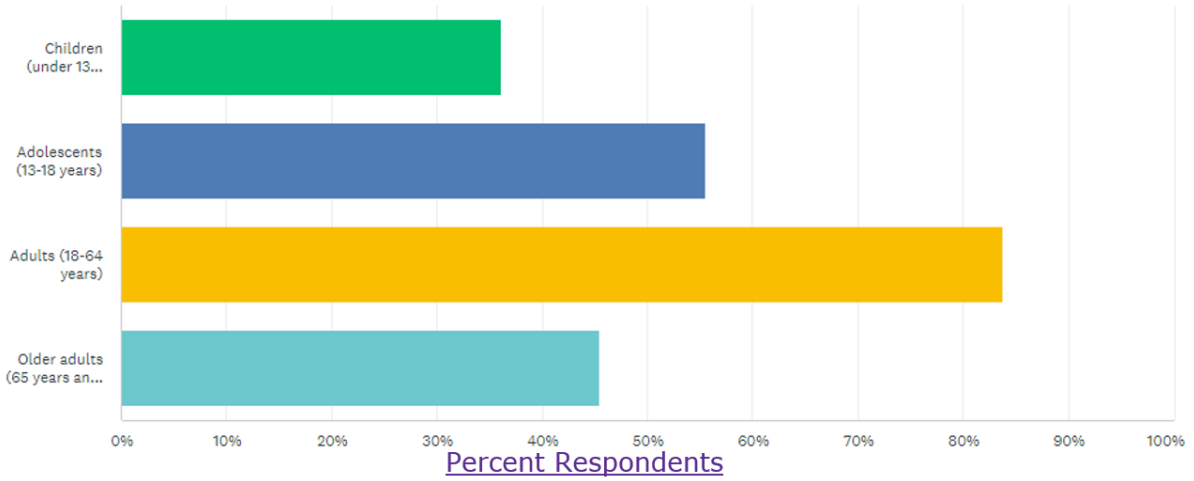
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People who respond to the BHEC survey can select more than one age bracket when identifying the age of the populations they serve. As of August 2023, about 35 percent of respondents serve children under the age of 13, about 55 percent serve teens aged 13 to 18 years, about 83 percent serve adults 18 to 64 years, and about 45 percent serve adults 65 years and older. (see Figure 14)

Figure 13. Age Brackets served by Licensed Professionals in Texas, August 2023

Please indicate the age brackets you typically serve. (check all that apply)

Answered: 7,209 Skipped: 1,218



4. Strategies for Developing the Behavioral Health Workforce

In 2019, the SBHCC established a Behavioral Health Workforce subcommittee to develop a plan for increasing and improving the workforce in Texas. The subcommittee published the *Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward* report in December 2020.⁶² Although some of the strategies within the report have been implemented, state agencies, academic institutions, behavioral health organizations, nonprofits, and other interested parties may consider implementing other strategies referenced in the 2020 report as highlighted below.

Topic: Retention, Recruitment, and Incentives

State agencies, community partners, and behavioral health providers can actively respond to the behavioral health workforce crisis with creative solutions to incentivize, recruit, and retain the full spectrum of behavioral health providers.

Priority Next Steps:

- Within plans regulated by Medicaid and the Texas Department of Insurance, ensure telehealth, telemedicine mental health, and substance use condition services are reimbursed at the same rate as in-person services; ensure all Medicaid-enrolled behavioral health professionals receive equal reimbursement for providing the same services.
- Collaboration between Texas Education Agency and local education agencies to include behavioral health careers in career readiness programs, career days, and career promotion activities to all grade levels.
- Survey the mental health loan repayment program recipients and use the survey results to make recommendations to resolve identified gaps with a focus on racial equity and geographic distribution.
- Collaborate with HHSC, recovery community organizations, and other regional stakeholders to create regional centers of excellence for providers

⁶² [Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward](https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/behavioral-health-workforce-workgroup-report-dec-2020.pdf) (hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/behavioral-health-workforce-workgroup-report-dec-2020.pdf).

and peer specialists to expand training, credentialing and access to mental health and substance use peer specialists.

Topic: High School Pipeline

The road to a profession in behavioral health is not easy and takes long-term planning. Exposing high school students to behavioral health professions earlier in their high school careers, rather than later in their college careers, may better prepare students for a long-term career in behavioral health, particularly, as licensed professionals.

Priority Next Steps:

- Increase collaboration between local education agencies and individual hospital systems or clinics to encourage flexible volunteer and job shadowing opportunities for high school students interested in behavioral health careers.
- Increase entry-level employment opportunities for high school and undergraduate students in behavioral health facilities.
- Through THECB contracts, create behavioral health programs like the Joint Admission Medical Program to include other careers and licenses such as social work, counseling, marriage and family therapy, nurse practitioners (with psychiatric specialty), and psychologists.
- Connect industry Pathways in Technology Early College High School programs and institutions of higher education to form pathways that allow students to earn a behavioral health-related associate degree while in high school and transfer to a four-year institution post-graduation.

Topic: Higher Education

To reduce the financial burden that students often experience post collegiate graduation, occupational financial incentives and loan repayment assistance can incentivize professionals to join and remain in the publicly funded behavioral health system.

Priority Next Steps:

- Promote existing loan repayment programs available for graduates and current students preparing to enter the behavioral health workforce. This

step focuses on promoting the programs already granted in the state budget, not obtaining additional funding.

- Explore opportunities for alternative sustainable funding for the THECB loan repayment programs.
- The Texas Legislature increased funding for the mental health loan repayment program for the FY2024-2025 biennium
- Texas institutions of higher education should consider offering incentives for undergraduate students to participate in programs that allow completion of undergraduate degrees combined with automatic admission to medical school with a focus on psychiatry or behavioral health-related graduate programs.

Topic: Innovative System Improvement

Integrated health care in Texas is vital to meeting the wholistic health care needs of clients often served in the state-funded behavioral health system. Research-informed, multidisciplinary approaches to care improve client health outcomes.

Priority Next Steps:

- Create incentives for value-based payment contracts between Managed Care Organizations (MCOs) and providers within their networks. MCOs should financially incentivize providers to integrate physical and behavioral health services and participate in value-based contracting.
- Create learning communities so providers can share information, knowledge, technology, and best practices on transition from traditional care to integrated health care.

Topic: Licensure and Regulation

Understanding the scope of practice for different types of behavioral health providers, such as licensing requirements, practice hours, supervision hours, reciprocity, and continuing education hours can help re-define educational requirements across disciplines.

Priority Next Steps:

- Create and appoint a multi-disciplinary work group independent of any other advisory committee or work group to research and explore behavioral health

professionals' education, licensing, and scope of practice in Texas, including advanced practice registered nurses.

- Review reciprocity rules for each of the licensed professional groups within the BHEC.

Topic: Medicaid Administration

Increased Medicaid reimbursement rates may incentivize more behavioral health professionals to become Medicaid providers and deliver an array of behavioral health services determined to be effective in producing positive health outcomes.

Priority Next Steps:

- Re-examine Medicaid rates for behavioral health services and update (if possible based on available funding) to better reflect the cost of delivering services.
- Update Medicaid billing requirements to allow for Medicaid reimbursement of licensed professional counselors associates, licensed marriage and family therapists associates, and licensed master social workers working toward advanced clinical licensure.
- HHSC should consider processes allowing for incremental increases in behavioral health care services reimbursement rates in fee-for-service and managed care over multiple years to lessen the immediate financial impact on the state.
- Provide payment incentives for Medicaid-enrolled behavioral health providers working in rural or underserved areas.

