

**Texas Financial Mapping Report:  
Expenditures and Youth Served in  
the Child and Adolescent Substance  
Use and Co-Occurring Disorder  
System of Care**

***State Fiscal Year 2016 Supplement***

**AART** Alliance for Adolescent  
**TX**  Recovery and  
Treatment in Texas

## Financial Mapping Subcommittee

The following agencies and staff served as the financial mapping subcommittee for the AART-Tx workgroup FY2016 supplemental report.

### **Health and Human Services Commission, Medicaid and CHIP**

John Huffine

### **Health and Human Services Commission, Medical and Social Services Division, Behavioral Health Services Section\***

Suzanne Alley

Philander Moore, AART-TX Project Director

Alan Shafer

### **Health and Human Services Commission, Office of Mental Health Coordination**

Lillian Stengart

### **Texas Education Agency**

Julie Wayman

### **Texas Juvenile Justice Department**

Lory Alexander

Phyllis Giambrone

Daniel Gunter

Jocelyn Lewis

Mike Meyer

Lori Robinson

### **Texas Institute for Excellence in Mental Health, University of Texas at Austin School of Social Work**

Beth Hutton

Tracy Levins

Molly Lopez

Stacey Stevens Manser

**\*Note:** The Department of State Health Services Mental Health and Substance Use Services Division (DSHS-MHSA) was integrated into the Health and Human Services Commission (HHSC) on September 1, 2016. In the original financial mapping report, DSHS-MHSA federal block grant and state general revenue data was presented. These data are now presented by the Health and Human Services Commission, Medical and Social Services Division, Behavioral Health Services Section.

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## Introduction and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes a system of care that provides a full array of accessible, quality behavioral health services that are responsive to age, gender, culture, and other presented needs. Their vision for a good and modern mental health and addiction system is one grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention. Treatment interventions used in a good and modern system incorporate evidenced-informed practice (SAMHSA, 2010).

One challenge to providing substance use treatment services to youth in need is the capacity of the state's current behavioral health system. The state estimates that 181,938 youth need substance use treatment and of this potentially eligible population, only five percent accessed services through the Health and Human Services Commission, Behavioral Health Services Section (Table 1; HHSC, 2016). To address this gap, it will be necessary to examine many facets of the system, including the state's funding and services available for youth with substance use disorder (SUD) and co-occurring mental health and substance use disorder (COD).

*Table 1. HHSC Estimated Need: SUD (Alcohol or Illicit Drug Dependency) for Children in Texas Compared to Numbers Served, Fiscal Year 2014 SUD Population Children (Age 12 to 17)*

SUD Population	Children Age 12 to 17
Individuals Receiving Services through DSHS-MHSA	5,423
Eligible Individuals*	103,559
Individuals in Need of Services	181,938
* Eligibility is based on income at or below 200 percent FPL.	

In October 2015, Texas was awarded a two-year State Youth Treatment Planning grant from SAMHSA. Through this grant, the Alliance for Adolescent Treatment and Recovery in Texas (AART-TX) initiative was created. The aim of the AART-TX is to enhance the system of care for youth with substance use disorders (SUD) or co-occurring substance use and mental health disorders (COD) and their families. A requirement of the planning grant is to conduct a yearly review of funding for SUD and COD treatment services provided to youth 12 to 18 years of age by state agencies. This contributes to an understanding of the funding and service infrastructure, service utilization and types of services that are provided across agencies for children and adolescents. The report contributes to development of the state's strategic plan to address youth SUD and COD treatment needs.

In May 2016, the Texas Health and Human Services Commission, Behavioral Health Coordinating Council released the Texas Statewide Behavioral Health Strategic Plan (Fiscal Years 2017 – 2021). The vision of the plan is to ensure that Texas has a unified approach to the delivery of behavioral health services that allow all Texans to have access to care at the right time and place. The mission is to develop a coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans. The behavioral health strategic plan supports the development of a good and modern system of care for Texans described by SAMHSA. All of the state agencies on the AART-TX are members of the Behavioral Health Coordinating Council that developed the state's plan. The AART-TX further contributes to achieving the five goals described in the plan by focusing more specifically on the goals as they apply to children and adolescents with SUD or COD.

## The Fiscal Year 2016 Supplement

This Fiscal Year 2016 Supplement to the original report, [\*Texas Financial Mapping: Expenditures and Youth Served in the Child and Adolescent Substance Use and Co-Occurring System of Care – FY2015\*](#), focuses on data from the Health and Human Services Commission, including the Federal Substance Abuse Prevention and Treatment (SAPTBG), Mental Health (MHBG) Block Grant, Medicaid, CHIP, and state general revenue funds. These data are presented by the respective HHSC divisions and sections: HHSC Medical and Social Services Division, Behavioral Health Services Section and HHSC Medicaid and CHIP. Demands on agency staff resulting from the regular and special legislative session precluded the Texas Juvenile Justice Department to provide an update to their data for this report. Given this, we instead focus our annual analysis on HHSC data, which represents the largest source of funding for youth substance use and co-occurring disorder treatment services at the state level.

*The overall aims of the Fiscal Year 2016 supplement report are to:*

- Compare FY15 and FY16 expenditures and numbers served to determine if changes occurred over the fiscal year; and
- Provide relevant information and next steps to decision makers to assist in making improvements in the behavioral health system and achieve the goals of the state and AART-TX strategic plan.

## The AART-TX Structure

The work of the AART-TX is supported by a state infrastructure that includes a legislatively mandated Behavioral Health Advisory Committee, serving to provide feedback and input to the Health and Human Services Commission and other state officials. The Children and Youth Behavioral Health Subcommittee of the BHAC provides interagency oversight and guidance for three initiatives, including the AART-TX and its financial mapping workgroup. The state structure is provided in Figure 1 below; descriptions of the committees and workgroups follow.

Figure 1. AART-TX State Oversight and Support



The Health and Human Services Commission (HHSC) established the Behavioral Health Advisory Committee (BHAC) as the state mental health planning council in accordance with the state's obligations under 42 U.S.C. §300x-3. The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHS Executive Commissioner consistent with the committee's purpose. In turn, the HHS Executive Commissioner is responsive to the Texas Legislature and the Governor's Office. Membership includes representatives from managed care organizations, behavioral health service provider organizations, peer providers, advocacy organizations, local government, family members of individuals in services, youth/young adults in services, and adults in services.

The Children and Youth Behavioral Health Subcommittee (CYBHS) was created during the 84<sup>th</sup> Legislature (2015) after the Sunset Commission recommended that state level advisory groups be consolidated. The CYBHS serves as the primary voice for issues related to mental health and substance use for Texas youth and serves as the oversight committee for the AART-TX, Texas System of Care, and Texas Children Recovery from Trauma. The membership of the CYBHS includes representatives from key youth and young adult-serving state agencies such as substance use, mental health, juvenile justice, Medicaid/Children's Health Insurance Program (CHIP), education, and child welfare. In addition to maintaining representation from state agencies, the CYBHS also includes representation from a public university, community agencies, and youth and families of youth with mental health issues.

As a workgroup of the CYBHS, the AART-TX planning is dedicated to improving the child and adolescent SUD and COD service system. Membership includes state agencies who serve children and adolescents, youth in recovery and family members of youth in recovery, substance use and co-occurring treatment providers, trade associations and advocacy organizations. The charge of the AART-TX is to develop and implement a statewide strategic plan to improve the substance use and co-occurring disorder treatment system for children and adolescents. This financial mapping report is one activity that contributes to development of the strategic plan.

