

Mental Health and Substance Abuse (MHSA) Services Division

Mike Maples, Assistant Commissioner

FTEs: 8,069.4

The MHSA Services Division provides oversight, monitoring, and strategic direction for programs that address community mental health services, substance abuse services, and hospital services. Additionally, the division administers the activities associated with NorthSTAR, the behavioral health managed care program in the Dallas service area (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties). Detailed information about each of these services is included in a separate Section VII description.

The division functionally includes three sections that report to the Assistant Commissioner. The sections and their functions are listed below.

- The Community MHSA Program Services Section administers mental health and substance abuse programs and policy.
- The Community MHSA Contractor Services Section administers mental health and substance abuse program contracts and quality management.
- The State Hospital Services Section provides oversight of nine state mental health hospitals, a psychiatric residential treatment facility for adolescents, a public health hospital, and a public health outpatient clinic to ensure the delivery of services.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Community Mental Health Services
Location/Division	909 West 45 th Street, Austin – Mental Health and Substance Abuse (MHSA) Services Division
Contact Name	Mike Maples, Assistant Commissioner, MHSA Services Division
Actual Expenditures, FY 2012	\$442,088,864
Number of Actual FTEs as of June 1, 2013	81.0
Statutory Citation for Program	Chapters 531-535, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Community Mental Health Services (CMHS) has as its primary objective to provide quality family-focused, community-based mental health services and supports to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Major activities include the following.

State Mental Health Authority (SMHA) Activities

DSHS serves as the SMHA for mental health services in Texas. Responsibilities include the following:

- oversees the public system of care for adults with SMI and children/adolescents with SED;
- designs and implements policy relating to mental health services;
- contracts with providers for services for the priority populations;
- develops rules relating to the delivery of mental health services;
- defines optimal outcomes for treatment;
- provides technical assistance to contracted providers;
- monitors compliance and issues sanctions when needed; and
- serves as a Medicaid operating agency under HHSC for selected mental health programs provided to eligible adults with SMI and children/adolescents with SED. Under S.B. 58, 83rd Legislature, Regular Session, 2013, the SMHA will work with HHSC to integrate these programs into the Medicaid managed care program no later than September 1, 2014.

Texas Resilience and Recovery (TRR)

TRR is an array of evidence-based services to assist adults and children/adolescents to effectively manage their mental illness and achieve recovery, including community-based services that assist in stabilizing crisis situations, minimize hospitalizations and re-hospitalizations, restore functioning, assist with adherence to medication regimens, promote integration into the larger community, and assist with linkage to other required community-based services.

Jail Diversion and Continuity of Care Activities for Incarcerated Individuals

DSHS contracts with local mental health authorities (LMHAs) throughout the state to engage in jail diversion activities as well as activities to enhance continuity of care for incarcerated adults and children/adolescents with a mental illness.

Community Crises Services

The 80th and 81st Legislatures appropriated funding to redesign the community mental health crisis system. The desired impact of this redesign initiative is to improve responses to behavioral health crises, including services to prevent hospitalization and restore competency in an outpatient setting.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The CMHS Program measures effectiveness and efficiency using the following outcome measures.

Annual Outcome Measures for Adults Served at DSHS-Funded Community Mental Health Centers in Fiscal Years 2011 and 2012		
Performance Measures	FY 2011	FY 2012
Average monthly percentage of adults in community mental health services appropriately authorized	92%	91%
Average monthly percentage receiving minimum number of recommended service hours	88%	86%
Percentage receiving first service encounter within 14 days of assessment	80%	82%
Percentage avoiding crisis	98%	98%
Percentage admitted 3 more times in 180 days to a state or community psychiatric hospital	0.36%	0.36%
Annual Outcome Measures	FY 2011	FY 2012
Percentage of adults in community mental health services with improved or acceptable functioning	35%	37%
Percentage with improved or acceptable housing	71%	74%

Annual Outcome Measures	FY 2011	FY 2012
Percentage with improved criminal justice involvement	53%	54%
Percentage with improved or acceptable co-occurring substance use	85%	85%
<i>Source: DSHS Behavioral Health Data Book</i>		

Annual Outcome Measures for Children Served at DSHS-Funded Community Mental Health Centers in Fiscal Years 2011 and 2012		
Performance Measures	FY 2011	FY 2012
Average monthly percentage of children in community mental health services appropriately authorized	92%	93%
Average monthly percentage receiving minimum number of recommended service hours	87%	88%
Percentage receiving first service encounter within 14 days of assessment	77%	78%
Percentage avoiding crisis	98%	98%
Percentage admitted 3 more times in 180 days to a state or community psychiatric hospital	.04%	.06%
Annual Outcome Measures	FY 2011	FY 2012
Percentage of children with improved or acceptable problem severity	41%	41%
Percentage with improved or acceptable co-occurring substance use	81%	81%
<i>Source: DSHS Behavioral Health Data Book</i>		

In addition, DSHS has collaborated with the Legislative Budget Board to develop the following measures to show the effectiveness and efficiency of the crisis program:

- number of persons receiving crisis residential services per year funded by new monies;
- number of persons receiving crisis outpatient services per year funded by new monies;
- average amount of new monies per person spent on crisis residential services; and
- average amount of new monies per person spent on crisis outpatient services.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2003 – The Legislature mandates that the legacy TDMHMR develop and deploy an evidence-based disease management model for adults with SMI, including schizophrenia, bipolar disorder, and major depressive disorder; and for children with SED.

2005 – DSHS completes rollout of Resiliency and Disease Management (RDM), creating fundamental changes in the type and amount of services delivered to adults with SMI and to

children/adolescents with SED. RDM includes two key elements: a uniform assessment, and an encounter data reporting and warehousing system.

2007 – The Legislature appropriates \$82 million to make significant progress toward improving the response to MHSA crises. The first phase of implementation focuses on ensuring statewide access to competent rapid response services, avoiding hospitalization, and reducing the need for transportation.

2009 – The Legislature continues funding for crisis services redesign for the 2009-10 biennium.

2013 – DSHS begins implementing significant changes to RDM. The redesigned program, TRR, is a recovery-oriented system of care that emphasizes fidelity with evidence-based practices. Beginning in fiscal year 2014, MHSA will use new assessment tools that will improve the accuracy of client outcome data.

2013 – The Legislature appropriates \$252 million to advance community-based mental health services through a diverse array of initiatives designed to improve timely access to mental health services in the most appropriate setting. The funding supports education and prevention, expanded treatment capacity and alternatives to hospitalization, housing services, and expansion of the Youth Empowerment Services (YES) Medicaid waiver program for children at risk of parental relinquishment. In addition, new or expanded projects and pilot programs address the needs of special populations, including individuals experiencing mental health and homelessness, adults with complex needs and repeated hospitalizations, veterans, individuals at risk of incarceration, and those in need of competency restoration services.

The Legislature also passes legislation requiring HHSC to integrate physical and behavioral health services into the Medicaid managed care program, including the targeted case management and psychosocial rehabilitative services currently administered by DSHS. HHSC, working in conjunction with DSHS, must complete this integration by September 1, 2014.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The CMHS Program targets adults with SMI and children with SED. Any adult or child/adolescent who is a member of the DSHS priority population is eligible to receive services.

The adult priority population includes adults with SMI such as schizophrenia, bipolar disorder, major depressive disorder, or other severely disabling mental disorders that require crisis resolution and/or ongoing long-term support and treatment. The program requires that individuals who have incomes above 150 percent federal poverty level pay for services in accordance with a sliding-fee schedule.

More Texas Adults Estimated to Have Serious and Persistent Mental Illness than DSHS-Funded Community Mental Health Can Treat in Fiscal Years 2011 and 2012			
Year	Estimated Number with Serious and Persistent Mental Illness	Number Served at DSHS-Funded Community Mental Health Centers	Percent Treated
2011	499,721	158,010	31.6%
2012	496,390	155,770	31.4%
Source: DSHS Community Mental Health Block Grant Narrative, 2007 and 2008, based on methodology specified in <i>Federal Register</i> 64, No. 121 (Thursday, June 24, 1999): Notices (33890-33897).			
Note: Adults with SMI may not necessarily seek treatment, and those who do might do so outside the DSHS-Funded CMHS system. Number and percent served includes NorthSTAR.			

Percentage Distribution of Primary Diagnoses among Adults Served at DSHS-Funded Community Mental Health Centers in Fiscal Years 2011 and 2012		
Diagnosis	FY 2011	FY 2012
Major Depressive Disorder	34%	34%
Bipolar Disorder	37%	36%
Schizophrenia	24%	25%
All Other	5%	5%
Total	100%	100%
Source: DSHS Behavioral Health Outpatient Warehouse.		
Note: House Bill 2292, 78 th Legislature, Regular Session, 2003, requires DSHS-funded community mental health centers to ensure the provision of disease management practices for adults with bipolar disorder, schizophrenia, or severe depression.		

The CMHS Program provides crisis services to all children and families presenting with a mental health crisis; there are no eligibility requirements beyond clinical need. The program provides clinic and community-based services to children ages 3-17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, intellectual disability, autism, or pervasive development disorder) who exhibit serious emotional, behavioral, or mental disorders and who:

- have a serious functional impairment;
- are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms; or
- are enrolled in a school system’s special education program because of an SED.

