

# Texas

## UNIFORM APPLICATION FY 2024 Mental Health Block Grant Report COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025  
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Center for Mental Health Services  
Division of State and Community Systems Development

## A. State Information

### State Information

#### State Unique Entity Identification

Unique Entity ID G6JLG3FANUA9

#### I. State Agency to be the Grantee for the Block Grant

Agency Name Health and Human Services Commission  
Organizational Unit Mental Health and Substance Use Programs  
Mailing Address 4601 Guadalupe, MC H101  
City Austin, Texas  
Zip Code 78751

#### II. Contact Person for the Grantee of the Block Grant

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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 10/1/2022  
To 9/30/2023

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date

Revision Date

#### V. Contact Person Responsible for Report Submission

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#### Footnotes:

## B. Implementation Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** Prevention of Substance Abuse  
**Priority Type:** SAP, MHS  
**Population(s):** SMI, SED, PP, Other

**Goal of the priority area:**

Focus on the prevention of substance abuse, SMI and SED by maximizing opportunities where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health.

**Objective:**

1) SA Prevention programs (SAP): Maintain the number of youth and adults receiving prevention services.  
2) Mental Health First Aid (MHFA) (MHS & SAP/SMI, SED, Other): Increase the number of school based and higher education personnel, the number of community members, and the number of veterans and veterans' immediate family members trained in MHFA. Increase the number of Local Mental Health Authority/Local Behavioral Health Authority personnel trained as trainers in MHFA.

**Strategies to attain the goal:**

1) SA Prevention programs: Provide targeted technical assistance to providers so that strategies are centered on funded priorities; identify barriers to consumer access of prevention services and the challenges of service delivery; and provide technical assistance that allows contractors to concentrate their efforts on enrolling more youth and adults in prevention education while stabilizing their efforts of other prevention strategies, such as alternative activities and ATOD presentations.  
2) MHFA: Contract with LMHA/LBHAs to provide evidence-based MHFA training to public school and higher education personnel, community members, and veterans and veterans' immediate family members, and provide technical assistance support to providers.

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Prevention of Substance Use Disorder  
**Baseline Measurement:** Adults: 306,330 Youth: 800,274  
**First-year target/outcome measurement:** Return to Pre-Covid levels of Adults: 520,167 Youth: 1,636,415  
**Second-year target/outcome measurement:** Return to Pre-Covid levels of Adults: 520,167 Youth: 1,636,415  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS

**New Data Source(if needed):**

**Description of Data:**

Number of youth and adults receiving substance abuse prevention services.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Services include mental health prevention/promotion efforts. There is no current way to separate out these integrated programs. Program measures are aggregate reports and not based on individual level services for each strategy. For individuals who receive more than one service, there will be duplication in the total count.

**New Data issues/caveats that affect outcome measures:**

Adults:399,923  
Youth: 1,084,934

## Report of Progress Toward Goal Attainment

First Year Target:



**Reason why target was not achieved, and changes proposed to meet target:**

Workforce shortages internally and with contractors, various communities disparately impacted by waves of COVID and local restrictions. Media campaign delayed allowing more time for research, message development and capacity building. Texas is working to develop the workforce and strengthen retention, innovate ways to overcome challenges related to COVID and will be launching the statewide media campaign.

**How first year target was achieved (optional):**

Second Year Target:



**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**



**Priority #:** 2

**Priority Area:** Substance Use Disorder Treatment and Intervention

**Priority Type:** SAT

**Population(s):** PWWDC, PWID

**Goal of the priority area:**

Focus on health care and services coordination. Integration efforts seek to increase access to appropriate high- quality intervention and treatment.

