

**Texas Financial Mapping:
Expenditures and Youth Served in the
Child and Adolescent Substance Use and
Co-Occurring System of Care (FY2015)**

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

Financial Mapping Subcommittee

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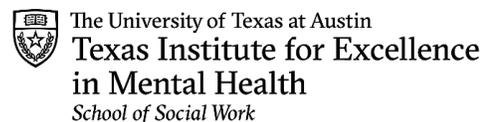


Table of Contents

Financial Mapping Subcommittee	2
Introduction and Purpose	4
The AART-Tx Structure	6
Methodology.....	8
Findings	10
Expenditures by Funding Source.....	10
Number Served in Service Categories by Funding Sources	11
Agency Expenditures and Numbers Served	13
Department of State Health Services, Mental Health and Substance Use Service Division	13
Texas Health and Human Services Commission (HHSC)	15
Texas Juvenile Justice Department (TJJD).....	17
Discussion: Policy and Practice Next Steps	22
Data and Expenditures.....	22
Policies and Programs	23
Outcomes	24
References	25
Appendices.....	26
Appendix A. Agency Definitions and Procedure Codes	27
Appendix B. Agency Expenditures and Numbers Served by Service	30

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 Department of State Health Services (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. DSHS 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 review of funding for SUD and COD treatment services provided to youth 12 to 18 years of age by state agencies. This financial map 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 will contribute to 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 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 overall aims of the report are to:

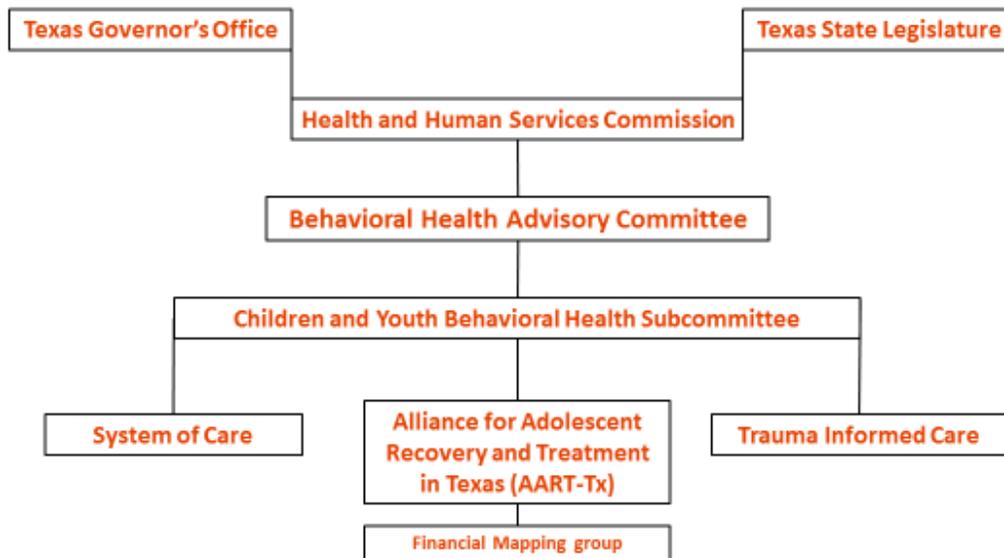
- Provide a baseline snapshot of the current system expenditures, services, and policies to examine change over time;
- Use financial information to evaluate child and adolescent access to a full continuum of services and recovery supports; and,
- Provide relevant information to decision makers to assist in making improvements in the behavioral health system and achieve the goals of the strategic plan.

The financial mapping report provides a snapshot of the state's FY2015 expenditures and numbers served to assist in evaluating child and adolescent access to a full continuum of coordinated SUD and COD services and recovery supports. It serves as a baseline that will be updated yearly to allow for comparisons and examination of change over time in services, expenditures, and the number of youth served. The intent of the report is to provide relevant information to state agencies and policymakers to assist in improvements to the behavioral health service system for adolescents and young adults.

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 84th 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, 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 state agency funding sources that provide substance use or co-occurring disorder services and supports to youth, the following definitions and guidelines were used:

- The time period examined was state fiscal year 2015 (September 1, 2014 to August 31, 2015). This period was selected because it was the most current and reliable data across funding streams that participating agencies agreed could be provided.
- 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. Agencies used different methods for diagnosis or need documentation and these are described in Appendix A.
- The specific services included in the financial maps were dependent on the agency's provision of the service and the level of detail required of providers to document and bill for the service provided. For example, for federal funding sources such as Medicaid and CHIP, procedure codes used to identify the specific service types are provided in Appendix A. For other funding sources such as 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." Descriptions of service types and procedure codes are also provided by agency in Appendix A.
- The proportion of state versus federal funding was calculated using allocations provided by the state agencies. 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 58.05% for both SUD and COD and the CHIP FMAP was 70.64% for both SUD and COD.

Three state agencies were the primary sources of financial mapping data (funding sources, service expenditures, and numbers served). Those agencies were the Health and Human Services Commission (HHSC; Medicaid programs including STAR, STAR+Plus, STAR Health, CHIP and state general revenue), the Department of State Health Services Mental Health and Substance Use Services Division (DSHS; federal substance abuse and mental health block grants and state general revenue), and the Texas Juvenile Justice Department (TJJJ; state general revenue and some federal funds). It is important to note that the funding information available to the state agencies does not include county funding, which varies by each jurisdiction. TJJJ funds provided to the 166 juvenile probation departments represents only a portion of the total funds and number served. Depending on the county, TJJJ estimates that city and county governments may range from 10 percent to 90 percent of all funds available for SUD and COD services. Similarly, local mental health authorities receive county funding to support services but these expenditures were not available for this report.

Children and adolescents served by the Department of Family and Protective Services (DFPS) are represented in the Medicaid data (STAR Health, the Medicaid foster care program for children in DFPS conservatorship). Although the Texas Education Agency (TEA) does not directly serve children and adolescents, TEA can assist with providing independent school districts (ISDs) with information about treatment services and resources that are available to students and families. Local ISDs work with youth and families to connect youth with SUD or COD treatment needs to a provider in the community. ISDs

can also collaborate with community providers to increase access to services that are provided either within the ISD or in the community. ISDs may participate with community providers in service coordination for youth receiving treatment services to support success for youth in school. Funding for treatment would vary depending on the community or family's resources.