More Texas Children Estimated to Have Serious Emotional Disturbance than DSHS-Funded Community Mental Health Can Treat in Fiscal Years 2011 and 2012			
Year	Estimated Number with Serious Emotional Disturbance	Number Served at DSHS-Funded Community Mental Health Centers	Percent Treated
2011	156,390	46,463	29.7%
2012	175,937	47,034	26.7%

Source: DSHS Community Mental Health Block Grant Narrative, 2007 and 2008, based on methodology specified in *Federal Register*, Volume 64, Number 121, Thursday, June 24, 1999, Notices, pp. 33890-33897.

Note: Children with SED and their families may not necessarily seek treatment, and those who do might do so outside the DSHS-Funded CMHS system. Number and percent served includes NorthSTAR.

Percentage Distribution of Primary Diagnoses among Children Served at DSHS-Funded Community Mental Health Centers in Fiscal Years 2011 and 2012		
Diagnosis	FY 2011	FY 2012
Attention Deficit Disorder	47%	48%
Disruptive Behavior Disorder	13%	13%
Bipolar Disorder	7%	6%
Major Depressive Disorder	7%	7%
Other Affective Disorders	11%	11%
Other Non-Psychotic Disorders	9%	9%
All Other	6%	6%
Total	100%	100%

Source: Consumer Analysis Data Warehouse.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The MHS Division, Program Services Section and Contract Services Section administer CMHS. Within the two sections, the following units specifically administer the community mental health program:

- Program Services Section, Adult Mental Health Services Unit,
- Program Services Section, Child and Adolescent Services,
- Program Services Section, Disaster Behavioral Branch,
- Contract Services Section, Mental Health Contracts Unit, and
- Contract Services Section, Quality Management Unit.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/mhsa.shtm>.

LMHAs and their local provider networks currently provide mental health services for adults and children. LMHAs directly contract with DSHS for the provision of mental health services in 37 local service areas across the state. A licensed health maintenance organization administers mental health services provided to individuals residing in the seven-county NorthSTAR region. Currently, these are the only providers in Texas who meet the state eligibility requirements to provide Medicaid targeted case management and psychosocial rehabilitative services.

DSHS staff is currently responsible for promulgating rules and policies and, in conjunction with HHSC, developing any required Medicaid waivers or Medicaid state plan amendments pertaining to Medicaid-funded mental health services. DSHS staff also works closely with HHSC to identify the potential effects of changes to Medicaid policy on mental health services prior to implementation of the policy. In 2014, HHSC will administer Medicaid-funded mental health services outside the NorthSTAR service area through the Medicaid managed care program. DSHS will retain full responsibility for services provided to medically indigent children and adults.

DSHS oversees the quality of services provided to consumers and administers sanctions and other contract penalties as required. To help ensure the quality of services and compliance with state and federal regulations, DSHS provides both training and technical assistance to LMHAs on a regular basis.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$104,969,044
General Revenue	\$334,823,874
General Revenue-Dedicated	0
Other	\$2,295,946

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
NorthSTAR Program	Both the CMHS and the NorthSTAR programs provide an array of evidence-based	NorthSTAR is a managed care behavioral health “carve out” that operates under a Medicaid 1915(b)

Name	Similarities	Differences
	services to adults with SMI. Both serve Medicaid-eligible, as well as uninsured (medically indigent) individuals. Both fund community hospital-based services and provide mental health services under the TRR model.	waiver in seven Texas counties. NorthSTAR provides certain mental health services to Medicaid-eligible individuals residing in the designated seven-county area who are not members of the DSHS adult mental health priority population.

External Programs

Name	Similarities	Differences
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) – Adult	TCOOMMI and CMHS both provide an array of services to adults with mental illness. TCOOMMI programs provide case management; rehabilitation and psychological services; psychiatric services; medication and monitoring; individual and group therapy; skills training; benefit eligibility services; screening and linkage to appropriate medical services, including hospice; jail screening; court intervention; and pre-release referral process for jails and families.	TCOOMMI serves offenders with mental illness in the criminal justice system. DSHS programs serve persons with mental illness in the general community. DSHS provides services to a narrowly defined target population, while TCOOMMI serves persons with a wider spectrum of mental disorders.
TCOOMMI – Youth	TCOOMMI and CMHS both provide an array of services to youth with mental illness. Services include assessments for service referral; service coordination and planning; medication and monitoring; individual and/or group therapy and skills training; in-home services such as family therapy; family-focused support services; benefit eligibility services; advocacy; and transitional services.	TCOOMMI serves juvenile offenders with behavioral and emotional disturbance. DSHS programs serve children and adolescents with SED in the general community. DSHS provides services to a defined priority population while TCOOMMI serves youth with a wider spectrum of mental disorders.

Name	Similarities	Differences
Department of Aging and Rehabilitative Services, Early Childhood Intervention (ECI)	ECI services are similar to those provided by CMHS and include screening and assessment, family counseling, family education, psychological services, service coordination, and social work services.	<p>ECI provides evaluations, at no cost to families, to determine eligibility and the need for services for children ages 0-3 with developmental delays, atypical development, atypical sensory-motor development, atypical language or cognition, atypical emotional or social patterns, and/or a specific medically diagnosed conditions.</p> <p>CMHS provides mental health services to children and adolescents ages 3-17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, intellectual disability, autism, or pervasive development disorder). Consumers must exhibit serious emotional, behavioral, or mental disorder and: (a) have a serious functional impairment; or (b) be at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms; or (c) be enrolled in a school system's special education program because of serious emotional disturbance.</p>
Department of Family and Protective Services, Child Protective Services	Child Protective Services ensures the provision of mental health services to children within state custody.	Child Protective Services serves as the conservator for children within the foster care system and ensures appropriate medical care, including mental health services. Every child in foster care can receive physical and behavioral healthcare services that include dental services, vision services, service coordination, clinical services, disease management, and Health Passport.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The NorthSTAR Program, operated by DSHS, serves individuals who reside in seven Texas counties (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall). Providers in the local networks within the NorthSTAR area serve individuals in the NorthSTAR system. The DSHS Client Assignment and Registration System captures county of residence for each consumer, which prevents duplication of assignment between local service regions. However, if an individual from within the NorthSTAR area is in a different part of the state when experiencing a mental health crisis, that individual may receive services through the LMHA serving that region. In such instances, the LMHA providing the crisis service may bill NorthSTAR for the crisis services.

TCOOMMI and DSHS have a collaborative relationship, formalized through a memorandum of understanding, which promotes effective treatment for those served in both systems. In order to enhance the coordination of services, minimize conflict, and reduce the potential for service duplication, DSHS is a standing member of the TCOOMMI Interagency Advisory Committee that meets on a quarterly basis. This approach ensures that the two agencies work together to resolve issues that may arise, identify opportunities for coordination, and ensure a seamless service experience for the individuals served by each respective agency.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Community Mental Health Centers (CMHCs)	CMHCs are vital components in a continuum of services for persons with mental illness. By statute, a CMHC is: <ul style="list-style-type: none"> • an agency of the state, a governmental unit, and a unit of local government, as defined and specified by Chapters 101 and 102, Texas Civil Practice and Remedies Code; • a local government, as defined by § 791.003, Texas 	DSHS has designated 37 CMHCs to serve as LMHAs for local service areas statewide. In their role as local authorities, the CMHCs: <ul style="list-style-type: none"> • consider and assess public input, ultimate cost-benefit, and client care issues to ensure individual choice and the best use of public funding in assembling a network of service providers; and • make recommendations relating to the most appropriate and available treatment outcomes, while

Name	Description	Relationship to DSHS
	Government Code; <ul style="list-style-type: none"> • a local government for the purposes of Chapter 2259, Texas Government Code; and • a political subdivision for the purposes of Chapter 172, Texas Local Government Code. 	allowing flexibility to maximize local resources.

Federal Units of Government

Name	Description	Relationship to DSHS
Centers for Medicare & Medicaid Services (CMS)	CMS is an agency of the U.S. Department of Health and Human Services (DHHS) that oversees both the Medicare and Medicaid programs.	HHSC designated DSHS as a Medicaid operating agency for certain programs. DSHS operates two Medicaid community-based programs that fund services for adults with SMI. DSHS contracts with qualified entities to provide Mental Health Rehabilitative Services and Targeted Case Management to the DSHS adult priority population. DSHS monitors providers to ensure compliance with federal and state regulations governing these two programs. DSHS also works collaboratively with HHSC to maximize Medicaid funding and to make changes as necessary to the Medicaid state plan to ensure maximum clinical effectiveness of services.
Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services	SAMHSA, an agency of the DHHS, focuses attention, programs, and funding on improving the lives of individuals with, or at risk for, mental and substance use disorders. The Center for Mental Health Services is the specific entity that focuses on oversight, training, and technical assistance to the states for mental health.	SAMHSA provides funding to DSHS by way of the formula-driven Mental Health Block Grant, which funds a range of services for adults with SMI. SAMHSA has also awarded a grant to DSHS designed to assist states in transforming their mental health service systems to create an effective, transparent, and easily navigable system.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- consumer-operated services;
- operation of community mental health hospitals;
- reduction of waiting list for community mental health services for children;
- demonstration projects to maintain independence and employment;
- Money Follows the Person pilot;
- mental health deputies in selected counties;
- statewide training for mental health service providers;
- updates and improvements to mental health service delivery;
- outpatient competency restoration;
- mental health services to aid in transition from homelessness;
- performance contract notebook;
- psychiatric emergency service centers;
- provision of psychiatrists to serve uninsured clients;
- mental health disaster response services;
- transition from nursing homes to community settings;
- oversight of residential transition services;
- emergency disaster relief for hurricane response;
- trainers for suicide prevention, trauma, disaster response, and psychological first aid;
- expansion of services and supports for children and adolescents with SED;
- mental health services for veterans and their families;
- youth suicide prevention services and project evaluation;
- internship program for workforce development; and
- special provider training.