## Methodology

To examine the agency funding sources that provide substance use or co-occurring disorder services and supports to youth, the following definitions and guidelines were used for the FY16 supplement report:

- The time period examined was state fiscal year 2016 (September 1, 2015 to August 31, 2016).
- The age range included in the analysis were children and adolescents 12 to 18 years of age.
- Children and adolescents had a documented substance use disorder or co-occurring mental health and substance use disorder diagnosis or treatment need.
- The specific services included were dependent on the provision of the service and the level of detail required of providers to document and bill for the service provided. For the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SAPTBG) administered by the Single State Authority, services are billed and coded at a higher level of detail, for example, "outpatient treatment." For federal funding source such as Medicaid and CHIP, procedure codes were used

to identify specific service types. Descriptions of service types and procedure codes are provided in Appendix A of the original report.

- The proportion of state versus federal funding was calculated using allocations provided by the agency. For substance use services funded by block grant, the federal funding rate of .77 and state general revenue rate of .23 was applied to determine funding amounts. For mental health services funded by block grant, the federal funding rate of .64 and state general revenue rate of .36 was applied to calculate funding amounts. The Federal Medicaid Assistance Percentage (FMAP) for Medicaid was .57 for both SUD and COD and the CHIP FMAP was .91 for both SUD and COD.

## Findings

### Expenditures by Funding Source

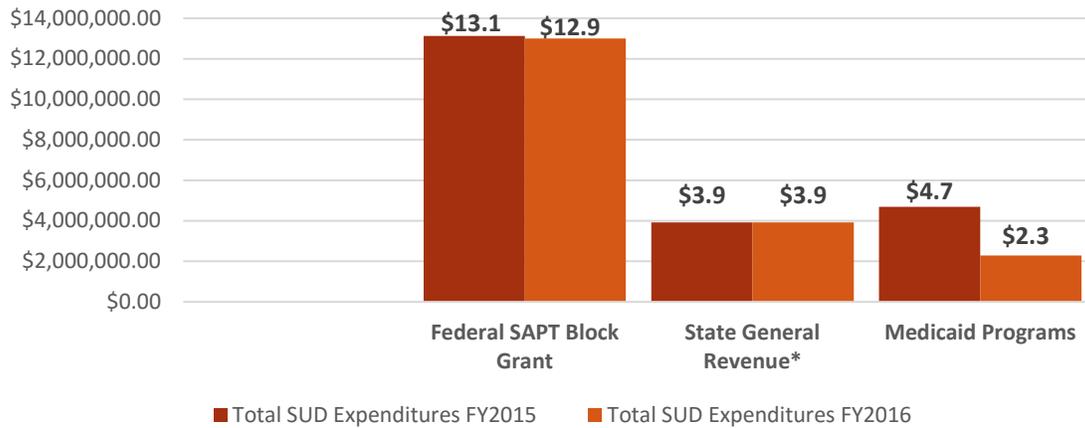
Based on the expenditures by funding source data, there was a significant decrease in total SUD expenditures for youth 12 to 18 years of age from FY2015 to FY2016, with \$2.4 million less expended in FY16 than FY15 (Table 2 and Figure 2). The primary decrease came from Medicaid, with 51.25% less expended in FY16. There was a slight increase in spending for youth with COD; an increase of \$756,792 from FY15 to FY16 (Table 2 and Figure 2). The increase in expenditures was fairly evenly distributed across block grant, state general revenue, and Medicaid programs but the largest increase was in state general revenue.

Table 2. Expenditures by Source of Funding

Funding Source	Total SUD Expenditures FY2015	Total SUD Expenditures FY2016	Expenditure Change FY15 to FY16
Federal SAPT Block Grant	\$13,124,325	\$12,994,730	(\$7,302)
State General Revenue*	\$3,920,253	\$3,918,072	(\$2,181)
Medicaid Programs	\$4,696,633	\$2,289,828	(\$2,406,805)
<i>Total</i>	\$21,741,211	\$19,202,630	(\$2,416,288)
Funding Source	Total COD Expenditures FY2015	Total COD Expenditures FY2016	Expenditure Change FY15 to FY16
Federal MH Block Grant	\$4,389,656	\$4,603,486	\$213,830
State General Revenue*	\$2,190,781	\$2,589,461	\$398,680
Medicaid Programs	\$466,936	\$611,218	\$144,282
<i>Total</i>	\$7,047,373	\$7,804,165	\$756,792

Note: State general revenue for FY16 does not include TJJJ expenditures.

Figure 2. FY15 to FY16 change in SUD expenditures by funding source



### Number Served in Service Categories by Funding Sources

The table below presents change in SUD services provided from fiscal year 2015 to 2016 for the block grant/general revenue provided services (where unduplicated counts of number served is available). As shown in Table 3, residential services increased by 12.47% from 1,603 to 1,803 and outpatient services increased by 8.01% from 3,841 to 4,149. Even though the block grant and associated state general revenue for SUD treatment declined, the number served increased (we are unsure if this is due to shorter lengths of stay in residential and outpatient treatment). Assessment is not a separately funded service in SUD treatment but is incorporated into administrative costs. Recovery support services were a new service type in FY2016, where they were not previously offered to youth in FY2015.

Table 3. Numbers served in service categories by source of funds: Substance use disorder

Service Category	Number Served with Federal Funds*	Number Served with State Funds*	Total Number Served**
	FY2015	FY2015	FY2015
Assessment <sup>1</sup>	***	***	***
Outpatient	2,958	883	3,841
24-hour (Residential) Services	1,234	369	1,603
Recovery Supports <sup>2</sup>	***	***	***

Service Category	Number Served with Federal Funds*	Number Served with State Funds*	Total Number Served**
	FY2016	FY2016	FY2016
Assessment <sup>1</sup>	***	***	***
Outpatient	3,194	955	4,149
24-hour (Residential) Services	1,388	415	1,803
Recovery Supports <sup>2</sup>	***	***	134

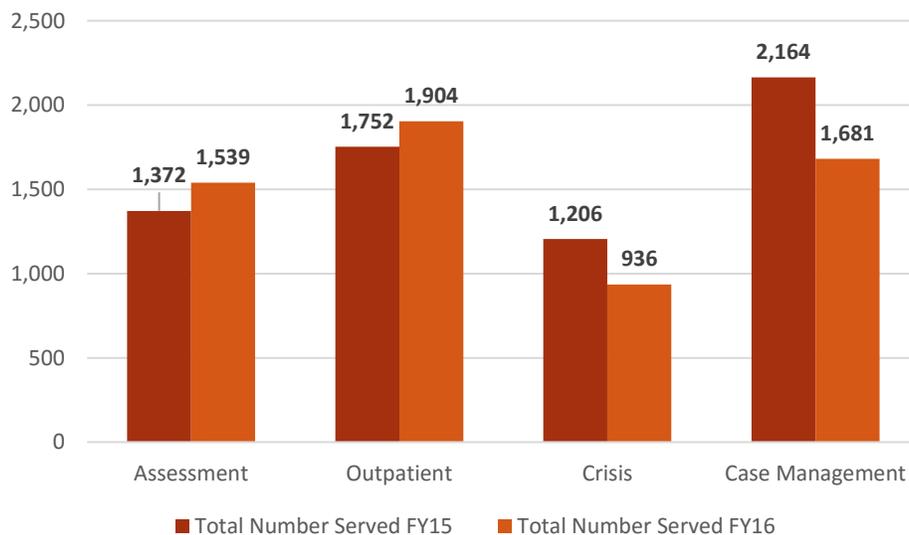
\*Funds are blended in service provision. To calculate numbers served, the federal and state funding percentage was applied to the total number served. <sup>1</sup> For SAPT block grant and associated state funds, assessment is included in administrative costs or in cost reimbursement contracts so assessment numbers are not included. <sup>2</sup> Recovery supports are a new youth service type and funded through cost reimbursement contracts so only number served is presented. Additionally, FY16 was the first year of implementation, so number served is expected to increase in the next fiscal year.