5. Conclusion

The behavioral health workforce shortage in Texas will continue as the population grows, resulting in a growing number of people with limited access to behavioral health services and supports.⁶³ Increasing awareness of the behavioral health industry, reimagining what credentialed and paraprofessionals are considered part of the behavioral health workforce, and incentivizing recruitment and retention of the workforce will require an on-going collaborative effort between organizations with a vested interest in meeting the needs of people with behavioral health conditions. This includes federal, state, and local governments, academic institutions, professional organizations, providers, and other stakeholders.

Texas took action to improve the behavioral health workforce shortage including the following:

- A \$12 million increase to the Loan Repayment Program for Mental Health Professionals administered by the THECB to incentivize undergraduate and graduate students to work in behavioral health industries;
- Expanding the use of non-clinical behavioral health support providers and paraprofessionals such as peers and CHWs;
- Financially incentivizing behavioral health professionals to join and remain employed in the publicly funded behavioral health system;
- Leveraging telehealth and other remote communication applications to connect behavioral health providers to people needing services who live in rural, underserved communities; and
- Introducing students to social service industries during earlier school years and providing externship opportunities to high school graduates to instill a desire to work in behavioral healthcare.

SBHCC member agencies and the SBHCC's Behavioral Health Workforce subcommittee will continue to monitor the workforce in Texas and collaborate on initiatives to close workforce gaps.

⁶³ Horton, Colleen, [Policy Brief: The Mental Health Workforce in Texas Continuing Challenges & Sensible Strategies](http://hogg.utexas.edu/wp-content/uploads/2016/04/Workforce-Brief-20168-Low-Res.pdf) (hogg.utexas.edu/wp-content/uploads/2016/04/Workforce-Brief-20168-Low-Res.pdf). Hogg Foundation, April 2016.

List of Acronyms

Acronym	Full Name
AMI	Any mental illness
ARPA	American Rescue Plan Act
BHEC	Behavioral Health Executive Council
CAP	Child and Adolescent Psychiatry
CFP	Certified Family Partner
CHW	Community Health Worker
CPWE	Community Psychiatric Workforce Expansion
H.B.	House Bill
HHSC	Health and Human Services Commission
HRI	Health-related institution
HRSA	Health Resources and Service Administration
LMHA	Local Mental Health Authority
MCO	Managed Care Organization
MHPSA	Mental health professional shortage area
SAMHSA	Substance Abuse and Mental Health Service Administration
S.B.	Senate Bill
SBHCC	Statewide Behavioral Health Coordinating Council
SMI	Serious mental illness
STAR LRP	Substance Use Disorder Treatment and Recovery Loan Repayment Program
SUD	Substance use disorder
TCMHCC	Texas Child Mental Health Care Consortium
THECB	Texas Higher Education Coordinating Board
UTHSC	University of Texas Health Science Center

Appendix A. Inventory of Behavioral Health Programs and Services

The inventory describes how the identified programs, services, initiatives, and expenditures will further the goals of the strategic plan and outlines behavioral health programs and services provided by SBHCC agencies for fiscal year 2024.

Article 1

Office of the Governor, Trusted Programs

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

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Juvenile Justice and Delinquency Program; Mental Health Services; Strategy B.1.1	At-risk youth and juveniles who have had contact with the juvenile justice system. Local communities with a high population of mentally ill or population suffering from substance abuse problems.	Provide grant funding to local communities and non-profit organizations to improve the juvenile and adult criminal justice system in a variety of ways including increased access to mental health and substance abuse programs. Services include: <ul style="list-style-type: none"> • Early Intervention and Prevention activities and services such as academic tutoring, truancy, suspension, and expulsion prevention services. • Substance abuse, alcohol, and mental health prevention services. • Work awareness and training projects. • Diversion activities to prevent youth from further involvement in the juvenile justice system. 	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Edward Byrne Memorial Justice Assistance; Mental Health Services; Strategy B.1.1	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide grant funding to states and local governments to improve the administration of the criminal justice system to include substance abuse treatment and mental health services.	No	Yes	Yes	Yes	Yes	No	No	No	No

Texas Veterans Commission

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

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

Article II

Department of Family and Protective Services

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Post-Adoption/Post-Permanency Purchased Services; Strategy B.1.5	Children and adolescents at risk of re- entering conservatorship following an adoption.	Provide payments to contractors for short-term residential behavioral health services to provide families with critical supports to promote permanency and reduce re-entry into the foster care system and dissolution of consummated adoptions.	No	No	No	Yes	No	No	No	No	No

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 Prevention and Treatment Services; Strategy B.1.7	Families who either have a child in foster care or are receiving in-home family-based safety services due to the high-risk of having a child removed and placed in foster care absent preventive measures.	Provide payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to families where needs were not met by HHSC services. Services may include: <ul style="list-style-type: none"> Substance abuse assessment and diagnostic consultation. Person, group and/or family substance abuse counseling and therapy, including home-based therapy. Service coordination is provided by assigned caseworker who evaluates family on a case-by-case basis and determines the appropriate services (including substance use treatment, mental health, recovery support, and any other appropriate supports). The caseworker makes referrals and coordinates any services for the family with contracted providers to ensure the family receives the support required to ensure child safety.	No	Yes	No	Yes	No	No	No	No	No
Counseling and Therapeutic Services; Strategy B.1.8	Families who need assistance to facilitate the achievement of the child's or family's service plan. Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families including those in family-based safety services.	Provide payments to contractors for counseling and therapeutic services delivered to meet service plan needs, where not met by STAR Health or other services. Services may include: <ul style="list-style-type: none"> Psychological testing, psychiatric evaluation, and psychosocial assessments. Person, group, and/or family counseling and therapy, including home-based therapy. 	No	Yes	No	Yes	No	No	No	No	No
Adult Protective Services (APS) Emergency Client Services; Strategy D.1.3	Persons 65 years and older and adults 18 to 64 years old with a disability in APS cases that are receiving services, and their family members.	Provide payments to contractors for mental health services to assess capacity and meet service plan needs where services are not already provided through HHSC or other funding sources.	Yes	Yes	Yes	No	No	No	No	Yes	No
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, adolescents, and families to: <ul style="list-style-type: none"> Mitigate the need for more intensive interventions. Make referrals and offer complementary auxiliary support to families. 	Yes	Yes	Yes	No	No	No	No	Yes	No