Findings

The information presented in this section represents the best information available at the time. Several limitations apply to sections of this report. At this time, some agencies could not provide expenditure data or break out expenditure data by state or federal source. For example, for funding granted to county probation departments, TJJJ could provide the numbers served in specific service types but not the associated expenditures or the state and federal breakdown of expenditures for those services. Findings are limited to examining the data that was provided, thus expenditure data in the report is underrepresented. Medicaid data was provided in aggregate rather than by each specific program type (STAR, STAR+PLUS, STAR Health). Limitations of the data are included throughout the report to clarify the information presented. Definitions and the data provided by each agency are documented in Appendices A and B.

Expenditures by Funding Source

Based on the data available for this report, in FY2015 Texas spent almost \$34 million on SUD and COD services for youth 12 to 18 years of age (Table 2). Of all funds expended, 78.2% were spent on SUD services. Federal SAPT and MH Block grants were the major source of expenditures (approximately \$17.4 million dollars) with the next highest expenditures from state general revenue (approximately \$11.3 million dollars). The lowest expenditures reported were from Medicaid (approaching \$5.2 million dollars). The number of youth served was approximately 7,800 but this number likely contains duplicated youth since agencies do not conduct regular data matches to determine the number of youth who receive services across agencies.

Table 2. Expenditures by Source of Funding

Funding Source	Total Substance Use Expenditures (FY2015)
Medicaid Programs	\$4,696,633.38
Federal SAPT Block Grant	\$13,028,773.67
State General Revenue*	\$8,768,306.09
Other Federal Block Grant**	---
<i>Total Known SUD Funds</i>	\$26,493,713.14
Funding Source	Total Co-Occurring Expenditures (FY2015)
Medicaid Programs	\$466,935.66
Federal MH Block Grant	\$4,389,655.80
State General Revenue	\$2,516,375.16
<i>Total Known COD Funds</i>	\$7,372,966.62
*State General Revenue includes HHSC, DSHS-MHSA, and TJJJ facility expenditures. *State general revenue expenditures and **federal expenditures in TJJJ county juvenile probation departments are not known although numbers served is provided later in this report.	

As shown in Figure 2 and Figure 3 below, the highest percentage of all expenditures for both substance use and co-occurring disorder services for youth is federal block grants (SAPT and MH block grants from the Substance Use and Mental Health Services Administration). Federal block grants account for about 49% of all substance use disorder expenditures and 59% of all co-occurring disorder expenditures for youth. This is followed by state general revenue funds which account for about 33% (SUD) to 34% (COD) of expenditures. Finally, Medicaid accounts for about 20% of all expenditures (17.7% SUD and 6.33% COD).

Figure 2. % SUD Expenditures by Source

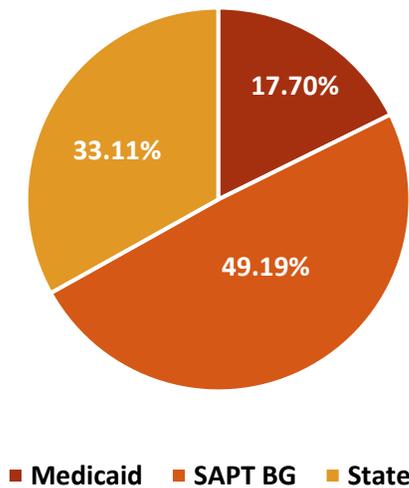
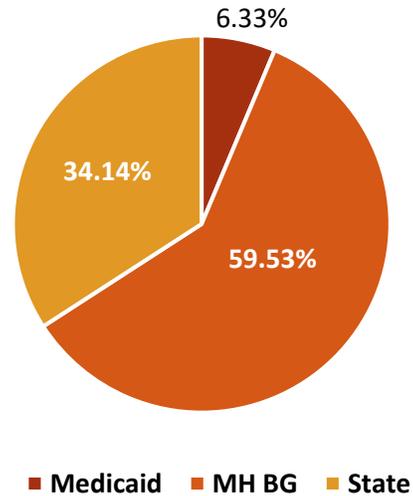


Figure 3. % COD Expenditures by Source



Number Served in Service Categories by Funding Sources

The following section examines numbers served in SUD and COD service categories by the funding source as well as the agency’s SUD and COD service categories as a percentage of all expenditures.

As shown in Table 3, more youth were served in outpatient SUD treatment services (a duplicated count) across federal and state funding sources and overall, more youth were served with federal than state funds.

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**
Assessment ¹	1,022	719	1,741
Outpatient ²	7,111	3,836	10,947
24-hour Services ³	1,946	2,542	4,488

*Funds are blended in service provision. To calculate numbers served, the federal and state funding percentage was applied to the total number served. **Total number served is a duplicated count. ¹Assessment numbers presented are only for Medicaid and its associated state funds. 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. ² Only HHSC Medicaid programs/state funds and DSHS block grant/state funds are represented in outpatient services. ³ 24-hour services includes residential treatment, detoxification services, and treatment provided in TJJD secured facilities.

A broader array of services was provided for youth receiving COD services (Table 4) and like SUD services, more federal funds were expended than state funds on these services. In COD services, assessment is funded as a unique service and more youth received an assessment (n=3,212) than any other COD service. This was followed by outpatient treatment (n=3,009) and case management (n=2,527). Different than SUD services, COD services included crisis services and case management. This

may be due to most COD services being provided in the mental health system of care where these are part of the typical service array.

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

Service Category	Number Served with Federal Funds	Number Served with State Funds	Total Number Served
Assessment ¹	2,003	1,209	3,212
Outpatient	1,869	1,140	3,009
24-hour Services ²	2	2	4
Crisis	819	468	1,287
Case Management	1,596	931	2,527
Recovery Supports ³	29	19	48

¹ COD assessment is paid for as a separate service by Medicaid programs, the MH block grant, and state funds. ² Only Medicaid had expenditures for COD residential services. ³ In FY2016, DSHS-MHSA began funding youth recovery support services. It is expected that numbers served will increase in FY2017.

Overall, outpatient services were provided more frequently than other treatment services for both SUD and COD (Tables 2 and 3). A significantly higher number of youth experiencing SUD received residential services compared to youth experiencing COD.

