

COVID-19 Supplemental Funding Primer

Intellectual and Developmental
Disability and Behavioral
Health Services



TEXAS
Health and Human
Services

January 2022

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Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Introduction

In accordance with the federal Coronavirus Response and Relief Supplemental Appropriations Act, 2021 [P.L. 116-260] (H.R. 133) and the American Rescue Plan Act, 2021 [P.L. 117-2] (H.R. 1319) the Substance Abuse and Mental Health Services Administration (SAMHSA) appropriated \$2.3 billion to states through the Community Mental Health Services Block Grant (MHBG) and \$3.15 billion through the Substance Abuse Prevention and Treatment Block Grant (SABG). These supplemental funds were appropriated to assist states and territories in response to the Coronavirus Disease of 2019 (COVID-19) pandemic.

Through the H.R. 133 and the American Rescue Plan Act (ARPA), SAMHSA awarded Texas a combined total of \$203.4 million in MHBG supplemental funds and an additional \$252.8 million in SABG supplemental funds. Per award, Tables 1 and 2 below reflect the distribution of the H.R. 133 and ARPA total awards, respectively, across the MHBG and SABG planned categories for set asides, administrative costs, and remaining projects.

Table 1. H.R. 133 MHBG and SABG Combined Total Award

Category	SABG	MHBG	Total
Set Asides for Projects/Services	\$27 million	\$15.8 million	\$42.8 million
Administrative Costs	\$6.8 million	\$1.9 million	\$8.7 million
Remaining Projects	\$101.7 million	\$56.9 million	\$158.6 million
Total Funding	\$135.6 million	\$74.6 million	\$210.2 million

Table 2 below reflects the distribution of the ARPA total award across the combined MHBG and SABG planned categories.

Table 2. ARPA MHBG and SABG Combined Total Award

Category	SABG	MHBG	Total
Set Asides for Projects/Services	\$23.4 million	\$34.7 million	\$58.1 million
Administrative Costs	\$5.9 million	\$2.6 million	\$8.5 million
Remaining Projects	\$87.9 million	\$91.5 million	\$179.4 million

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Category	SABG	MHBG	Total
Total Funding	\$117.1 million	\$128.8 million	\$246 million

The Texas Health and Human Services Commission received the H.R. 133 Notices of Award (NOAs) for MHBG and SABG supplemental funds in March 2021 and NOAs for the ARPA MHBG and SABG supplemental funds in May 2021. Each NOA contained recommendations for potential use of funds to address the impacts of the COVID-19 pandemic on the prevention and treatment of substance use disorders (SUD) and the provision of comprehensive community mental health services to adults with serious mental illness (SMI) or children with serious emotional disturbances (SED). The SAMHSA recommendations for each award are listed in Appendix A.

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Background

Given the limited time in which H.R. 133 and ARPA funds are available for expenditure, service procurement required an efficient contracting approach. HHSC identified approximately 350 providers currently delivering mental health and substance use treatment and recovery services to expand, establish, or enhance projects through direct contracts and amendments. HHSC allocated funding through multiple methodologies such as rural and urban ratios, population and density ratios, equity considerations, capacity, and readiness for expansion. Data collection and performance measures were built into all projects to reflect SAMHSA's priority focus areas. HHSC worked closely with mental health, substance use treatment, and recovery providers to ensure readiness for implementation on September 1, 2021.

HHSC plans to use ARPA funding to continue the majority of the MHBG and SABG projects established through H.R. 133 funding except for four SABG projects that will receive one-time H.R. 133 funding. ARPA dollars will fund one new MHBG and three new SABG projects not previously funded through H.R. 133. The different projects funded by H.R. 133 and ARPA reflect the different guidance from SAMHSA for the two pools of funding. The supplemental MHBG and SABG funds allocated through H.R. 133 and ARPA will allow HHSC to expand or implement a combined total of 34 projects between September 1, 2021, and September 30, 2025.

Community Mental Health Services Block Grant

The MHBG is designed to provide comprehensive community mental health services to adults with SMI or children with SED. Due to the negative impact the pandemic has on persons with SMI and SED, SAMHSA awarded states supplemental COVID-19 relief funding to prevent, prepare for, and respond to SMI and SED needs and gaps. Additionally, these funds will help support the delivery of evidence-based practices and crisis services to increase access to treatment and coordinated recovery supports for those with SMI and SED.

Funding

HHSC was awarded \$203.4 million in MHBG COVID-19 supplemental funds through H.R. 133 and ARPA in March and May 2021, respectively. The awards include the required set asides of ten percent for Early Onset Psychosis and five percent for Crisis Services. Indirect and administrative costs are capped at five percent.

Appendices B through E provide the geographic distribution of H.R. 133 and ARPA-funded MHBG projects statewide and by county. Table 3 below summarizes the H.R. 133 and ARPA combined award of \$203.4 million referenced on page 1 for the MHBG supplemental funding budget, and Table 4 details the project categories and funding allocations. Funding amounts throughout this document have been rounded and totals reflect rounded current funding amounts.

Table 3. MHBG Supplemental Funding Budget Summary¹

Set Aside	H.R. 133 Amount	ARPA Amount	Total
Early Episode Psychosis (Coordinated Specialty Care) Projects/Services	\$7.5 million	\$12 million	\$19.4 million
Crisis Services	\$8.3 million	\$22.7 million	\$31 million
Indirect/Administrative Costs	\$1.9 million	\$2.6 million	\$4.5 million
Remaining Projects	\$56.9 million	\$91.5 million	\$148.5 million

¹ Funding amounts have been rounded.

Set Aside	H.R. 133 Amount	ARPA Amount	Total
Total	\$74.6 million	\$128.8 million	\$203.4 million

HHSC will use the supplemental COVID-19 MHBG awards to fund eight projects listed in Table 4 in state fiscal years 2022 through 2025.

Table 4. MHBG Supplemental Funding Project Categories and Total Funding Allocations (H.R. 133 and ARPA)²

Project	Amount
State Hospital Step-Down to the Community	\$8.8 million
Housing Initiatives	\$45.6 million
Texas Housing Support Line	\$3.9 million
Rural Crisis Response and Diversion	\$21.7 million
Crisis Hotline and Mobile Crisis Outreach Team Expansion	\$9.3 million
Mental Health Outpatient Capacity Expansion	\$78.2 million
Coordinated Specialty Care	\$19.5 million
Peer and Recovery Support Services	\$5.2 million
Total Project Funding	\$192.2 million ³

Mental Health Block Grant Projects

Project 1: State Hospital Step-Down to the Community

Project Description

HHSC allocated H.R. 133 and ARPA funds to expand the State Hospital Step-Down Pilot from two to four sites. The pilot program identifies, assesses, and facilitates the successful transition of adults with SMI or a combination SMI and medical needs

² Funding amounts have been rounded.

³ Total does not include Administrative Cost of \$11.2 million.

exceeding the supports available in traditional settings, but who are clinically appropriate for transition to community-based services with proper supports.

The project works with people before and after leaving the state hospital to support their transition to step-down residences and community-based mental health services. Each step-down residence has a maximum occupancy of six to eight beds. There is a cost avoidance of \$52,013 per person annually for people who would otherwise remain in a state hospital setting.

Anticipated Outcomes

- Transition approximately 37 people from state hospitals to community residences.
- Decrease use of state-funded inpatient psychiatric beds.
- Obtain affordable permanent housing for persons in their preferred community upon discharge from community residences.

Providers

Table 5 lists the providers and counties served in MHBG Project 1: State Hospital Step-Down to the Community.

Table 5. MHBG Project 1 Providers and Counties Served

Providers	Counties Served
Bluebonnet Trails Community Services	Statewide
The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center)	Statewide

Project 2: Initiatives to Address Housing Instability and Homelessness

Project Description

HHSC allocated H.R. 133 and ARPA funds to the five most populous Texas municipalities to establish community-specific housing projects in urban areas to address housing instability and homelessness.

Projects include:

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- Housing Navigators;
- Homeless Mental Health Crisis Care Management and Coordination;
- Supportive Housing;
- Acute Withdrawal Management for persons with co-occurring psychiatric and substance use disorders (COPSD); and
- Other projects that meet the target community's needs.

Funding will support a bundled package of services for persons with SMI or COPSD experiencing homelessness or at risk of homelessness. This continuum of care will include supportive housing services as an integral part of a person's treatment plan. Currently, local mental health and behavioral health authority (LMHA/LBHA) staff provide such services, including time-limited funding for rental assistance and utilities paid to public or private entities in accordance with the 2009 SAMHSA guidance letter⁴ regarding grantee and contractor relationships.

The continuum of services also includes peer support, case management, counseling services, skills training, rental assistance, and utilities paid directly to public or private entities to assist persons in obtaining and maintaining housing in the local community. Bundling of services is essential to prevent the recurrence of homelessness, ensure the stabilization and reduction of recidivism rates into crisis, and avoid hospitalization and justice involvement for persons with SMI or COPSD. This project compliments Project 26 found under the SABG section later in the primer document, which serves people with SUDs experiencing homelessness or at imminent risk of homelessness.

Anticipated Outcomes

- Approximately 5,046 people will receive housing-related services.
- Increase referrals to housing services.
- Increase the number of people obtaining stable housing in the community.
- Increase the number of people receiving needed mental health and substance use treatment.

⁴https://www.samhsa.gov/sites/default/files/funding_for_forprofit_organizations_r021014a_rev.pdf

Providers

Table 6 lists the providers and counties served in MHBG Project 2: Initiatives to Address Housing Instability and Homelessness.

Table 6. MHBG Project 2 Providers and Counties Served

Providers	Counties Served
Center for Health Care Services	Bexar
Integral Care	Travis
My Health My Resources of Tarrant County	Tarrant
North Texas Behavioral Health Authority (NTBHA)	Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall
The Harris Center	Harris

Project 3: Texas Housing Support Line

Project Description

HHSC allocated H.R. 133 and ARPA funds to establish the Texas Housing Support Line, a 24-hour, seven days per week housing support line designed to reach a primary target audience of Texans with SMI, SED, COPSD, and housing instability or homelessness. The provider overseeing the Texas Housing Support Line currently operates an American Association of Suicidology accredited crisis hotline and is part of the 9-8-8 federal planning grant to help the Texas Lifeline call centers prepare for infrastructure needs and additional callers.

This housing support line is staffed by trained professionals who make appropriate referrals to LMHAs/LBHAs for mental health services; Outreach, Screening, Assessment, and Referral (OSAR)⁵ for substance use services; and 2-1-1, as needed.

Anticipated Outcomes

- Serve approximately 33,205 people through the Housing Support Line.
- Increase referrals to mental health and substance use services.

⁵ OSAR is a statewide service available to all people interested in receiving substance use services.

- Increase referrals to local Continuums of Care Coordinated Entry.

Provider

Table 7 lists the provider and counties served in MHBG Project 3: Texas Housing Support Line.

Table 7. MHBG Project 3 Provider and Counties Served

Provider	Counties Served
My Health My Resources of Tarrant County	Statewide

Project 4: Rural Crisis Response and Diversion

Project Description

HHSC allocated H.R. 133 and ARPA funds to establish new 24-hour, seven days per week criminal justice diversion programs in rural Texas. The aim is to improve LMHA/LBHA crisis response by successfully diverting persons in need of behavioral health crisis services from jails and emergency departments into mental health and substance use treatment. This project creates eight new programs in rural communities with populations of 250,000 people or less. The following are examples of programs:

- Co-responder Teams;
- Law Enforcement Liaisons;⁶ and
- Other programs that target the community’s needs.

Anticipated Outcomes

- Serve approximately 7,714 people through crisis response and diversion services.
- Decrease the number of persons with mental illness booked into jails.