Department of State Health Services

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Center for Infectious Disease (TCID) Behavioral Health Services; A.2.5; Mental Health Services; Inpatient	People with Tuberculosis infection and co-occurring mental health and substance abuse disorders.	All patients receive multidisciplinary assessment for mental disorders, substance abuse and other concerns, with interventions provided as appropriate to improve inpatient treatment compliance, reduce suffering from mental disorders, improve emotional-social-physical functioning, enhance use of healthy coping behaviors, and deliver appropriate discharge planning with referral to available medical care.	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Human Immunodeficiency Virus (HIV) Care Services, Ryan White Part B HIV Grant Program; A.2.2; Substance Use Disorder Services; Outpatient	Texas residents (youth and adults) living with HIV who are low-income, uninsured, and/or underinsured with need for SUD services.	Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include screening, assessment, diagnosis, and/or treatment of SUD, including: pretreatment/recovery readiness programs, harm reduction, behavioral health counseling associated with SUD, outpatient drug-free treatment and counseling, medication assisted therapy, Neuro-psychiatric pharmaceuticals, 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
HIV Care Services, Ryan White Part B HIV Grant Program; A.2.2; Mental Health Services; Outpatient	Texas residents (youth and adults) living with HIV who are low-income, uninsured, and/or underinsured with need for mental health services.	Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized with the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Goals are to retain clients in care, so they remain, or attain, viral suppression and improve health outcomes.	No	Yes	Yes	Yes	No	No	No	No	No
Article II, Department of State Health Services; Specialized Health and Social Services; B.1.1 primary; A.3.3; and A.4.1; Mental Health Services; Other	Children aged 0 to 21 with special health care needs.	<p>Service 1: Regional case management staff are active members of the Community Resource Coordination Groups (CRCG) and provide evidence-based technical assistance to families and organizations in need of behavioral health/ disability services.</p> <p>Service 2: Regional case management staff coordinate with local mental health authorities & parents to conduct risk assessments if client shows signs of need. Regional Texas Health Steps (THSteps) staff educate providers on importance of conducting risk screenings per periodicity schedule for Medicaid recipients.</p> <p>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.</p>	Yes	Yes	Yes	No	No	No	Yes	No	Yes

Health and Human Services Commission

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Mental Health Services for Adults; Strategy D.2.1	Adults with serious mental illness	Support adults in their movement toward independence and recovery through the provision of an array of community-based services. Examples include medication-related services, rehabilitation services, counseling, case management, peer support services, and crisis intervention services.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1915(i) Home and Community Based Services (HCBS); Strategy D.2.5	Adults with extended tenure in state mental health facilities, high utilization of emergency room, and/or frequent incarcerations	Support the recovery of adults with serious mental illness who have experienced extended tenure in psychiatric hospitals, high utilization of emergency rooms, and/or frequent incarcerations by providing intensive and specialized home and community-based services. People eligible for the HCBS-Adult Mental Health (AMH) program may also be eligible for other Medicaid behavioral health services, including those specific to the HCBS- AMH program, such as supervised living services, home modifications, home delivered meals, and transportation services.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Services for Children; Strategy D.2.2	Children and adolescents (ages 3 through 17) with serious emotional disturbance	Improve the mental health and well-being of children and adolescents experiencing serious emotional disturbances through the provision of community mental health services that are person-centered, family-driven that can increase children and adolescent's strengths and supports, and foster resilience, recovery, and functioning in the family, school, and community. Examples of the services provided include assessment, medication management, case management, skills training, counseling, family support services, and crisis intervention services.	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes
Relinquishment Slots (DFPS); Strategy D.2.2	Children and adolescents (up to age 18) who are at risk for parental relinquishment of rights due to their child's serious emotional disturbance	Provide intensive residential treatment for children and adolescents who are at risk for parental relinquishment of rights due to their child's serious emotional disturbance. Services at the residential treatment center include weekly individual and group therapy, family therapy, medication management, and habilitative services.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
YES Waiver; Strategy D.2.5	Children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance	Provide intensive wrap-around services including community living supports, family supports, flexible funding for transition services, minor home modifications, adaptive aids and supports, respite, specialized therapies, and paraprofessional services. Children enrolled in YES are eligible for all Medicaid behavioral health services as well as those that are specific to the YES service array.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Crisis Services; Strategy D.2.3	Adults and children with mental illness or in crisis and at risk of unnecessary hospitalization, incarceration, or use of emergency rooms	Provide an array of community-based crisis services in the least restrictive environment and ensure statewide access to crisis hotlines, mobile crisis response, and facility-based crisis services, including community-based competency restoration services and other specialized projects to support persons in periods of crisis. Goals include preventing the utilization of more intensive services and diverting persons with serious mental illness from hospitalizations or justice system involvement.	No	Yes	Yes	Yes	Yes	No	No	Yes	No

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	People in county jails found incompetent to stand trial and not able to be served in an outpatient competency restoration program	Provide services to people with mental health or co-occurring psychiatric and SUDs in jail who have been found incompetent to stand trial. Services include behavioral health treatment and competency education focused on the objective of restoring the person to competency to stand trial.	No	Yes	Yes	Yes	No	No	No	No	No
Substance Abuse Prevention; Strategy D.2.4	Primarily youth and young adult populations. Some services focus on risk factors, and some are aimed at the general population	Promote behavioral health and wellness and reduce use or misuse of substances, prioritizing the following: underage alcohol use, marijuana and cannabinoid use, tobacco and other nicotine product use, and prescription drug misuse. Strategies address underlying factors that lead to substance use and misuse including but not limited to, adverse childhood experiences, social determinants of health, or other youth, family and community risk and protective factors. Prevention services include individual youth and family skills-building, community coalition work, data and resource hubs, and public awareness strategies.	Yes	No	Yes	No	No	No	No	No	No
Substance Abuse Intervention; Strategy D.2.4	Adults and youth who are at risk for or have been diagnosed with a SUD	<ul style="list-style-type: none"> Reduce substance use and associated effects or harm. Outreach, Screening, Assessment, and Referral Centers provide coordinated access to a continuum of substance use services. Parenting Awareness and Drug Risk Education Services provide community-based intervention outreach services and evidenced-based education to people of childbearing age to decrease the impact of substance use. Pregnant and Parenting Intervention programs provide intervention services to reduce the impact, severity, and cost associated with substance-exposed pregnancy for the mother and child and their families. Rural Border Intervention programs provide community and home-based substance use prevention and intervention services in remote rural border area. Community Health Worker programs allow community health workers and promotor(a) to increase linkage and retention in substance use, mental health, and medical services for people living with SUD in marginalized communities. Comprehensive Continuum of Care program provides pregnant women and women with dependent children comprehensive case management services. These services aim to reduce barriers to treatment, encourage motivation, improve, and balance life situations, and promote engagement in long-term recovery. 	Yes	Yes	Yes	No	No	Yes	Yes	No	No
Substance Abuse Treatment; Strategy D.2.4	Adults (ages 18 and above) who are diagnosed with a SUD. Youth (aged 13-17) diagnosed with a SUD.	For youth, residential and outpatient services are available. For adults, detoxification, residential, and outpatient services are available.	No	Yes	Yes	Yes	No	Yes	No	No	No