Amount of contracted expenditures in fiscal year 2012: \$329,122,684

Number of program contracts: 237 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$49,702,446	MHMR Harris County	Mental health services through LMHA
\$28,493,696	MHMR Harris County	Operation of community mental health hospital
\$22,199,094	MHMR Tarrant County	Mental health services through LMHA
\$19,752,509	Center for Health Care Services	Mental health services through LMHA
\$15,000,000	Montgomery County	Adult inpatient mental health services

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

The program awards grants for the following services:

- consumer-operated services;
- operation of community mental health hospitals;
- reduction of waiting list for community mental health services for children;
- demonstration projects to maintain independence and employment;
- Money Follows the Person pilot;
- mental health deputies in selected counties;
- statewide training for mental health service providers;
- updates and improvements to mental health service delivery;
- outpatient competency restoration;
- mental health services to aid in transition from homelessness;
- psychiatric emergency service centers;
- psychiatrists to serve uninsured clients;
- mental health disaster response services;
- transition from nursing homes to community settings;
- oversight of residential transition services;

- emergency disaster relief for hurricane response;
- trainers for suicide prevention, trauma, disaster response, and psychological first aid;
- expansion of services and supports for children and adolescents with SED;
- mental health services for veterans and their families;
- youth suicide prevention services and project evaluation;
- internship program for workforce development; and
- special provider training.

Using sub-recipient contracts, the program awards grants in the following manner:

- through competitive solicitations;
- on an emergency or sole source basis when an approved emergency or sole source justification waives competition;
- by direct negotiation and grant contract execution to a state or local governmental entity, since these entities are exempt from competition; and
- through a specific legislative mandate that requires DSHS to directly negotiate and execute a grant contract with a prescribed entity or entities (Section 533.034, Texas Health and Safety Code, Authority to Contract for Community-Based Services).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory changes to assist the program in performing its functions.

Chapter 577, Texas Health and Safety Code – This statute sets forth the requirements for psychiatric hospital licensure and crisis stabilization units. Additionally, Chapter 448, Texas Health and Safety Code sets forth substance abuse licensure parameters. DSHS has identified the need for new licensure types; however, the agency does not have the authority to do so under current statute. As the SMHA and State Substance Abuse Authority, DSHS sets operational and clinical policy for a variety of community-based and facility-based behavioral health services. To ensure appropriate and cost effective treatment, DSHS believes that licensure types need to evolve as services and evidence-based practices evolve. In some instances, the current limit of two mental health facility licensure types leads to operational issues.

Chapter 574, Texas Health and Safety Code and Article 46B Code of Criminal Procedure – DSHS recommends expanding the allowable circumstances for court-ordered medication for patients in jail determined incompetent to stand trial. Some patients considered for outpatient competency restoration could benefit from court-ordered medications when refusing to take medication. Currently the statute requires that they lack the capacity to make the decision to take medication and are in imminent risk of harming themselves or others before a judge can court-order medication.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Substance Abuse Prevention, Intervention, and Treatment
Location/Division	909 West 45 th Street, Austin – Mental Health and Substance Abuse (MHSA) Services Division
Contact Name	Mike Maples, Assistant Commissioner, MHSA Services Division
Actual Expenditures, FY 2012	\$138,571,360
Number of Actual FTEs as of June 1, 2013	83.1
Statutory Citation for Program	Chapters 461-469, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Substance Abuse Prevention, Intervention, and Treatment (SAPIT) Program has as its primary objective to provide supports and services for substance abuse prevention, intervention, and treatment. Major activities include the following.

State Substance Abuse (SSA) Authority Activities

The Assistant Commissioner of the MHSA Services Division serves as the SSA in Texas for substance abuse prevention, intervention, and treatment services, including tobacco cessation services. The MHSA Services Division designs and implements policy relating to substance abuse services and serves as a Medicaid operating division under HHSC. DSHS provides substance abuse services to eligible adults and youth/adolescents. The agency contracts with treatment providers for services for priority populations. The division develops rules relating to the delivery of substance abuse services and defines optimal outcomes for services. Additionally, the division provides technical assistance and training to contracted providers, monitors compliance, and issues findings when needed.

Substance Abuse Prevention

Substance abuse prevention activities improve lives by discouraging substance use before it results in costly and life-threatening consequences, such as emergency room visits and drunken driving fatalities. These services affect three different groups: the entire population, without regard to individual risk factors; subgroups of the general population determined to be at risk for substance abuse; and individuals experimenting with substances and exhibiting problem behaviors associated with substance abuse. Providers of prevention services deliver evidence-based curricula recognized by the National Registry of Evidence-based Programs and Practices

and implement in schools and community sites the six effective strategies of the Center for Substance Abuse Prevention.

Substance Abuse Intervention

Substance abuse intervention services include outreach, screening, assessment, and referral (OSAR). This program refers potential clients for treatment and other appropriate services. Service providers assist with movement of block grant priority populations through the continuum of care, including the link between treatment and community-based support services. Additional intervention services include Pregnant Postpartum Intervention, Human Immunodeficiency Virus (HIV) Early Intervention, and Rural Border Intervention.

Substance Abuse Treatment

Substance abuse treatment activities address the client's psychosocial and familial needs along with treating the substance abuse or dependency. Treatment approaches are research-based, holistic in design, and emphasize coordination of care across the continuum. Service modalities meet client needs and preferences, and they vary in intensity. These services include residential and ambulatory detoxification (for adults), intensive and supportive residential care, opiate replacement therapy, and outpatient programs. Within each of these services, program activities include family, group, and individual counseling, as well as educational presentations and other support services. Adolescent services also include in-home and school-based counseling when appropriate, and psychiatric consultation if deemed necessary via an assessment and/or interview.

Recovery Support Services

In fiscal year 2014, DSHS will be piloting and contracting for the development of recovery support services with both recovery community organizations and facilitating organizations, which are treatment providers. These services will support individuals in continuing their recovery, once they transition from treatment back into the community.

Tobacco Prevention and Control

The Tobacco Prevention and Control Program is charged with reducing the impact of tobacco and tobacco-related health problems on the citizens of Texas. The program uses a multi-pronged approach that focuses on prevention of tobacco initiation, supporting cessation efforts, eliminating tobacco-related health disparities, supporting efforts to reduce youth access to tobacco, and maintaining the infrastructure throughout the state to carry out these goals. Specific activities include funding and developing local coalitions to address local tobacco issues, funding a statewide telephone counseling initiative for tobacco cessation, utilizing media to support program goals, changing tobacco norms through policy and environmental changes, implementing best practices and evidence-based approaches at the local and state levels, and utilizing appropriate surveillance and evaluation methods to measure program outcomes. The program carries out this mission through a network of state, regional, and local partnerships and collaborations.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Substance Abuse Prevention

Substance Abuse Prevention measures effectiveness and efficiency using the following measures.

Performance Measures	FY 2012
Number of youth receiving prevention education through evidence-based curricula	198,046
Number of youth successfully referred to treatment or other support services	35,939
Number of youth involved in alcohol and other drugs alternative activities	354,860
Number of youth involved in tobacco alternative activities	385,065

Substance Abuse Intervention

Substance Abuse Intervention measures effectiveness and efficiency using the following measures.

Performance Measures	FY 2012
Number of adults identified as having a problem or being at risk for HIV	56,989
Number of adults admitted or referred for substance abuse treatment as a result of HIV outreach effort	2,091
Number of adults tested for HIV infection through HIV outreach efforts	15,123
Number of pregnant postpartum adults screened for substance abuse risk factors	2,339
Number of adult Pregnant Postpartum Intervention (PPI) participants receiving education and skills training	1,612
Number of youth screened for substance abuse	2,137
Number of youth receiving education/skills training	2,743

Substance Abuse Treatment

Substance Abuse Treatment measures effectiveness and efficiency using the following measures.

Performance Measures	FY 2012
Number served	49,001
Percent who successfully complete services	89%
Percent abstinent at discharge	56%
Percent discharged to stable housing	89%
Percent with no arrest since admission	96%
Percent employed or attending school or vocational training at discharge	38%
Percent engaged in social support activities at discharge	78%

Tobacco Prevention and Control

Tobacco Prevention and Control uses selected goals established by the Centers for Disease Control and Prevention (CDC) National Tobacco Control Program to measure the reduction in smoking rates in Texas.

Measure	Data Source	Baseline
Illegal tobacco sales to minors	Synar Inspection Survey	56%
Decline in youth tobacco use (6 th -12 th grades)	Youth Tobacco Survey	34%
Decline in adult smoking rates	Behavioral Risk Factor Surveillance Survey	23.7 %
Decline in the percentage of youth (6 th -12 th grades) who are exposed to secondhand smoke in homes and cars	Youth Tobacco Survey	68%
Texas middle and high school students (7 th -12 th grades) who used tobacco during past month	Texas School Survey of Substance Abuse	23%

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1995 – The Substance Abuse and Mental Health Services Administration (SAMHSA) mandates that all single state substance abuse agencies with high seroprevalence rates (the 10 states with highest level of HIV infection) set aside as much as five percent of their annual Center for Substance Abuse Treatment Block Grant award to fund HIV program activities that target injecting drug users and other substance abusers for their states.