⁶ The Law Enforcement Liaison is a LMHA/LBHA employee and provides 24-hour, seven days per week telephone hotline support for law enforcement officers within the local service area. This program provides officers with a therapeutic alternative to incarceration. Services include follow-ups, health and wellness checks, and advocacy and training for local law enforcement officers.

- Increase mental health and criminal justice system coordination.
- Increase the number of persons diverted into mental health and substance use treatment.

Providers

Table 8 on the following page lists the providers and counties served in MHBG Project 4: Rural Crisis Response Diversion.

Table 8. MHBG Project 4 Providers and Counties Served

Providers	Counties Served
Betty Hardwick	Callahan, Jones, Shackelford, and Stephens
Border Region Community Center	Webb
Burke Center	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler
Camino Real Community Services	Atascosa, Dimmit, Frio, Karnes, La Salle, Maverick, McMullen, Wilson, and Zavala
Central Counties Services	Coryell, Hamilton, Lampasas, and Milam
Coastal Plains	Brooks, Duval, Jim Wells, and San Patricio
Starcare Specialty Health	Hockley
Texana Center	Austin, Colorado, Matagorda, Waller, and Wharton

Project 5: Crisis Hotline and Mobile Crisis Outreach Expansion

Project Description

HHSC allocated ARPA funds to Crisis Hotline and Mobile Crisis Outreach (MCOT) expansion projects. The Crisis Hotline is a 24-hour, seven days per week telephone service operated by trained crisis staff providing crisis screening and assessment, crisis intervention services, mental health and substance use referrals, and general mental health and substance use information to the community. MCOT services provide a combination of crisis services including emergent care (response within one hour), urgent care (response within 8 hours), crisis follow-up, and relapse

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prevention to anyone in need of the services in the community 24-hours a day, seven days per week.

Both Crisis Hotline and MCOT services are available statewide and each LMHA/LBHA operates an MCOT. Crisis Hotline and MCOT services have not received additional state funding since 2008, so the infusion of additional funds through ARPA MHBG dollars will help LMHA/LBHAs keep pace with the best practice of dispatching an MCOT with a minimum of two team members.

Anticipated Outcomes

- Serve at least 52.2 percent of people that reach out to a crisis hotline through a face-to-face encounter.
- Minimize admissions to state hospitals within 30 days of the first day of a crisis episode.

Providers

Table 9 lists the providers and counties served in MHBG Project 5: Crisis Hotline and MCOT Expansion.

Table 9. MHBG Project 5 Providers and Counties Served

Providers	Counties Served
All LMHA/LBHAs	Statewide

Project 6: Mental Health Outpatient Capacity Expansion

Project Description

HHSC allocated H.R. 133 and ARPA funds to expand outpatient mental health services for persons with SMI and or SED to address growing demand due to population growth and address funding disparities and other local challenges. In fiscal year 2020, LMHAs/LBHAs had capacity to serve only 44 percent of persons in need of ongoing care. Outpatient capacity expansion will allow LMHAs/LBHAs to provide additional recommended services to persons who are currently underserved due to limited resources.

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Anticipated Outcomes

- Provide approximately 5,681 outpatient mental health treatment slots for children, adolescents, and adults.
- Increase access to ongoing mental health treatment.
- Address need for additional outpatient services related to population growth.

Provider

Table 10 lists the providers and counties served in MHBG Project 5: Mental Health Outpatient Capacity Expansion.

Table 10. MHBG Project 6 Providers and Counties Served

Providers	Counties Served
All LMHA/LBHAs	Statewide

Project 7: Coordinated Specialty Care

Project Description

HHSC allocated H.R. 133 and ARPA funds to expand the Coordinated Specialty Care (CSC) program. The CSC program is available at 24 of the 39 LMHAs/LBHAs and provides outpatient behavioral health services for people ages 15–30 who have a psychotic disorder diagnosed in the past two years. H.R. 133 funding allowed for eight existing providers to establish new CSC teams. Additionally, 12 providers will expand their capacity through staff training and activities intended to address social and clinical barriers related to COVID-19. ARPA funding will sustain those eight CSC through state fiscal year 2025 and be used to establish CSC teams at three new rural sites.

Anticipated Outcomes

- Serve approximately 910 people.
- Increase the number of people obtaining competitive employment.
- Decrease crisis episodes and state-funded psychiatric hospitalizations.
- Decrease the criminal justice involvement of people served.

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Providers

Table 11 on the next page lists the providers adding a new CSC team and counties served in MHBG Project 7: Coordinated Specialty Care.

Table 11. MHBG Project 7 Providers Adding a New CSC Team and Counties Served

Providers	Counties Served
Burke Center	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler
Center for Health Care Services	Bexar
Coastal Plains Community Center	Aransas, Bee, Brooks, Duval, Jim Wells, Kennedy, Kleberg, Live Oak, and San Patricio
Emergence Health Network	El Paso
Integral Care	Travis
LifePath Systems	Collin
Metrocare Services	Dallas
The Harris Center	Harris

Table 12 lists the providers expanding capacity and counties served in MHBG Project 7: Coordinated Specialty Care.

Table 12. MHBG Project 7 Providers Expanding Capacity and Counties Served

Providers	Counties Served
Andrews Center	Henderson, Rains, Smith, Van Zandt, and Wood
Bluebonnet Trails Community Services	Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, and Williamson
Border Region	Jim Hogg, Starr, Webb, and Zapata
Central Counties Centers	Bell, Coryell, Hamilton, Lampasas, and Milam
Community Healthcore	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur
Denton County Mental Health and Mental Retardation (MHMR) Center	Denton
Pecan Valley Centers	Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell
Spindletop Center	Chambers, Hardin, Jefferson, and Orange
Texana Center	Austin, Colorado, Fort Bend, Matagorda, Waller, and Wharton
Texoma Community Center	Cooke, Fannin, and Grayson
Tropical Texas Behavioral Health	Cameron, Hidalgo, and Willacy
West Texas Centers	Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler, and Yoakum

Project 8: Peer Support through Mental Health Recovery Focused Clubhouses and Consumer Operated Service Providers

Project Description

HHSC allocated H.R. 133 and ARPA funds to expand peer support services through Mental Health Recovery Clubhouses and Consumer Operated Service Providers

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(COSPs). Six existing clubhouses and nine COSPs will receive funds to increase access and expand capacity. A university already providing technical assistance and support to clubhouses will receive and distribute supplemental funding to enhance services. Eight COSPs currently receive pass-through state funding through LMHAs/LBHAs. HHSC will fund a ninth COSP to also receive pass-through funding. These organizations provide peer-based behavioral health support, an evidence-based and cost-effective alternative to hospitals or emergency departments.

Both Mental Health Recovery Clubhouses and COSPs provide peer-based behavioral health support. A significant portion of supplemental funds will be used to increase workforce capacity through peer specialist training, certification, and investment in technology infrastructure. This project increases referrals to and from community-based recovery organizations and will improve the crisis response system by expanding peer supported recovery support services provided by community-based peer-run organizations.

Anticipated Outcomes

- Serve approximately 2,566 people.
- Increase workforce capacity through peer specialist training and certification.
- Provide a cost-effective alternative to emergency room and hospital care.
- Improve the crisis response systems by expanding peer supported recovery support services.

Providers

Table 13 lists the Mental Health Recovery Clubhouse providers and counties served in MHBG Project 8: Peer Support through Mental Health Recovery Focused Clubhouses and Consumer Operated Service Providers.

Table 13. MHBG Project 8 Mental Health Recovery-Focused Clubhouse Providers and Counties Served

Providers	Counties Served
Austin Clubhouse	Travis
Brain Injury Network of Dallas	Dallas
Jewish Family Services	Dallas
Magnificat Clubhouse	Harris

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Providers	Counties Served
MHMR Services for the Concho Valley	Coke, Concho, Crockett, Irion, Reagan, Sterling, and Tom Green
San Antonio Clubhouse	Bexar

Table 14 lists the COSP providers, associated LMHAs/LBHAs, and counties served in MHBG Project 8: Peer Support through Mental Health Recovery Focused Clubhouses and Consumer Operated Service Providers.

Table 14. MHBG Project 8 COSPs, Associated LMHAs/LBHAs, and Counties Served

Association of Person Affected by Addiction	NTBHA	Dallas
AGAPE	Texas Panhandle Centers	Armstrong, Carson, Collingsworth, Dallas, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham Potter, Randall, Roberts, Sherman, and Wheeler
Austin Area Mental Health Consumers	Integral Care	Travis
Cherokee County Peer Support	Anderson Cherokee Community Enrichment Services (ACCESS)	Anderson and Cherokee
Depression Connections	My Health My Resources of Tarrant County	Tarrant
Mental Health America	Betty Hardwick Center	Callahan, Jones, Shackelford, Stephens, and Taylor
Mental Health Services of Greater Fort Worth	My Health My Resources of Tarrant County	Tarrant
Prosumers	Center for Health Care Services	Bexar
Association of Person Affected by Addiction	NTBHA	Dallas
AGAPE	Texas Panhandle Centers	Armstrong, Carson, Collingsworth, Dallas, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham Potter, Randall, Roberts, Sherman, and Wheeler

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Substance Abuse Prevention and Treatment Block Grant

The SABG program is designed to provide funds to states, territories, and Native American tribes for planning, implementing, and evaluating activities for SUD prevention and treatment. SAMHSA directed states to use the supplemental COVID-19 Relief funding to address local SUD related needs and:

- Promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services;
- Promote support for providers; and
- Maximize efficiency by leveraging the current infrastructure and capacity.

Funding

HHSC was awarded \$252.8 million in SABG supplemental funds through H.R. 133 and ARPA in March and May of 2021, respectively. These awards include a required 20 percent set-aside for primary prevention and five percent allowance for indirect/administrative costs. The remaining 75 percent will fund 24 projects across the continuum of care.

Appendices F–I detail the geographic distribution of H.R. 133 and ARPA SABG projects statewide and by county. Table 15 below summarizes the H.R. 133 and ARPA combined award of \$252 million referenced on page 1 for the SABG supplemental funding budget, and Table 16 details the project categories and funding allocations.

Table 15. SABG Supplemental Funding Budget Summary (H.R. 133 and ARPA)⁷

Category	Amount
Primary Prevention Set- Aside Projects/Services	\$50.6 million
Indirect/Administrative Costs	\$12.6 million
Remaining Projects	\$189.6 million
Total	\$252.8 million

⁷ Funding amounts have been rounded.

HHSC will use the supplemental COVID-19 SABG to fund and implement 24 projects within the categories detailed in Table 15 between September 1, 2021, and March 14, 2025.

Table 16. SABG Supplemental Funding Project Categories and Funding Allocations by Year (H.R. 133 and ARPA)⁸

Project Category	Total Projects	Amount
Public Awareness	4	\$39.1 million
Community Development	3	\$19 million
Overdose Prevention and Crisis Response	2	\$12.85 million
Treatment	4	\$44.8 million
Virtual Behavioral Health	5	\$40.5 million
Recovery Support	5	\$20 million
Housing Initiatives	3	\$57.2 million
Outcomes and Performance Data	1	\$6.75 million
Total	27	\$240.1 million

Substance Abuse Prevention and Treatment Block Grant Projects

Project 1: Public Awareness – Prevention Campaign

Project Description

HHSC allocated H.R. 133 and ARPA funds to expand primary prevention and behavioral health promotion campaigns. The campaign’s messaging uses evidence-based strategies, such as reducing stigma, building community connection and resilience, and changing social norms. The campaign targets youth, young adults, and families in Texas, particularly those experiencing the greatest behavioral health disparities, and community leaders who can help reduce environmental risk and increase protective factors for the youth, young adults and families. The campaign

⁸ Funding amounts have been rounded.

strategy is informed by results from a statewide study HHSC conducted from May to August 2021 to gather Texans’ perspectives on:

- The unique community dynamics that shape substance use;
- The efficacy of current prevention efforts in meeting their community’s needs; and
- How to more effectively reach populations with disparate behavioral health outcomes.