**Objective:**

- 1) Maintain coordinated efforts between state agencies to create efficiencies and provide better services.
- 2) SAT/PWWDC,PWID): Increase the number of Pregnant Women and Women with Dependent Children (PWWDC) screened and admitted (within 72 hours) to treatment.
- 3) SAT ensure treatment services are not negated by other higher factors such as stable housing. Individuals in a stable and supported housing are more likely to be successful in continuing abstinence.
- 4)SAT/PADRE,PPI: Maintain the number of parenting and expecting couples at risk for involvement or currently involved with child welfare with a substance use disorder or who are at risk of developing a substance use disorder screened through existing Parenting Awareness and Drug Risk Education (PADRE) and Rural Border Intervention (RBI) programs.
- 5) SAT Maintain or increase the number of services and ensure each service is provided with a high standard.

**Strategies to attain the goal:**

- 1) Utilize the System Contract (SCOR) to see when agreements will expire. Work with partnering state agencies to ensure populations in need are served.
- 2) Utilize state general revenue to increase services/rates to ensure capacity meets the need. Maintain oversight of waitlist reporting and contact contractors to ensure coordination continues.
- 3) Provide oversight and communication with contractors not meeting Outcome Measures to ensure quality services are provided.
- 4) PADRE/RBI: Continue to provide PADRE services across the state and provide ongoing technical assistance and on-site monitoring to support the PADRE programs.
- 5) Provide oversight to ensure contractors are not over-extending stays or not performing appropriate screenings which result in extended or shortened lengths of treatment.

**Edit Strategies to attain the objective here:**  
(if needed)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Priority Population Admission  
**Baseline Measurement:** Pregnant, injecting women and pregnant women who were immediately admitted (72 hours) into treatment services - 42%  
**First-year target/outcome measurement:** FY2022 – Increase by 10% to, at least, 52%  
**Second-year target/outcome measurement:** FY2023 – Increase by 10% to, at least, 62%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS

**New Data Source(if needed):**

**Description of Data:**

Numerator: The Number of eligible pregnant, injecting women and pregnant women who were immediately admitted into treatment services.  
Denominator: The Number of eligible pregnant, injecting women and pregnant women who were screened and/or assessed for treatment.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

38%

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Substance use treatment providers are being impacted by staffing shortages and COVID-19 outbreaks within residential facilities which lead to to a reduction in capacity, a freeze in admissions, and longer wait lists and with increased wait times. In 2022 HHSC implemented programs to help treatment providers mitigate the spread of COVID-19 in treatment settings through the distribution of resources such as personal protective equipment, cleaning supplies, and hygiene items. HHSC is also working to assist treatment providers with financial resources to offset costs and assist in staff retention

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**

**Indicator #:** 2  
**Indicator:** Intervention Services Number Served  
**Baseline Measurement:** FY2020 Numbers served in PADRE and RBI - 4,461  
**First-year target/outcome measurement:** Return to Pre-Covid level of 9,217

**Second-year target/outcome measurement:** Return to Pre-Covid level of 9,217

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS

**New Data Source(if needed):**

**Description of Data:**

Contractual Performance Measures  
PADRE  
Number of adult clients screened for substance abuse risk factors  
Number of youth clients screened for substance abuse risk factors  
RBI -  
Number of adults served  
Number of youth served.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Number served may be impacted by procurement with resulting contracts starting FY2021

**New Data issues/caveats that affect outcome measures:**

8,309

## Report of Progress Toward Goal Attainment

First Year Target:

 Achieved Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Substance use intervention programs conduct outreach in various community settings including hospitals, jails, and treatment settings. Due to the COVID-19 pandemic many community settings were closed to the public, meaning substance intervention programs had fewer settings to conduct community outreach leading to a decrease program participants. However, in early 2022 community outreach settings began to open back up to the public allowing providers to resume outreach and begin increase their participant count. While some community outreach settings were closed substance use intervention programs expanded their outreach to find program participants in new settings like food banks and recovery support meetings. HHSC is hopeful that the opening up of previously closed out reach locations combined with the out reach being conducted in new locations will increase the number served for intervention services.