1998 – The pregnant postpartum federal demonstration program for females begins to receive funding throughout the state.

2001 – The Legislature establishes the Drug Demand Reduction Advisory Committee with a mandate to develop and coordinate a statewide strategy to reduce drug demand in Texas.

2002 – The legacy Texas Commission on Alcohol and Drug Abuse develops the Behavioral Health Integrated Provider System (BHIPS), a web-based system to support a comprehensive service delivery system for substance abuse providers.

2003 – Prevention providers begin implementing approved evidence-based programs from the National Registry of Evidence-based Programs and Practices.

2004 – DSHS releases the first comprehensive five-year cycle request for proposal (RFP) for substance abuse prevention, intervention, and treatment services. DSHS also initiates rural border intervention programs.

2007 – The statewide Tobacco Prevention and Control Program moves from the Prevention and Preparedness Division to the MHSA Services Division to align better with DSHS efforts to coordinate and streamline programming, allocation of resources, and collaboration with public and private partners. The result is a consolidation of services into one division.

2008 – DSHS releases the fiscal year 2009 behavioral health prevention and intervention services RFP for the procurement of services. DSHS also implements the evidence-based Cannabis Youth Treatment Model in youth outpatient programs.

2010 – DSHS adds buprenorphine medication to all opiate replacement programs' contracts, following a successful pilot that began in 2007.

2010 – DSHS implements a Medicaid benefit for substance abuse. In addition, the agency implements statewide the upgraded and more comprehensive electronic record system, Clinical Management for Behavioral Health Services (CMBHS), in substance abuse programs, replacing BHIPS.

2011 – DSHS initiates tobacco cessation services. The agency also implements the development of a Recovery Oriented System of Care statewide, which focuses on integration recovery concepts and collaboration in local communities.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Substance Abuse Prevention

Substance abuse prevention strategies target at-risk and high-risk youth and their families, as well as the public. DSHS delivers services based on these strategies through school and community-based programs. In fiscal year 2012, prevention programs served 2,687,988 individuals. In fiscal year 2012, the curricula-based substance abuse program served 236,716 individuals (51 percent male and 49 percent female; 96 percent children and 4 percent adults; 52 percent Hispanic, 18 percent White, 17 percent Black, and 13 percent other).

Substance Abuse Intervention

In fiscal year 2012, substance abuse intervention programs served 269,847 persons. The target populations for each substance abuse intervention service are as follows.

- The HIV Outreach and Early Intervention Program targets persons at risk of infection from HIV, as a result of behavior associated with substance abuse or those testing HIV+ with

history of substance abuse. In fiscal year 2012, HIV Outreach served 80,545 individuals (62 percent male and 38 percent female; 37 percent Hispanic, 36 percent Black, 18 percent White, and 9 percent other). HIV Early Intervention served 35,917 individuals (68 percent male and 32 percent female; 36 percent Black, 28 percent Hispanic, 19 percent White, and 17 percent other).

- The Rural Border Initiative targets members of communities in health service regions (HSRs) within 62 miles north of the Texas-Mexico border. Services focus on high-risk youth and adults and their families and significant others. In addition, services build community coalitions and resources. In fiscal year 2012, the program served 1,176 individuals in (60 percent female and 40 percent male; 73 percent children and 27 percent adults; 94 percent Hispanic and 6 percent other).
- OSAR activities affect persons with chemical dependency issues whose incomes are at or below 200 percent federal poverty level (FPL). In fiscal year 2012, the program screened 20,187 persons for substance abuse disorders (55 percent male and 45 percent female; 49 percent White, 36 percent Hispanic, 14 percent Black, and 1 percent other.)
- Pregnant Postpartum Intervention (PPI) targets adult and adolescent pregnant and postpartum women at risk for substance abuse due to Child Protective Services involvement; poverty; teen pregnancy; domestic violence; current or past history of sexual, emotional or physical abuse; mental health problems and substance use; or residency with a substance using or abusing person. In fiscal year 2012, PPI programs served 1,993 females (76 percent 18 years and older, 24 percent under 18 years; 55 percent Hispanic, 26 percent Black, 26 percent White, and 3 percent other)

Substance Abuse Treatment

Substance abuse treatment affects all persons with substance use disorders who are at or under 200 percent FPL. In fiscal year 2012, treatment programs served 49,001 individuals (61 percent male and 39 percent female; 88 percent adults and 12 percent children; 43 percent White, 34 percent Hispanic, 18 percent Black, and 5 percent other).

Tobacco Prevention and Control

Tobacco prevention and control activities affect all Texans. The program targets for “prevention of initiation” those who do not use tobacco and targets for cessation those who use tobacco. The program targets all Texans regarding the harmful effects of secondhand smoke. There are no eligibility requirements. In fiscal year 2012, the comprehensive tobacco prevention and control coalition target communities served 3.1 million individuals. In fiscal year 2012, the comprehensive tobacco prevention and control coalition target communities served 3.1 million people. One component of the tobacco program, the Quitline, had 25, 176 calls (approximately 62 percent female and 38 percent male; 59 percent White, 21 percent Black, 17 percent Hispanic, and 3 percent other).

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

For all SAPIT Program activities, DSHS staff provides policy and program expertise, develops administrative rules, and provides technical assistance and program guidance to the funded providers. DSHS staff also manages the programmatic aspects of the evidence-based treatment programs to ensure that best practices are in place. DSHS oversees the quality of services provided to adults and youth with substance use disorders and administers sanctions and other contract penalties as required. To help ensure the quality of services and compliance with state and federal regulations, DSHS provides both training and technical assistance to contractors on a regular basis.

Substance Abuse Prevention

The MHSA Services Division, Program Services Section, Child and Adolescent Services Section and the Substance Abuse Contract Services Section administer substance abuse prevention activities and contracts. Nonprofit, community-based organizations deliver substance abuse prevention services to youth and their families through regional contracts. Currently, 193 funded prevention programs deliver direct services to the universal, selective, and indicated populations in school districts and community centers. In addition, 11 regional Prevention Resource Centers (PRCs) serve as clearinghouses in HSRs to disseminate information to local communities and provide merchant education on the tobacco laws. Twenty-three non-direct community coalitions mobilize key stakeholders in policy change within their communities. Beginning in fiscal year 2014, the number of programs funded in these different service categories will change to coincide with the recommendations of the Statewide Prevention Plan. Additionally, the PRCs will change their scope from information clearinghouses to regional data repositories. They will collaborate with coalitions, universities, hospitals, substance abuse treatment centers, and LMHAs in their regions on local and regional data.

DSHS also conducts the Texas School Survey of Substance Use Among Students (elementary and secondary students). This survey allows DSHS to analyze the trends of use across the state. The survey collects data on patterns of use, experimentation, knowledge, and attitudes to provide the most current information on consumption of alcohol, tobacco, and other drugs.

Substance Abuse Intervention

The MHSA Services Division, Program Services Section, Substance Abuse Services Unit and the MHSA Services Division, Contract Services Section, Substance Abuse Contracts Unit administer substance abuse intervention activities. Fifty-seven local and/or regional service providers contract with DSHS to provide these services.

Substance Abuse Treatment

The MHSA Services Division, Program Services Section, Substance Abuse Services Unit and the MHSA Services Division, Contract Services Section, Substance Abuse Contracts Unit administer substance abuse treatment activities. Currently, DSHS contracts with approximately 141 licensed treatment programs across the state and NorthSTAR to provide adult and youth treatment services. In HSR 4/5, the South East Texas Regional Planning Commission contracts directly with DSHS and then sub-contracts with local licensed providers in the area to provide substance abuse treatment services. DSHS distributes funds in all HSRs based on population, need, and geographic area.

Tobacco Prevention and Control

The MHSA Services Division, Program Services Section, Substance Abuse Services Unit, Tobacco Prevention and Control Team and the MHSA Services Division, Contracts Services Section, Substance Abuse Contracts Unit administer tobacco prevention and control activities. DSHS contracts with local, regional, and state partners to conduct tobacco prevention and control activities. Partners include schools, colleges, local health departments and health districts, statewide organizations, and private businesses.

The Tobacco Prevention and Control Program focuses on two primary community efforts.