Anticipated Outcomes

- Reach approximately 2.5 million people.
- Prevent SUD or injury before occurrence.

Providers

Table 17 on the next page lists the providers and counties served in SABG Project 1: Public Awareness – Prevention Campaign.

Table 17. SABG Project 1 Providers and Counties Served

Providers	Counties Served
Yet to be Determined	Statewide

Project 2: Public Awareness – Equitable Access to Services Campaign

Project Description

HHSC allocated H.R. 133 and ARPA funds to provide additional expert services to the prevention campaign detailed in SABG Project 1. The vendor for the equitable access project, The University of Texas at Austin’s Center for Health Communication (CHC), will complete three primary objectives. First, CHC will develop an interactive digital tool to improve the referral process to existing SUD treatment and recovery services. This interactive tool will be promoted alongside other related substance use services and resources with a focus on equity and persons who were negatively impacted by COVID-19. The provider is already involved in developing and implementing a public-facing prescription opioid misuse campaign for HHSC.

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Secondly, CHC will conduct expert research to support the development of prevention campaign messaging, and thirdly will evaluate the effectiveness of the prevention campaign.

Anticipated Outcomes

- Serve approximately 365,000 people.
- Intervene in SUD progression by increasing pathways to treatment and recovery support.
- Provide in-depth study of campaign effectiveness to support further improvement of prevention statewide media campaign in the future.

Provider

Table 18 lists the provider and counties served in SABG Project 2: Public Awareness – Equitable Access to Services Campaign.

Table 18. SABG Project 2 Providers and Counties Served

Provider	Counties Served
University of Texas at Austin’s Center for Health Communication	Statewide

Project 3: Public Awareness – Innovative Healing-Centered Projects

Project Description

HHSC allocated ARPA funds for Innovative Healing-Centered Projects that promote resiliency, social connection, and healing for Texans who are at-risk for substance misuse. These projects will address adverse childhood experiences (ACEs) and emergent behavioral health needs that have been exacerbated due to COVID-19 among underserved and historically marginalized communities, as defined by SAMHSA.⁹

⁹ SAMHSA defines underserved and historically marginalized groups as pregnant women and women with dependent children; persons experiencing homelessness; persons involved in the justice system; persons involved in the child welfare system; Black, Indigenous, and People of Color; people who are lesbian, gay, bisexual, and transgender; rural populations; and other underserved groups.

The Innovative Healing-Centered Projects will provide non-clinical supportive services to at least 8,000 people who have experienced ACEs or have emergent behavioral health needs exacerbated due to COVID-19. Prevention providers funded through these projects will develop referral pathways to appropriate resources, services, and supports for people who need both clinical and non-clinical support. These providers will receive training in trauma-informed care and healing-centered engagement to further mitigate the impact of the current high-stress environments faced by many across Texas and help prevent substance misuse before it begins.

Anticipated Outcomes

- Fund approximately 10 projects.
- Serve approximately 8,000 people through non-clinical support services.
- Increase resiliency, social connection, and reduce substance use for people served.

Provider

Table 19 lists the providers and counties served in SABG Project 3: Public Awareness – Innovative Healing-Centered Projects.

Table 19. SABG Project 4 Providers and Counties Served

Providers	Counties Served
Yet to be determined	Yet to be determined

Project 4: Public Awareness – Prescription Pain Use Surveillance Data Collection

Project Description

HHSC allocated ARPA funds to the Texas Department of State Health Services’ (DSHS) Center for Health Statistics to expand the Behavioral Risk Factor Surveillance System (BRFSS). DSHS will expand BRFSS to include seven questions from the Prescription Pain Medication Use Module in the statewide survey, which will collect information on risk factors and behaviors related to prescription pain medication. DSHS will also add 5,000 additional responses to increase the sample size in areas identified as high need or especially vulnerable to opioid use.

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Additional responses will also include areas that have struggled to produce county-level estimates in previous years due to small sample sizes. Additional responses from vulnerable communities and those with limited previous responses will bolster the quality of BRFSS data for these populations. The data collection will be divided across two years, 2022 and 2024.

BRFSS helps federal, state, and local-level health officials identify public health problems, set priorities and goals, design policies and interventions, and evaluate the long-term impact of these efforts. This project will leverage BRFSS history and reliability to collect surveillance data about how Texans use prescription pain medications, dispose of unused medications, and whether they received education from their healthcare professionals about addiction.

Anticipated Outcome

- Conduct 25,000 surveys across two years to monitor prescription pain use, health-related risk behaviors, chronic health conditions, and use of preventive services across the state

Project 5: Community Development – Environmental Risk and Stress Reduction

Project Description

HHSC allocated H.R. 133 and ARPA funds to community coalitions across the state to expand the Community Coalition Partnerships' primary prevention work. This project will focus on improving health equity for communities disproportionately impacted by COVID-19, particularly people of color.

County Health Rankings data for the state of Texas demonstrate a correlation between communities with higher Black, Indigenous, and people of color populations and other risk factors that lead to SUD, such as poverty, unemployment, housing challenges, and poor overall quality of life.¹⁰ As such, addressing behavioral health equity must be at the forefront of the COVID-19 relief efforts, particularly those focused on substance misuse prevention.

¹⁰ <https://www.countyhealthrankings.org/app/texas/2020/rankings/outcomes/overall>

The Community Coalition Partnerships funded through this project will enhance environmental conditions and provide stress reduction and healing activities through projects like renovating outdoor spaces to optimize behavioral health and wellness. These initiatives are rooted in significant research around substance misuse risk and protective factors, the social determinants of health, and behavioral health equity.

Anticipated Outcomes

- Reach approximately 15 million people.
- Reduce substance use initiation.
- Prevent substance use-related disease and injury.

Providers

Table 20 lists the providers, and counties served in SABG Project 5: Community Development – Environmental Risk and Stress Reduction.

Table 20. SABG Project 5 Providers and Counties Served

Providers	Counties Served
Approximately 43 SABG-Funded Community Coalition Partnerships Spanning Every HHSC Region	Approximately 81 counties will be served

Project 6: Community Development – Prevention and Enforcement

Project Description

HHSC allocated H.R. 133 funds to the Texas School Safety Center at Texas State University to expand tobacco prevention and enforcement activities, including:

- Providing prevention training and cessation resource materials for tobacco, e-cigarette and nicotine prevention to youth and adults;
- Providing virtual and in-person training opportunities and resource materials that address emerging needs exacerbated by the COVID-19 pandemic relating to tobacco, e-cigarette, and other nicotine products. Education and

other resources will be prioritized for populations most disproportionately affected by tobacco use, tobacco advertising, and the COVID-19 pandemic;

- Providing training and resources to Prevention Resource Center Tobacco Prevention Coordinators to ensure retailer compliance checks and enhanced compliance with Texas tobacco laws; and
- Conducting the Annual Synar Survey which includes satisfying the requirements for the Annual Synar Report. This survey and report play an important role in preventing the sale of tobacco products to people under age 21.

Anticipated Outcomes

- Provide prevention training and resource materials regarding tobacco/nicotine prevention and available quit resources to approximately 1,000 youth and adults.
- Coordinate approximately 5,200 controlled buy/stings across the state to prevent minors’ access to tobacco/nicotine products at retail outlets.

Provider

Table 21 lists the provider and counties served in SABG Project 6: Community Development – Prevention and Enforcement.

Table 21. SABG Project 6 Providers and Counties Served

Providers	Counties Served
Texas State University Texas School Safety Center	Statewide

Project 7: Community Development – Tribal Communities

Project Description

HHSC allocated H.R. 133 and ARPA funds in funding to Alabama-Coushatta Tribe of Texas to address conditions contributing to substance use and misuse and the social determinants of health within the tribal community. Funding of this project will direct critical resources in expanding broad-based state and local community strategies and approaches in addressing the drug overdose epidemic, involving SUD

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prevention, intervention, treatment, and recovery support services for the Native American community.

This project will directly serve 400 Native Americans within the Alabama-Coushatta Tribe of Texas community, which has a total community of approximately 900 members. HHSC will establish a memorandum of agreement to expand their behavioral health services to provide culturally appropriate behavioral health strategies that promote healing for 400 Native Americans. Funding of this project will increase equity and access to services for the tribal community.

Anticipated Outcomes

- Equip members of the Alabama-Coushatta Tribe with health promotion tools.
- Provide culturally appropriate stress-reduction and trauma-healing initiatives to a minimum of 400 members of the Alabama-Coushatta Tribe.

Provider

Table 22 lists the provider and county served in SABG Project 7: Community Development – Tribal Communities.

Table 22. SABG Project 7 Providers and Counties Served

Providers	Counties Served
Alabama-Coushatta Tribe of Texas	Polk

Project 8: Overdose Prevention and Crisis Response – Emergency Medical Services Integration

Project Description

HHSC allocated H.R. 133 and ARPA funds to The University of Texas Health Science Center at San Antonio (UT Health San Antonio) to expand the Paramedicine Program to reduce limitations and improve equity of existing emergency medical services (EMS) programs. These funds will be used to provide substance use crisis services that include overdose prevention, peer support, and community paramedicine support to people facing SUD-related crises not opioid-related.

This program will reduce the limitations of existing EMS programs by expanding service provision to persons using substances beyond opioids to include alcohol, cocaine, methamphetamine, or other polysubstance use. With a health equity focus, this project will allow access to anyone using substances or taking prescribed medications to ensure they receive increased access to care and support. The EMS Integration project will serve urban areas and smaller cities with high prevalence of substance use, with a focus on people who have delayed seeking treatment due to COVID-19.

Anticipated Outcomes

- Reduce overdose risk for approximately 1,800 people.
- Reduce morbidity and mortality associated with substance use.
- Increase access points for healthcare among hard-to-reach populations with high disease severity.
- Reduce healthcare costs associated with SUD-related crises.

Providers

Table 23 on the next page lists the provider and counties served in SABG Project 8: Overdose Prevention and Crisis Response – EMS Integration.

Table 23. SABG Project 8 Providers and Counties Served

Providers	Potential Counties to be Served
UT Health San Antonio	Efforts will target counties throughout the state that have been identified as having the highest rates of overdose.

Project 9: Overdose Prevention and Crisis Response – Drop-in Centers

Project Description

HHSC allocated H.R. 133 and ARPA funds to UT Health San Antonio to expand the Drop-in Center Program and build capacity at existing centers. These centers were created to respond to the opioid crisis by offering more inclusive and comprehensive services for persons experiencing crisis events associated with opioids, alcohol, stimulants, or other substances. Drop-in centers also serve

persons who may be seeking alternatives to arrest for intoxication or possession of opioid, stimulant and/or substances.

The project seeks to ensure community members receive access to materials, information, and linkage to services and supports to make any positive change. Services may include prevention education, overdose reversal medications, detoxification, medication assisted or other evidence-based treatment, mental health services, facilitative services, recovery support services, and more. The project expansion will also help support enhanced outreach and community networking efforts to increase access to Drop-in Center resources.

Anticipated Outcomes

- Reduce overdose risk for approximately 8,000 people.
- Reduce morbidity and mortality associated with substance use.
- Increase access points for healthcare among hard-to-reach populations with high disease severity.
- Reduce associated healthcare and criminal justice costs.

Providers

Table 24 lists the provider and counties served in SABG Project 9: Overdose Prevention and Crisis Response – Drop-in Centers.

Table 24. SABG Project 9 Providers and Counties Served

Providers	Potential Counties Served
UT Health San Antonio	Efforts will target counties identified as having the highest rates of overdose

Project 10: Treatment – Certified Community Behavioral Health Clinic Services

Project Description

HHSC allocated H.R. 133 and ARPA funds to 28 LMHAs/LBHAs credentialed as Certified Community Behavioral Health Clinic (CCBHC) providers to expand outpatient substance use treatment services. HHSC has fostered a focused move to

providing integrated behavioral health services through the CCBHC model. The CCBHC model highlights integration of mental, substance use, and targeted primary health care services to address the needs of the whole person. As one of nine core services, CCBHCs must provide access to comprehensive mental health and substance use services. In Texas, early data show that CCBHCs serve people with a more complex set of needs, including co-occurring mental health and SUDs.