Figures 4 and 5 show the SUD service expenditures as a percentage of all expenditures by DSHS and HHSC. SUD expenditures for 24-hour services and outpatient services was almost the exact opposite between the two agencies. DSHS reported 63.5% of all expenditures in 24-hour residential treatment and HHSC reported 39.02% in 24-hour services (inclusive of residential and detoxification services). For outpatient service expenditures, DSHS reported that these services were 36.5% of total expenditures and HHSC reported these services were 59.78% of all expenditures. HHSC reported assessment expenditures as 1.2% of all SUD expenditures. DSHS assessment costs are included in overall administrative costs or as part of cost reimbursement contracts and can neither be counted as a separate expenditure nor be easily separated as an overall cost.

Figure 4. DSHS SUD Service Type by % of Expenditures

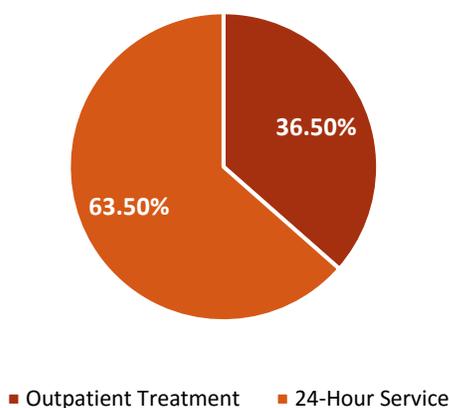
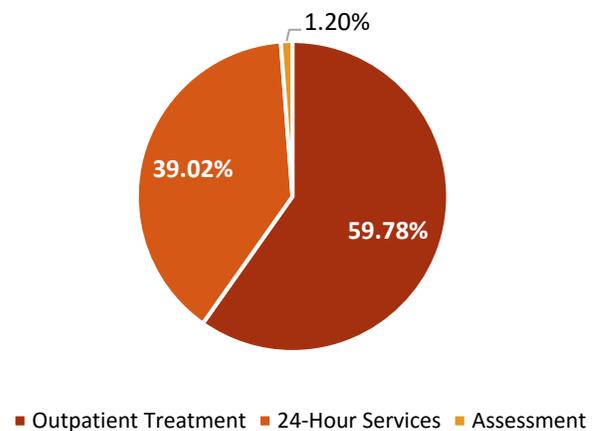


Figure 5. HHSC SUD Service Type by % of Expenditure



Figures 6 and 7 show the co-occurring disorder service expenditures as a percentage of all expenditures by agency. For both DSHS and HHSC, COD outpatient services had the highest percentage of overall agency expenditures, at approximately 58% of all expenditures for both agencies. Compared to DSHS, more types of services were offered by HHSC Medicaid, including 24-hour services and a small number of recovery support services.

Figure 6. DSHS COD Service by % of Expenditures

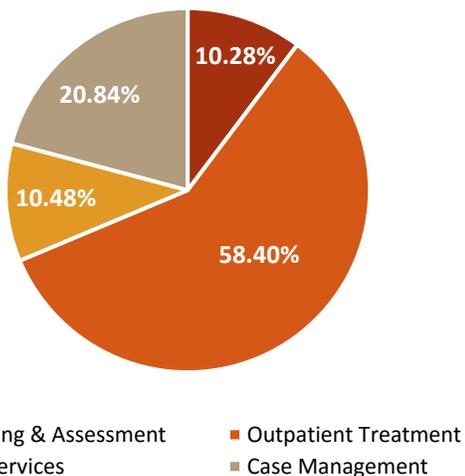
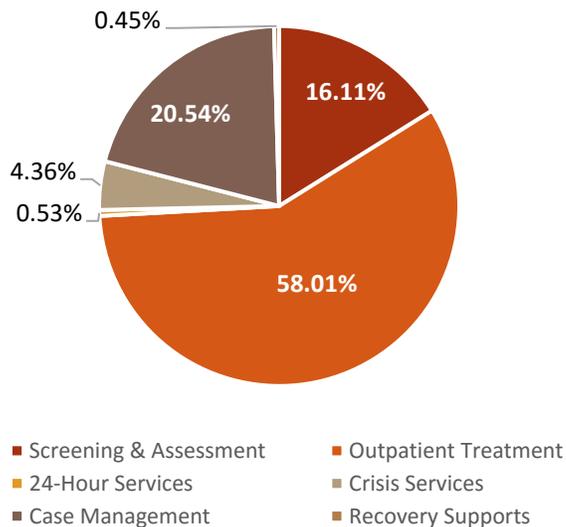


Figure 7. HHSC COD Service by % of Expenditures



Agency Expenditures and Numbers Served

The following section breaks out the expenditures, services, and number served by each agency. A discussion of each agency’s data accompanies the tables in this section with the original agency financial maps provided in Appendix B.

Department of State Health Services, Mental Health and Substance Use Service Division

The DSHS Mental Health and Substance Use Services Division oversees the SAMHSA SAPT and MH block grants and state general revenue allocated to substance use and co-occurring disorder treatment services. To ensure access to substance use treatment services, a competitive procurement process is used, with funds allocated to regions based on a formula of population, poverty, and need. The intent of the procurement process is to provide a full array of substance use disorder services (detoxification, residential, outpatient, and recovery supports) in each region of the state. Providers awarded a contract with DSHS-MHSA also receive a contract with HHSC to provide Medicaid substance use disorder services allowable under the state plan.

The unduplicated number of youth who received substance use treatment services was 5,048. As shown in Table 5, more youth were served in outpatient treatment services (n=3,841) but residential treatment services had higher expenditures, representing 63.5% of all funds expended and being utilized by 1,603 youth. SUD treatment services are paid on a fee-for-service basis. 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, 7 Challenges or Cannabis Youth Treatment. DSHS

MHSA 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. MHSA All Expenditures and Numbers Served – Substance Use Disorder Services

**Substance Use Disorder Services:
Expenditures and Number Served by Service Type**

Service Category*	Federal SA Block Grant	State General Revenue	Percent of All Funds	Number Served
Assessment	...	...	...	8,225
Outpatient Treatment	\$4,749,860.62	\$1,418,789.54	36.5%	3,841
24-Hour Services: Residential	\$8,278,913.05	\$2,472,922.08	63.5%	1,603
Total	\$13,028,773.67	\$3,891,711.62	100%	5,048
Service descriptions can be found in Appendix A. Number served is unduplicated by service type and in the total. 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 screening and assessment, outpatient treatment, crisis services, and case management. 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 (Table 6). About 56% of these youth served received a crisis service and it appears that all received case management services. As a percentage of all funds, outpatient service expenditures represented 58.4% of all co-occurring expenditures, followed by case management (20.8%). 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. MHSA All Expenditures and Numbers Served – Co-Occurring Disorder Services

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

Service Category*	Federal MH Block Grant	State General Revenue	Percent of All Funds	Number Served
Screening & Assessment	\$432,764.56	\$243,430.06	10.3%	2,131
Outpatient Treatment	\$2,441,127.46	\$1,401,675.63	58.4%	1,790
Crisis Services	\$507,164.49	\$182,579.22	10.5%	1,206
Case Management	\$1,008,590.30	\$363,095.75	20.8%	2,163
Total	\$4,389,655.80	\$2,190,780.66	100%	2,139
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%.				