- The program conducts comprehensive efforts in six target communities across the state using community mobilization, community/school prevention, youth and adult cessation, media, enforcement, and enhanced evaluation. In the remainder of the state, regional staff, working through local coalitions and stakeholders, focuses efforts on developing environmental policy changes (such as smoke-free worksites and municipal smoke-free ordinances) that can impact a large segment of the community by creating healthier environments for nonsmokers and smokers alike, and promoting a supportive environment for former smokers. Regional PRCs and substance abuse prevention providers conduct tobacco-prevention awareness activities and retailer education. The Texas Education Agency, through an interagency agreement with DSHS, provides tobacco prevention education in grades 4-12 across the state.
- The Comptroller of Public Accounts carries out enforcement activities throughout the year, spending approximately \$2.2 million on activities such as retailer/public education, compliance inspections, and follow-up. DSHS conducts the annual inspection survey of retailer compliance to meet federal requirements; substance abuse prevention providers conduct retailer education and tobacco prevention awareness strategies for youth and adults on the Texas tobacco laws. SAP provides the Texas Youth Tobacco Awareness Program aimed at youth cited for violation as a minor in possession of tobacco.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/mhsa.shtm>

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$109,209,345
General Revenue	\$23,084,886
General Revenue-Dedicated	\$5,301,335
Other	\$975,794

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
Disease Control and Prevention (DCP) Services Division, HIV - Sexually Transmitted Diseases (STD) Comprehensive Services and Epidemiology and Surveillance Branches	The DCP Services Division programs provide HIV testing, counseling, and case management to HIV-infected persons.	The MHSA Services Division programs focus on substance using and abusing populations and their partners or significant others. MHSA does not provide medical care/services.
Family and Community Health Services (FCHS) Division, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Both WIC and PPI programs work with pregnant and parenting women. Both programs administer a risk assessment to identify substance abuse, mental health, and related problems.	WIC is available during pregnancy and until the child is three years of age. DSHS provides PPI services during pregnancy and up until the child is 18 months of age. WIC is also available to all financially eligible women; in contrast, PPI programs target an at-risk population due to specific behavioral health factors. WIC is a nutrition program while the PPI programs are social service and case management entities.

Name	Similarities	Differences
FCHS Division, Maternal and Child Health (MCH) Programs	Both PPI and MCH programs serve pregnant and parenting women.	MCH programs are primarily for medical care; PPI programs provide social services for behavioral health concerns.
NorthSTAR Program	Both NorthSTAR and MHSA Services Division substance abuse programs provide treatment services to adults and youth with chemical dependency problems.	NorthSTAR is a fully capitated managed care behavioral health “carve out” that operates under a Medicaid 1915(b) waiver in only seven Texas counties in the Dallas area. NorthSTAR uses a blended funding approach to provide substance abuse services as well as a broader array of Medicaid-funded services
DCP Services Division, Chronic Disease Prevention Program	Both the Chronic Disease Prevention Program and the Tobacco Prevention and Control Program focus on risk factors that lead to cardiovascular disease, diabetes, cancer, and other chronic health issues. Both coordinate with stakeholders, such as American Cancer Society on tobacco issues.	Tobacco is a risk factor for multiple chronic diseases. While the Chronic Disease Prevention Program focuses on many risk factors, the Tobacco Prevention and Control Program targets only tobacco.

External Programs

Name	Similarities	Differences
Federally Qualified Health Centers (FQHCs)	FQHCs provide primary health care to qualifying individuals.	DSHS has contracts with several FQHCs to provide behavioral health services together with physical health.
Texas Academy of Family Physicians (TAFP)	TAFP conducts a tobacco-use prevention initiative (Tar Wars) for elementary students.	TAFP provides the Tar Wars prevention initiative at a limited number of schools.
Texas Office on the Prevention of Developmental Disabilities (TOPDD) Fetal Alcohol Syndrome	The FASD Task Force addresses the use of alcohol during pregnancy. The TOPDD activities focus on prevention of alcohol-related birth	PPI programs address the use of alcohol, tobacco, and other drugs during pregnancy. PPI programs target specific high-risk women and provide services

Name	Similarities	Differences
Disorder (FASD) Task Force	defects only.	at a range of community sites. TOPDD activities are constrained by funding considerations and access to the population.
Texas Department of Family and Protective Services, Child Protective Services	PPI is a community-based intervention program. Child Protective Services provides some prevention and home-based services.	PPI programs are open to women with several risk factors of which child abuse and neglect is only one. Child Protective Services prevention, home-based safety, and foster care services are for families with child abuse and neglect problems.
Texas Department of Criminal Justice (TDCJ), Treatment Alternatives to Incarceration Program (TAIP)	TDCJ contracts with substance abuse programs to provide treatment to selected nonviolent offenders who have committed a substance abuse-related crime and are in jail because of the crime. The individual must complete prescribed treatment to avoid incarceration.	The criminal justice system largely determines the length of the client stays in treatment for TAIP. In the DSHS system, client problem severity and OSAR clinical oversight determine length of stay.
Ryan White CARE Act, Title 1	The Ryan White CARE Act provides medical services for treatment of HIV.	HIV Early Intervention provides medical services only as a stopgap until consumers link to other resources and only as resources allow.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

DSHS has memorandums of understanding (MOUs) with the 16 state agencies that are participating with the Drug Demand Reduction Advisory Committee. Several of these agencies participate in agency initiatives and leverage resources to accomplish targeted goals for various projects.

The prevention programs funded by the SAMHSA Center for Substance Abuse Treatment (CSAT) serve only those individuals at risk of HIV as a result of use or abuse of drugs and alcohol.

However, contract requirements include partnering with those providers with funds from other resources to ensure that consumers of DSHS contractors also have access to services from other providers. This requirement is crucial, since, for example, Ryan White CARE Act recipient organizations have the funding to deliver the clinical services needed to interrupt HIV disease progression. The SAMHSA Outreach and HIV Early Intervention (HEI) Program partners with agencies receiving CDC or Ryan White funds to enhance benefits or strength the continuum of care afforded to eligible clients. When such occasions arise, both programs know to apportion their numbers according to effort and ability, so that there is no duplication. HEI programs could not maintain case management program structure and deliver a full continuum of services without the necessary linkage to Ryan White clinical services. Ryan White programs could not provide clinical care to HIV substance abuse recovery populations without the support of HEI case management.

The PPI programs are required to maintain MOUs with perinatal sites, WIC Program, MCH Programs, Child Protective Services, and other agency sites where pregnant and postpartum women receive social or medical services. PPI services complement services provided by these other programs.

The NorthSTAR Program, operated by DSHS, serves individuals who reside in seven Texas counties (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall). Providers in the local networks within the NorthSTAR area serve individuals in the NorthSTAR system. The DSHS Client Assignment and Registration System captures county of residence for each consumer, which prevents duplication of assignment between local service regions.

DSHS has a MOU with TDCJ to use specific funds for the Treatment Alternatives to Incarceration Program. The TDCJ Community Justice and Assistance Division coordinates the funding, and the criminal justice system delivers the services.

Programs within the MHSA Services Division and the DCP Services Division are involved in tobacco prevention efforts. Staff stays in continuous contact and communication with counterparts in the other division to avoid duplication of efforts and to identify areas where synergistic collaboration can provide a greater outcome than individual programs working alone.

The MHSA Tobacco Prevention and Control Program coordinates with TAFP to co-sponsor the Tar Wars tobacco prevention activities through local substance abuse providers, the tobacco coalitions, and Comptroller-funded school-based law enforcement grantees. The tobacco program has an interagency contract with the Texas Education Agency to provide tobacco prevention education to students in 4th to 8th grade across the state. The Comptroller of Public Accounts provides funds to the tobacco program through an interagency contract to coordinate prevention activities aimed at reducing minors' access to tobacco products.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
LHDs and districts	LHDs provide general information about communicable disease, screening for tuberculosis and sexually transmitted diseases, and funding for comprehensive tobacco prevention and control coalition activities.	LHDs often receive referrals from local substance abuse treatment programs for screening services on partners of substance abusing individuals. DSHS has a contractual relationship with several LHDs for implementation of tobacco prevention and control strategies through a community coalition.
Community mental health centers	Community mental health centers provide outpatient care for clients with major mental illnesses.	DSHS has contracts for substance abuse treatment services (including OSAR) at several community mental health centers around the state.

Regional Units of Government

Name	Description	Relationship to DSHS
Southeast Texas Regional Planning Commission	The Southeast Texas Regional Planning Commission is a local council of government in HSR 5.	The Planning Commission acts as an OSAR site and provides administrative oversight in HSR 5 for substance abuse treatment services.
Education service centers	Education service centers provide support for local schools and coordinate school health activities through material dissemination, training, technical assistance, and links to resources.	Education service centers coordinate services to the schools and school districts from the DSHS-funded PRCs regarding regional training and educational materials.

Federal Units of Government

Name	Description	Relationship to DSHS
Texas National Guard Drug Demand Reduction Program	The Guard’s program provides training and technical assistance to community groups and sponsors and operates a	The program supports local drug prevention organizations with materials, equipment, and personnel. The Guard provides a

Name	Description	Relationship to DSHS
	residential program to remove high-risk teens from the availability of illegal substances.	staff member to coordinate activities with DSHS.
White House Office of Drug Control Policy	This office informs the National Prevention Network on national youth and parent campaigns for states.	The office is a source of information for DSHS on substance abuse policy and prevention and treatment strategies.
CDC	CDC provides prevention services and monitors HIV surveillance. CDC also provides funds for tobacco prevention and control through a cooperative agreement. In 2012, CDC began to focus on reducing prescription drug abuse and supporting states in the effort.	CDC is a funding source for comprehensive tobacco prevention and control strategies. CDC directs counseling and testing and offers guidelines on screening and testing procedures.
SAMHSA	SAMHSA is a section of U.S. Department of Health and Human Services that provides money for prevention and treatment services in the form of the Substance Abuse Prevention and Treatment block grant and other competitive grants.	The MHSA Services Division is the recipient and manager of the block grant dollars for purchasing substance abuse prevention and treatment services.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- community coalition partnerships to reduce substance abuse;
- capacity increase for co-occurring psychiatric and substance abuse disorders treatment;

- interpreter services for clients seeking drug treatment;
- early intervention and outreach HIV services for persons with substance use disorders;
- counseling skills training for providers serving clients at risk for communicable diseases;
- behavioral health managed care pilot;
- substance abuse outreach, screening, assessment, and referral services;
- drug and tobacco prevention and intervention for pregnant women;
- drug and tobacco prevention education;
- substance abuse prevention training for youth and adults;
- substance abuse intervention for rural border counties;
- substance abuse prevention incentives;
- school surveys related to substance abuse treatment surveys;
- substance abuse treatment as an alternate to incarceration;
- tobacco cessation counseling program;
- community-based environmental tobacco prevention strategies;
- testing retailer compliance with tobacco age requirements;
- analysis of risk factors related to student tobacco use;
- prevention of smokeless tobacco use for youth in rural areas;
- tobacco second-hand smoke surveillance;
- substance use disorder residential treatment; and
- substance use disorder outpatient treatment.