This project will serve Texas residents who may need outpatient counseling and treatment services because of increased substance use during the COVID-19 pandemic and will ensure access to outpatient substance use education, assessment, counseling, and treatment services.

Anticipated Outcome

- Serve approximately 11,184 people through outpatient counseling and treatment services.

Providers

Table 25 lists the providers, and counties served in SABG Project 10: Treatment-Certified Community Behavioral Health Clinic Services.

Table 25. SABG Project 10 Providers and Counties Served

Providers	Counties Served
ACCESS	Anderson and Cherokee
Andrews Center	Henderson, Raines, Smit, Van Zandt, and Wood
Betty Hardwick Center	Callahan, Jones, Shackelford, Stephens, and Taylor
Border Region Community Center	Jim Hogg, Webb, and Zapata
Camino Real Community Services	Atascosa, Dimmit, Frio, Karnes, La Salle, Maverick, McMullen, Wilson, and Zavala
Center for Health Care Services	Bexar
Center for Life Resources	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba
Central Counties Services	Bell Coryell, Hamilton, Lampasas, and Milam
Central Plains Center	Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer, and Swisher

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Providers	Counties Served
Coastal Plains Community Center	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleburg, Live Oak, and San Patricio
Community Healthcore	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur
Emergence Health Network	El Paso
Gulf Coast Center	Brazoria and Galveston
Heart of Texas Region MHMR	Bosque, Falls, Freestone, Hill, Limestone, and McClennan
Helen Farabee Centers	Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young
Hill Country Community MHDD Centers	Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde
Integral Care	Travis
Lakes Regional Community Center	Camp, Delta, Franklin, Hopkins, Lamar, Morris, and Titus
LifePath Systems	Collin
My Health My Resources of Tarrant County	Tarrant
NTBHA	Ellis, Hunt, Kaufman, Navarro, and Rockwall
Pecan Valley Centers	Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell
PermiaCare	Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos, and Presidio
Spindletop Centers	Chambers, Hardin, Jefferson, and Orange
Texas Panhandle Centers	Armstrong, Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman, and Wheeler
The Harris Center	Harris
Tropical Texas Behavioral Health	Cameron, Hidalgo, and Willacy

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Project 11: Treatment – Acute Withdrawal Management Services

Project Description

HHSC allocated H.R. 133 and ARPA funds to licensed withdrawal management treatment providers with the intent to expand acute withdrawal management services. Texans may seek these services due to increased substance use or reduced access to alcohol, or other substances of use during the COVID-19 pandemic.

This project will serve Texans who are currently awaiting admission to acute withdrawal management services. HHSC will leverage existing providers to increase access and equity in the delivery of acute withdrawal management services by increasing funded capacity while continuing to maintain COVID-19 public health protocols.

Anticipated Outcomes

- Serve approximately 3,000 people currently on waitlists for acute withdrawal services.
- Meet increased demand for acute withdrawal management services resulting from COVID-19.

Providers

Table 26 lists the providers and counties served in SABG Project 11: Treatment–Acute Withdrawal Management Services.

Table 26. SABG Project 11 Providers and Counties Served

Providers	Counties Served
SABG-Funded Licensed Withdrawal Management Treatment Providers located in 10 of 11 HHS Regions	Statewide

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Project 12: Treatment – Intensive Residential Treatment Services

Project Description

HHSC allocated H.R. 133 and ARPA funds to licensed residential treatment providers to expand intensive residential substance use treatment services to Texas residents. This expansion will reduce the number of people waiting for residential treatment and ensure those receiving acute withdrawal management have access to the full continuum of care. The project will assist currently funded treatment contractors by increasing funded capacity while continuing to maintain COVID-19 public health protocols.

Anticipated Outcomes

- Serve approximately 5,000 people through intensive residential treatment services.
- Meet increased demand for intensive residential treatment services resulting from COVID-19.

Providers

Table 27 lists the providers and counties served in SABG Project 12: Treatment-Intensive Residential Treatment Services.

Table 27. SABG Project 12 Providers and Counties Served

Providers	Counties Served
SABG-Funded Licensed Intensive Residential Treatment Providers Spanning Every HHS Region	Statewide

Project 13: Treatment – Medication-Assisted Treatment for Alcohol and Other Substance Use Disorders

Project Description

HHSC allocated H.R. 133 and ARPA funds to UT Health San Antonio to expand medication-assisted treatment (MAT) for alcohol and other SUDs. This provider’s overdose awareness project, which includes Screening, Brief Intervention, and Referral to Treatment (SBIRT), will expand to serve persons experiencing alcohol and other SUDs through evidence-based MAT.

The expansion of services to address alcohol and other substances will increase referrals and reduce the risk for overdose for persons experiencing substance use or misuse impacted by the COVID-19 pandemic.

Anticipated Outcomes

- Serve approximately 4,000 people.
- Meet increased demand for medication assisted treatment services resulting from COVID-19.

Providers

Table 28 lists the provider and counties served in SABG Project 13: Treatment–MAT for Alcohol and Other Use Disorders.

Table 28. SABG Project 13 Providers and Counties Served

Providers	Potential Counties to be Served
UT Health San Antonio	All regions and counties in HHS Public Health Regions

Project 14: Virtual Behavioral Health – Recovery Support

Project Description

HHSC allocated H.R. 133 and ARPA funds to UT Health San Antonio to enhance and expand virtual delivery of behavioral health services and recovery support services delivered by certified peer specialists and recovery support staff. This project will enhance and expand telecommunications and technology infrastructure to extend virtual recovery support services to organizations currently providing Recovery Support Services and/or Youth Recovery Communities in Texas.

Anticipated Outcome

- Serve approximately 3,000 people through virtual recovery support services.

Provider

Table 29 lists the provider and counties served in SABG Project 14: Virtual Behavioral Health – Recovery Support.

Table 29. SABG Project 14 Providers and Counties Served

Providers	Counties Served
UT Health San Antonio	Statewide

Project 15: Virtual Behavioral Health – Training and Tele-mentoring

Project Description

HHSC allocated H.R. 133 and ARPA funds to UT Health San Antonio to enhance and expand virtual delivery of behavioral health services and expand the existing training and tele-mentoring institute. This project will facilitate training for substance use treatment and recovery support providers through the Extension for Community Healthcare Outcomes training model.

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Anticipated Outcome

- Improved competency in virtual service delivery for approximately 4,500 staff of behavioral health organizations.

Provider

Table 30 lists the provider and counties served in SABG Project 15: Virtual Behavioral Health – Training and Tele-mentoring.

Table 30. SABG Project 15 Providers and Counties Served

Providers	Counties Served
UT Health San Antonio	Statewide

Project 16: Virtual Services – 24 Hour Substance Use Treatment Clinic

Project Description

HHSC allocated H.R. 133 and ARPA funds to UT Health San Antonio expand the virtual SUD clinic to provide comprehensive, 24-hour substance use services with a focus on three distinct populations:

- Persons who are unable to access a physical clinic due to geography, physical illness, mobility limitations, transportation issues, or other barriers;
- Persons with increased needs related to COVID-19 who are unable to access services; and
- Healthcare workers and first responders.

This project rapidly scales critical emergency response services using a central navigation hub and call center providing a 24-hour virtual crisis intervention service and virtual recovery support services. This will be achieved using the emergency response rapid scale and spread model, delivering evidence-based practices virtually with a goal of reaching both large, highly populated urban areas and rural communities.

UT Health San Antonio will collaborate with entities providing hotline and call center services and accept referrals for medication management and counseling services.

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Services will be available in both Spanish and English to accommodate the large Spanish-speaking population represented in the state.

Anticipated Outcome

- Provide telehealth, telemedicine, and tele-recovery for 92,000 Texans experiencing barriers to accessing services.

Provider

Table 31 lists the provider and counties served in SABG Project 16: Virtual Behavioral Health – 24 Hour Substance Use Treatment Clinic.

Table 31. SABG Project 16 Providers and Counties Served

Providers	Counties Served
UT Health San Antonio	Statewide

Project 17: Virtual Behavioral Health – Tribal Communities

Project Description

HHSC allocated H.R. 133 and ARPA funds to the Alabama-Coushatta Tribe of Texas to increase access to behavioral health services through digital and virtual platform for tribal community members. This project will directly serve 300 Native Americans through the direct services of the Alabama Coushatta tribal clinic to ensure their community of approximately 900 members have access to behavioral health services continuum of care. Services will be delivered through virtual and digital telehealth platforms.

Due to limitations on in-person services due to COVID-19, there is a need to expand services to a virtual platform. The Alabama-Coushatta Tribe of Texas is also located in a rural area with limited options for virtual and other technological services. This project will ensure the tribal community continues to heal from the negative impact of COVID-19.

Anticipated Outcome

- Expand existing virtual recovery support services using digital technology to up to 500 people of all ages.

Provider

Table 32 lists the provider and county served in SABG Project 17: Virtual Behavioral Health – Tribal Communities.

Table 32. SABG Project 17 Providers and Counties Served

Providers	Counties Served
Alabama-Coushatta Tribe of Texas	Polk

Project 18: Virtual Behavioral Health – Outreach, Screening, Assessment, and Referral Infrastructure

Project Description

HHSC allocated H.R. 133 funds to the OSAR program to enhance virtual service delivery infrastructure and provide training to improve OSAR service delivery. Because of the COVID-19 pandemic, many substance use service providers were required to quickly modify the way in which they provided services and continue to adapt to rapidly changing circumstances. Prior to the COVID-19 pandemic, many providers met with people in-person to provide substance use services. Due to COVID-19 transmission risk and shelter-in-place orders nationwide, providers began to regularly conduct substance use services virtually.

To ensure OSAR providers are best equipped to continue serving persons in virtual settings, they will receive funds to procure resources and attend trainings necessary to improve and sustain virtual service delivery. This funding will also allow persons who previously have not had access to receive virtual services by increasing providers' virtual service knowledge and capacity.

Anticipated Outcomes

- Increase access to virtual service delivery statewide.
- Increase access to OSAR services in rural and underserved urban areas.

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Providers

Table 33 lists the providers and counties served in SABG Project 18: Virtual Behavioral Health – OSAR Infrastructure.

Table 33. SABG Project 18 Providers and Counties Served

Providers	Counties Served
OSAR Providers	Statewide

Project 19: Recovery Support – Peer Support

Project Description

HHSC will expand existing peer and recovery support services by allocating H.R. 133 and ARPA funding to reduce gaps in the availability of peer and recovery support services. UT Health San Antonio will coordinate the continued development of the state’s behavioral health crisis service and response capacity through the enhancement and expansion of recovery support services through peer training and certification, enhanced training opportunities for certified peer specialists, and recovery support staff and the purchase of goods and services to enhance COVID-19 response. Provider organizations currently providing recovery support services are eligible for this funding.

Anticipated Outcomes

- Serve approximately 2,000 people through peer recovery services.
- Increase access to peer and recovery support services.

Provider

Table 34 lists the provider and counties served in SABG Project 19: Recovery Support – Peer Support.

Table 34. SABG Project 19 Providers and Counties Served

Providers	Counties Served
UT Health San Antonio	Statewide

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Project 20: Recovery Support – Training and Technical Assistance

Project Description

HHSC allocated H.R. 133 and ARPA funding to The University of Texas at Austin Addiction Research Institute to expand existing training and technical assistance to recovery support service organizations including youth recovery communities supporting increased needs due to COVID-19.