Texas Health and Human Services Commission (HHSC)

In Texas, HHSC oversees Medicaid programs. Medicaid benefits in managed care are delivered through programs that focus on different populations. For example, STAR generally provides primary, acute and pharmacy care to pregnant women, newborns, and children with limited income. The Medicaid STAR+PLUS program provides acute care services plus long-term services and supports (LTSS) by integrating primary care, pharmacy services, and LTSS for individuals who are age 65 or older or have a disability. The STAR Health program provides services to individuals in conservatorship with the Department of Family and Protective Services system. The Children's Health Insurance Program (CHIP) offers low-cost health coverage for children from birth through age 18. CHIP is designed for families who earn too much money to qualify for Medicaid but cannot afford to buy private health coverage (Texas HHSC, 2015). Each program delivers state plan services and each program has specific requirements tailored to the population it serves. Because the substance use disorder benefit is a state plan service, it is available to any Medicaid member who meets medical necessity. The data presented in this report is from these programs.

Since the vast majority of individuals eligible for Medicaid or CHIP are enrolled in a managed care organization (MCO), the process HHSC uses to ensure all youth across the state have access to SUD or COD services is to ensure that there is an adequate network of providers. The HHSC Health Plan Management Division works to ensure MCOs have an appropriate network. This is primarily accomplished through regular reports from the MCOs, following up with provider access complaints, and conducting managed care readiness assessments on a regular basis. HHSC compiles and collects standardized performance metrics, including Healthcare Effectiveness Data and Information Set (HEDIS) and other validated measures. Some of these measures, as well as other work conducted by the state's External Quality Review Organization (EQRO: The Institute for Child Health Policy at the University of Florida), focus on substance use and co-occurring disorder however there are opportunities to identify additional measures. Further, the actuarial process that derives the capitation (or "prepayment") to the MCOs includes analysis of utilization for these services to determine how much MCOs are pre-paid. Texas also requires MCOs to develop and maintain a system and procedures for identifying Members with Special Health Care Needs (MSHCN), which includes members with mental illness and co-occurring substance abuse diagnoses. Finally, HHSC requires that member handbooks list providers, including SUD providers, contracted with the MCO. All of these processes are intended to ensure that any state plan benefit, including substance use services is available to Medicaid members. Texas Medicaid program expenditures, state general revenue, and numbers served are provided in the tables below.

Medicaid programs provided substance use services to a much higher number of youth than the CHIP program (see Table 7: 9,673 compared to 385). As a percentage of all expenditures, the Medicaid program expended more in outpatient services (approximately 60%) followed by 24-hour services (39%). Conversely, the highest expenditures in CHIP were for 24-hour services (60.5%) followed by outpatient services (38%). It is important to note that 24-hour residential services included some detoxification or medication-assisted withdrawal services (n=381), accounting for 33.5% of residential services accessed in the Medicaid programs. Within CHIP, the number of youth accessing 24-hour services was lower overall but the percentage of detoxification services accessed also accounted for about one-third of residential services at 29.7%. As of FY2015, youth only had access to residential medication-assisted withdrawal services through Medicaid or CHIP programs.

Table 7. All HHSC Expenditures and Numbers Served – Substance Use Disorder Services

Substance Use Disorders Services: Federal and State Medicaid Expenditures

Service Category*	Federal Medicaid Programs	State GR Medicaid	Medicaid Number Served	Federal CHIP	State GR CHIP	CHIP Number Served
Assessment	\$54,093.01	\$39,090.47	1,652	\$3,656.46	\$1,519.77	89
Outpatient Treatment	\$1,397,524.08	\$1,009,924.81	4,656	\$40,160.41	\$40,160.41	186
Intensive Outpatient Treatment	\$1,279,744.54	\$924,811.09	2,228	\$25,692.10	\$25,692.10	36
24-Hour Services: Residential/Detox	\$1,747,528.46	\$1,262,856.48	1,137	\$148,234.32	\$61,610.42	74
Total	\$4,478,890.09	\$3,236,682.85	9,673	\$217,743.29	\$128,982.70	385

* Procedure codes and service type descriptions included in each service category can be found in Appendix A. Numbers served are unduplicated within service types but not in the total. Medicaid includes the STAR, STAR+PLUS, and STAR Health programs. CHIP is the Texas Children’s Health Insurance Program. FY2015 Medicaid FMAP = 58.05%. FY2015 CHIP FMAP = 70.64%.

Medicaid programs also provided COD services to a higher number of youth than the CHIP program (see Table 8: 2,578 receiving a service in Medicaid compared to 235 in CHIP). Similar to SUD services, the Medicaid program expended more in outpatient services (approximately 57% of all expenditures). Youth receiving COD services had access to a wider array of services, which included case management (20.5% of all expenditures), crisis services (4.4%), and a small number accessing recovery supports (.45% of all funds expended). As a percentage of total funds expended on COD services, there was a much lower percent expended on 24-hour services (.53%) compared to SUD 24-hour services.