**How first year target was achieved (optional):**

Second Year Target:

 Achieved Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**

**Indicator #:**

3

**Indicator:**

Number of Adults served in Substance Use Disorder treatment services

**Baseline Measurement:**

Number of adult treatment program services - 30,769

**First-year target/outcome measurement:**

Return to Pre-Covid level of 34,450

**Second-year target/outcome measurement:**

Return to Pre-Covid level of 34,450

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS

**New Data Source(if needed):**

**Description of Data:**

Number of adult Treatment (TRA) program services is a total served in TRA and LBHA-TRA services. This number may reflect the same individual served in multiple services.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Number served may be impacted by procurement, where new contracts will begin in FY2021 and will be affected by a rate increase if determined to be required.

**New Data issues/caveats that affect outcome measures:**

34,193

### Report of Progress Toward Goal Attainment

First Year Target:

 Achieved Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

Adults served 34,193. Substance use treatment providers across have been affected by workforce shortages. Residential and outpatient facilities are experiencing challenges retaining staff due to the inability to offer competitive salaries and benefits. HHSC is working to assist treatment providers with financial resources to offset costs and assist in staff retention. In addition, Medicaid has continued to extend coverage for pregnant and post-partum women allowing them to access services using their Medicaid instead of block grants funds.

**How first year target was achieved (optional):**

Second Year Target:

 Achieved Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved:**

Goal: Maintain Baseline of 34,450  
Actual: 34,757

- Priority #:** 3
- Priority Area:** Recovery Support
- Priority Type:** SAT, MHS
- Population(s):** SMI, SED, PWWDC, PP, EIS/HIV, TB, Other

**Goal of the priority area:**

Focus on partnering with people in recovery from mental and substance use disorders and their family members, with an emphasis on person-centered planning, to guide the behavioral health system and promote individual, program, and system level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports.

**Objective:**

- 1) Supported Housing (MHS & SAT/SMI, SED, Homeless): SMI and all priority populations): Reduce the need for emergency care access by providing supportive housing rental assistance.
- 2) Enhance Texas's current behavioral health service delivery system through the use of client-driven practices.
- 3) Certified Mental Health Peer Specialists and Recovery Support Peer Specialists (SAT/All Priority Populations): Maintain the number of certified Peer Specialists and Recovery Coaches.

**Strategies to attain the goal:**

- 1) Supported Housing: Continue to provide level funding to SHR that provides rental assistance to individuals. Provide monthly supported housing

- technical assistance calls and conduct site visits as needed to support providers.
- 2) Utilize current state expertise in addition to expert training and consultation to create a PCRP implementation workgroup and plan that addresses the needs of Texans.
- 3) Certified Mental Health Peer Specialists and Recovery Support Peer Specialists: Continue to contract with providers to offer training and certification for MHPS and RSPS in SFY 2020 and SFY 2021. Provide ongoing technical assistance to support Recovery Support Services provider (for persons with SUD) and LMHA/LBHA development and retention of certified MHPs and RSPs.

**Edit Strategies to attain the objective here:**  
(if needed)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number enrolled in long-term coaching  
**Baseline Measurement:** Number of individuals enrolled in long-term coaching - 5,818  
**First-year target/outcome measurement:** Maintain Baseline  
**Second-year target/outcome measurement:** Maintain Baseline

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS

**New Data Source(if needed):**

**Description of Data:**

Performance Measure in contract  
 Number of individuals currently enrolled to receive long-term (12 months) coaching

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Number served may be impacted by procurement. New contracts will begin in fiscal year 2021

**New Data issues/caveats that affect outcome measures:**

4,896

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Target was not met due to high number of participants who withdrew from services during the COVID-19 pandemic. HHSC will provide technical assistance to providers on outreach and engagement in the post-COVID environment.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**

**Indicator #:** 2  
**Indicator:** Youth Recovery



**Baseline Measurement:** Number of youth served 4,485

**First-year target/outcome measurement:** Maintain Baseline

**Second-year target/outcome measurement:** Maintain Baseline

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS

**New Data Source(if needed):**

**Description of Data:**

Performance Measure in contract  
Total number of participants with open cases for the reporting month.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

8,852

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain Baseline-Number of Youth served 4,485

Actual: 8,852

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved:**

Goal: Maintain baseline of 4,485

Actual: 12,937

**Priority #:** 4

**Priority Area:** Crisis Service Delivery

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED, PP

**Goal of the priority area:**

Focus on the availability and accessibility of crisis services to individuals within the community.