The table below presents change in COD services provided from fiscal year 2015 to 2016 for the block grant/general revenue provided services (where unduplicated counts of number served is available). A broader array of services was provided for youth receiving COD services (Table 4), which may be due to the broader array of billable services available to mental health service providers where the majority of COD services were provided (e.g., assessment and case management). From FY15 to FY16, the number of youth receiving outpatient services increased by 8.7% while the number receiving crisis services and case management decreased more significantly (a percentage decrease of 22.39% and 22.32% respectively). It is not clear if the decrease represents less need for or less access to these services.

Table 4. Numbers served in service categories by source of funds: Co-occurring Disorder

Service Category	Number Served Federal Funds FY15	Number Served State Funds FY15	Total Number Served FY15
Assessment	878	494	1,372
Outpatient	1,121	631	1,752
Crisis	887	319	1,206
Case Management	1,591	573	2,164
Service Category	Number Served Federal Funds FY16	Number Served State Funds FY16	Total Number Served FY16
Assessment	985	554	1,539
Outpatient	1,219	685	1,904
Crisis	599	337	936
Case Management	1,076	605	1,681

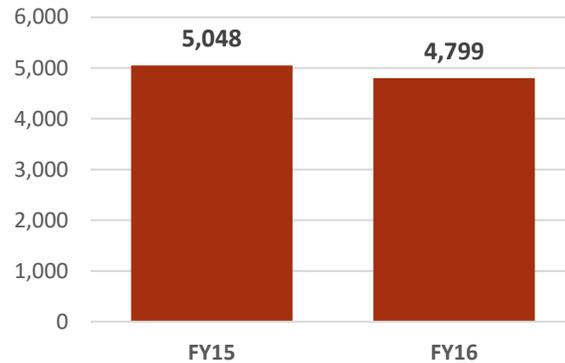
Figure 4. Change in co-occurring disorder services from state FY15 to FY16



## Expenditures and Numbers Served

The following section breaks out the expenditures, services, and number served by the HHSC Social and Behavioral Health Division from FY15 to FY16. Only these data were used because unduplicated counts of youth served in each service type were provided. A discussion of the data accompanies the tables in this section with the original agency financial maps provided in Appendix B.

Figure 5. Unduplicated number of youth served by SUD treatment: FY15 and FY16



The *unduplicated* number of youth who received substance use treatment services through the block grant and associated state general revenue was not significantly different with 5,048 served in FY15 and 4,799 served in FY16 (Figure 5).

As shown in Table 5, in both FY15 and FY16 more youth were served in outpatient treatment services but residential treatment services had higher expenditures, representing 63.5% of all funds expended in FY15 and 62.2% in FY16. Substance use disorder assessment is based on the American Society of Addiction Medicine (ASAM) criteria for placement, included in administrative costs or cost reimbursement contracts and not paid as a separate service fee. SUD outpatient providers are required by contract to use at least one of the following SAMHSA recognized evidence-based treatment curricula: Seeking Safety, Seven Challenges or Cannabis Youth Treatment. DSHS MSHA Quality Management (QM) staff conduct site visits to monitor the fidelity of program delivery. Residential treatment providers use an evidence-based treatment of their choice.

Table 5. HHSC Behavioral Health Services Section: All Expenditures and Numbers Served – Substance Use Disorder Services

### Substance Use Disorder Services: Expenditures and Number Served by Service Type FY15-FY16

Service Category*	Federal SA Block Grant	State General Revenue	Percent of All Funds	Number Served
<b>Assessment</b>				
FY2015	...	...	...	8,225
FY2016	...	...	...	7,390
<b>Outpatient Treatment</b>				
FY2015	\$4,749,860.62	\$1,418,789.54	36.5%	3,841
FY2016	\$4,917,242.61	\$1,468,786.76	37.8%	3,898
<b>24-Hour Services: Residential</b>				
FY2015	\$8,278,913.05	\$2,472,922.08	63.5%	1,603
FY2016	\$8,077,487.83	\$2,412,756.11	62.2%	1,803
Service descriptions can be found in Appendix A. Number served is unduplicated by service type and in number served. Assessment is included in administrative costs or in cost reimbursement contracts and not paid separately as a service that can be calculated. Assessment is not included in total number served since not all assessed receive treatment services. FY2015 SAPT BG = 77% and GR = 23%.				

Access to COD services is provided through the procurement process described above but primarily through service contracts with 39 established local mental health authorities. COD treatment services that were utilized and included in this report are those most frequently provided, including screening and assessment, outpatient treatment, crisis services, and case management. Other services are included in Appendix B. Youth experiencing COD were defined as those receiving mental health services who also had a score of two or three on the Child Assessment of Needs and Strengths (see Appendix A) indicating a substance use issue is causing problems, consistent with a diagnosable disorder or is causing severe or dangerous problems.

The unduplicated number of youth who received co-occurring treatment services was 2,139 in FY15 and 2,324 in FY16. From FY15 to 16 the number of outpatient services provided increased and case management and crisis services decreased. As a percentage of all funds, outpatient service expenditures represented 58.4% of all co-occurring expenditures in FY15 with a large increase to 66.2% of all funds in FY16. No residential treatment services were accessed by youth receiving co-occurring disorder services suggesting that LMHAs may be referring to SUD providers for residential SUD treatment services when needed.

Table 6. HHSC Behavioral Health Services Section: All Expenditures and Numbers Served – Co-Occurring Disorder Services

**Co-Occurring Disorder Services:  
Federal Block Grant and State General Revenue Expenditures FY15-FY16**

Service Category*	Federal MH Block Grant	State General Revenue	Percent of All Funds	Number Served
<b>Screening &amp; Assessment</b>				
FY2015	\$432,764.56	\$243,430.06	10.3%	2,131
FY2016	\$480,751.42	\$270,422.68	10.4%	2,376
<b>Outpatient Treatment</b>				
FY2015	\$2,441,127.46	\$1,401,675.63	58.4%	1,790
FY2016	\$3,047,265.47	\$1,714,086.82	66.2%	1,904
<b>Crisis Services</b>				
FY2015	\$507,164.49	\$182,579.22	10.5%	1,206
FY2016	\$326,080.36	\$183,420.21	7.1%	938
<b>Case Management</b>				
FY2015	\$1,008,590.30	\$363,095.75	20.8%	2,163
FY2016	\$748,954.80	\$421,287.07	16.3%	1,681
Service descriptions can be found in Appendix A. Number served is unduplicated by service type and in the total. Assessment is not included in total number served since not all assessed receive treatment services. FY2015 MH BG = 64% and GR = 36%.				

## Discussion: Policy and Practice Next Steps

This section of the report includes policy and practice next steps identified in the original financial mapping report and supported from the findings of this supplemental report. The next steps are further described in the comprehensive strategic plan that will be submitted on September 30, 2017. The strategic plan will guide the implementation phase of the grant and the activities that will occur to improve the substance use and co-occurring disorder system for youth across Texas.