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Recovery; Strategy D.2.4	Recovery support service organizations provide peer services to increase long-term recovery. Youth Recovery Communities provide recovery support for youth who want a substance free environment.	Recovery Support Services (24 providers) embed long- term recovery support services into peer-based organizations, community-based organizations and SUD treatment programs in local communities across Texas; and expand the recovery supports that are available to people in their natural community environments. Services include a wide array of non-clinical services and supports to help people initiate, support, and maintain recovery from SUD. One of the key elements of the project was the recruitment and utilization of recovery support peer specialists. Services also included peer-run Recovery Support Services that increase the prevalence and quality of long-term recovery from SUD by enhancing quality of life and increasing social connections through sustained long-term engagement. Youth Recovery Communities (11 providers) provide recovery support services to youth and young adults ages 13-21 that may have a SUD or want a substance-free environment. YRCs support youth, young adults and their families by providing peer support and recovery-oriented services in addition to hosting substance free activities. YRCs establish effective linkages between recovery support organizations, substance use treatment programs, and other community resources that support efforts to initiate and sustain the recovery of young people and their families.	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Substance Abuse: 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 substance use service types, including treatment, recovery housing, and recovery support.	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Community Mental Health Crisis Services; Strategy D.2.3.	Children in the foster care system.	Targeted Case Management and Services for Foster Care Children Grant. Increase access to targeted case management and psychiatric rehabilitative services for high-needs children in the foster care system. This is a grant program to fund LMHAs and other nonprofit entities making investments to become providers of these services or to increase their capacity to provide services to children in foster care in the Intense Service Level.	No	Yes	No	No	No	No	No	No	Yes
PAX Good Behavior Game Program; Substance Abuse Prevention, Strategy D.2.4	Faculty, staff, and students Pre-K-8, community educators, and youth-serving professionals.	Texas Targeted Opioid Response contracts with the Education Service Center Region 13 to implement, manage, and report on the PAX Good Behavior Game (GBG) Program in Texas schools. GBG is an evidence- based instructional and behavioral health strategy used daily by teachers and students in the classroom to improve self-regulation and co-regulation with peers. This universal preventive approach not only reduces opioid misuse by reducing early childhood predictors of opioid use disorder, but also improves classroom behavior and academics. Children, their families, teachers, and society benefit for decades as a result.	Yes	No	No	No	No	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Utilization of the Prescription Drug Monitoring Program; Substance Abuse Prevention, Strategy D.2.4	Physicians and pharmacists	Texas Targeted Opioid Response contracts with The University of Texas at Austin Center for Health Communication, on this award-winning project, to create additional content that increases prescriber and pharmacist enrollment and their meaningful use of the Prescription Monitoring Program (PMP). Meaningful use ensures not only patient screening but identification of problematic opioid use and appropriate referral to treatment. Because it is becoming a recognized resource, this project serves as a familiar, evidence-based strategy for healthcare providers to access effective tools to engage patients about their opioid use when using the PMP.	Yes	Yes	No	No	No	No	No	No	No
Opioid Misuse Public Awareness Campaign; Strategy D.2.4	General public	Texas Targeted Opioid Response contracts with The University of Texas at Austin to develop and disseminate an Opioid Misuse Public Awareness Campaign to all Texans. The multi-media campaign aims to increase awareness of opioid misuse and related risks, risk reduction strategies, and opioid use disorder treatment resources. Through this project, University of Texas Austin also provides branding support to Texas Targeted Opioid Response to create consistent branding across funded programs, resulting in increased recognition and credibility with target audiences.	Yes	No	No	No	No	No	No	No	No
Opioid Surveillance Dashboards; Strategy D.2.4	General public	Texas Targeted Opioid Response contracts with the Texas Department of State Health Services (DSHS) to increase the visibility of the Texas Targeted Opioid Response program and opioid-related data. Leveraging their expertise in data analytics, DSHS maintains and expands the opioid page on the Texas Health Data website. This page serves as a valuable resource for HHSC and the public, offering access to data dashboards and various materials that describe how opioids have impacted people living in Texas overtime, by demographics, and by region or county.	Yes	No	No	No	No	No	No	No	Yes
Overdose Prevention Education and Naloxone; Strategy D.2.4	General public	Texas Targeted Opioid Response contracts with UT Health San Antonio to provide overdose prevention education and access to overdose reversal mediation with the goal of reducing overdose deaths.	Yes	No	No	No	No	No	No	Yes	Yes
Safe Disposal and Community Awareness Program; Strategy D.2.4	General public and pharmacists	Texas Targeted Opioid Response contracts with the University of Houston to help Texans safely dispose of their unused or expired medication by providing safe drug disposal materials. As part of this contract, the University of Houston is also responsible for implementing the Educate Before You Medicate program to provide education to pharmacists to improve their ability to counsel patients on the safe use, storage, and disposal of medications.	Yes	No	No	No	No	No	No	No	Yes

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texans Connecting Overdose Prevention Efforts (TxCOPE); Strategy D.2.4	General public	Texas Targeted Opioid Response contracts with The University of Texas at Austin (UT Austin) to develop, test and implement a reporting platform, called Texans Connecting Overdose Prevention Efforts (TxCOPE), to improve opioid overdose monitoring and surveillance. Using TxCOPE, community members and organizations can report overdose incidents and naloxone usage, providing real-time data that informs targeted prevention and response efforts.	Yes	No	No	No	No	No	No	No	Yes
Texas Opioid Training Initiative; Strategy D.2.4	Physical and behavioral health professionals	Texas Targeted Opioid Response contracts with the University of Texas at Austin to provide online education and in-person training for a broad range of health professionals to prevent opioid- and stimulant-related harm. Additionally, Texas Opioid Training Initiative project leaders provide oversight and evaluation services to the other University of Texas Special Projects, including the Opioid Misuse Public Awareness Campaign and Texans Connecting Overdose Prevention Efforts.	Yes	Yes	No	No	No	No	No	No	Yes
Criminal Justice Opioid Response and Re-entry Support; Strategy D.2.4	People preparing for release from community corrections facilities	Texas Targeted Opioid Response contracts with the TDCJ to improve medication assisted treatment (MAT) and recovery services for persons preparing for release from community corrections facilities. Clients receive intensive reach-in services for opioid use disorder (OUD) and aftercare following release to ensure a seamless journey to recovery.	No	Yes	Yes	Yes	No	No	No	No	No
HEROES Helpline; Strategy D.2.4	First responders	Texas Targeted Opioid Response contracts with the University of Texas at Houston. This initiative offers a 24/7 treatment referral line to first responders at risk for opioid use disorder. The initiative refers callers to treatment and recovery resources as well as provides in-person and online trainings to raise awareness among first responders of substance use, stress, and other behavioral health risks.	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
Integrated Community Opioid Network (ICON); Strategy D.2.4	People misusing opioids or who have opioid use disorder	Texas Targeted Opioid Response contracts with the University of Texas at Houston. The Integrated Community Opioid Network (ICON) project establishes local community partnerships to identify persons with OUD) and connects them to medication assisted treatment (MAT), recovery support services, and other services either in the community or through virtual resources. Partnerships will consist of local stakeholders with access to at-risk populations and be led by peer specialists residing in the community.	Yes	Yes	Yes	No	No	No	No	Yes	Yes
Integrated Family Planning Opioid Response; Strategy D.2.4	People seeking care in family planning programs	Texas Targeted Opioid Response partners with HHSC's Family Health Services department to collaborate with physicians who work in family planning programs. This project offers a key opportunity to reach low-income, pregnant, and post-partum women and their families. The project integrates overdose prevention, treatment, recovery support, and family planning services to a priority population when and where those clients need it. This increases access to evidence-based treatment, recovery support, overdose prevention, and community support.	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Overdose Prevention Drop-In Centers; Strategy D.2.4	People at high risk for overdose	Texas Targeted Opioid Response contracts with four drop-in centers, one with the non-profit Houston Recovery Center directly and three via subcontract through UT Health San Antonio, to decrease opioid overdose death and increase recovery initiation. Drop-in Centers provide persons at high risk for overdose with access to overdose prevention education, overdose reversal medication, access to medication assisted treatment, and recovery support. TTOR supports walk-in centers as well as pre-arrest diversion programs.	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes
Priority Admission Counselors; Strategy D.2.4	People with opioid use disorder	Texas Targeted Opioid Response contracts with the Outreach, Screening, Assessment, and Referral providers. Priority Admissions Councilors (PAC) operate within OSARs and focus on priority populations with opioid use disorder (OUD). PACs provide these persons with screening services, engage them in a process of informed consent, ensure timely access to treatment, and provide overdose prevention education including access to naloxone.	Yes	Yes	Yes	No	No	No	No	Yes	No
Supported Hospital Opioid Use Disorder Treatment (SHOUT) Texas; Strategy D.2.4	People with opioid use disorder	Texas Targeted Opioid Response contracts with the University of Texas Health Science Center at San Antonio. This project expands inpatient initiation of buprenorphine across hospital service lines, adds peer recovery support services, and provides stigma-reduction training to staff at four healthcare systems located in Bell, Dallas, Tarrant, and Travis Counties.	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes
Contingency Management; Strategy D.2.4	People with co-occurring opioid and stimulant use disorders	Texas Targeted Opioid Response contracts with the University of Texas Health Science Center at San Antonio. WEconnect, a contingency management and motivational reinforcement platform, functions as a smartphone-based application that supports service for persons with stimulant use disorder and/or opioid use disorder and extends the reach of recovery to persons in treatment. Through WeConnect, clients receive assistance with performing selfcare routines including taking prescriptions, exercise, and hygiene, as well as check-ins for medical treatment, counseling, and peer support activities.	No	No	Yes	Yes	No	No	No	No	Yes
Medications for Opioid Use Disorder – Clinic; Strategy D.2.4	People with opioid use disorder	Texas Targeted Opioid Response contracts with licensed Opioid Treatment Programs. This project increases access to all three U.S. Food and Drug Administration-approved medications for the treatment of opioid use disorder (methadone, buprenorphine, and extended-release naltrexone) by expanding capacity at new and existing clinics. This will enable clinics to treat both primary opioid use disorder along with co-morbid conditions such as hepatitis C, psychiatric conditions, and wound care at a single clinic site.	Yes	Yes	Yes	Yes	No	No	No	No	Yes