Amount of contracted expenditures in fiscal year 2012: \$140,798,499

Number of program contracts: 532 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$2,780,772	Santa Maria Hostel	Drug treatment services for women and women with children
\$1,923,702	Riverside General Hospital	Adult substance abuse treatment services
\$1,759,741	Center for Health Care Services	Adult substance abuse treatment services
\$1,702,375	MHMR Tarrant County	Adult substance abuse treatment services
\$1,632,348	Coastal Bend Alcohol Rehabilitation Center	Adult substance abuse treatment services

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services.

Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

The program awards grants for the following services:

- community coalition partnerships to reduce substance abuse;
- capacity increase for co-occurring psychiatric and substance abuse disorders treatment;
- interpreter services for clients seeking drug treatment;
- early intervention and outreach HIV services for persons with substance use disorders;
- counseling skills training for providers serving clients at risk for communicable diseases;
- behavioral health managed care pilot;
- substance abuse outreach, screening, assessment, and referral services;
- drug and tobacco prevention and intervention for pregnant women;
- drug and tobacco prevention education;
- substance abuse prevention training for youth and adults;
- substance abuse intervention for rural border counties;
- substance abuse prevention incentives;
- school surveys related to substance abuse treatment surveys;
- substance abuse treatment as an alternate to incarceration;
- tobacco cessation counseling program;
- community-based environmental tobacco prevention strategies;
- testing retailer compliance with tobacco age requirements;
- analysis of risk factors related to student tobacco use;
- prevention of smokeless tobacco use for youth in rural areas;
- tobacco second-hand smoke surveillance;
- substance use disorder residential treatment; and
- substance use disorder outpatient treatment.

Using sub-recipient contracts, the program awards grants in the following manner:

- through competitive solicitations, and
- on an emergency or sole source basis when an approved emergency or sole source justification waives competition.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	NorthSTAR Behavioral Health Waiver
Location/Division	909 West 45 th Street, Austin – Mental Health and Substance Abuse (MHSA) Services Division
Contact Name	Mike Maples, Assistant Commissioner, MHSA Services Division
Actual Expenditures, FY 2012	\$120,169,145
Number of Actual FTEs as of June 1, 2013	8.3
Statutory Citation for Program	Chapter 533, Government Code; Chapters 461, 531-535, and 1001, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

The NorthSTAR Behavioral Health Waiver has as its primary objective to provide MHSA inpatient and outpatient services using a managed care model for adults and children.

NorthSTAR is a behavioral health managed care program in the Dallas service area (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties) that targets traditional problems of public behavioral health care: consumer access, limitations in provider choice, and lack of accountability. With the introduction of NorthSTAR, the State braided the funding for MHSA services across funding streams and, working cooperatively, created a single system of public behavioral health. Major activities include the following.

Mental Health Services

NorthSTAR provides accessible and quality mental health services to the Medicaid and indigent population in the Dallas service area.

Substance Abuse Services

NorthSTAR provides accessible and quality substance abuse services to the Medicaid and indigent population in the Dallas service area.

Texas Resiliency and Recovery Model (TRR)

In concurrence with DSHS programs across the state, NorthSTAR utilizes the TRR model to deliver mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). TRR offers an array of evidence-based services to assist adults and children/adolescents to effectively manage mental illness and achieve recovery.

These include community-based services that assist in stabilizing crises, minimize hospitalizations and re-hospitalizations, restore functioning, assist with adherence to medication regimens, promote integration into the larger community, and assist with linkage to other required community-based services.

Care Management

NorthSTAR coordinates services for consumers with multiple disorders.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The monthly number of persons served provides an indication of NorthSTAR's effectiveness. The fiscal year 2012 target was 60,500. During this time, NorthSTAR served 69,813 persons, achieving 115.4 percent of the target.

The pooled purchasing approach of NorthSTAR transformed separately funded and disparate systems of care with different eligibility requirements into one system of care. This approach provides a comprehensive MHA benefit package for eligible individuals. The program determines access to benefits based on clinical need, not funding source. Review of data, such as contracted dollars per staff allocated, indicates that the pooled funding approach has resulted in fewer administrative structures for maintaining multiple systems-of-care; therefore, more money is available for client services.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1999 – The legacy TDMHMR implements NorthSTAR, first as mandatory for indigent clients and voluntary for Medicaid Temporary Aid to Needy Families (TANF). DSHS later mandates all Medicaid-eligible persons to enroll, if they had not already chosen a behavioral health organization.

2000 – TDMHMR implements the mobile crisis system, which changes financial eligibility and pharmacy benefits. Magellan ceases participation in NorthSTAR, and TDMHMR transitions all Magellan enrollees to ValueOptions.

2001 – TDMHMR establishes the Front Door Evaluation Facility for Acute Care Services (for non-Medicaid adults only) and designates enrollment sites. TDMHMR/NorthSTAR reduces rates for service coordination, substance use disorder services, and psychosocial rehabilitation.

2004 – DSHS, in conjunction with HHSC, reduces rates for psychosocial rehabilitation and service coordination and eliminates adult counseling and psychological testing as Medicaid benefits. MHSA implements the Resiliency and Disease Management (RDM) model. HHSC eliminates service coordination, but adds case management and new rehabilitation services (skills training and development, medication training and support, rehabilitation counseling, and psychotherapy). New billing requirements eliminate billable travel time for rehabilitation services and reduce the unit of service from 30 minutes (or a portion of) to full 15 minutes. HHSC decreases the pharmacy network size to prepare for the federal 340B Drug Pricing Program.

2005 – MHSA expands the Front Door Evaluation Facility for Acute Care Services to provide acute care services for Medicaid and child and adolescent populations yet eliminates the services to children and adolescents later that same year. HHSC reinstates Medicaid adult counseling and psychological testing benefits for adults, but eliminates rehabilitative counseling and psychotherapy benefits for adults. DSHS implements the prepayment model for select NorthSTAR providers of outpatient mental health services.

2006 – DSHS began screening and using telemedicine for the 340B Drug Pricing Program.

2007-2008 – DSHS eliminates the prepayment contracts with select providers and resumes fee-for-service system of billing.

2009 – MHSA implements the Outpatient Competency Restoration Program.

2009-2010 – DSHS establishes a blended case rate for RDM services and makes changes to intensive outpatient and supportive outpatient substance use disorder treatment.

2011 – DSHS includes adult bed day costs at State Hospitals as a billable service covered by Medicaid premiums for Medicaid enrollees.

2012 – DSHS includes child day costs at State Hospitals as a billable service covered by Medicaid premiums for Medicaid enrollees.

2013 – MHSA implements TRR training and competency requirements, which replaces the RDM model.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Individuals eligible for NorthSTAR are consumers: (1) who meet specific clinical criteria and demonstrate eligibility in the included Medicaid groups, or (2) whose income is below or equal

to 200 percent federal poverty level (FPL) and who lack any other health insurance. MHSa defines the clinical need more specifically for income eligible consumers than for Medicaid-eligible consumers. Medicaid groups included in NorthSTAR are those recipients of TANF and other income eligible programs (such as pregnant women and newborns whose family income is below 185 percent FPL and recipients of Supplemental Security Income). NorthSTAR does not cover Medicaid-eligible persons who reside in nursing homes or community facilities for individuals with intellectual disabilities or related conditions, who are in child protective foster care, or whose Medicaid eligibility is for an emergency only. Other state Medicaid programs provide these individuals with services. Additionally, NorthSTAR serves the large group of indigent consumers identified as the priority populations of DSHS MHSa Services program.

The mental health priority population includes children and adolescents who have a diagnosis of mental illness. The priority population also includes those children and adolescents that exhibit severe emotional or social disabilities and require crisis intervention or prolonged treatment. The adult target populations include individuals with serious mental illness: schizophrenia, major depression, or bipolar disorder.

NorthSTAR covers substance abuse and chemical dependence diagnoses that include the abuse of, the psychological or physical dependence on, or the addiction to, alcohol or a controlled substance, corresponding to the *Diagnostic and Statistical Manual of Mental Health Disorders - Fourth Edition, Text Revision* criteria for substance abuse and substance dependency disorders. NorthSTAR covers persons with substance abuse and chemical dependence diagnoses who meet the following eligibility coverage criteria as clinically indicated.

- Any youth that has a substance abuse or dependency diagnosis is eligible for all covered services.
- Adults with a substance dependency diagnosis are eligible for all covered services.
- Adults with a substance abuse diagnosis are eligible for outpatient treatment programs only.
- Pregnant women, women with dependent children, and parents of children in foster care with substance abuse or dependency diagnoses are eligible for all covered services.
- Persons with **human immunodeficiency virus** (HIV) with substance abuse or dependency diagnoses are eligible for all covered services.
- Persons with substance abuse or dependency diagnoses who use needles to take drugs are eligible for all covered services.