### Data and Expenditures

- Texas has historically been limited in its ability to provide data related to the total expenditures for services provided to youth with SUD and COD. Some agencies provide grants that do not capture individual service expenditures and some service types (i.e., assessment) are included in administrative costs or in cost reimbursement contracts. It is unlikely that these contracting methods will change, but since the number served is collected, the AART-TX strategic planning group could recommend efficient ways to estimate costs and provide a more accurate picture of total expenditures.
- Each agency collects some data on the number of youth receiving SUD or COD treatment services, however it is not regularly known how many youth receive services across agencies or what blending of funds occurs across agencies. Children and adolescents may receive services from multiple agencies but since agencies do not routinely share or match data, these shared youth are only known anecdotally or through occasional data matching projects. Coordinated and ongoing data sharing could result in better service coordination for these youth and a better understanding of the total SUD and COD expenditures for this population.
- Although there is more per person funding available through state general revenue than through Medicaid, federal SAPT and MH block grants are the primary funders of SUD and COD services in the state. There is an opportunity for the AART-TX strategic planning group to work with providers to identify more youth eligible for Medicaid and to bill Medicaid rather than block grants or general revenue to serve more youth in need. There is also an opportunity to examine MCO approval processes to determine if they are in line with accepted protocols for youth SUD and COD treatment.
- When co-occurring disorders are identified from assessment information documenting treatment need (FY 2015 HHSC COD sample), this appears to represent a significantly greater number of youth than when the COD sample is identified by having a MH and SUD diagnosis coded in the claim (HHSC Medicaid & CHIP samples). It is possible that many of the youth identified as COD in the DSHS sample did not receive SUD or COD services, but rather just received services focused on the mental health disorder. Although the DSHS data system includes an indicator for integrated co-occurring treatment, it does not appear to be routinely used to reflect COD services.
- Due to the funding mechanisms in place, the multiple funding sources used by local juvenile probation departments, and the independence of the local probation departments, the actual expenditures and methods of funding of SUD and COD services at the county level are not systematically reported to TJJJ. The AART-TX strategic planning group could explore the possibility of surveying the local juvenile probation departments to gather data related to the amount and source of total funds being directed to programming, services, treatment, and placements for youth with SUD or COD. Using these data, the group could have a better understanding of the expenditures, treatment need, and total numbers served as they develop the strategic plan.
- More services are being provided in outpatient or community settings but it is interesting to note that in each of the three agencies (DSHS, HHSC, and TJJJ) approximately 1,600 youth received 24-hour SUD treatment services in FY 2015. It is unknown if any of these

youth were served by the same agency but if they are unduplicated, approximately 4,800 youth received services in a 24-hour facility in FY2015. There are still opportunities to provide youth services in less restrictive environments that are closer to their home community.

- More adolescents are being served by federal block grant programs but on an estimated per person cost in a service type, Medicaid services appear to cost less. This may be due to a higher intensity of need and days of service for youth served by block grant programs or to greater utilization limits by MCOs. Further analysis should examine the level of need identified from assessment, the average total expenditures of youth in different service settings, and the outcomes of these youth to determine cost effectiveness of various services across funding sources.
- Providers routinely raise concerns about low reimbursement in Medicaid and may choose to bill block grant or state general revenue rather than accept lower Medicaid rates and the added administrative costs of Medicaid approval and billing processes. Barriers to the use of Medicaid funding for adolescent SUD or COD services could be further explored by the strategic planning group to identify opportunities to increase efficient use of this funding source.

### Policies and Programs

- The HHSC Medicaid and CHIP program is the only state agency currently funding detoxification services for youth and this service is typically offered in a higher intensity behavioral health hospital or hospital setting. In addition, HHSC has heard anecdotally from SUD treatment providers that some MCOs are requiring Medication Assisted Treatment (MAT) before the youth may qualify for detoxification services, even though this may not be an appropriate protocol and does not provide client choice. Further, feedback from some providers indicates that detoxification from methadone can be difficult and getting to MAT treatment can be challenging, particularly if a client does not have a vehicle. In addition, youth may be enrolled then not enrolled in Medicaid, making consistency in MAT treatment problematic. The American Academy of Pediatrics recently published a policy statement: “The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access to medication assisted treatment of opioid addicted adolescents and young adults” and in light of this statement and the increasing effects of the opioid epidemic on Texas youth, an in depth review of Texas’ policies and practices would be timely and appropriate.
- In Medicaid programs, prior authorizations for services vary among plans, with some plans limiting the number of residential treatment days allowed to three days at a time. This provides some explanation to the higher number of and expenditures for residential treatment services provided by federal block grant compared to Medicaid. Clarifications need to be made to the health plans, particularly in light of federal parity regulations. The SUD medical policy has not been reviewed in 8 years and updates may be needed.
- The SUD treatment admission criteria in the Texas Department of Insurance (TDI) regulations have not been updated and do not align with ASAM criteria. The youth substance use assessment used by DSHS-MHSA recommends placement based on ASAM criteria and may not be aligned with current TDI regulations.
- The SUD and MH services and funding have developed in distinct delivery silos where client treatment is not historically coordinated. This appears to be reflected in the DSHS-MHSA SAPT and MH block grant services and numbers served. Opportunities to build on

the strengths of both service systems should be explored, as well as opportunities to increase efficiency through braided funding.

#### Outcomes

- Program outcomes are not standardized across agencies making comparisons difficult. HEDIS measures for behavioral health may be a starting point of discussion for agencies that fund SUD and COD services for children and adolescents. It has also been suggested that the AART-TX could collaborate with provider groups and MCOs to develop common indicators of treatment and system success that all can agree on.

## References

Texas Health and Human Services Commission. (May 2016). Texas Statewide Behavioral Health Strategic Plan: Fiscal Years 2017 – 2021. Statewide Behavioral Health Coordinating Council.

Texas Health and Human Services Commission. (February 2015). Texas Medicaid and CHIP in Perspective, 10<sup>th</sup> edition. Retrieve from: <https://hhs.texas.gov/texas-medicaid-and-chip-pink-book>

Substance Abuse and Mental Health Services Administration (SAMHSA). 2010. Description of a Good and Modern Addictions and Mental Health Service System. U.S. Department of Health and Human Services.

Agency data for the supplemental report provided by the HHSC Behavioral Health Services Section.

Recommendations provided by the AART-TX workgroup members.

## Appendices

### Appendix A. Agency Definitions and Procedure Codes

#### HHSC Behavioral Health Services Section - Definitions and Service Codes

Definitions (Block Grant and General Revenue)
<p>Client counts by service type represent the unduplicated count of clients for whom providers billed and were reimbursed for services.</p> <p>A client having only a substance use disorder diagnosis was defined as a client assessed and admitted to substance use disorder treatment services.</p> <p>A client having co-occurring substance use and mental health (other than substance use) disorder was defined as a child or adolescent mental health client who also had a score of 2 or greater (2 = causing problems, consistent with diagnosable disorder and 3 = causing severe/dangerous problems) on the Children’s Assessment of Needs and Strengths (CANS) Children’s Behavioral/Emotional Health Needs Substance Use Scale.</p>
<p><b>Data Sources:</b></p> <p>Substance use and co-occurring disorder services data accessed from the Clinical Management for Behavioral Health Services (CMBHS).</p>
<p><b>Service Codes:</b></p> <p>SUD service data were pulled using the COSPD, intensive residential, supportive residential, outpatient, and residential detoxification variables. COD services were pulled using the screening, assessment, case management, crisis services, and outpatient treatment variables.</p>
<p><b>Funding and Numbers Served Data Prepared By:</b></p> <p>Alan Shafer, Research Staff, Mental Health &amp; Substance Use Office of Decision Support.</p>