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Medications for Opioid Use Disorder - Office; Strategy D.2.4	People with opioid use disorder	Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at San Antonio. This project increases access to medication assisted treatment (MAT) in a variety of settings outside of the traditional clinic by increasing the number of physicians providing both buprenorphine and extended-release naltrexone, creating a professional peer mentoring network, and expanding the network of state-funded treatment providers.	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Project ECHO; Strategy D.2.4	Healthcare professionals	Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at San Antonio. The Be Well Texas Community of Practice Extension for Community Healthcare Outcomes (ECHO) sessions use a web-conferencing platform to build a community of healthcare providers that share SUD treatment best practices through didactic presentations and case-based learning.	No	No	No	No	No	No	No	No	Yes
Housing for Medication Assisted Recovery Expanded Services and Evaluation; Strategy D.2.4	People in recovery from opioid and/or stimulant use disorder	Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at Houston for Level II and Level III National Alliance of Recovery Residences and Texas Recovery Oriented Housing Network certified recovery housing and recovery support services for people using medications for opioid use disorder and people with a history of stimulant use disorder across the state. By August 2024, HHSC will conduct an evaluation of the benefits of medication assisted treatment specific housing using qualitative and quantitative methods to identify improvements in substance use recurrence and changes in recovery capital.	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Medication-Assisted Recovery Support Training; Strategy D.2.4	People in recovery from opioid and/or stimulant use disorder	Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at San Antonio. Medication-Assisted Recovery Support (MARS) Training will provide trainings to develop peer recovery communities among patients engaged with Opioid Treatment Programs in Texas. After training, programs receive ongoing support to facilitate successful implementation.	Yes	No	Yes	No	No	No	No	No	Yes
Peer Recovery Support Services; Strategy D.2.4	People in recovery from opioid and/or stimulant use disorder	Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at San Antonio to implement a network of peer-based recovery support services organizations to 21 new sites to provide peer support, access to recovery housing, employment support, and reentry from criminal justice and rehabilitative settings to foster health, home, purpose, and community.	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Recovery Oriented Systems of Care Training and Technical Assistance; Strategy D.2.4	Recovery support programs	Texas Targeted Opioid Response contracts with The University of Texas at San Antonio who subcontracts with The University of Texas at Austin-Addiction Research Institute to support Recovery-Oriented Systems of Care; providing training and technical assistance for recovery support services and Recovery Management programs for adults, youth, and families.	Yes	No	Yes	No	No	No	Yes	No	Yes

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Virtual Behavioral Health Services - Tribal Communities; Strategy D.2.4	Alabama-Coushatta Tribe of Texas	HHSC allocated H.R. 133 and ARPA funds to the Alabama-Coushatta Tribe of Texas to enhance access to the behavioral health services continuum of care through digital and virtual platforms. This project will ensure the tribal community continues to heal from the negative impact of COVID-19.	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Mental Health Community Hospital Beds; Strategy G.2.2	People experiencing a mental health crisis and in need of inpatient treatment.	Safely stabilize people in mental health crisis enabling them to transition to community based mental health treatment and supports. Services include diagnostics, medication management, psychosocial treatment, referral services, and coordination of a discharge plan with community providers.	No	Yes	Yes	Yes	Yes	No	No	Yes	No
Community Mental Health Grant Programs; Strategy D.2.6	People with a mental illness	Healthy Community Collaborative: The goal of the Healthy Community Collaborative program is to support a person's transition from homelessness to integration in the community by engaging and assisting participants with obtaining and maintaining housing and employment, and achieving sustained recovery from their medical, mental, and SUD(s).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Grant Programs; Strategy D.2.6	People with a mental illness	The Community Mental Health Grant Program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for people receiving services through a diverse local provider network.	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Mental Health Grant for Justice-Involved Programs; Strategy D.2.6	People with a mental illness involved with the justice system	Justice Involved, Statewide Diversion Grant Program: Reduce recidivism rates, arrests, and incarceration among people with mental illness and reduce wait times for forensic commitments. This is a matching grant program to support community projects that provide services and programs for people with mental illness encountering the criminal justice system.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Community Mental Health Grant Programs; Strategy D.2.6	Texas veterans and their families	The Texas Veterans and Family Alliance Grant Program was created to improve the quality of life of Texas veterans and their families by supporting local communities to expand the availability of, increase access to, and enhance the delivery of mental health treatment and supportive services. Grants are awarded to community collaboratives to provide mental health services, coordinate supportive services such as transportation and childcare, and support community collaboratives to be sustainable after funding ends. The Texas Veterans and Family Alliance grants support a wide range of clinical mental health and non-clinical supportive services for veterans and family members, including but not limited to: <ul style="list-style-type: none"> Evidence-based therapies and treatment Individual, group and family or couples peer-support services Individual and family counseling Treatment of SUD Suicide prevention initiatives to help community members, veterans and family members develop awareness and skills in recognizing, assisting and referring to mental health services 	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes

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 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: <ul style="list-style-type: none"> Peer-to-peer counseling Access to licensed mental health professionals HHSC-approved training for peer service coordinators, licensed mental health professionals, and peers Identification, retention, and screening of community-based licensed mental health professionals Suicide prevention training for peer service coordinators and peers Veteran jail diversion services, including veteran treatment courts Coordination of mental health first aid for veterans training to veterans and immediate family members of veterans An initiative for veterans who are women An initiative for veterans who live in rural areas 	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Community Resource Coordination Group (CRCG) Program Support (Information Technology); Strategy A.1.1	People (children, adolescents, and adults) with complex needs (physical, health, social, behavioral, emotional, and/or developmental) which can best be addressed through a coordinated multiagency approach.	<ul style="list-style-type: none"> Provide complex, individualized service planning using local resources and interagency coordination and collaboration. Local CRCG members identify service gaps and barriers and assist CRCG consumers in avoiding duplication in service provision through local CRCGs. Provide program oversight, technical assistance, training support, policy guidance, and subject matter expertise to local CRCGs through State CRCG Office and Workgroup. The State CRCG Workgroup is made up of the 11 state agencies mandated to participate in CRCG service planning and coordination at the state and local level. 	Yes	Yes	Yes	No	No	Yes	Yes	No	No
System of Care Expansion; Strategy A.1.1	Children or youth who have mental health difficulties or other behavioral challenges and are at risk of out-of-home placement due to their mental health condition. Families of these children or youth.	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 agency leadership and advice from additional stakeholders. <ul style="list-style-type: none"> Expand from pilot to statewide implementation for developing local systems of care. Maintain and implement a comprehensive strategic plan and supportive infrastructure for statewide delivery of mental health services and supports to children and families using a collaborative SOC framework or approach, increasing: <ul style="list-style-type: none"> Access to services and supports Community implementation capacity Use of cross-system data Diverse funding opportunities 	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Rio Grande State Center Outpatient Clinic; Strategy G.3.1	Adults living in the lower Rio Grande Valley in four counties: Cameron, Hidalgo, Willacy, and Starr.	Provide a physical health care clinic that also makes referrals to local mental health authorities for mental health services. Funding noted supports all Rio Grande State Center Outpatient Clinic services (physical health services) in addition to behavioral health services.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes

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 State Hospitals; Strategy G.2.1	Seriously mentally ill persons from all regions of Texas, regardless of their financial status in need of inpatient care. May be admitted under civil or forensic commitment, and a small number of voluntary admissions.	Provide inpatient psychiatric care, including diagnostic, treatment, rehabilitative, and referral services at nine state hospitals and one residential treatment center. Contract for 168 beds at the John S. Dunn Behavioral Sciences Center in Houston and 220 additional competency restoration beds currently awarded to Palestine Regional Medical Center.	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Facility Capital Repairs and Renovation; Strategy G.4.2	State Hospital & State Supported Living Center Infrastructure	Repair, renovate, and construct projects required to maintain the state hospital and state supported living centers at acceptable levels of effectiveness and safety and expand behavioral health services.	No	No	No	No	No	No	No	No	Yes
State Supported Living Centers; Strategy G.1.1	Persons with intellectual and developmental disabilities who cannot be adequately served in the community.	Provide 24-hour campus-based residential care in a structured environment including individualized, onsite behavioral services, primary and specialty medical care, psychiatry, nursing services, dental care, and habilitation and vocational services emphasizing independence and self-determination.	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Intellectual and Developmental Disability (IDD) Crisis Respite and Behavioral Intervention Programs; Strategy A.1.1	People with IDD who have significant behavioral and psychiatric challenges.	<p>Outpatient Biopsychosocial approach for IDD services provides outpatient mental health services for persons with IDD and mental health needs. These services provide:</p> <ul style="list-style-type: none"> Evidence-based biopsychosocial approach to care including a person-centered and trauma-informed treatment plan; Education and training on co-occurring IDD and mental health conditions to practitioners in mental health, substance use, or other related fields; Collaborative Care Case Management takes a holistic case management approach focused on increasing access and creating a team of medical, psychiatric, mental health and paraprofessionals to address the person’s unique needs. Skills training is offered to both people and their parent(s) or support system with training themes that address Mental Health, Skills Development, Communication/Skills, Applied Behavior Analysis/Behavior Therapy, Psychoeducation, and Case Management/Support <p>Crisis Intervention Services:</p> <ul style="list-style-type: none"> Intervention for persons 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) to include the availability of a behavioral specialist who is specifically trained on addressing crisis situations with people with IDD/Developmental Disability. <p>Crisis Respite Services:</p> <ul style="list-style-type: none"> Provides people with IDD in crisis with access to temporary stabilization through in-home or out-of- home crisis respite services. Out-of-home crisis respite provides therapeutic support in a safe environment with staff on-site providing 24-hour supervision to a person who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an intermediate care facility, a Home and Community-based Services group home, an HHS-authorized crisis respite facility or crisis residential facility); and In-home crisis respite provides therapeutic support to a person who is demonstrating a crisis in the person’s home when it is deemed clinically appropriate for the person to remain in his or her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period. 	Yes	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
Transition Support Teams; Centers for Medicare and Medicaid Services (CMS) Grant Funded Initiative	Community providers and LIDDAs who serve people with IDD at risk of being admitted into an institution, and those who have moved from institutional settings, including state supported living centers and nursing facilities.	Provide the following: <ul style="list-style-type: none"> 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 a person. 	Yes	No	No	No	No	No	No	Yes	No
Enhanced Community Coordination and Centers for Medicare and Medicaid Services (CMS Grant Funded Initiative); Strategy A.1.1	People with IDD residing in an institution, such as state supported living centers and nursing facilities, who are transitioning to a community Medicaid waiver program or community Intermediate Care Facilities for People with an Intellectual Disability or Related Conditions.	Provide information to: <ul style="list-style-type: none"> The person and the person's legally authorized representative about available community living options, services, and supports in addition to the information provided during the community living options process; The person and legally authorized representative are provided opportunities to visit community resources; The person is provided intensive and flexible support to achieve success in a community setting and is provided enhanced pre- and post- transition services. 	No	No	Yes	No	No	No	No	No	No
Mental Health Wellness for Individuals with IDD; CMS Grant Funded Initiative 2.4	Direct service workers who support people with IDD with behavioral health needs. People with IDD who have behavioral health needs and co- occurring mental illness.	Provide eLearning courses designed to support the enhancement and development of a highly skilled workforce staff (i.e., direct support workers, clinicians, and physicians) to support the behavioral health needs of people with an IDD and a co-occurring mental health condition; and promote their successful placements in community settings of their choice.	Yes	No	No	No	No	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Positive Behavior Management and Support Workshops 2.1, 2.4, 3.1	The target audience that benefits from Positive Behavior Management and Support training includes, but is not limited to: <ul style="list-style-type: none"> Family members Caregivers Providers: Educational: Geriatric, Foster Care, Long Term Services & Supports in IDD & Aging Population Adult Protective Services Case Managers Mental Health Professionals 	<p>The workshops are designed to help attendees learn techniques for supporting positive behavior, including strategies and techniques for the prevention of problem behavior. Attendees from a variety of backgrounds and professions learn proactive approaches to establishing positive relationships with and supporting people who engage in challenging behavior. The sessions teach participants to use positive reinforcement to "tip the scales" toward adaptive and positive behavior. Ultimately safely and effectively preventing potentially harmful behaviors.</p> <p>Research has shown that the use of Applied Behavior Analysis techniques are effective in a variety of settings when teaching adaptive skills and supporting those struggling with potentially harmful behavior.</p> <p>Reducing challenging behavior will be helpful to people exiting institutions and will help them be successful and remain in community settings.</p> <p>In 2022, the University of North Texas expanded these workshops to include Advanced Positive Behavior Management and Support that focuses on Efficient Functional Assessments and are designed to help attendees learn techniques for developing and carrying-out assessments and analyses, to understand why problem behavior is occurring, and assist in designing individualized treatments.</p>	Yes	No	No	No	No	No	No	Yes	No
Music and Memory Program at Austin State Hospital 2.1, 2.2, 2.4, 3.1	People receiving services/treatment in a state hospital	<p>The Music and Memory Program supports people with serious mental illness (SMI) [such as depression, schizophrenia, or bipolar disorder] at Austin State Hospital (ASH), by establishing a person-centered tool to prepare them for transition to the community.</p> <p>Music & Memory is a program that uses digital music devices filled with personalized playlists with favorite songs. Listening to favorite music reduces anxiety, confusion, and fear while facilitating engagement and connection in a way only music can.</p> <p>The licenses and materials were all purchased using MFP funding that expired in December 2022; however, the project is continuing to be implemented using those materials.</p>	Yes	No	No	Yes	Yes	No	No	Yes	Yes