Table 8. HHSC All Expenditures and Numbers Served – Co-Occurring Disorder Services

Co-Occurring Disorders Services: Federal and State Medicaid Expenditures

Service Category*	Federal Medicaid Programs	State GR Medicaid	Medicaid Number Served	Federal CHIP	State GR CHIP	CHIP Number Served
Assessment	\$69,023.57	\$49,880.08	990	\$6,830.46	\$2,838.94	91
Outpatient Treatment	\$242,848.38	\$175,495.09	1,095	\$27,786.30	\$11,548.78	124
Intensive Outpatient Treatment	\$5,664.61	\$4,093.54	16	...	...	...
24-Hour Services: Residential/Detox	\$2,257.54	\$1,631.41	4	...	...	...
Crisis Services	\$18,689.42	\$13,505.97	77	\$1,203.93	\$500.39	4
Case Management	\$87,974.82	\$63,575.25	358	\$2,160.98	\$898.16	6
Recovery Supports	\$1,920.48	\$1,387.84	38	\$575.17	\$239.05	10
Total	\$428,378.82	\$309,569.18	2,578	\$38,556.84	\$16,025.32	235

* procedure codes and service types descriptions included in each service category can be found in Appendix A. Numbers served unduplicated within service type but not in the total. Medicaid includes the STAR, STAR+PLUS, and STAR Health programs. CHIP is the Texas Children’s Health Insurance Program. FY2015 Medicaid FMAP = 58.05%. FY2015 CHIP FMAP = 70.64%.

Texas Juvenile Justice Department (TJJD)

TJJD provides funding to state-run facilities with state general revenue funds and to the 166 county juvenile probation departments through a grant program using both state and federal funds. Youth served by TJJD are assessed for substance use and mental health disorders distinctly and are not routinely assessed for co-occurring disorders. As a result, the data included in this report includes only those youth who presented with a substance use treatment need or those who received a substance use treatment service. In addition, only state fund expenditures and number served in facilities (24-hour) are presented in the TJJD financial mapping tables. The state fund expenditures for county probation departments is unknown, although the number served and type of services accessed is provided in this report.

TJJD State Run Programs and Services. As the juvenile justice system has moved toward reducing secure facility commitments, the number of new admissions to TJJD has declined from FY2006 (n=2,738) to FY2014 (n=782). However, commitments now include a high percentage of youth with specialized treatment needs. Of youth admitted to facilities in FY2014, 99% had at least one specialized treatment need, with 82% needing alcohol or other drug treatment when assessed with the Adolescent Self-Assessment Profile (ASAP-II; TJJD review of treatment effectiveness, 2014). In FY15, TJJD state general revenue expenditures for substance use treatment in state-run TJJD facilities totaled approximately \$1.5 million dollars (Table 9). Of these funds, \$691,000 (46%) was provided through a legislatively mandated general revenue transfer from the DSHS Mental Health and Substance Use Services Division to TJJD. The table below presents state general revenue expenditures and numbers served in state-operated parole services, halfway houses, and juvenile correctional facilities. The McFadden Ranch facility is dedicated to youth in need of SUD rehabilitation treatment.

Table 9. TJJD Facilities, SUD Treatment Expenditures and Number Served: State General Revenue

Service Type	Location	Expenditures	Number Served
SUD Treatment in Parole Services			
	Region 1	\$55,964.82	
	Region 2	\$8,369.57	
	Region 3	\$37,506.90	
	Region 4	\$33,131.11	
Total			365
Specialized SUD Rehabilitation Treatment			
Halfway House	Ayres House	\$1,978.16	72
Halfway House	Brownwood House	\$42,558.76	17
Halfway House	Cottrell House	\$6,954.33	50
Halfway House	Edna Tamayo House	\$33,489.47	57
Halfway House	Willoughby House	\$51,005.82	19
Halfway House	York House	\$0.00	47
Facility	McFadden Ranch	\$327,020.36	119
Facility	Evins Regional Juvenile Center	\$195,002.95	162
Facility	Gainesville State School	\$182,090.94	279
Facility	Giddings State School	\$94,330.06	148
Facility	McLennan SJCF	\$273,115.20	245
Facility	Ron Jackson	\$168,410.47	94

Total		\$1,510,928.92	1,674
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Note: Substance use expenditures designated as TJJJ Program 260. McFadden Ranch serves only youth with substance use disorder while other facilities served a mixed population. Youth in Specialized SUD Rehabilitation Treatment may potentially be served at more than one location, thus numbers served may be duplicated. Number served in parole services is unduplicated.

Local Probation Departments. TJJJ provides grants to the state’s 166 juvenile probation departments (which cover Texas’ 254 counties) that funds substance use disorder treatment. However, because of the way grants are administered and blend of federal and state funds, TJJJ cannot determine the actual expenditure amounts associated with substance use disorder services. When examining TJJJ’s FY15 budget expenditures by strategy¹, funds allocated for grants to community juvenile justice services totaled approximately \$152.4 million dollars (TJJJ LAR, 2016). An unknown percentage of these funds are used for substance use treatment and mental health services. In addition, the TJJJ grants to departments account for only a percentage of total funds expended on behavioral health services in the county. Depending on the department, TJJJ estimates that local funds could range from 10% up to 90% of the total funds they expend on behavioral health services.

Tables 10 to 13 present the aggregate number of services provided to youth served by county juvenile probation departments. Services were wholly or partially state-funded. These services are specifically tied to a substance use issue although a substance use need was not identified through a standardized assessment (counties may select their own assessment). Unduplicated counts of youth are provided for each table but unduplicated youth served could not be determined across the tables.

A behavioral health service type (Table 10) is a one-time only service and could be provided in the community or in a county detention center. The most frequent service provided was assessment (38.9%) followed by crisis intervention (20.5%). These two services represented almost 60% of all services provided. Within the behavioral health service type (total services = 10,420), there were 3,759 unduplicated youth who received the services.

Table 10. Number of one-time behavioral health services provided in county-run locations

Behavioral Health Service Type	Number of Services	%
Assessment	4,049	38.9
Crisis Intervention	2,140	20.5
Doctor Visit/Evaluation	1,528	14.7
Single Counseling Session	1,290	12.4
Evaluation	1,049	10.1
Medication	240	2.3
Screening	62	.6
Other	62	.6
<i>Total Services</i>	10,420	100%

¹ Includes FY2015 expenditures for the TJJJ Community Juvenile Justice Goal, Grants for Community Juvenile Justice Services Objective, Strategies 2 through 8 (basic probation supervision; community programs; pre & post adjudication facilities; commitment diversion initiatives; juvenile justice alternative education programs; mental health services grants; and regional diversion alternatives).