#### Health and Human Services Commission (HHSC) Medicaid and CHIP - Definitions and Procedure Codes

Definitions
<p>Client counts represent the unduplicated count of clients for whom providers billed and were reimbursed for services, and were calculated as the distinct count of clients using the submitted client PCN number in the AHQP Claims Universe and the submitted member primary identification number in the Encounters Universe.</p> <p>A client having only a substance use disorder diagnosis was defined as a client with a primary or principal ICD-9 diagnosis between 291-292.99 or 303-305.99 or an ICD-10 diagnosis in the F1 series who did not have a mental health disorder other than substance use disorder in any of the three subsequent diagnoses listed on the claim or encounter. A mental health disorder other than substance use disorder is defined as all ICD-9 codes whose first three characters are equal to ('290','293','294','295','296','297','298','300','301','302','306','307','308','309','310','311','312','313','314','316') or ICD-10 F series diagnoses, excluding F1X.XX, F7X.XX, and F8X.XX.</p> <p>A client having co-occurring substance use and mental health (other than substance use) disorders was defined as a client with a substance use disorder (ICD-9 diagnosis between 291-292.99 or 303-305.99 or an ICD-10 diagnosis in the F1 series) listed as a primary or principal diagnosis or in any of the three subsequent diagnoses on the claim or encounter and who had a mental health disorder other than substance use disorder (ICD-9 codes whose first three characters are equal to ('290','293','294','295','296','297','298','300','301','302','306','307','308','309','310','311','312','313','314','316') or ICD-10 F series diagnoses, excluding F1X.XX, F7X.XX, and F8X.XX) listed as a primary or principal diagnosis or in any of the three subsequent diagnoses on the claim or encounter.</p>
<p><b>Data Sources</b></p> <p>AHQP Claims Universe, TMHP (Medicaid Fee-for-Service program paid and partially-paid claims); Enc_Best Picture Universe, TMHP (Medicaid managed care programs paid encounters)</p>
<p><b>Notes</b></p>

Medicaid managed care is paid on a capitation basis. Texas does not reimburse individual providers under contract with the health plans. Expenditures reflect client services only and do not include administrative, capitations, supplemental payments, DSH or UPL dollars. Data represent acute care claims and encounters only.

**Funding and Numbers Served Data Prepared By:**

Research Team, Center for Analytics & Decision Support, Texas Health and Human Services Commission, August 2017 (vp). Modified by John Huffine, August 24, 2017. Filename: Texas\_Medicaid\_and\_CHIP\_SUD\_Children\_Costs\_SF16\_FINAL

**Substance Use Disorder Service Types and Procedure Codes**

Substance Use Disorder Service Types*	Procedure Codes*	Notes
<b>Assessment</b>		
Assessment	H0001-HF	Assessment for SUD
Other Assessment/Diagnostic Evaluation (Please Specify)	90791, 90792	Psychiatric diagnostic evaluation
<b>Outpatient Treatment</b>		
Individual Counseling/Therapy	90832, 90833, 90834, 90836, 90837, 90838, H0004-HF	
Family Therapy	90847	
Group Counseling	90853, H0005-HF	
Medication Management	E/M codes (99XXX)-UD, M0064	
Other Outpatient Treatment (Please Specify)	96101, 96118	(Psychological & Neuropsychological testing)
Ambulatory Detoxification	H0016-HF, H0050-HF, S9445-HF	
<b>Intensive Outpatient Treatment</b>		
Intensive Outpatient	9-H0004-HF, 9-H0005-HF	(Outpatient treatment considered equivalent to Intensive)
<b>24-Hour Services</b>		
Medication-Assisted Withdrawal	H0031-HF, T1007-HF, H0047-HF, H0012-HF, S9445-HF	Residential detox
Residential Treatment	H0047-HF, H2035-HF	Residential drug treatment

\* A few service types had procedure codes but were not utilized for this population and are not included in this table. More services are not covered by Medicaid and were also not included in this table.

**Co-Occurring Disorder Service Types and Procedure Codes**

Co-Occurring Disorder Service Types*	Procedure Codes*	Notes
<b>Assessment</b>		
Assessment	H0001-HF	
Other Assessment/Diagnostic Evaluation	90791, 90792	Psychiatric diagnostic evaluation
<b>Outpatient Treatment</b>		
Individual Counseling/Therapy	90832, 90833, 90834, 90836, 90837, 90838, H0004-HF	
Family Therapy	90847	
Group Counseling	90853, H0005-HF	
Medication Management	E/M codes (99XXX)-UD, M0064	
Other Outpatient Treatment	96101, 96118	Psychological & Neuropsychological testing
Ambulatory Detoxification	H0016-HF, H0050-HF, S9445-HF	
<b>Intensive Outpatient Treatment</b>		
Intensive Outpatient	9-H0004-HF, 9-H0005-HF	
<b>24-Hour Services</b>		
Medication-Assisted Withdrawal	H0031-HF, T1007-HF, H0047-HF, H0012-HF, S9445-HF	

Residential Treatment	H0047-HF, H2035-HF	
<b>Crisis Services</b>		
Mobile Crisis Services	H2011	
<b>Case Management/Continuing Care</b>		
Case Management	T1017-TF	
Intensive Case Management	T1017-TG	
<b>Recovery Supports</b>		
Skills Training	H2014	
Employment and Vocational Services	H2017	Employment related services are a subset of psychosocial rehab but cannot be separately identified
Other Recovery Supports (Please Specify)	H0034, G0177	Medication Training and Support and Day Program for Acute Needs
* Some service types had procedure codes but were not utilized for this population and are not included in this table. Other services are not covered by Medicaid and were also not included in this table.		

## Appendix B. Agency Expenditures and Numbers Served by Service Type

### **HHSC Behavioral Health Services Section FY15 and FY16 Substance Use Expenditures and Number Served by Service Category**

Substance Use Services	FY15 SAPT Block Grant	FY15 State Funding	FY15 Number Served	FY16 SAPT Block Grant	FY16 State Funding	FY16 Number Served
<b>Total (Unduplicated All Services):</b>	\$13,124,325.44	\$3,920,253.05	5,048	\$12,994,730	\$3,881,543	4,799
By Service Type:						
Screening	...	...	8,225	...	...	7,390
Screening, Brief Intervention and Referral to Treatment	...	...	...	...	...	...
Other Screening	...	...	...	...	...	...
<b>Subtotal: Screening</b>	...	...	8,225	...	...	7,390
Assessment	...	...	...	...	...	...
Other Assessment/Diagnostic Evaluation	...	...	...	...	...	...
<b>Subtotal: Assessment</b>	...	...	...	...	...	...
Community-Based Medication-Assisted Withdrawal	...	...	...	...	...	...
Subtotal: Community-Based M.A.W.	...	...	...	...	...	...
Outpatient Treatment	\$4,749,860.62	\$1,418,789.54	3,841	4,917,243	1,468,787	3,898
Individual Counseling/Therapy	...	...	...	...	...	...
Family Therapy	...	...	...	...	...	...
Group Counseling	...	...	...	...	...	...
Multi-Family Group Counseling	...	...	...	...	...	...
Medication-Assisted Treatment	...	...	...	...	...	...
Medication Management	...	...	...	...	...	...
Service Planning	...	...	...	...	...	...
Home-Based Services	...	...	...	...	...	...
School-Based Services	...	...	...	...	...	...
Other Outpatient Treatment	...	...	...	...	...	...
<b>Subtotal: Outpatient Treatment</b>	\$4,749,860.62	\$1,418,789.54	3,841	\$5,039,535.94	\$1,505,316.06	3,898
Intensive Outpatient Treatment	...	...	...	...	...	...