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/ Promotion	Screening/ Assessment	Service Coordination	Treatment/ Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Children's Health Insurance Program; Strategy C.1.1	Children's Health Insurance Program provides health coverage to low- income, uninsured children in families with incomes too high to qualify for Medicaid. Children's Health Insurance Program is administered by CMS and is jointly funded by the federal government and the states.	<p>Benefits include:</p> <p>Inpatient mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals, and state- operated facilities, as well as neuropsychological and psychological testing.</p> <p>Outpatient mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to:</p> <ul style="list-style-type: none"> • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments • Residential treatment services • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) • Skills training (psycho-educational skill development) <p>Inpatient substance abuse treatment services including but not limited to residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs.</p> <p>Outpatient substance abuse treatment services include:</p> <ul style="list-style-type: none"> • Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders • Intensive outpatient services • Partial hospitalization <p>(Intensive outpatient service is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for 4 to 12 weeks, but less than 24 hours per day.)</p>	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No

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

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

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR Health	<p>Primarily children and youth in conservatorship of DFPS, including those in foster care and kinship care. Services are delivered through a single MCO under contract with the HHSC.</p>	<p>Other target populations include:</p> <ul style="list-style-type: none"> • Young adults aged 18 through the month of their 22nd birthday who voluntarily agree to continue in a foster care placement; • Young adults aged 18 through the month of their 21st birthday who are participating in the Former Foster Care Children program or are participating in the Medicaid for Transitioning Foster Care Youth Program due to ineligibility for the Former Foster Care Children program; • Children and youth with disabilities who are participating in the DFPS Adoption Assistance or Permanency Care Assistance programs; and • An infant born to a Medicaid-eligible mother enrolled in STAR Health MCO. <p>STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions. Benefits include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • SUD assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • SBIRT (10 years of age and older) • Inpatient psychiatric services • CoCM • HBAI services (age 20 and younger) • Peer specialist services for SUD or mental health condition (adults ages 21 and older) • In addition to traditional Medicaid benefits, the STAR Health MCO also provides a crisis stabilization and hospital diversion program for children with acute behavioral health needs. In areas where this service is available, the MCO must: <ul style="list-style-type: none"> ➢ i. Use Trauma Informed MCOTs to provide assistance, education, and training to members, and their medical consenters, and caregivers; and ➢ ii. Provide crisis stabilization services and enhanced wraparound services to members who qualify. 	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 delivery system. Health care providers are paid for each service they provide, such as an office visit, test, or procedure. The fee- for- service model allows access to any Medicaid provider. The provider submits claims directly to the Texas Medicaid claims administrator for reimbursement of Medicaid covered services.	<p>Services include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • SUD assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • SBIRT (10 years of age and older) • Inpatient psychiatric services • CoCM • HBAI services (age 20 and younger) • Peer specialist services for SUD or mental health condition (adults ages 21 and older) <p>* Mental Health Targeted Case Management includes helping Medicaid clients gain access to needed medical, social/behavioral, educational, and other services and supports.</p>	Yes	Yes	Yes*	Yes	Yes	No	Yes	Yes	No
Healthy Texas Women (HTW) Plus	HTW Plus is an enhanced postpartum services package. HTW clients who have been pregnant in the 12 months prior to HTW enrollment are eligible to receive additional HTW Plus services to treat certain health conditions including behavioral health conditions, like postpartum depression or SUD.	<p>Services include:</p> <ul style="list-style-type: none"> • Individual, family, and group psychotherapy • Pharmacological management • SUD assessment/evaluation • SUD - individual and group counseling • Medication assisted treatment (e.g., methadone for opioid addiction) • SBIRT • Peer specialist services for SUD or mental health condition (adults aged 21 and over) • Postpartum depression screening and treatment • Office visits including mental health screenings and antidepressant medications are covered in the core HTW benefit package rather than HTW Plus. 	Yes	Yes	No	Yes	No	No	No	No	No

Texas Civil Commitment Office

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Sexually Violent Predator Mental Health Services; Strategy M.1.1	Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require traditional mental health or substance abuse treatment.	Provide and contract for behavioral health services for clients in the community: <ul style="list-style-type: none"> 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 to provide services for civilly committed sex offenders who reside in the community.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Sexually Violent Predator Mental Health Services; Strategy M.1.1	Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require substance abuse treatment.	Provide and contract for behavioral health services for clients in the Texas Civil Commitment Center: <ul style="list-style-type: none"> Substance abuse treatment Assessments Substance abuse testing Rehabilitation Other related services Execute contracts to provide behavioral health services for the identified areas of need to provide services for civilly committed sex offenders who reside in the Texas Civil Commitment Center.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No

Article III

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

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Child Psychiatry Access Network	Children and adolescents.	Network of child psychiatry access centers that provides consultation services and training opportunities to pediatricians and primary care providers operating in each center’s geographical region to support them in providing better care for children and youth with behavioral health needs.	Yes	Yes	Yes	No	No	No	No	No	No
Texas Child Health Access Through Telemedicine	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

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

Texas School for the Deaf

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

Texas Tech University Health Sciences Center

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

University of Texas Health Science Center – Houston

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Psychiatric Services (UTHealth Department of Psychiatry & Behavioral Sciences)	Adults and children with mental health issues treatable in outpatient settings, including UT Physicians Clinics, Harris Health, and integrated-care community-health centers	This strategy is an Article III appropriation for research. The other services listed are not funded through a state appropriation. <ul style="list-style-type: none"> Provide outpatient care for people with mental illness. Implement clinical training and interventions to enhance the ability and capacity to treat mental illness. Conduct evidence-based research to allow for long-term follow-up with validation of treatment and its effect. 	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
UTHealth Harris County Psychiatric Center	Adults and children assessed with mental health disorders (includes non-resource funding, i.e., state or county funds)	<ul style="list-style-type: none"> Funding for the services listed comes through a state appropriation to HHSC in Article II. Provide acute inpatient care with screening, stabilization, and planning for aftercare services. Educate professionals in the fields of nursing, medicine, pharmacy, psychology, and social work. Conduct research into the treatment of mental illness. 	No	Yes	Yes	Yes	Yes	No	No	Yes	No