**Objective:**

1. Maintain current levels of access to crisis services for individuals with mental health and/or substance use disorders.
2. Provide the appropriate crisis services to individuals in the community.
3. Reduce the need for psychiatric hospitalizations among those who have had a crisis event.

**Strategies to attain the goal:**

1. Continue providing crisis residential facilities across the state focusing on special populations and rural areas. Provide ongoing technical assistance and on-site monitoring to support the crisis programs.
2. Increase access to crisis response services for persons waiting for access to ongoing mental health care.
3. Provide services within the community to meet the needs of individuals.

**Edit Strategies to attain the objective here:**

*(if needed)*

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of Persons Receiving Crisis Residential Services Per Year

**Baseline Measurement:** 22,254 individuals received crisis residential services in state fiscal year 2020

**First-year target/outcome measurement:** Return to Pre-Covid level of 25,000

**Second-year target/outcome measurement:** Return to Pre-Covid level of 25,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Consumer Analysis Data Warehouse

**New Data Source(if needed):**

**Description of Data:**

Number of individuals with mental health and/or substance use disorder who received crisis residential services in a fiscal year

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

12,827

### Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

There were fewer admissions to crisis residential services due to COVID-19. During the pandemic, facilities were forced to close temporarily or reduce capacity due to nursing and other workforce shortages; and positive COVID test results (of both staff and patients). The loss of federal DSRIP funding resulted in one permanent facility closure in fiscal year 2022. Fewer admissions were also the result of facilities serving patients with higher acuity and who required longer stays.

HHSC is working with contractors to address crisis services workforce challenges and continuing to monitor changes in admission and discharge practices--including lengths of stay, operating capacity changes, and limitations due to quarantine or other COVID-19 related challenges. HHSC will continue to provide statewide and individual technical assistance and guidance to address crisis service challenges.

**How first year target was achieved (optional):**

Second Year Target:

Achieved

Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**

**Indicator #:** 2  
**Indicator:** Number of persons receiving crisis outpatient services  
**Baseline Measurement:** 89,901 persons received crisis outpatient services in state fiscal year 2020  
**First-year target/outcome measurement:** Maintain Baseline  
**Second-year target/outcome measurement:** Maintain Baseline  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Consumer Analysis Data Warehouse

**New Data Source(if needed):**

**Description of Data:**

Reflect the number of individuals who received crisis outpatient services in a fiscal year.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

83,317

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The number of persons receiving crisis outpatient services funded by general revenue has a slight decrease due to centers experiencing significant staffing shortages due to workforce challenges experienced during the pandemic.

HHSC is working with contractors to address crisis services workforce challenges and continuing to monitor changes and limitations due to COVID-19 related challenges. HHSC will continue to provide statewide and individual technical assistance and guidance to address crisis service challenges.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**

**Indicator #:** 3  
**Indicator:** Percentage of individuals receiving crisis services who avoid psychiatric hospitalization  
**Baseline Measurement:** 97% of individuals avoid psychiatric hospitalization  
**First-year target/outcome measurement:** Maintain baseline  
**Second-year target/outcome measurement:** Maintain baseline  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Consumer Analysis Date Warehouse

**New Data Source(if needed):**

**Description of Data:**

The percentage of individuals who received crisis service, but did not receive psychiatric hospitalization.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

98%

**Report of Progress Toward Goal Attainment**

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain Baseline-97% of individuals avoid psychiatric hospitalization

Pending: 98%

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved:**

Goal: 97%

Actual: 97%

**Priority #:**

5

**Priority Area:**

Community Mental Health Services

**Priority Type:**

SAT, MHS

**Population(s):**

SMI, SED, PP

**Goal of the priority area:**

Community mental health services should be available and provided to individuals regardless of age or geographic location within the state.