The Addiction Research Institute’s Recovery Oriented System of Care Training and Technical Assistance will provide best/evidence-based practices through the provision and development of training, technical assistance, research, and evaluation for recovery support services and youth recovery community providers throughout Texas. Training and technical assistance will advance the Best Practice Toolkit from the National Guidelines for Behavioral Health Crisis Care by addressing three of the six essential principles for modern crisis care systems: addressing recovery needs, the significant role of peer specialists, and trauma informed care.

Anticipated Outcome

- Provide training and technical assistance to recovery support services and youth recovery community organizations, resulting in increased competency in peer and recovery support service delivery.

Provider

Table 35 lists the provider and counties served in SABG Project 20: Recovery Support – Training and Technical Assistance.

Table 35. SABG Project 20 Providers and Counties Served

Providers	Counties Served
The University of Texas at Austin Addiction Research Institute	Statewide

Project 21: Recovery Support – Hospital-based SBIRT and Peer Support

Project Description

HHSC allocated H.R. 133 and ARPA funding to UT Health San Antonio to expand hospital-based SBIRT services and recovery support services for persons with alcohol or other use disorders. This project will increase a continuum of substance use services provided in a hospital setting to assist primary care teams in identifying patients with alcohol or other SUDs.

Through this project, patients will have the opportunity to receive intervention services, medications for withdrawal management, and be directly connected to substance use treatment programs.

Anticipated Outcomes

- Serve approximately 22,000 people.
- Increase access points for healthcare among hard-to-reach populations with high disease severity.
- Reduce associated healthcare costs.

Providers

Table 36 on the next page lists the provider and counties served in SABG Project 21: Recovery Support – Hospital-based SBIRT and Peer Support.

Table 36. SABG Project 21 Providers and Counties Served

Providers	Potential Counties to be Served
UT Health San Antonio	Programs will be launched in Texas counties yet to be determined

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Project 22: Recovery Support – OSAR Recovery Resources

Project Description

HHSC allocated H.R. 133 funding to OSAR providers to distribute resources which will reduce barriers for persons seeking access to and maintaining engagement in a continuum of substance use services. This project aims to ensure persons engaging in substance misuse or who have a SUD receive resources that promote accessing and maintaining engagement in intervention, treatment, and recovery services.

The 14 LMHAs/LBHAs currently contracted to provide OSAR services statewide will oversee the distribution of resources and coordinate with local prevention, intervention, treatment, and recovery support providers to ensure continuity of care. Resources to be disseminated by LMHAs/LBHAs include overdose prevention kits, COVID-19 testing supplies, personal protective equipment (PPE) for those with SUDs, and bus passes for transportation to substance use service sites.

Anticipated Outcome

- Distribute approximately 120,000 recovery resources.

Providers

Table 37 lists the providers and counties served in SABG Project 22: Recovery Support – OSAR Recovery Resources.

Table 37. SABG Project 22 Providers and Counties Served

Providers	Counties Served
OSAR Providers	Statewide

Project 23: Recovery – Comprehensive Continuum of Care

Project Description

HHSC allocated ARPA funding to the Comprehensive Continuum of Care (CCC) project, which seeks to reduce barriers to SUD treatment, enhance motivation,

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stabilize life situations, and facilitate engagement in long-term recovery for pregnant women and women with dependent children. The CCC project provides comprehensive case management services, community-based linkage services, and retention services from pre-admission services through post-treatment services.

The program also provides financial assistance to help program participants with costs associated with supports necessary to facilitate long-term recovery, including housing, childcare, and transportation. Case management and individual services coordination help establish linkages with other services in the community, such as legal services, social services, and state and federal nutrition assistance. These services help to fill a gap within typical treatment services to help people enter and maintain long-term recovery.

Anticipated Outcome

- Serve approximately 650 pregnant women/women with dependent children through the CCC program.

Providers

Table 38 lists the providers and counties served in SABG Project 23: Recovery Support – Comprehensive Continuum of Care.

Table 38. SABG Project 23 Providers and Counties Served

Providers	Counties Served
SABG-Funded Licensed Residential Treatment Providers with women and children designated programs	All Texas Counties

Project 24: Housing Initiatives – Recovery Residences for Emerging Adults

Project Description

HHSC allocated H.R. 133 and ARPA funding to UT Health San Antonio to create at least 12 recovery residences with a special focus on equitably supporting emerging

adult populations. This project will establish at least 12 level-2¹¹ and level-3¹² recovery residences for emerging adults.

For emerging adult populations who transitioned to recovery housing from a higher level of care, such as residential treatment, the linkage to a community-based care setting has capacity to significantly reduce risk of returning to use. Emerging adult populations residing in recovery housing are given the opportunity to help sustain their recovery while engaging in community supports, strengthening relationships with families and significant others, and bridging the gap between treatment and long-term recovery. Providing housing with recovery support services allows emerging adults the opportunity to gain critical independent living skills, build recovery capital, and to ensure a recovery orientation which expands support networks and recovery services.

Anticipated Outcome

- Provide recovery housing to approximately 576 emerging adults, ages 18-25.

Providers

Table 39 lists the provider and counties served in SABG Project 24: Housing Initiatives – Recovery Residences for Emerging Adults.

Table 39. SABG Project 24 Providers and Counties Served

Providers	Potential Counties to be Served
UT Health San Antonio	All regions and counties in HHS Public Health Regions

¹¹ Level II Recovery Housing is monitored by a house manager or senior resident.

¹² Level III Recovery Housing is supervised by a facility manager and a case/staff manager.

Project 25: Housing Initiatives – Comprehensive Neonatal Abstinence Syndrome Treatment Services and Supportive Transitional Housing

Project Description

HHSC allocated H.R. 133 and ARPA funding to UT Health San Antonio to expand comprehensive Neonatal Abstinence Syndrome (NAS) treatment services and step-down, supportive, long-term housing.

The Comprehensive NAS Treatment Services and Supportive Transitional Housing project serves women and their children, ensuring mothers with infants experiencing NAS receive a full continuum of clinical and supportive services. These projects will allow women and their newborns to receive a full continuum of care while preserving the bond between mothers and their infants, helping women sustain their recovery, promoting family engagement, and bridging the gap between treatment and long-term recovery.

Anticipated Outcomes

- Provide comprehensive neonatal abstinence syndrome treatment services with supportive transitional housing to approximately 540 women and children.
- Increase stability in recovery and housing and family preservation.
- Reduce costs associated with child welfare system involvement and neonatal intensive care units.

Provider

Table 40 lists the provider and counties served in SABG Project 25: Housing Initiatives – Comprehensive NAS Treatment Services and Supportive Transitional Housing.

Table 40. SABG Project 25 Providers and Counties Served

Providers	Counties Served
UT Health San Antonio	Statewide

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Project 26: Housing Initiatives – Initiatives to Address Housing Instability and Homelessness

Project Description

HHSC allocated H.R. 133 and ARPA funding to address housing instability and homelessness in the five most populous Texas municipalities: San Antonio, Houston, Fort Worth, Austin, and Dallas. HHSC will contract with five LMHAs/LBHAs to provide housing navigators, homeless mental health crisis management, and coordination, permanent supportive housing, acute withdrawal management, and other projects that fit the needs of the target community.

Eligibility for services under this project is limited to people with a SUD diagnosis experiencing homelessness or at imminent risk of homelessness who are receiving mental health or substance use treatment services. This project compliments Project 2 under the MHBG section of this document, which serves people with mental health diagnoses experiencing homelessness or at imminent risk of homelessness.

Anticipated Outcomes

- Serve approximately 2,301 people.
- Increase referrals to housing services.
- Increase number of persons obtaining stable housing in the community and receiving needed mental health and substance use treatment.

Providers

Table 41 lists the providers and counties served in SABG Project 26: Housing Initiatives – Initiatives to Address Housing Instability and Homelessness.

Table 41. SABG Project 26 Providers and Counties Served

Providers	Counties Served
Center for Health Care Services	Bexar
Integral Care	Travis
My Health My Resources of Tarrant County	Tarrant

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Providers	Counties Served
NTBHA	Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall
The Harris Center	Harris

Project 27: Outcomes and Performance Data

HHSC allocated H.R. 133 funding for data system improvement. This involves changes to the integrated health record to consolidate data across behavioral health services, improve functionality, and improve data accuracy. These changes will increase compliance with the block grant requirements based on recommendations from SAMHSA’s 2019 compliance monitoring review site visit report.

One of the SABG primary requirements is to maintain a reliable information management system. The system should gather performance and outcome data to ascertain behavioral health programs' ongoing effectiveness. Currently, mental health and SUD providers use different systems with separate data warehouses, various batching, and distinct outcome reporting. Both types of providers have different contractual outcomes, data sets, and goals. HHSC’s health record system, the Clinical Management for Behavioral Health Services (CMBHS), also houses other SUD and mental health documents. This gap creates an inefficient management environment for persons served.

This initiative consolidates mental health and SUD data into a single information system and allows CMBHS to implement batch uploading for SUD providers and an updated electronic health record system. The planned changes will replace manual processes and increase data accuracy and reporting. The Outcomes and Performance Data project is anticipated to impact 7,750 records.

Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Looking Forward

The funds allocated under H.R. 133 and ARPA will allow HHSC to develop an integrated behavioral health crisis continuum that affords equal access to mental health crisis supports and continuously meets the needs of Texans living with mental health and substance use conditions. Integral to the substance use block grant efforts, is the support of health equity through its priority focus on the provision of SUD prevention, treatment, and recovery support services.

In December 2021, HHSC received an additional \$9 million through ARPA for testing and mitigation resources. The funds will be allocated to mental health and substance use providers across Texas to respond to the COVID-19 public health emergency and ensure the continuity of mental health and substance use services. Testing and mitigation funds will be used for a variety of purposes, including COVID testing supplies, housing for isolation following COVID-19 exposure or positive test results, and PPE. HHSC will distribute these funds between state fiscal year 2023 and state fiscal year 2025.

In order to distribute testing and mitigation resources to mental health providers, HHSC will contract with LMHAs/LBHAs, which will receive funds for use in their outpatient clinics. LMHAs/LBHAs operating crisis facilities will receive an allocation for use in those facilities. HHSC will contract with UT Health San Antonio to operationalize the direct distribution of COVID-19 testing and mitigation resources for all other HHSC-contractors who provide substance use prevention, intervention, treatment, and recovery support services.

List of Acronyms

Acronym	Full Name
ACCESS	Anderson Cherokee Community Enrichment Services
ACES	Adverse Childhood Experiences
ARPA	American Rescue Plan Act
BRFSS	Behavioral Risk Factor Surveillance System
CCBHC	Certified Community Behavioral Health Clinic
CCC	Continuum of Care
CHC	The University of Texas at Austin’s Center for Health Communication
CMBHS	Clinical Management for Behavioral Health System
COPSD	Co-Occurring Psychiatric and Substance Use Disorder
COSP	Consumer Operated Service Provider
COVID-19	Coronavirus Disease 2019
CSC	Coordinated Specialty Care
DSHS	Texas Department of State Health Services
FDA	U.S. Food and Drug Administration
HHS	Health and Human Services
HHSC	Health and Human Services Commission
H.R. 133	Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]
EMS	Emergency Medical Services
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MAT	Medication Assisted Treatment
MCOT	Mobile Crisis Outreach Team
MHBG	Mental Health Block Grant
NOA	Notice of Award
NAS	Neonatal Abstinence Syndrome
NTBHA	North Texas Behavioral Health Authority
OSAR	Outreach, Screening, Assessment, and Referral
PPE	Personal Protective Equipment

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Acronym	Full Name
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Prevention and Treatment Block Grant
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SUD	Substance Use Disorder
UT Health San Antonio	The University of Texas Health Science Center at San Antonio

Appendix A. SAMHSA Recommendations for H.R. 133 and ARPA Supplemental MHBG and SABG funds

SAMHSA H.R. 133 MHBG Recommendations

Number	Recommendations
1.	Operation of an "access line," "crisis phone line," or "warm lines" by mental health professionals;
2.	Training of staff and equipment that supports enhanced mental health crisis response and services;
3.	Mental Health Awareness training for first responders and others;
4.	Hire of outreach and peer support workers for regular check-ins for people with SMI/SED;
5.	Prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce COVID-19 transmission risk; and
6.	COVID-19 related expenses for people with SMI/SED, including testing and administering COVID-19 vaccines, COVID-19 awareness education, and PPE purchase.