In fiscal year 2012, NorthSTAR's average monthly enrollment was 466,686 Medicaid clients and 366,068 indigent (non-Medicaid) clients. NorthSTAR is currently serving approximately 27,382 persons per month, and projects serving approximately 72,000 persons in fiscal year 2013. The unduplicated number of people served, as well as the monthly average number of persons served, has steadily increased since the start of the program.

The following chart shows numbers of persons served in the NorthSTAR program since 2000.

Fiscal Year	2000	2002	2004	2006	2008	2009	2010	2011	2012
Adults	24,224	29,822	37,355	37,397	40,689	46,954	48,646	54,342	51,182
Children	6,628	6,427	10,309	11,159	13,101	15,253	16,614	19,351	20,487
Medicaid	7,655	12,054	16,860	18,124	21,457	25,431	27,651	32,704	34,625
Indigent	24,652	26,110	33,498	33,01	35,435	40,565	41,192	45,388	41,036

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The MHA Services Division, Program Services Section, Medicaid Services Unit and the MHA Services Division, Contract Services Section, MHA Contract Unit administer NorthSTAR activities.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$59,690,653
General Revenue	\$33,992,691
General Revenue-Dedicated	\$0
Other	\$26,485,801

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
MHA Services Division mental health programs	These units oversee provision of mental health services to Medicaid and indigent clients and utilize TRR to assess service package assignments.	Contracts are between the state and the providers. The contractual arrangement has no financial risk. Medicaid programs provide Medicaid clients with MH services. General Revenue allocations pay for indigent client MH services. Once General Revenue funds are

Name	Similarities	Differences
		depleted, clients may be placed on a waiting list.
MHSA Services Division substance abuse programs	These units oversee provision of substance abuse services to indigent clients and utilize the CMBHS system to assess clinical need, document service, and bill for services.	Contracts are between the state and the providers. The contractual arrangement has no financial risk. The federal Substance Abuse Block Grant funding pays for client services. Once block grant funds are depleted, the program may place clients on a waiting list.

External Programs

Name	Similarities	Differences
HHSC, STAR and STAR Plus Medicaid Managed Care Program	This program provides managed care services to Medicaid clients through a contract with a health maintenance organization (HMO) that manages services and contracts with providers.	STAR and STAR Plus do not serve the non-Medicaid population. The array of behavioral services is more limited. The HMO contracts directly with the state, and the HMO sub-contracts with the behavioral health organization.
Children’s Health Insurance Program (CHIP)	CHIP provides physical health and behavioral health services to non-Medicaid children and adolescents who meet eligibility criteria.	CHIP is limited to children and adolescent clients who meet eligibility criteria. Client/family pays a monthly amount for participation in CHIP.
Medicare	Medicare provides physical health services, behavioral health services, and prescription drugs to individuals enrolled in Medicare.	Medicare is limited to those 65 years or over, or those with a certified disability after 24 months from certification date.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The NorthSTAR Program administers behavioral health services to Medicaid clients in the Dallas service area provided by behavioral health specialists. The STAR Medicaid Managed Care Program administers behavioral health services in the Dallas service area provided by primary care providers.

NorthSTAR and CHIP coordinate behavioral health services provided to indigent clients in the Dallas service area through a memorandum of understanding. NorthSTAR is the payer of last resort.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Commissioner courts in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties	County commissioner courts are the chief policymaking and administrative branches of county government.	County commissioner courts have agreements to contribute funding to NorthSTAR and to appoint a board of directors to the local behavioral health authority.

Federal Units of Government

Name	Description	Relationship to DSHS
Centers for Medicare & Medicaid Services (CMS)	CMS reviews and approves the 1915(b) waiver to require enrollment of Medicaid groups into the NorthSTAR Program.	Under a Medicaid managed care waiver, CMS partially funds Medicaid behavioral health services for NorthSTAR.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

The amount of contracted expenditures in fiscal year 2012 was \$752,047. The major contract for this program is with North Texas Behavioral Health Authority to provide a comprehensive mental health and substance abuse benefit package. The NorthSTAR Program restructured the traditional fragmented public behavioral healthcare system to a quasi-private insurance model based on the principles of managed behavioral health care. This placed the State in a purchasing, rather than a provider-oriented regulatory role, as DSHS negotiated a contract with private entities to assume full financial risk for the behavioral health care of all populations eligible for federally or state-funded behavioral health care.

Open contracting arrangements with mental health providers replaced direct state block grant funding to traditional public providers, introducing competition into a system that historically lacked both private sector incentives and service-level accountability. Prior to the implementation of NorthSTAR, 25 facility-based providers (including one hospital district) in the Dallas service area served Medicaid and indigent populations. Currently, 45 facility-based providers and 212 individual providers in the Dallas service area serve the Medicaid and indigent populations.

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

The program does not award any grants.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

Performance data and additional information is available at:
<http://www.dshs.state.tx.us/mhsa/northstar/northstar.shtm>.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;

- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Hospital Services
Location/Division	909 West 45th Street, Austin – Mental Health and Substance Abuse (MHSA) Services Division
Contact Name	Mike Maples, Assistant Commissioner, MHSA Services Division
Actual Expenditures, FY 2012	\$475,463,625
Number of Actual FTEs as of June 1, 2013	7,974.2
Statutory Citation for Program	Section 11.004, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Hospital Services has the following primary objectives.

- Provide for more than one level of care of tuberculosis (TB), Hansen’s disease, and other infectious diseases.
- Provide outpatient services for the screening, evaluation, and intervention for chronic disorders, including TB, well-women exams, prescription assistance program, and referral services/linkages to medical service.
- Provide specialized inpatient psychiatric assessment, treatment, and medical services.
- Provide psychiatric residential treatment for adolescents at Waco Center for Youth.

Major activities include the following.

Infectious Diseases

Texas Center for Infectious Diseases (TCID) is the designated hospital for court-ordered (quarantined) TB treatment when a patient’s non-adherence with TB medication regimens has proven to be a threat to public health or safety. TCID treats 4-6 percent of the patients with TB in Texas who are the most complicated cases and who are unable or unwilling to seek care in the community, when hospitalization is indicated for six months to two years duration to cure.

Rio Grande State Center (RGSC) Outpatient Services

RGSC provides outpatient clinic services that include screening, evaluation, and intervention for chronic disorders, including TB; primary care physician services; health education on disease prevention, exercise, nutrition, and lifestyle changes; well women exams; sexually transmitted disease screening; radiography; ultrasonography; pulmonary function tests; Holter monitors; diabetes education; and psychological services.

Inpatient Psychiatric Services

DSHS provides psychiatric inpatient hospital services for adults, geriatrics, adolescents, and children. Services include diagnostics, treatment, liaison with appropriate courts and law enforcement, and discharge planning. DSHS also provides psychiatric residential treatment for youth (ages 10-17). Services include structured therapeutic programming and discharge planning.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Hospitals maintain accreditation by The Joint Commission (TJC), which accredits nearly 15,000 healthcare organizations and programs in the United States. TJC standards address the hospital's level of performance in key functional areas: patient rights, patient treatment, patient safety, medication management, infection control, performance improvement, leadership, and information management.

Hospitals also maintain certification from the Centers for Medicare & Medicaid Services (CMS) through their successful accreditation by TJC for participation in the Medicare hospital and long-term acute hospital programs.

Hospitals maintain an extensive array of measures by which they continuously evaluate performance and identify areas of improvement. Hospital Services collates the measures from all hospitals in the Statewide Performance Indicators. Individual hospitals report on additional measures through the governing body process.

Infectious Diseases

TCID is one of the six centers of excellence granted by the Centers for Disease Control and Prevention (CDC), the Heartland National Tuberculosis Center, and the Midwest Regional Training and Medical Consultation Center.

Inpatient Psychiatric Services

Statewide performance indicators include the Legislative Budget Board measures and ORYX, TJC's performance measurement and improvement initiative. Hospitals submit ORYX measures through the National Association of State Mental Health Program Directors National Research Institute (NRI). The NRI Performance Measurement System serves more than 200 State Hospitals reporting ORYX measures and facilitates extensive comparison and evaluation with State Hospitals throughout the nation. The NRI measures include areas such as restraint, seclusion, injuries, elopements, and patient satisfaction. The statewide performance indicators also include measures selected by the State Hospital governing body for process improvement.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2001-2013 – During this time, the forensic population’s use of state mental hospital resources has increased from 16 percent in 2001 to 37 percent in 2010. The forensic population refers to those patients with mandatory hospitalizations due to “Not Guilty by Reason of Insanity” commitments and “Competency Restoration” commitments. This increase causes a corresponding reduction of beds for patients with civil commitments.

2004 – Effective September 1, 2004, DSHS consolidated management of state mental health hospitals, TCID, and the South Texas Health Care System under the DSHS State Hospitals Section.

2008 – DSHS completes the last of 25 administrative, clinical, and support service consolidations and program integrations between TCID, San Antonio State Hospital (SASH), and San Antonio State Supported Living Center.

2010 – DSHS completes the remodel and new construction projects at TCID and RGSC Outpatient Clinic. Patients relocate to remodeled new facilities in September, and outpatient services relocate in November.