A behavioral health treatment type (Table 11) is an ongoing treatment service received by the youth. Medication management and skills training were the most frequent ongoing services provided. There were 650 unduplicated youth who received 1,040 ongoing behavioral health treatments in FY2015.

Table 11. Number of ongoing behavioral health treatment provided in county-run locations

Behavioral Health Treatment Type		
Local Probation Departments	Number of Services	%
Medication Management	483	46.4
Skills Training	393	37.8
Crisis Intervention	164	15.8
<i>Total Services</i>	1,040	100%

Table 12 presents the total number service placements received (n=1,062). Of the total number of service placements, 915 were unduplicated. This means that in FY2015 a small number of youth (n=147; approximately 14%) were in more than one placement in FY2015.

Table 12. Number of behavioral health service placements in county-run locations

Behavioral Health Service Type		
Local Probation Departments	Number of Services	%
Secure Correctional	570	53.7
Residential (non-secure)	487	45.9
Emergency	5	.5
<i>Total Services</i>	1,062	100%

Table 13 presents the number of youth who received substance use disorder services in the various programs offered by probation departments. A majority of these programs were offered in the community (85%) with the remaining offered in pre- or post-adjudication, in a residential facility or in detention centers. The data below represents the programs that 5,748 unduplicated youth participated in which means that on average, most youth participated in two of the programs in Table 12.

Table 13. Number of behavioral health program types

Program Type		
Local Probation Departments	Number of Services	%
Educational	2,385	23.0
Counseling Services	1,202	11.6
Mental Health	998	9.6
Electronic Monitoring	721	7.0
Home Detention	706	6.8
Gang Prevention/Intervention	641	6.2
Life Skills	577	5.6
Early Intervention/First Referral	500	4.8
Mentor	396	3.8
Experiential Education	304	2.9

Substance Abuse Prevention/Intervention	260	2.5
Intensive Supervision	228	2.2
Substance Abuse Treatment	216	2.1
Intensive Case Management	183	1.8
Family Preservation	179	1.7
Other	125	1.2
Animal/Equine Therapy	112	1.1
Community Service/Restitution	108	1.0
Programming for Parents	103	1.0
Cognitive Behavioral	93	.9
Aftercare Management	87	.8
Anger Management/Conflict Resolution	76	.7
Vocational/employment	60	.6
Mental Health Court	19	.2
Extended Day Program/Day Boot Camp	15	.1
Female Offender	15	.1
Sex Offender	15	.1
Border Justice Project	14	.1
Runaway/Truancy	13	.1
Drug Court	6	.1
<i>Total</i>	10,357	100%

Table 14 presents the juvenile probation department programs provided to youth who were assessed positive for a behavioral health treatment need and were referred to a specific treatment program. The numbers below are a duplicated count of youth in services. Over 50% of these youth participated in a drug court, substance use prevention or intervention, or a treatment program (n=775).

Table 14. Youth identified with a behavioral health need and referred to program

Program	Youth Served*
Local Probation Departments	
Drug court, substance use prevention/ intervention, or treatment program	775
Placements with substance abuse as the primary placement service type	359
Behavioral health service	166
Behavioral health treatment	120
Total (duplicated)	1,420
*Youth served were those who had substance abuse as the presenting problem and were formally referred to and served by a program listed in the table.	

Title IV-E is a federal foster care reimbursement program which allows probation departments and TJJD to claim reimbursement for a percentage of the cost of placement for eligible youth placed in approved IV-E facilities, as well as administrative costs related to operating the program. The TJJD Placement Services/Title IV-E Division oversees the Title IV-E Program for youth supervised by county juvenile probation departments and those committed to TJJD. The number of youth served by this program are youth with an identified need for substance use service who are formally referred to services (the

unduplicated number served by type is presented in Table 15. Federal funds are used to pay for these services, but actual expenditures could not be provided.

Table 15. TJJD Title IV-E Youth Served

Behavioral Health Service Type	Youth Served	%
Medication	1	50
Assessment	1	50
<i>Total</i>	2	100
Program Type	Youth Served	%
Counseling Services	1	25
Family Preservation	1	25
Home Detention	1	25
Mentor	1	25
<i>Total</i>	4	100
Placement Type	Youth Served	%
Parental Placement	1	13
Residential (non-secure)	7	88
<i>Total</i>	8	100

Discussion: Policy and Practice Next Steps

This section of the report includes policy and practice next steps that have been identified by examining and discussing data in the financial maps. These items in the discussion section may be further explored by the AART-Tx strategic planning group in their recommendations to improve the substance use and co-occurring disorder services system for children and adolescents.

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 (DSHS 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 regularly 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 TJJ. 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 TJJ)

approximately 1,600 youth received 24-hour SUD treatment services. 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 7 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, 10th edition. Retrieve from: <https://hhs.texas.gov/texas-medicaid-and-chip-pink-book>

Texas Juvenile Justice Department. (December 2014). The Annual Review of Treatment Effectiveness.

Texas Juvenile Justice Department. (August 2016). Legislative Appropriations Request for Fiscal Years 2018 and 2019.

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 and recommendations provided by the AART-TX financial mapping workgroup members.

Appendices

Appendix A. Agency Definitions and Procedure Codes

Department of State Health Services Commission (DSHS) Definitions and Service Codes

Department of State Health Services Mental Health and Substance Abuse Service Definitions (Block Grant and General Revenue):

Client counts by service type represent the unduplicated count of clients for whom providers billed and were reimbursed for services.

A client having only a substance use disorder diagnosis was defined as a client assessed and admitted to substance use disorder treatment services.

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.

Data Sources:

Substance use and co-occurring disorder services data accessed from the Clinical Management for Behavioral Health Services (CMBHS).

Service Codes:

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.

Funding and Numbers Served Data Prepared By:

Alan Shafer, Research Staff, Mental Health & Substance Use Office of Decision Support.

Health and Human Services Commission (HHSC) Definitions and Procedure Codes

Definitions (Medicaid):

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.

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 between 290-314.99, excluding 291-292.99 and 303-305.99, and ICD-10 F series diagnoses, excluding F1X.XX, F7X.XX, and F8X.XX.

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 between 290-314.99, excluding 291-292.99 and 303-305.99, 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.

Data Sources:

AHQP Claims Universe, TMHP (Medicaid Fee-for-Service program paid and partially-paid claims); Enc_Best Picture Universe, TMHP (Medicaid managed care programs paid and partially-paid encounters).