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SAMHSA ARPA MHBG Recommendations

Number	Recommendations
1.	Develop partnerships with the emerging Suicide Lifeline (9-8-8) systems, law enforcement, EMS, health care providers, housing authorities, Housing and Urban Development Continuum of Care, hospital systems, peer-based recovery organizations, and substance use specific treatment providers, all of whom have a critical role in the crisis continuum.
2.	Utilize five percent of funds for crisis services, as described in the fiscal year 2021 appropriations language.
3.	A comprehensive 24-hour, seven days per week crisis continuum for children including screening and assessment; mobile crisis response and stabilization; residential crisis services; psychiatric consultation; referrals and warm hand-offs to home and community-based services; and ongoing care coordination.
4.	Provide increased outpatient access for those in crisis, including same-day or next-day appointments.
5.	Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas; use of global positioning system to expedite response times, and to remotely meet with the person in crisis.
6.	The adoption and use of health information technology, such as electronic health records, to improve access to and coordination of behavioral health services and care delivery.
7.	Consider digital platforms, such as Network of Care, which facilitate access to behavioral health services for persons with SMI-SED.
8.	Advance telehealth opportunities to expand crisis services for hard to reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth.*
9.	Implement an electronic bed registry that coordinates with existing HHS provider directory efforts and treatment locator system that will help people access information on crisis bed facilities, including their locations, available services, and contact information.
10.	Support for crisis and school-based services that promote access to care for children with SED.
11.	Develop MAT protocols to assist children and adults who are in crisis, which may leverage telehealth when possible.
12.	Expand Assisted Outpatient Treatment services.
13.	Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis.

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Number	Recommendations
14.	Technical Assistance for the development of enhanced treatment and recovery support services including planning for CCBHCs.

* States cannot use the funds to purchase any items for persons receiving services.

SAMHSA H.R. 133 SABG Recommendations

Category	Recommendations
Prevention	<ol style="list-style-type: none"> 1. Screening with evidence-based tools. 2. Risk messaging with evidence-informed strategies and accompanying evaluation to establish most effective strategies. This includes: <ol style="list-style-type: none"> A. Text and Mobile Health messaging strategies targeted at adolescents and young adults’ substance misuse; B. Scenario-based messaging programs for parents about opioid risks; and C. Web-based interventions targeted at the criminal justice system. 3. Operation of an “access line,” “crisis phone line,” or “warm lines” by prevention providers. 4. Purchase of technical assistance. 5. COVID-19 expenditures related to substance misuse prevention including COVID-19 awareness and education for persons with SUD and transportation related to accessing SUD prevention and COVID-19 vaccines.
Intervention	<ol style="list-style-type: none"> 1. In order to respond to and prevent overdose deaths during the pandemic, states may focus on the purchase of Naloxone and the materials necessary to assemble overdose kits. These kits may be disseminated to users of cocaine, methamphetamine, and benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among people with SUD.

Category	Recommendations
Treatment	<ol style="list-style-type: none"> 1. Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers. 2. MAT using Federal Drug Administration-approved medications and accompanying psychosocial and recovery supports to treat: <ol style="list-style-type: none"> A. Opioid use disorder, using buprenorphine, methadone, and naltrexone; and B. Alcohol use disorder, using acamprosate, disulfiram, and naltrexone. 3. SUD crisis services with the capacity to respond, de-escalate, and provide follow through to transition people in crisis onto a path of recovery. 4. Operation of an "access line," "crisis phone line," or "warm lines" by treatment providers. 5. Purchase of technical assistance. 6. COVID-19 related expenditures including COVID-19 testing/vaccines (including transportation) for those with SUD. 7. Treatment services (including MAT) in penal or correctional institutions consistent with current SABG expenditure limitations.
Recovery Support	<ol style="list-style-type: none"> 1. Recovery community and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services. 2. Peer Recovery specialist training, funding, and evaluation, including peer recovery specialist certification. 3. Operation of an "access line," "crisis phone line," or "warm lines" by recovery support providers.
Infrastructure	<ol style="list-style-type: none"> 1. PPE purchase for staff and persons receiving SUD services. 2. Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery. 3. Hiring of outreach workers to conduct regular check ins for people with SUD. 4. Provision of workforce support.

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SAMHSA ARPA SABG Recommendations

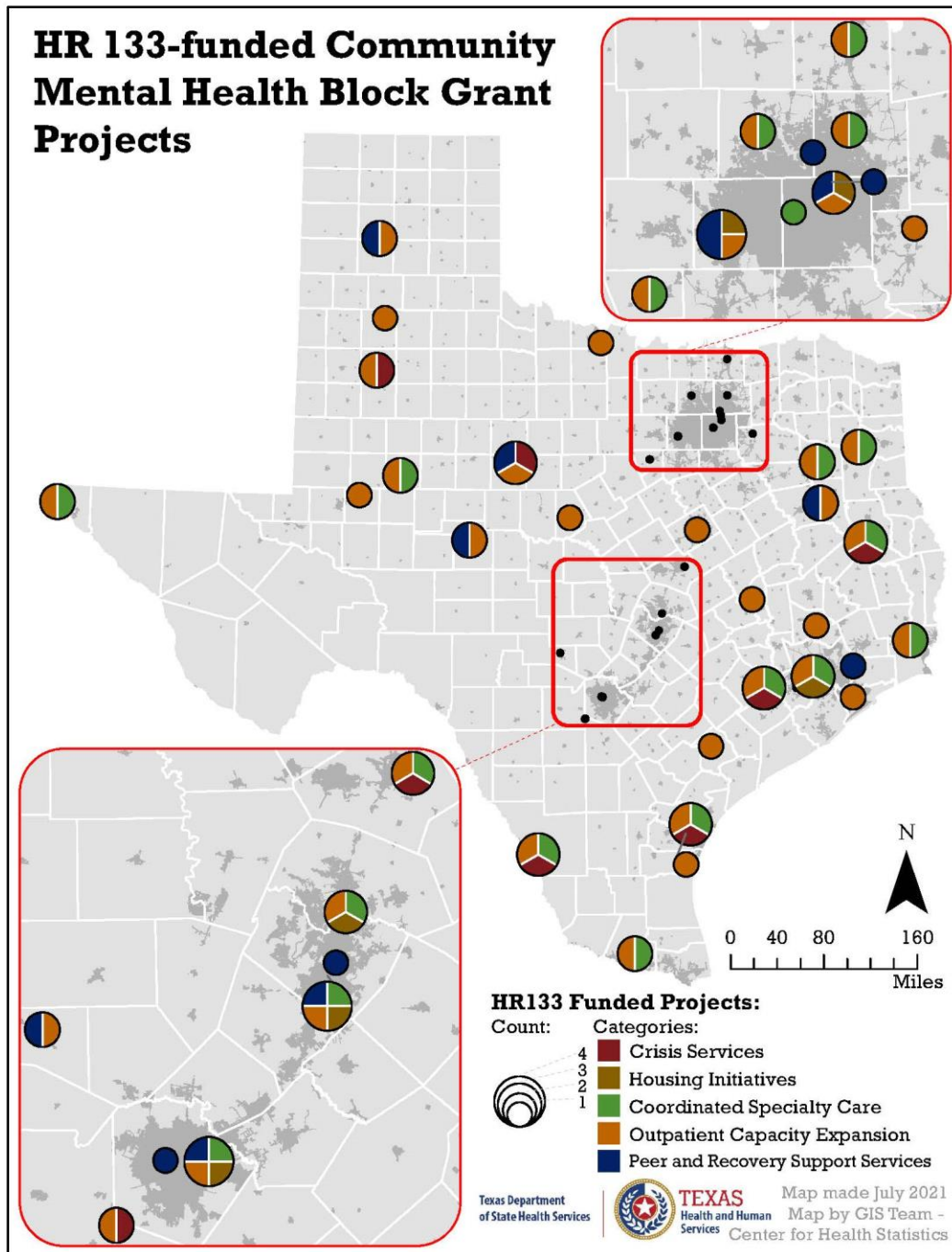
Number	Recommendations
1.	Develop and expand the use of U.S. Food and Drug Administration (FDA)-approved medications and digital therapeutics as a part of addiction treatment that can provide interactive, evidence-based behavioral therapies for the treatment of opioid, alcohol, and tobacco use disorders, along with the implementation of other evidence-based treatments and practices.
2.	Provide increased access, including same-day or next-day appointments, and low barrier approaches, for those in need of SUD treatment services.
3.	Develop and expand the use of FDA-approved medications and digital therapeutics as a part of addiction treatment that can provide interactive, evidence-based behavioral therapies for the treatment of opioid use disorders, alcohol use disorders, and tobacco use disorders, along with the implementation of other evidence-based treatments and practices.
4.	Provide increased outpatient access, including same-day or next-day appointments, for those in crisis.
5.	Direct critical resources in expanding broad-based state and local community strategies and approaches in addressing the drug overdose epidemic, involving SUD prevention, intervention, treatment, and recovery support services.
6.	Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas, and use of GPS to expedite response times and to remotely meet with the person in need of services.
7.	The adoption and use of health information technology to improve access to and coordination of SUD prevention, intervention, treatment, and recovery support services and care delivery, consistent with the provisions of HIPAA and 42 CFR, Part 2.
8.	Advance telehealth opportunities to expand services for hard-to-reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth.*
9.	Enhance the primary prevention infrastructure within your state and communities using the Strategic Prevention Framework planning model and implementing evidence-based practices, the six Center for Substance Abuse Prevention strategies with an emphasis on environmental approaches.
10.	Consider incorporating strategies around adverse childhood experiences to improve substance misuse outcomes among all populations, but especially young adults 18-25 and those over 26 years of age; preventing and reducing marijuana use by youth below the state’s legal age of use; and mitigating the impact of increased alcohol access by youth as identified during the COVID-19 pandemic. It is important to identify and address disparities and describe how the agency incorporates equitable approaches.

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Number	Recommendations
11.	Support expansion of peer-based recovery support services (e.g., recovery community organizations, recovery community centers, recovery high schools, collegiate recovery programs, recovery residences, alternative peer group programs) to ensure a recovery orientation which expands support networks and recovery services. These programs are helping people sustain their recovery, engaging families and significant others, bridging the gap between treatment and long-term recovery, and supporting people reentering the community from incarceration.