2011 – DSHS converts 120 beds in the State Hospitals to residential beds, saving \$3 million (40 beds at each Big Spring, Rusk, and San Antonio State Hospitals). TJC accredits these new programs under the commission’s behavioral health standards.

2012 – In response to the Disability Rights Texas lawsuit, DSHS adds 40 maximum-security beds to North Texas State Hospital (NTSH) and converts 60 non-maximum-security forensic beds to maximum-security at Rusk State Hospital (RSH). DSHS converts 60 more civil commitment beds at NTSH (Wichita Falls), RSH, and SASH to non-maximum-security forensic beds. DSHS purchases 60 new beds for civil commitments from private psychiatric hospitals through local mental health authorities (LMHAs). The agency also develops a 30-bed longer-term psychiatric treatment unit at the University of Texas Health Science Center at Tyler (UTHSC-Tyler) that operates as a unit of RSH.

2012 – DSHS implements new processes for monitoring abuse and neglect in the State Hospital system. DSHS provides counseling to employees with two or more allegations of abuse and neglect within a year. Managers identify and mandate counseling for employees with two or more allegations of sexual abuse from the time of employment. The Assistant Commissioner of the MHSA Services Division receives a daily report of all allegations of Class I physical abuse and sexual abuse. DSHS reports all allegations of abuse by a physician to the Texas Medical Board. Other licensing boards require that DSHS report confirmations of abuse.

2013 – DSHS implements a new process that requires the Director of the State Hospital Section to approve all psychiatrists employed in the State Hospitals after a careful review that includes a criminal background check.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Infectious Diseases

The Legislature authorizes TCID to treat persons with complicated TB who reside or intend to reside in Texas. Persons who are unwilling or unable to follow medical advice for TB receive hospitalization for six months to two years. TCID is the designated hospital for court-ordered (quarantined) TB treatment where a patient's non-adherence with TB medication regimens has proven to be a threat to public health or safety. TCID treats all patients with Hansen's disease in the outpatient clinic, one of four clinics statewide contracting with DSHS for these patient services.

RGSC Outpatient Services

RGSC Outpatient Services provides services to residents of Cameron, Hidalgo, Starr, and Willacy counties. The clinic accepts Medicare, Medicaid, and third party payers. For those with no health insurance who do not qualify for any other program assistance, the clinic offers a sliding scale payment option based on income, family size, assets, and other guidelines. The top three diagnoses in fiscal year 2012 were hypertension, hyperlipidemia, and diabetes.

Inpatient Psychiatric Services

DSHS provides Inpatient Psychiatric Services to Texas residents who are experiencing severe mental illness and require treatment in an inpatient facility, as well as offenders in local judicial systems and law enforcement agencies. To be eligible for services, a person must have a mental illness and, as a result of the mental illness, present a substantial risk of serious harm to self or others, or evidence a substantial risk of mental or physical deterioration.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The MHS Services Division, State Hospitals Section administers Hospital Services. The State Hospitals Section administratively manages the hospitals according to the State Hospitals Section bylaws for governing bodies. The governing body establishes hospital policy and approves a hospital management plan for each hospital. This plan establishes goals and performance indicators for the State Hospitals. The governing body is responsible for the following:

- quality of care that each hospital provides,
- planning and managing the organization,
- implementing performance improvement,
- credentialing of the medical staff,
- providing financial management, and
- ensuring that managers assess the competence of all staff members and confirm that staff demonstrate and improve competency.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$20,269,328
General Revenue	\$376,392,801
General Revenue-Dedicated	\$935,589
Other	\$77,865,907

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

External Programs

Name	Similarities	Differences
Private psychiatric hospitals or psychiatric unit in general hospitals	Private hospitals provide psychiatric inpatient hospital services. Services include diagnostics, treatment, and discharge planning.	Some hospitals are not able to provide services to patients who are experiencing the most severe of mental illnesses and/or are manifestly dangerous or grossly aggressive and/or require forensic services. The method of reimbursement for services may also be a factor.
Private residential treatment centers (RTC)	Private RTCs provide psychiatric residential treatment services. Services include structured therapeutic programming and discharge planning.	Some private RTCs are not able to provide services to patients who require specialized therapeutic programming. Method of reimbursement for services

Name	Similarities	Differences
		may also be a factor in determining service type.
UTHSC-Tyler	Both UTHSC-Tyler and TCID have isolation rooms in a contiguous patient care unit, and laboratory, radiology, pharmacy, chaplaincy, and social work services. The medical director serves both facilities. Both participate in and support functions of the Heartland National Tuberculosis Center. TJC accredits both hospitals.	UTHSC-Tyler is a Medicare-certified acute hospital. TCID is a Medicare-certified long-term acute specialty hospital. UTHSC-Tyler has limited programs for long lengths of stay. UTHSC-Tyler has acute care services, such as surgery and intensive care, available on site, which TCID does not provide.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

House Bill 1748, 76th Legislature, Regular Session, 1999, authorizes and describes the parameters of a working relationship among TDH (now DSHS), TCID and TB Elimination Programs; UTHSC-Tyler; and University of Texas Health Science Center-San Antonio. These include the provision of direct patient care services, education, information and referral, case management, and research in support of the public health functions required for statewide TB control. Even prior to the reorganization of the health and human services agencies, SASH and TCID were working together to share functions. Since the reorganization in 2004, 25 administrative, clinical, and support functions serve all or parts of the 15 permanent state agency, academic, and local programs. DSHS secured memorandums of agreement, interagency contracts, intra-agency service level agreements, and grant awards for each level of interaction among the participants in service provision affecting TCID.

Hospital Services consider State Hospitals to be the “provider of last resort.” Each State Hospital has a Utilization Management Agreement with the local LMHA. DSHS also has a contract with each LMHA in the state. Both the agreement and the contract require the LMHA to screen an individual seeking mental health services to determine if the individual requires inpatient psychiatric services. If the screening and assessment indicates inpatient psychiatric services, the LMHA determines the least restrictive treatment setting available. In other cases, a hospital physician screens an individual presenting for admission to a State Hospital when the LMHA has not screened and referred the individual. The hospital physician determines if the person has an emergency psychiatric condition that is appropriate for admission to the State

Hospital or if the person requires a referral to the LMHA to coordinate alternate services. The physician will also determine if a life-threatening medical condition exists, which may require care in a medical hospital.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Justice of the peace courts and county courts	Justice of the peace courts and county courts issue civil mental health commitments to State Hospitals.	DSHS serves patients committed to State Hospitals.
District courts	District courts issue forensic commitments to State Hospitals.	DSHS serves patients committed to State Hospitals.
Law enforcement	City police and county law enforcement transport patients to hospitals for admission and/or to court for scheduled legal proceedings.	DSHS receives patients for admission.
Local health departments (LHDs), TB program managers	LHDs provide healthcare services to their respective constituents.	LHDs are contractors with DSHS.
Bexar County Hospital District (University Health System)	The University Health System is a local public general hospital and clinic system supporting TCID patient care.	This hospital district is a contractor with DSHS.
LMHAs	LMHAs screen persons seeking mental health services to determine if the person requires inpatient psychiatric services. If the screening and assessment indicates the person requires inpatient psychiatric services, the LMHA determines the least restrictive treatment setting available.	DSHS contracts with LMHAs to provide mental health services in a designated geographic area.

Federal Units of Government

Name	Description	Relationship to DSHS
CMS	Hospitals must comply with CMS Conditions of Participation to maintain Medicare certification and receive Medicare reimbursement.	CMS is a contractor and source of funding.
CDC	CDC provides information to enhance health decisions and promotes health through partnerships with state health departments and other organizations.	CDC is a contractor and a source of funding for the Heartland National Tuberculosis Center .

- K. If contracted expenditures are made through this program please provide:**
- a short summary of the general purpose of those contracts overall;
 - the amount of those expenditures in fiscal year 2012;
 - the number of contracts accounting for those expenditures;
 - top five contracts by dollar amount, including contractor and purpose;
 - the methods used to ensure accountability for funding and performance; and
 - a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- healthcare professional service,
- temporary staffing,
- pharmacy service,
- lab and radiology services,
- building maintenance and supplies,
- food services and groceries,
- data collection and processing, and
- psychiatric residency program.

Amount of contracted expenditures in fiscal year 2012: \$66,760,216

Number of program contracts: 637 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$1,534,968	Labatt Foodservices LP	Food services for clients
\$1,373,698	United Regional Health Care System, Inc.	Medical services for clients

Amount Expended FY 12	Contractor	Purpose
\$1,273,952	Seton Family of Hospitals	Medical services for clients
\$1,107,390	East Texas Medical Center	Medical services for clients
\$906,228	Truman Arnold Company	Bulk fuel

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

The program does not award any grants.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory changes to assist the program in performing its functions.

Criminal Background Checks – Allow DSHS to perform criminal background checks on physicians contracting with hospitals. Currently, DSHS can perform checks on potential employees; contracts require *locum tenens* companies to complete criminal background checks on physicians they refer.

Competency Restoration – Mandate that prisoners in the Texas Department of Criminal Justice who commit crimes while in prison cannot be sent to a State Hospital for competency restoration until they have completed serving their sentence.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

- O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:**
- **why the regulation is needed;**
 - **the scope of, and procedures for, inspections or audits of regulated entities;**
 - **follow-up activities conducted when non-compliance is identified;**
 - **sanctions available to the agency to ensure compliance; and**
 - **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

- P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.**

Not applicable.