Note:		
Medicaid managed care is paid on a capitation basis. Texas does not reimburse individual providers under contract with the health plans.		
Funding and Numbers Served Data Prepared By:		
Research Team, Strategic Decision Support, Texas Health and Human Services Commission, July 2016 (vp). Modified by Allen Pittman to include Federal / State funding and Diagnosis Key.		
Substance Use Disorder Service Types and Procedure Codes		
Substance Use Disorder Service Types*	Procedure Codes*	Notes
Assessment		
Assessment	H0001-HF	Assessment for SUD
Other Assessment/Diagnostic Evaluation (Please Specify)	90791, 90792	Psychiatric diagnostic evaluation
Outpatient Treatment		
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	
Intensive Outpatient Treatment		
Intensive Outpatient	9-H0004-HF, 9-H0005-HF	(Outpatient treatment considered equivalent to Intensive)
24-Hour Services		
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
Assessment		
Assessment	H0001-HF	
Other Assessment/Diagnostic Evaluation	90791, 90792	Psychiatric diagnostic evaluation
Outpatient Treatment		
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	
Intensive Outpatient Treatment		
Intensive Outpatient	9-H0004-HF, 9-H0005-HF	
24-Hour Services		
Medication-Assisted Withdrawal	H0031-HF, T1007-HF, H0047-HF, H0012-HF, S9445-HF	
Residential Treatment	H0047-HF, H2035-HF	
Crisis Services		
Mobile Crisis Services	H2011	
Case Management/Continuing Care		
Case Management	T1017-TF	
Intensive Case Management	T1017-TG	
Recovery Supports		
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.		

Texas Juvenile Justice Department (TJJD) definitions, service codes, and data

Texas Juvenile Justice Department Substance Use Disorder Service Definitions (Block Grant and General Revenue):

For state run facilities and programs, youth identified with a need for substance abuse services by assessment are formally referred to programs. For probation department grants, youth data was selected either by those who received a substance use disorder service (but not necessarily identified by assessment) or included those youth who were identified through assessment as in need of a substance use disorder treatment and were formally referred to a program, service, treatment or placement.

Youth with co-occurring disorder are not identified, substance use and mental health disorders are assessed distinctly. Data presented is for juveniles with a substance use service need only.

Data Sources:

Substance use services data from funding to counties were gathered from the EDI database. State facilities data was pulled for Program 260 – Substance Abuse Services.

Funding and Numbers Served Data Prepared By:

Dan Gunter – state run facilities and program data and Jocelyn Lewis – county probation grants.

Appendix B. Agency Expenditures and Numbers Served by Service

Department of State Health Services - Mental Health and Substance Use Services Division Substance Use Expenditures and Number Served by Service Category

Substance Use Services	SAPT Block Grant	State Funding	FY15 Number Served
Total (Unduplicated All Services):	\$13,124,325.44	\$3,920,253.05	5,048
By Service Type:			
Screening	8,225
Screening, Brief Intervention and Referral to Treatment
Other Screening (Please Specify)
Subtotal: Screening	8,225
Assessment
Other Assessment/Diagnostic Evaluation (Please Specify)
Subtotal: Assessment
Community-Based Medication-Assisted Withdrawal
Subtotal: Community-Based M.A.W.
Outpatient Treatment	\$4,749,860.62	\$1,418,789.54	3,841
Individual Counseling/Therapy
Family Therapy
Group Counseling
Multi-Family Group Counseling
Medication-Assisted Treatment
Medication Management
Service Planning
Home-Based Services (Please Specify)
School-Based Services (Please Specify)
Other Outpatient Treatment (Please Specify)
Subtotal: Outpatient Treatment	\$4,749,860.62	\$1,418,789.54	3,841
Intensive Outpatient Treatment
Subtotal: Intensive Outpatient
Partial Hospitalization
Subtotal: Partial Hospitalization
24-Hour Services	\$8,278,913.05	\$2,472,922.08	1,603
Medication-Assisted Withdrawal
Residential Crisis Stabilization
Therapeutic Foster Care
Therapeutic Group Home
Therapeutic Community
Residential Treatment
Other 24-Hour Services (Please Specify)
Subtotal: 24-Hour Services	\$8,278,913.05	\$2,472,922.08	1,603

Crisis Services	...	...	...
Peer Crisis Services	...	...	...
23-Hour Crisis Services	...	...	...
Mobile Crisis Services	...	...	...
Other Crisis Services (Please Specify)	...	...	...
Subtotal: Crisis Services	...	...	...
Case Management/Continuing Care	...	...	...
Case Management	...	...	...
Intensive Case Management	...	...	...
Continuing Care	...	...	...
Other Case Mgmt/Continuing Care (Please Specify)	...	...	...
Subtotal: Case Management/Continuing Care	...	...	...
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 (Please Specify)	...	...	...
Subtotal: Recovery Supports	...	...	...

Department of State Health Services - Mental Health and Substance Use Services Division
Co-Occurring Disorder Expenditures and Number Served by Service Category

Co-Occurring Disorder Services	CMHS Block Grant	State Funding	FY15 Number Served
Total (All Services):	\$4,389,655.80	\$2,190,780.66	5,127
By Service Type:			
Screening	\$46,595.09	\$26,209.74	759
Screening, Brief Intervention and Referral to Treatment	...	...	...
Other Screening	...	...	...
Subtotal: Screening	\$46,595.09	\$26,209.74	759