<b>Subtotal: Intensive Outpatient</b>	...	...	...	...	...	...
Partial Hospitalization	...	...	...	...	...	...
Subtotal: Partial Hospitalization	...	...	...	...	...	...
24-Hour Services	\$8,278,913.05	\$2,472,922.08	1,603	\$8,077,488	\$2,412,756	1,803
Medication-Assisted Withdrawal	...	...	...	...	...	...
Residential Crisis Stabilization	...	...	...	...	...	...
Therapeutic Foster Care	...	...	...	...	...	...
Therapeutic Group Home	...	...	...	...	...	...
Therapeutic Community	...	...	...	...	...	...
Residential Treatment	...	...	...	...	...	...
Other 24-Hour Services	...	...	...	...	...	...
<b>Subtotal: 24-Hour Services</b>	<b>\$8,278,913.05</b>	<b>\$2,472,922.08</b>	<b>1,603</b>	<b>\$8,077,488</b>	<b>\$2,412,756</b>	<b>1,803</b>
Crisis Services	...	...	...	...	...	...
Peer Crisis Services	...	...	...	...	...	...
23-Hour Crisis Services	...	...	...	...	...	...
Mobile Crisis Services	...	...	...	...	...	...
Other Crisis Services	...	...	...	...	...	...
<b>Subtotal: Crisis Services</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
Case Management/Continuing Care	...	...	...	...	...	...
Case Management	...	...	...	...	...	...
Intensive Case Management	...	...	...	...	...	...
Continuing Care	...	...	...	...	...	...
Other Case Mgmt/Continuing Care	...	...	...	...	...	...
<b>Subtotal: Case Management/Continuing Care</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
Recovery Supports	...	...	...	...	...	134
Therapeutic Mentoring/Recovery Coaching	...	...	...	...	...	...
Peer Mentoring/Peer Recovery Coaching	...	...	...	...	...	...
Substance Use/Mental Health Disorder Consultation	...	...	...	...	...	...
Behavioral Management	...	...	...	...	...	...
Technological Support Services	...	...	...	...	...	...
Parent/Caregiver Support	...	...	...	...	...	...

Family Psychosocial Education	...	...	...	...	...	...
Prosocial Activities	...	...	...	...	...	...
Skills Training	...	...	...	...	...	...
Employment and Vocational Services	...	...	...	...	...	...
Supported Employment	...	...	...	...	...	...
Peer-Run Recovery Programs	...	...	...	...	...	...
Outreach	...	...	...	...	...	...
Respite Care	...	...	...	...	...	...
Child Care	...	...	...	...	...	...
Transportation	...	...	...	...	...	...
Other Recovery Supports	...	...	...	...	...	...
<b>Subtotal: Recovery Supports</b>	...	...	...	...	...	134

**HHSC Behavioral Health Services Section  
FY15 and FY16 Co-Occurring Disorder Expenditures and Number Served by Service Category**

Co-Occurring Disorder Services	FY15 CMHS Block Grant	FY15 State Funding	FY15 Number Served	FY 16 CMHS Block Grant	FY16 State Funding	FY16 Number Served
<b>Total (All Services):</b>	\$4,389,655.80	\$2,190,780.66	5,127	\$4,603,486	\$2,589,461	2,324
<b>By Service Type:</b>						
Screening	\$46,595.09	\$26,209.74	759	\$55,740	\$31,354	837
Screening, Brief Intervention and Referral to Treatment	...	...	...	...	...	...
Other Screening	...	...	...	...	...	...
<b>Subtotal: Screening</b>	\$46,595.09	\$26,209.74	759	\$55,740	\$31,354	837
Assessment	\$386,169.47	\$217,220.32	1,372	\$425,011	\$239,069	1,539
Assessment	...	...	...	...	...	...
Other Assessment/Diagnostic Evaluation	...	...	...	...	...	...
<b>Subtotal: Assessment</b>	\$386,169.47	\$217,220.32	1,372	\$425,011	\$239,069	1,539
Community-Based Medication-Assisted Withdrawal	...	...	...	...	...	...
<b>Subtotal: Community-Based M.A.W.</b>	...	...	...	...	...	...
Outpatient Treatment	\$2,441,127.46	\$1,373,134.19	1,752	\$3,047,265	\$1,714,087	1,904

Individual Counseling/Therapy	...	...	...	...	...	...
Family Therapy	...	...	...	...	...	...
Group Counseling	...	...	...	...	...	...
Multi-Family Group Counseling	...	...	...	...	...	...
Medication-Assisted Treatment	...	...	...	...	...	...
Medication Management	...	...	...	...	...	...
Service Planning	...	...	...	...	...	...
Home-Based Services	...	...	...	...	...	...
School-Based Services	...	...	...	...	...	...
Other Outpatient Treatment	...	...	...	...	...	...
<b>Subtotal: Outpatient Treatment</b>	<b>\$2,441,127.46</b>	<b>\$1,373,134.19</b>	<b>1,752</b>	<b>\$3,047,265</b>	<b>\$1,714,087</b>	<b>1,904</b>
Intensive Outpatient Treatment		\$28,541.44	38	...	...	...
<b>Subtotal: Intensive Outpatient</b>		<b>\$28,541.44</b>	<b>38</b>	...	...	...
Partial Hospitalization	...	...	...	...	...	...
<b>Subtotal: Partial Hospitalization</b>	...	...	...	...	...	...
24-Hour Services	...	...	...	...	...	...
Medication-Assisted Withdrawal	...	...	...	...	...	...
Residential Crisis Stabilization	...	...	...	...	...	...
Therapeutic Foster Care	...	...	...	...	...	...
Therapeutic Group Home	...	...	...	...	...	...
Therapeutic Community	...	...	...	...	...	...
Residential Treatment	...	...	...	...	...	...
Other 24-Hour Services	...	...	...	...	...	...
<b>Subtotal: 24-Hour Services</b>	...	...	...	...	...	...
Crisis Services	\$507,164.49	\$182,579.22	1,206	\$326,080	\$183,420	936
Peer Crisis Services	...	...	...	...	...	...
23-Hour Crisis Services	...	...	...	...	...	...
Mobile Crisis Services	...	...	...	...	...	...
Other Crisis Services	...	...	...	...	...	...
<b>Subtotal: Crisis Services</b>	<b>\$507,164.49</b>	<b>\$182,579.22</b>	<b>1,206</b>	<b>\$326,080</b>	<b>\$183,420</b>	<b>936</b>
Case Management/Continuing Care	\$1,008,599.30	\$363,095.75	2,163	\$748,955	\$421,287	1,681

Case Management	...	...	...	...	...	...
Intensive Case Management	...	...	...	...	...	...
Continuing Care	...	...	...	...	...	...
Other Case Management/Continuing Care	...	...	...	...	...	...
<b>Subtotal: Case Management/Continuing Care</b>	<b>\$1,008,599.30</b>	<b>\$363,095.75</b>	<b>2,163</b>	<b>\$748,955</b>	<b>\$421,287</b>	<b>1,681</b>
Recovery Supports	...	...	...	...	...	...
Therapeutic Mentoring/Recovery Coaching	...	...	...	...	...	...
Peer Mentoring/Peer Recovery Coaching	...	...	...	...	...	...
Substance Use/Mental Health Disorder Consultation	...	...	...	...	...	...
Behavioral Management	...	...	...	...	...	...
Technological Support Services	...	...	...	...	...	...
Parent/Caregiver Support	...	...	...	...	...	...
Family Psychosocial Education	...	...	...	...	...	...
Prosocial Activities	...	...	...	...	...	...
Skills Training	...	...	...	...	...	...
Employment and Vocational Services	...	...	...	...	...	...
Supported Employment	...	...	...	...	...	...
Peer-Run Recovery Programs	...	...	...	...	...	...
Outreach	...	...	...	...	...	...
Respite Care	...	...	...	...	...	...
Child Care	...	...	...	...	...	...
Transportation	...	...	...	...	...	...
Other Recovery Supports	...	...	...	...	...	...
<b>Subtotal: Recovery Supports</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>