**Objective:**

Provide mental health services to adults and children in the community.

**Strategies to attain the goal:**

Maintain or increase access to community mental health services across the state.

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Number of adults receiving community mental health services per year

**Baseline Measurement:**

218,752 adults served

**First-year target/outcome measurement:** Maintain baseline

**Second-year target/outcome measurement:** Maintain baseline

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Consumer Analysis Data Warehouse

**New Data Source(if needed):**

**Description of Data:**

This reflects the number of adults who received a mental health service in the fiscal year

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

230,941

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain baseline-218,752 adults served

Actual: 230,941

Second Year Target:



Achieved



Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved:**

Goal: Maintain baseline-218,752 adults served

Actual: 233,125

**Indicator #:** 2

**Indicator:** Number of children receiving community mental health services per year

**Baseline Measurement:** 66,733 children served

**First-year target/outcome measurement:** maintain baseline

**Second-year target/outcome measurement:** maintain baseline

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Consumer Analysis Data Warehouse

**New Data Source(if needed):**

**Description of Data:**

This reflects the number of children who received a mental health service in a fiscal year.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

69,845

### Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain baseline-66,733 children served

Actual: 69,845

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved:**

Goal: Maintain baseline-66,733 children served

Actual: 71,907

**Priority #:**

6

**Priority Area:**

Mental Health Targeted Programs

**Priority Type:**

SAT, MHS

**Population(s):**

SMI, SED, PP

**Goal of the priority area:**

Guide the behavioral health system and promote individual, program, and system level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports.

**Objective:**

- 1 & 2. Supported Housing Rental Assistance (SHR): Reduce the need for emergency care access by providing supportive housing rental assistance.
- 3 & 4. Certified Mental Health Peer Specialists (MHPS) and Recovery Support Peer Specialists (RSPS): Maintain the number of MHPSs and RSPSs.
- 5. Expand and maintain the number of individuals in the First Episode of Psychosis Program who access integrated services.

**Strategies to attain the goal:**

- 1 & 2. Supported Housing Rental Assistance (SHR): Expand SHR availability in Texas. Provide monthly supported housing technical assistance calls and conduct site visits as needed to support providers.
- 3 & 4. Certified Mental Health Peer Specialists and Recovery Support Peer Specialists : Continue to contract with providers to offer training and certification for MHPS and RSPS in SFY 2020 and SFY 2021. Provide ongoing technical assistance to support Recovery Support Services provider (for persons with SUD) and LMHA/LBHA development and retention of certified MHPSs and RSPSs.
- 5. First Episode of Psychosis Program: Monitor and support current and future First Episode of Psychosis pilot programs to establish and maintain access to integrated care for participants.

**Edit Strategies to attain the objective here:**  
(if needed)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Reduce crisis services for individuals receiving supportive housing rental assistance (SHR)  
**Baseline Measurement:** 50% crisis services reduction  
**First-year target/outcome measurement:** Maintain baseline  
**Second-year target/outcome measurement:** Maintain baseline  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS/MBOW

**New Data Source(if needed):**

**Description of Data:**

Data compares crisis service utilization 180 days before clients' first SHR payment to utilization 180 days after first SHR payment.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

59%

### Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain baseline-50% crisis services reduction