University of Texas Health Science Center – Tyler

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Training Programs; Strategy D.1.1	Psychiatry residents, Psychology interns, and other mental health professionals and providers	This strategy does not fund direct patient services; it funds new educational programs designed to increase the mental health workforce in rural underserved areas. Residents complete rotations in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.	No	No	No	No	No	No	No	No	Yes

Article IV

Court of Criminal Appeals

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

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

Office of Court Administration – Texas Indigent Defense Commission

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

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

Article V

Texas Commission on Law Enforcement

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

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

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

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Unit and Psychiatric Care; Strategy C.1.8	Incarcerated inmates.	Provide mental health care for incarcerated inmates.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Managed Health Care – Pharmacy; Strategy C.1.10	Incarcerated inmates.	Provide pharmacy services, both preventive and medically necessary care, consistent with standards of good medical practice for mental health cases.	No	No	No	Yes	Yes	No	No	No	No
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, through 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 human service specialists to serve identified special needs inmates in reentry care linkage and coordination.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Substance Abuse Felony Punishment Facilities; Strategy C.2.4	Incarcerated inmates.	Provide a six-month substance use program for inmates (nine-months for inmates with special needs) who are sentenced by a judge as a condition of community supervision or as a modification to parole or community supervision. Upon completion of the incarcerated phase, clients must complete a Transitional Treatment Center for residential and outpatient care/counseling.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
In-Prison Substance Abuse Treatment & Coordination; Strategy C.2.5	Incarcerated inmates.	Provide a six-month substance use program for inmates within six months of parole release. Upon completion of the incarcerated phase, clients must complete a Transitional Treatment Center for residential and outpatient care/counseling.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Driving While Intoxicated (DWI) Treatment; Strategy C.2.5	Incarcerated inmates.	Provide a six-month program that offers a variety of educational modules that accommodate the diversity of needs presented in the DWI inmate population, including treatment activities, and group and individual therapy.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
State Jail Substance Abuse Treatment; Strategy C.2.5	Incarcerated inmates.	Provide a substance use program for inmates who have been convicted of a broad range of offenses and are within four months of release. The program is designed to meet the needs of the diverse characteristics of TDCJ's state jail population.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Substance Abuse Treatment and Coordination; Strategy C.2.5	Incarcerated inmates.	Provide support services for pre-release substance use facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Parole Supervision; Strategy E.2.1.	Paroled clients.	Provide outpatient substance use counseling to parolees.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Intermediate Sanction Facility Treatment; Strategy E.2.3	Paroled clients.	Provide substance use and or cognitive treatment slots for Intermediate Sanction Facility beds.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Texas Juvenile Justice Department

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Probation Grants: Special Needs Diversionary Program; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide grants to probation departments for mental health treatment and specialized supervision to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Community Programs; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Help local juvenile probation departments for community-based services for misdemeanors, enhanced community-based services for felons, and other behavioral health programs.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Commitment Diversion Initiatives; Strategy A.1.5	Juvenile offenders under the jurisdiction of a juvenile probation department	Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Mental Health Services; Strategy A.1.7	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide grants and technical assistance to local juvenile probation departments for mental health services.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Regional Diversion Alternatives; Strategy A.1.8.	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide discretionary grants to local juvenile probation departments to build additional mental health resources.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
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-month Minimum Length of Stay or longer.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to intake and assessment unit.	No	Yes	No	Yes	No	No	No	Yes	No
State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7	Juveniles in residential care who are receiving ongoing psychiatric services as part of their rehabilitation program. Youth are assigned to any of the state-operated programs.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to Texas Juvenile Justice Department residential facilities.	No	Yes	Yes	Yes	No	No	No	Yes	No
State Programs: General Rehabilitation Treatment; Strategy B.1.8	Juveniles in state-operated residential care except orientation and assessment and the designated mental health residential treatment center.	Support all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by Youth Service Team, crisis intervention and management, reintegration planning, and family involvement.	No	Yes	Yes	Yes	Yes	No	No	Yes	No

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.	Texas Juvenile Justice Department administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. 99 percent of youth entering the Texas Juvenile Justice Department have a need for one or more of these programs. Services include assessment, group and/or individual counseling, Youth Service Team collaboration, and re-integration planning which are provided by a licensed clinician or those under the supervision of a licensed clinician.	No	Yes	Yes	Yes	Yes	No	No	Yes	No
State Programs: Parole Programs and Services; Strategy C.1.2	Juveniles who have been released from residential programs to parole and who require aftercare services in addition to general parole services. A youth may reside in an approved home or home substitute while receiving aftercare services.	Youth who have completed specialized treatment in residential placements required aftercare services in those areas as a condition of their parole to improve outcomes.	No	No	No	Yes	Yes	No	No	No	No

Texas Military Department

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Services; Strategy C.1.3	Texas Military Department (TMD) members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard) and service members' surviving family	<ul style="list-style-type: none"> Provide mental health treatment and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, trauma, substance use, and more. Develop clinical treatment plans and support plans for TMD service members. Respond to critical incidents and provide postvention care. Coordinate with TMD unit leadership to support behavioral health awareness and wellness promotion plans. Conduct behavioral health training for TMD. Provide support through the 24/7 Counseling Line. Coordinate with Texas Military Department Family Support Services programs to offer holistic care to TMD Service members. Assist and execute plans for behavioral health assistance to TMD Service members during disaster response missions. Provide appropriate referrals to care for non-TMD service members (dependents, veterans, non-TMD service members). 	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes

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

Article VIII

Board of Dental Examiners

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

Board of Nursing

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy B.1.2	Registered and licensed vocational nurses, whose practice is impaired or suspected of being impaired by chemical dependency, mental illness, or diminished mental capacity.	<p>Provide services to registered and licensed vocational nurses, whose practice is impaired or suspected of being impaired by chemical dependency, mental illness, or diminished mental capacity. Texas Peer Assistance Program for Nurses identifies, monitors, and assists with locating appropriate treatment so that they may return to practice safe nursing.</p> <ul style="list-style-type: none"> Statewide peer advocacy Statewide monitoring A network of trained peer volunteer advocates Physical and psychological evaluations Substance abuse treatment Drug screening Individual and group psychotherapy 	Yes	No	Yes	No	No	No	Yes	No	No

Board of Pharmacy

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

Board of Veterinary Medical Examiners

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

Medical Board

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

Optometry Board

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

Additional Programs and Services by SBHCC Agencies Supporting Behavioral Health

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

Texas Department of Housing and Community Affairs

Services & Appropriation Strategies	Target Population	Goal/Services Description	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Project Access; Strategy A.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 the program is coordinated with HHSC.	No	No	No	No	No	Yes	No	No	No
Section 811; Strategy A.1.6	People with disabilities living in institutions, people with serious mental illness, and youth and young adults with disabilities exiting foster care receiving services through DFPS.	Provide project-based rental assistance for extremely low-income people with disabilities linked with voluntary long-term services through HHSC or DFPS. Program coordinated via an Interagency Agreement with HHSC.	No	No	No	No	No	Yes	No	No	No

Texas Workforce Commission

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