**States may not use the funds to purchase any items for persons receiving services.*

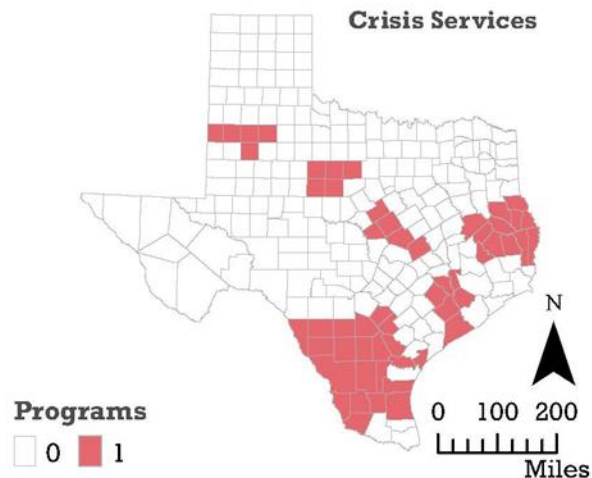
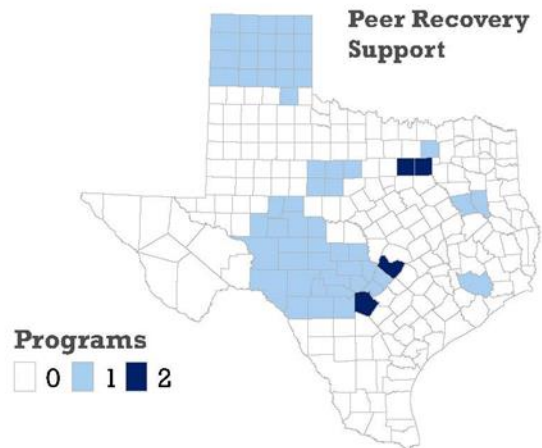
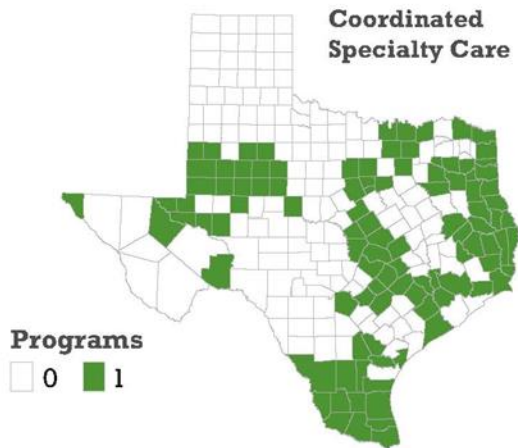
Appendix B. H.R. 133-funded MHBG Projects Statewide



Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Appendix C. H.R. 133-funded MHBG Projects Statewide and By County

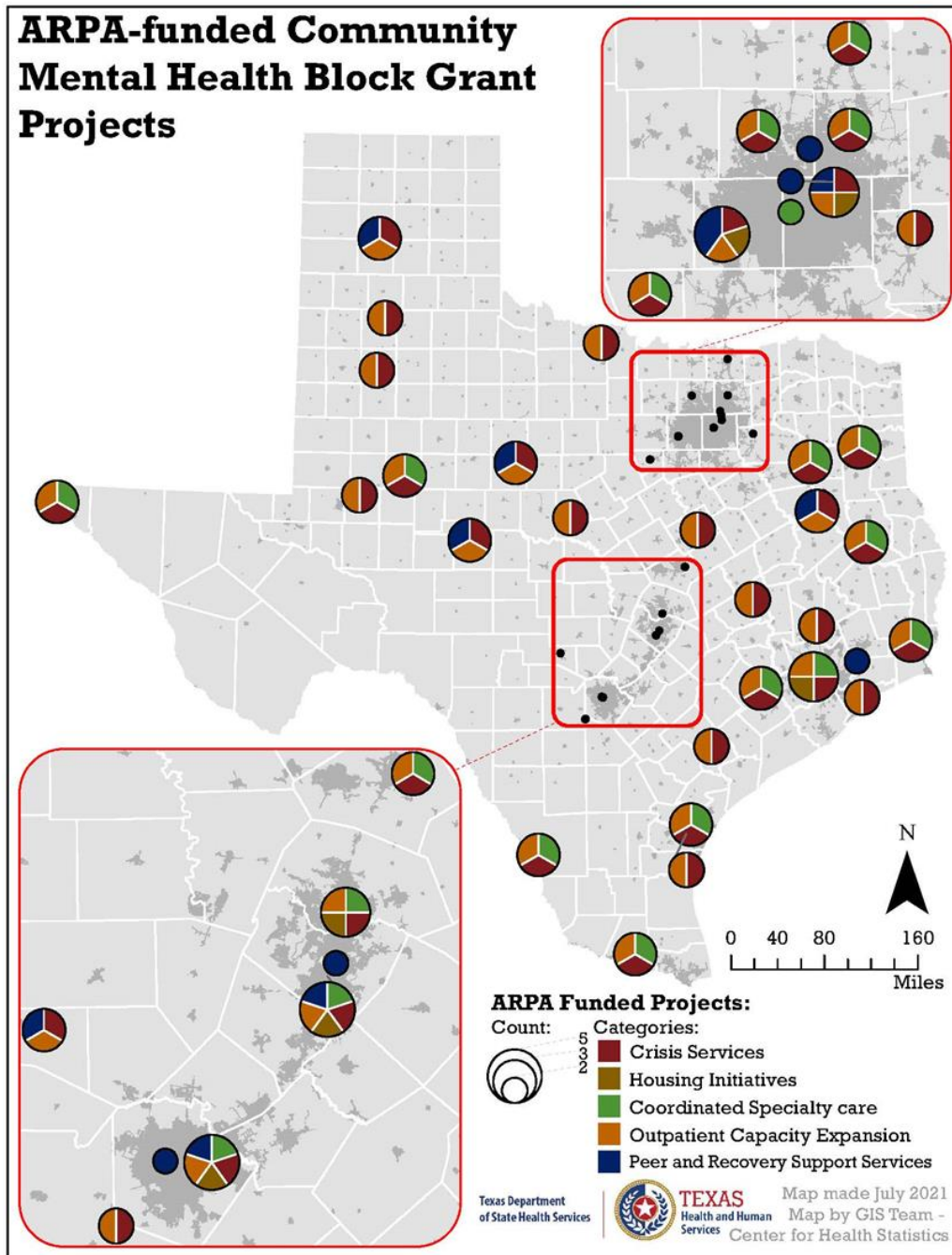
County-level Coverage by HR 133-funded Community Mental Health Block Grant Projects



Map made August 2021
 Map by GIS Team - Center for Health Statistics

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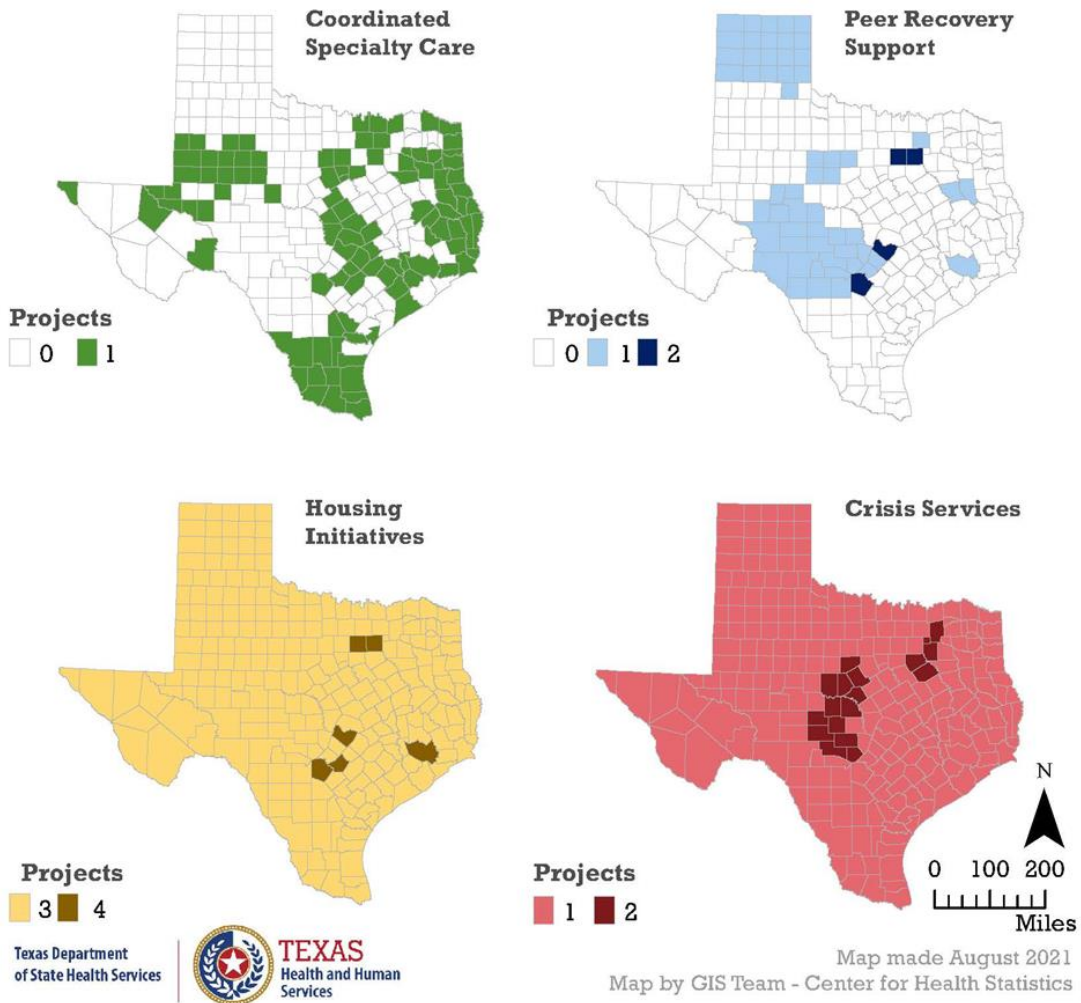
Appendix D. ARPA-funded MHBG Projects Statewide



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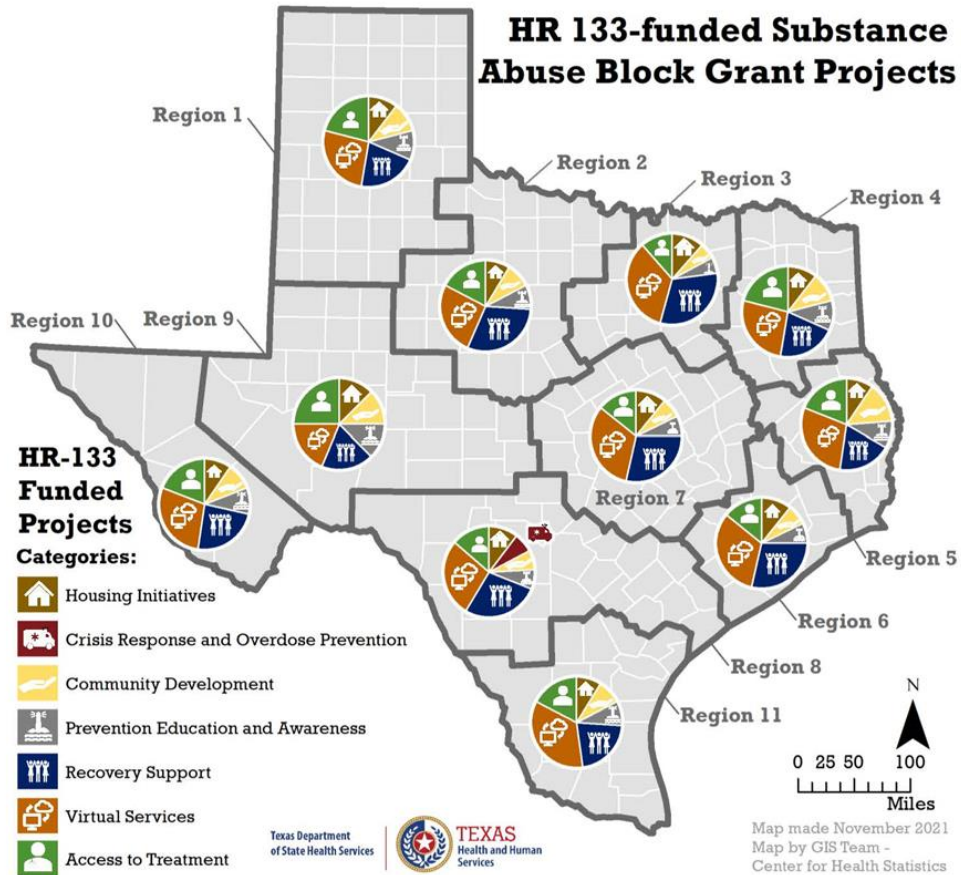
Appendix E. ARPA-funded MHBG Projects Statewide and By County