Actual: 59%

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

PENDING

**How second year target was achieved:**

**Indicator #:** 2

**Indicator:** Reduce psychiatric hospitalizations for individuals receiving supportive housing rental assistance (SHR)

**Baseline Measurement:** 50% Psychiatric Hospitalization Reduction

**First-year target/outcome measurement:** Maintain Baseline

**Second-year target/outcome measurement:** Maintain Baseline

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS/MBOW

**New Data Source(if needed):**

**Description of Data:**

Data compares psychiatric hospital admissions 180 days before clients' first SHR payment to admissions 180 days after first SHR payment.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

68%

**Report of Progress Toward Goal Attainment**

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain baseline-50% Psychiatric Hospitalization Reduction  
Actual: 68%

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved:**

Goal: Maintain baseline-50% Psychiatric Hospitalization Reduction  
Actual: 73%

**Indicator #:**

3

**Indicator:**

Number of certified Mental Health Peer Specialists (MHPS)

**Baseline Measurement:**

884 MHPS

**First-year target/outcome measurement:**

Maintain Baseline

**Second-year target/outcome measurement:**

Maintain Baseline

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Texas's peer certifying organizations: The Texas Certification Board and Wales Counseling DBA Texas Peers

**New Data Source(if needed):**

Texas Certification Board

**Description of Data:**

Number of individuals who have received MHPS training and have applied for and been granted certification.

**New Description of Data:(if needed)**

Number of people granted certification.

**Data issues/caveats that affect outcome measures:**

In 2017, the Texas Legislature enacted a statute requiring the certification process be separated from organizations that provide training. The full implications of this new legislation on the number of MHPS and RSPS are currently unknown.

**New Data issues/caveats that affect outcome measures:**



## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

### Reason why target was not achieved, and changes proposed to meet target:

Number of certified MH Peer Specialists = 592. As the result of state legislative changes, some MHPS did not recertify which affected the total number. HHSC has a team dedicated to the expansion of the peer workforce, who will continue their expansion efforts through additional technical assistance and outreach.

### How first year target was achieved (optional):

**Indicator #:** 4  
**Indicator:** Number of certified Recovery Support Peer Specialists (RSPS)  
**Baseline Measurement:** 463 RSPS  
**First-year target/outcome measurement:** Maintain Baseline  
**Second-year target/outcome measurement:** Maintain Baseline  
**New Second-year target/outcome measurement(if needed):**

### Data Source:

Texas' peer certifying organizations: The Texas Certification Board and Wales Counseling DBA Texas Peers

### New Data Source(if needed):

Texas Certification Board

### Description of Data:

Number of individuals who have received RSPS training and have applied for and been granted certification.

### New Description of Data:(if needed)

Number of people granted certification.

### Data issues/caveats that affect outcome measures:

In 2017, the Texas Legislature enacted statute requiring the certification process be separated from organizations that provide training. The full implications of this new legislation on the number of MHPS and RSPS are currently unknown.

### New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

### Reason why target was not achieved, and changes proposed to meet target:

### How first year target was achieved (optional):

Number of certified Recovery Peer Specialists = 628

**Indicator #:** 5  
**Indicator:** Number of individuals served in the First Episode of Psychosis program  
**Baseline Measurement:** 981 individuals served in state fiscal year 2020  
**First-year target/outcome measurement:** maintain baseline  
**Second-year target/outcome measurement:** maintain baseline  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CMBHS/MBOW

**New Data Source(if needed):**

**Description of Data:**

Number of persons served in the early onset psychosis level of care.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

New programs have started in spring 2019 that will need time for ramp-up. These sites are also in more rural locations so targets may need to be adjusted after initial assessment of implementation of new program sites.