**Health and Human Services Commission**

**FY15 and FY16 Substance Use Expenditures and Number Served by Service Category and Service Type**

Substance Use Disorder Services	FY15 Federal Medicaid	FY15 Federal CHIP	FY15 S/T/T Medicaid	FY15 S/T/T CHIP	FY16 Federal Medicaid	FY16 Federal CHIP	FY16 S/T/T Medicaid	FY16 S/T/T CHIP
<b>Total (All Services):</b>	\$4,478,890.09	\$217,743.40	\$3,236,682.85	\$90,500.37	\$2,062,855.24	\$226,972.28	\$2,298,347.64	\$22,093.96
Screening	...	...	...	...	...	...	...	...
Screening, Brief Intervention and Referral to Treatment	...	...	...	...	...	...	...	...
Other Screening	...	...	...	...	\$20.88	\$15.86	\$15.67	\$1.54
<b>Subtotal: Screening</b>	...	...	...	...	\$20.88	\$15.86	\$15.67	\$1.54
Assessment	\$33,080.69	\$1,735.06	\$23,905.85	\$721.14	\$29,037.16	\$1,547.75	\$21,789.31	\$150.65
Other Assessment/Diagnostic Evaluation	\$21,012.32	\$1,921.50	\$15,184.62	\$798.63	\$18,128.49	\$2,469.83	\$13,603.50	\$240.40
<b>Subtotal: Assessment</b>	\$54,093.01	\$3,656.56	\$39,090.47	\$1,519.77	\$47,165.65	\$4,017.58	\$35,392.81	\$391.05
Community-Based Medication-Assisted Withdrawal	...	...	...	...	...	...	...	...
<b>Subtotal: Community-Based M.A.W.</b>	...	...	...	...	...	...	...	...
Outpatient Treatment	...	...	...	...	...	...	...	...
Individual Counseling/Therapy	\$562,573.60	\$15,518.56	\$406,545.43	\$6,449.96	\$490,533.94	\$15,905.60	\$368,093.65	\$1,548.15
Family Therapy	\$7,448.96	\$797.19	\$5,383.02	\$331.34	\$2,460.34	...	\$1,846.22	...
Group Counseling	\$824,519.95	\$23,844.65	\$595,841.72	\$9,910.52	\$604,955.65	\$16,344.08	\$453,954.99	\$1,590.83
Multi-Family Group Counseling	...	...	...	...	...	...	...	...
Medication-Assisted Treatment	...	...	...	...	\$1,673.91	...	\$1,256.09	...
Medication Management	\$174.16	...	\$125.85	...	\$160.62	...	\$120.46	...
Service Planning	...	...	...	...	...	...	...	...
Home-Based Services	...	...	...	...	...	...	...	...
School-Based Services	...	...	...	...	...	...	...	...
Other Outpatient Treatment	\$2,807.41	...	\$2,028.79	...	\$2,954.28	...	\$2,216.88	...
Ambulatory Detoxification	\$174,193.03	\$20,574.59	\$125,881.10	\$8,551.39	\$149,544.01	\$8,636.39	\$112,216.91	\$840.61
<b>Subtotal: Outpatient Treatment</b>	\$1,571,717.11	\$60,735.00	\$1,135,805.91	\$25,243.20	\$1,252,282.75	\$40,866.07	\$939,705.20	\$3,979.59
Intensive Outpatient Treatment	...	...	...	...	\$847,810.17	\$3,641.55	\$636,191.52	\$354.45
<b>Subtotal: Intensive Outpatient</b>	\$1,105,551.51	\$5,117.51	\$798,929.99	\$2,126.99	\$847,810.17	\$3,641.55	\$636,191.52	\$354.45
Partial Hospitalization	...	...	...	...	...	...	...	...
<b>Subtotal: Partial Hospitalization</b>	...	...	...	...	...	...	...	...

24-Hour Services	...	...	...	...	...	...	...	...
Medication-Assisted Withdrawal	\$345,421.69	\$36,190.62	\$249,619.98	\$15,041.85	\$296,681.39	\$17,323.75	\$222,627.89	\$1,686.18
Residential Crisis Stabilization	...	...	...	...	...	...	...	...
Therapeutic Foster Care	...	...	...	...	...	...	...	...
Therapeutic Group Home	...	...	...	...	...	...	...	...
Therapeutic Community	...	...	...	...	...	...	...	...
Residential Treatment	\$1,402,106.77	\$112,043.71	\$1,013,236.50	\$46,568.56	\$466,704.57	\$164,749.02	\$1,100,606.07	\$16,035.60
Other 24-Hour Services (Specify)	...	...	...	...	...	...	...	...
<b>Subtotal: 24-Hour Services</b>	<b>\$1,747,528.46</b>	<b>\$148,234.32</b>	<b>\$1,262,856.48</b>	<b>\$61,610.42</b>	<b>\$763,385.96</b>	<b>\$182,072.77</b>	<b>\$1,323,233.96</b>	<b>\$17,721.78</b>
Crisis Services	...	...	...	...	...	...	...	...
Peer Crisis Services	...	...	...	...	...	...	...	...
23-Hour Crisis Services	...	...	...	...	...	...	...	...
Mobile Crisis Services	...	...	...	...	...	...	...	...
Other Crisis Services (Specify)	...	...	...	...	...	...	...	...
<b>Subtotal: Crisis Services</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
Case Management/Continuing Care	...	...	...	...	...	...	...	...
Case Management	...	...	...	...	...	...	...	...
Intensive Case Management	...	...	...	...	...	...	...	...
Continuing Care	...	...	...	...	...	...	...	...
Other Case Mgmt/Continuing Care (Specify)	...	...	...	...	...	...	...	...
<b>Subtotal: Case Management/Continuing Care</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
Recovery Supports	...	...	...	...	...	...	...	...
Therapeutic Mentoring/Recovery Coaching	...	...	...	...	...	...	...	...
Peer Mentoring/Peer Recovery Coaching	...	...	...	...	...	...	...	...
Substance Use/Mental Health Consultation	...	...	...	...	...	...	...	...
Behavioral Management	...	...	...	...	...	...	...	...
Technological Support Services	...	...	...	...	...	...	...	...
Parent/Caregiver Support	...	...	...	...	...	...	...	...
Family Psychosocial Education	...	...	...	...	...	...	...	...
Prosocial Activities	...	...	...	...	...	...	...	...
Skills Training	...	...	...	...	...	...	...	...

Employment and Vocational Services	...	...	...	...	...	...	...	...
Supported Employment	...	...	...	...	...	...	...	...
Peer-Run Recovery Programs	...	...	...	...	...	...	...	...
Outreach	...	...	...	...	...	...	...	...
Respite Care	...	...	...	...	...	...	...	...
Child Care	...	...	...	...	...	...	...	...
Transportation	...	...	...	...	...	...	...	...
Other Recovery Supports (Specify)	...	...	...	...	...	...	...	...
<b>Subtotal: Recovery Supports</b>	...	...	...	...	...	...	...	...