County-level coverage by ARPA-funded Community Mental Health Block Grant Projects



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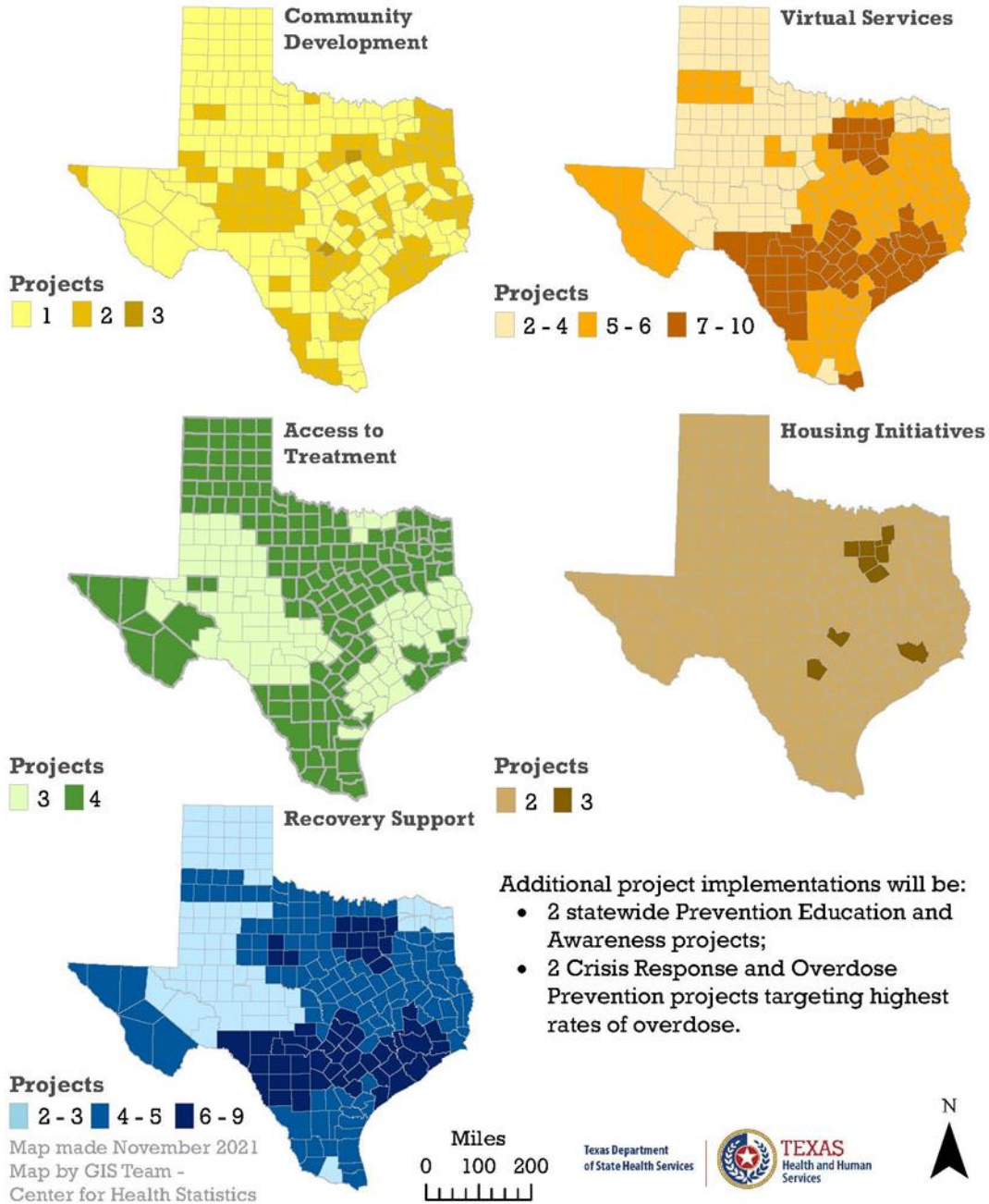
Appendix F. H.R. 133-funded SABG Projects Statewide



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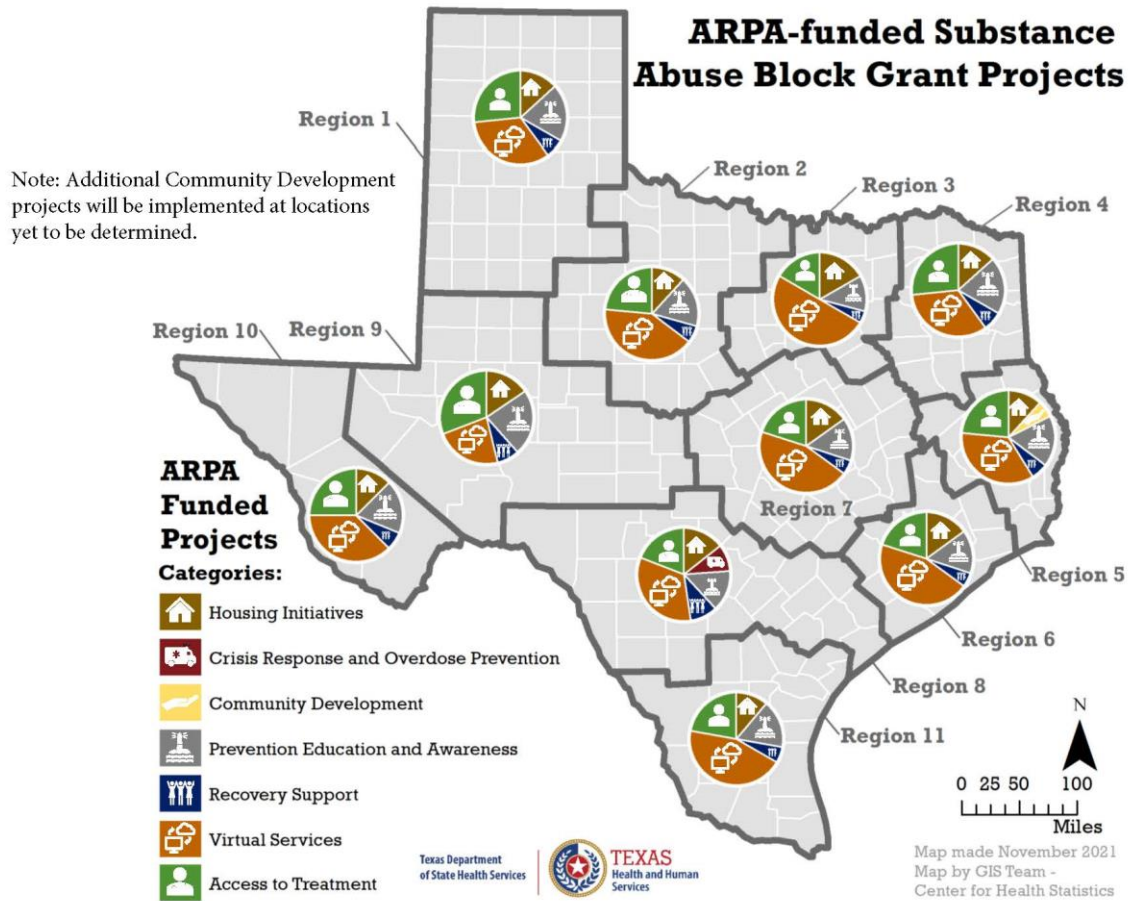
Appendix G. H.R. 133-funded SABG Projects Statewide and By County

County-level Coverage by HR133-funded Substance Abuse Block Grant Projects



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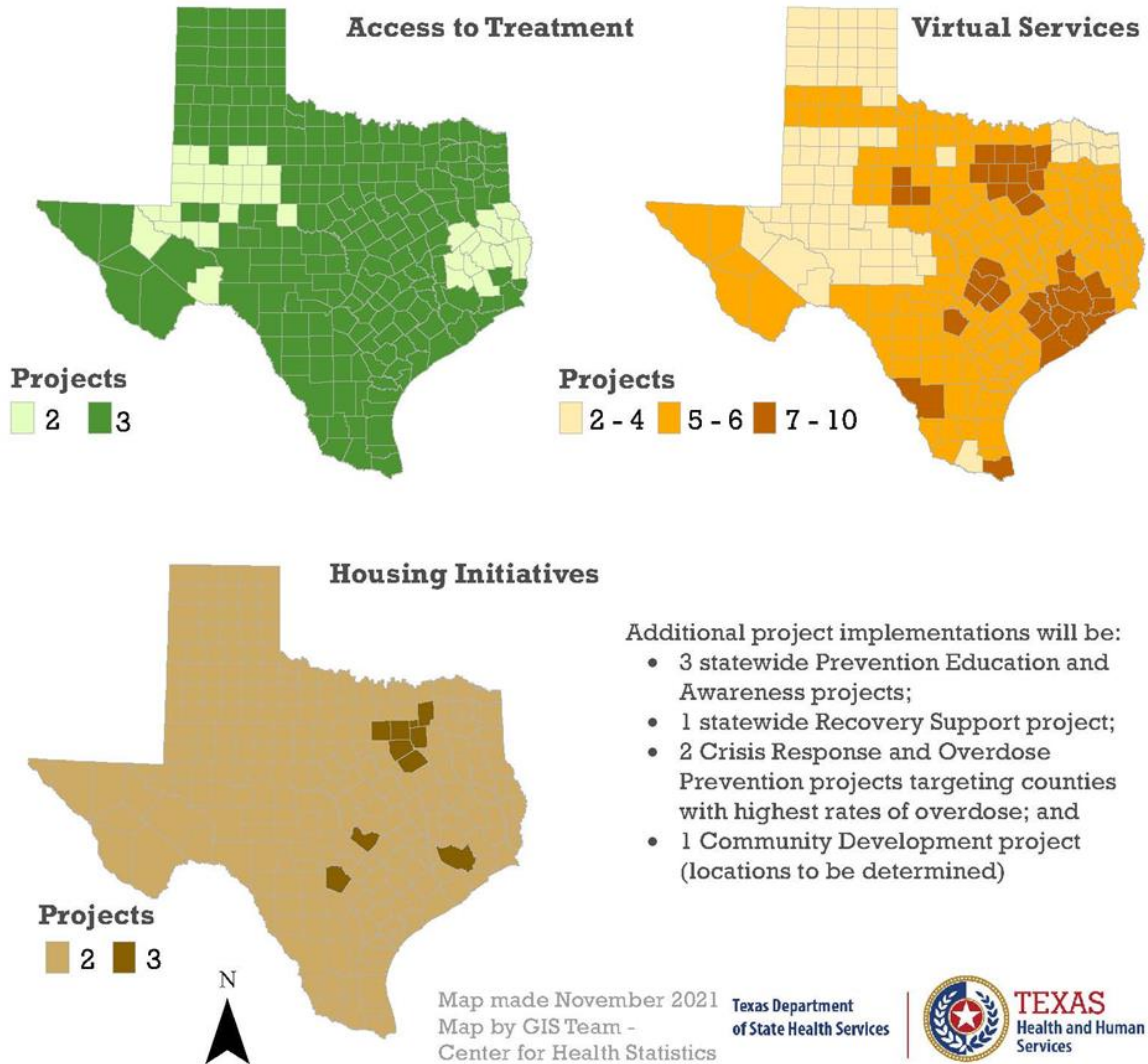
Appendix H. ARPA-funded SABG Projects Statewide



Disclaimer: This plan and funding amounts are subject to changes based on federal guidance, input received during internal contract vetting process, and contract negotiations with providers.

Appendix I. ARPA-funded SABG Projects Statewide and By County

County-level Coverage by ARPA-funded Substance Abuse Block Grant Projects



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