**New Data issues/caveats that affect outcome measures:**

1,251

### Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Goal: Maintain baseline-981 individuals served in state fiscal year 2020

Actual: 1,251

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

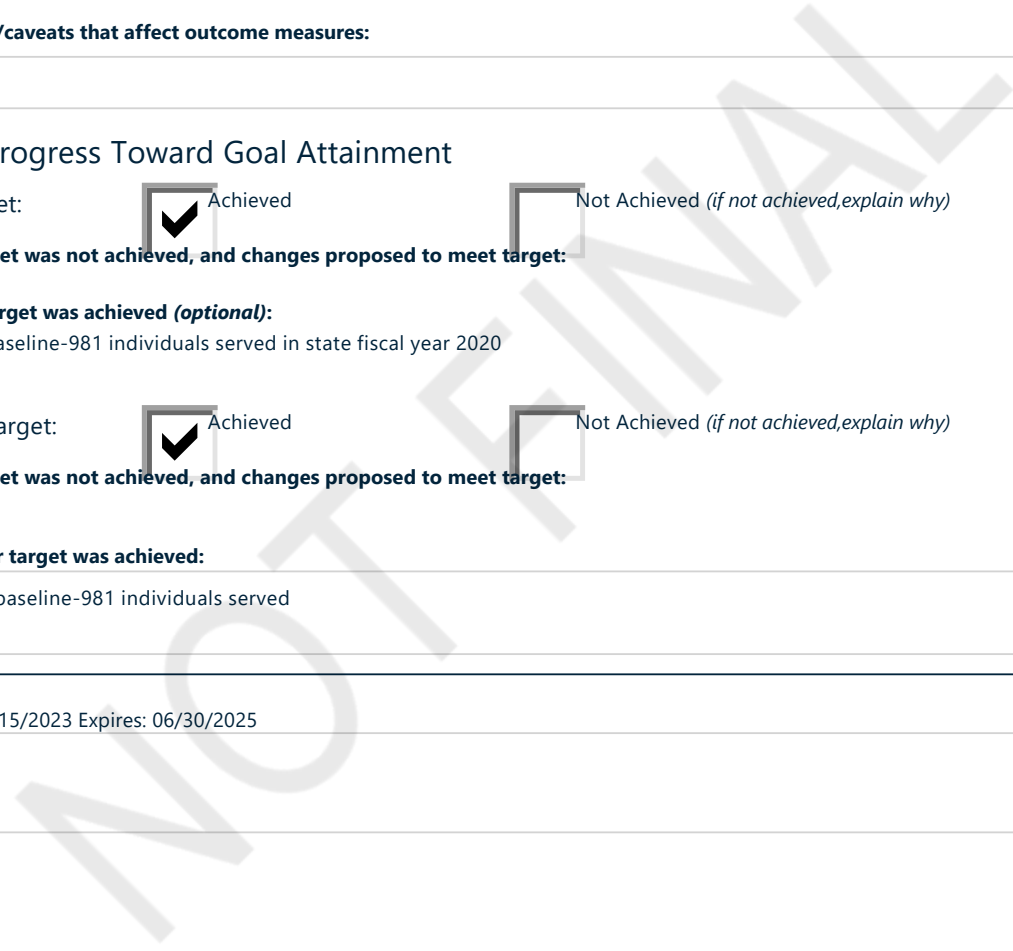
**How second year target was achieved:**

Goal: Maintain baseline-981 individuals served

Actual: 1,289

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**



## C. State Agency Expenditure Report

### MHBG Table 3 - Set-aside for Children's Mental Health Services

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date:      Reporting Period End Date:

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2022	C Estimated/Actual SFY 2023	Please specify if expenditure amount reported in Column C is actual or estimated
\$18,705,040	\$85,202,376	\$0	<input type="radio"/> <input checked="" type="radio"/> Actual Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

NOT FINAL

## C. State Agency Expenditure Report

### MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date:      Reporting Period End Date:

A Period	B Expenditures	C <u>B1 (2021) + B2 (2022)</u> 2
SFY 2021 (1)	\$526,782,325	
SFY 2022 (2)	\$550,372,672	\$538,577,499
SFY 2023 (3)	\$0	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2021	Yes	No	X
SFY 2022	Yes	No	X
SFY 2023	Yes	No	

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

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**Footnotes:**

NOT FINAL