**Health and Human Services Commission**  
**Co-Occurring Disorder Expenditures and Number Served by Service Category and Service Type**

Co-Occurring Services	FY15 Federal Medicaid	FY15 Federal CHIP	FY15 State Medicaid	FY15 State CHIP	FY16 Federal Medicaid	FY16 Federal CHIP	FY16 State Medicaid	FY16 State CHIP
<b>Total (All Services):</b>	\$428,378.81	\$38,556.84	\$309,569.19	\$16,025.32	\$566,049.99	\$45,168.14	\$415,786.28	\$13,273.96
Screening	...	...	...	...	...	...	...	...
Screening	...	...	...	...	...	...	...	...
Screening, Brief Intervention and Referral to Treatment	...	...	...	...	...	...	...	...
Other Screening (Specify)	...	...	...	...	\$80.82	\$16.26	\$60.57	\$1.58
<b>Subtotal: Screening</b>	...	...	...	...	\$80.82	\$16.26	\$60.57	\$1.58
Assessment	...	...	...	...	...	...	...	...
Assessment	\$153.64	...	\$111.02	...	\$145.29	\$75.36	\$7.34	...
Other Assessment/Diagnostic Evaluation (Specify)	\$68,869.93	\$6,830.46	\$49,769.06	\$2,838.94	\$65,127.26	\$9,756.03	\$48,871.10	\$949.59
<b>Subtotal: Assessment</b>	\$69,023.57	\$6,830.46	\$49,880.08	\$2,838.94	\$65,272.55	\$9,831.39	\$48,878.44	\$949.59
Community-Based Medication-Assisted Withdrawal	...	...	...	...	...	...	...	...
Subtotal: Community-Based M.A.W.	...	...	...	...	...	...	...	...
Outpatient Treatment	...	...	...	...	...	...	...	...
Individual Counseling/Therapy	\$102,800.15	\$11,632.73	\$74,288.83	\$4,834.90	\$115,661.40	\$13,231.98	\$86,791.60	\$1,287.91
Family Therapy	\$8,730.79	\$329.71	\$6,309.33	\$137.04	\$5,307.10	\$97.13	\$3,982.42	\$9.45
Group Counseling	\$9,353.11	\$475.03	\$6,759.06	\$197.43	\$29,671.52	\$6,301.63	\$22,265.32	\$613.36

Multi-Family Group Counseling	...	...	...	...	...	...	...	...
Medication-Assisted Treatment	...	...	...	...	...	...	...	...
Medication Management	\$2,146.26	\$33.11	\$1,551.00	\$13.76	\$1,722.19	\$104.60	\$1,292.32	\$10.18
Service Planning	...	...	...	...	...	...	...	...
Home-Based Services	...	...	...	...	...	...	...	...
School-Based Services	...	...	...	...	...	...	...	...
Other Outpatient Treatment	\$16,847.09	\$550.34	\$12,174.60	\$228.73	\$11,834.38	\$74.29	\$8,880.45	\$7.23
Ambulatory Detoxification	\$550.14	...	\$397.56	...	\$2,201.78	...	\$1,652.20	...
<b>Subtotal: Outpatient Treatment</b>	<b>\$140,427.55</b>	<b>\$13,020.92</b>	<b>\$101,480.37</b>	<b>\$5,411.86</b>	<b>\$166,398.37</b>	<b>\$19,809.63</b>	<b>\$124,864.31</b>	<b>\$1,928.13</b>
Intensive Outpatient Treatment	\$5,114.47	...	\$3,695.98	...	\$714.48	...	\$536.15	...
<b>Subtotal: Intensive Outpatient</b>	<b>\$5,114.47</b>	<b>...</b>	<b>\$3,695.98</b>	<b>...</b>	<b>\$714.48</b>	<b>...</b>	<b>\$536.15</b>	<b>...</b>
Partial Hospitalization	...	...	...	...	...	...	...	...
Subtotal: Partial Hospitalization	...	...	...	...	...	...	...	...
24-Hour Services	...	...	...	...	...	...	...	...
Medication-Assisted Withdrawal	\$991.32	...	\$716.38	\$1,707.70	\$4,285.18	...	...	\$3,215.58
Residential Crisis Stabilization	...	...	...	...	...	...	...	...
Therapeutic Foster Care	...	...	...	...	...	...	...	...
Therapeutic Group Home	...	...	...	...	...	...	...	...
Therapeutic Community	...	...	...	...	...	...	...	...
Residential Treatment	\$1,266.22	...	\$915.03	\$2,181.25	\$7,541.15	...	...	\$5,658.83
Other 24-Hour Services	...	...	...	...	...	...	...	...
<b>Subtotal: 24-Hour Services</b>	<b>\$2,257.54</b>	<b>...</b>	<b>\$1,631.41</b>	<b>\$3,888.95</b>	<b>\$11,826.33</b>	<b>...</b>	<b>...</b>	<b>\$8,874.41</b>
Crisis Services	...	...	...	...	...	...	...	...
Peer Crisis Services	...	...	...	...	...	...	...	...
23-Hour Crisis Services	...	...	...	...	...	...	...	...
Mobile Crisis Services	\$18,689.42	\$1,203.93	\$13,505.97	\$500.39	\$23,304.82	\$508.11	\$17,484.79	\$49.46
Other Crisis Services	...	...	...	...	...	...	...	...
<b>Subtotal: Crisis Services</b>	<b>\$18,689.42</b>	<b>\$1,203.93</b>	<b>\$13,505.97</b>	<b>\$500.39</b>	<b>\$23,304.82</b>	<b>\$508.11</b>	<b>\$17,489.79</b>	<b>\$49.46</b>
Case Management/Continuing Care	...	...	...	...	...	...	...	...
Case Management	\$57,518.33	\$2,160.98	\$41,565.78	\$898.16	\$81,043.26	\$1,645.00	\$60,814.37	\$160.12

Intensive Case Management	\$30,456.49	...	\$22,009.47	...	\$65,217.88	\$490.94	\$48,939.09	\$47.79
Continuing Care	...	...	...	...	...	...	...	...
Other Case Management/Continuing Care	...	...	...	...	...	...	...	...
<b>Subtotal: Case Management/Continuing Care</b>	<b>\$87,974.82</b>	<b>\$2,160.98</b>	<b>\$63,575.25</b>	<b>\$898.16</b>	<b>\$146,261.14</b>	<b>\$2,135.94</b>	<b>\$109,753.46</b>	<b>\$207.91</b>
Recovery Supports	...	...	...	...	...	...	...	...
Therapeutic Mentoring/Recovery Coaching	...	...	...	...	...	...	...	...
Peer Mentoring/Peer Recovery Coaching	...	...	...	...	...	...	...	...
Substance Use/Mental Health Disorder Consultation	...	...	...	...	...	...	...	...
Behavioral Management	...	...	...	...	...	...	...	...
Technological Support Services	...	...	...	...	...	...	...	...
Parent/Caregiver Support	...	...	...	...	...	...	...	...
Family Psychosocial Education	...	...	...	...	...	...	...	...
Prosocial Activities	...	...	...	...	...	...	...	...
Skills Training	\$99,144.83	\$14,765.38	\$71,647.30	\$6,136.92	\$139,583.44	\$11,987.56	\$104,742.55	\$1,166.79
Employment and Vocational Services	\$3,826.15	...	\$2,764.97	...	\$10,866.51	\$123.92	\$8,154.17	\$22.57
Supported Employment	...	...	...	...	...	...	...	...
Peer-Run Recovery Programs	...	...	...	...	...	...	...	...
Outreach	...	...	...	...	...	...	...	...
Respite Care	...	...	...	...	...	...	...	...
Child Care	...	...	...	...	...	...	...	...
Transportation	...	...	...	...	...	...	...	...
Other Recovery Supports	\$1,920.48	\$575.17	\$1,387.84	\$239.05	\$1,741.53	\$755.33	\$1,306.84	\$73.52
<b>Subtotal: Recovery Supports</b>	<b>\$104,891.46</b>	<b>\$15,340.55</b>	<b>\$75,800.11</b>	<b>\$6,375.97</b>	<b>\$152,191.48</b>	<b>\$12,866.81</b>	<b>\$114,203.56</b>	<b>\$1262.88</b>