Assessment	\$386,169.47	\$217,220.32	1,372
Assessment	...	...	...
Other Assessment/Diagnostic Evaluation	...	...	...
Subtotal: Assessment	\$386,169.47	\$217,220.32	1,372
Community-Based Medication-Assisted Withdrawal	...	...	...
<i>Subtotal: Community-Based M.A.W.</i>	...	...	...
Outpatient Treatment	\$2,441,127.46	\$1,373,134.19	1,752
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	...	...	...
Subtotal: Outpatient Treatment	\$2,441,127.46	\$1,373,134.19	1,752
Intensive Outpatient Treatment		\$28,541.44	38
Subtotal: Intensive Outpatient		\$28,541.44	38
Partial Hospitalization	...	...	...
Subtotal: Partial Hospitalization	...	...	...
24-Hour Services	...	...	...
Medication-Assisted Withdrawal	...	...	...
Residential Crisis Stabilization	...	...	...
Therapeutic Foster Care	...	...	...
Therapeutic Group Home	...	...	...
Therapeutic Community	...	...	...
Residential Treatment	...	...	...
Other 24-Hour Services	...	...	...
Subtotal: 24-Hour Services	...	...	...
Crisis Services	\$507,164.49	\$182,579.22	1,206
Peer Crisis Services	...	...	...
23-Hour Crisis Services	...	...	...
Mobile Crisis Services	...	...	...
Other Crisis Services	...	...	...
Subtotal: Crisis Services	\$507,164.49	\$182,579.22	1,206
Case Management/Continuing Care	\$1,008,599.30	\$363,095.75	2,163
Case Management	...	...	...
Intensive Case Management	...	...	...
Continuing Care	...	...	...
Other Case Management/Continuing Care	...	...	...
Subtotal: Case Management/Continuing Care	\$1,008,599.30	\$363,095.75	2,163

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	...	...	...
Subtotal: Recovery Supports	...	...	...

Health and Human Services Commission

Substance Use Expenditures and Number Served by Service Category and Service Type

Substance Use Disorder Services	Federal Medicaid	Federal CHIP	S/T/T Medicaid	S/T/T CHIP
Total (All Services):	\$4,487,890.09	\$217,743.40	\$3,236,682.85	\$90,500.37
Screening				
Screening	...	...	...	...
Screening, Brief Intervention and Referral to Treatment	...	...	...	...
Other Screening (Specify)	...	...	...	...
Subtotal: Screening	...	...	...	...
Assessment	\$33,080.69	\$1,735.06	\$23,905.85	\$721.14
Other Assessment/Diagnostic Eval (Specify)	\$21,012.32	\$1,921.50	\$15,184.62	\$798.63
Subtotal: Assessment	\$54,093.01	\$3,656.56	\$39,090.47	\$1,519.77
Community-Based Medication-Assisted Withdrawal	...	...	...	...
Subtotal: Community-Based M.A.W.	...	...	...	...
Outpatient Treatment	...	...	...	...
Individual Counseling/Therapy	\$562,573.60	\$15,518.56	\$406,545.43	\$6,449.96
Family Therapy	\$7,448.96	\$797.19	\$5,383.02	\$331.34
Group Counseling	\$824,519.95	\$23,844.65	\$595,841.72	\$9,910.52
Multi-Family Group Counseling	...	...	...	...
Medication-Assisted Treatment	...	...	...	...

Medication Management	\$174.16	...	\$125.85	...
Service Planning	...	...	...	...
Home-Based Services (Specify)	...	...	...	...
School-Based Services (Specify)	...	...	...	...
Other Outpatient Treatment (Specify)	\$2,807.41	...	\$2,028.79	...
Ambulatory Detoxification	\$174,193.03	\$20,574.59	\$125,881.10	\$8,551.39
Subtotal: Outpatient Treatment	\$1,571,717.11	\$60,735.00	\$1,135,805.91	\$25,243.20
Intensive Outpatient Treatment	...	...	...	...
Subtotal: Intensive Outpatient	\$1,105,551.51	\$5,117.51	\$798,929.99	\$2,126.99
Partial Hospitalization	...	...	...	...
Subtotal: Partial Hospitalization	...	...	...	...
24-Hour Services	...	...	...	...
Medication-Assisted Withdrawal	\$345,421.69	\$36,190.62	\$249,619.98	\$15,041.85
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
Other 24-Hour Services (Specify)	...	...	...	...
Subtotal: 24-Hour Services	\$1,747,528.46	\$148,234.32	\$1,262,856.48	\$61,610.42
Crisis Services	...	...	...	...
Peer Crisis Services	...	...	...	...
23-Hour Crisis Services	...	...	...	...
Mobile Crisis Services	...	...	...	...
Other Crisis Services (Specify)	...	...	...	...
Subtotal: Crisis Services	...	...	...	...
Case Management/Continuing Care	...	...	...	...
Case Management	...	...	...	...
Intensive Case Management	...	...	...	...
Continuing Care	...	...	...	...
Other Case Mgmt/Continuing Care (Specify)	...	...	...	...
Subtotal: Case Management/Continuing Care	...	...	...	...
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)	...	...	...	...
Subtotal: Recovery Supports	...	...	...	...

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

Co-Occurring Services	Federal Medicaid	Federal CHIP	State Medicaid	State CHIP
Total (All Services):	\$428,378.81	\$38,556.84	\$309,569.19	\$16,025.32
Screening	...	...	...	...
Screening	...	...	...	...
Screening, Brief Intervention and Referral to Treatment	...	...	...	...
Other Screening (Specify)	...	...	...	...
Subtotal: Screening	...	...	...	...
Assessment	...	...	...	...
Assessment	\$153.64	...	\$111.02	...
Other Assessment/Diagnostic Evaluation (Specify)	\$68,869.93	\$6,830.46	\$49,769.06	\$2,838.94
Subtotal: Assessment	\$69,023.57	\$6,830.46	\$49,880.08	\$2,838.94
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
Family Therapy	\$8,730.79	\$329.71	\$6,309.33	\$137.04
Group Counseling	\$9,353.11	\$475.03	\$6,759.06	\$197.43
Multi-Family Group Counseling	...	...	...	...
Medication-Assisted Treatment	...	...	...	...
Medication Management	\$2,146.26	\$33.11	\$1,551.00	\$13.76
Service Planning	...	...	...	...
Home-Based Services	...	...	...	...
School-Based Services	...	...	...	...
Other Outpatient Treatment	\$16,847.09	\$550.34	\$12,174.60	\$228.73
Ambulatory Detoxification	\$550.14	...	\$397.56	...
Subtotal: Outpatient Treatment	\$140,427.55	\$13,020.92	\$101,480.37	\$5,411.86
Intensive Outpatient Treatment	\$5,114.47	...	\$3,695.98	...
Subtotal: Intensive Outpatient	\$5,114.47	...	\$3,695.98	...
Partial Hospitalization	...	...	...	...
Subtotal: Partial Hospitalization	...	...	...	...
24-Hour Services	...	...	...	...

Medication-Assisted Withdrawal	\$991.32	...	\$716.38	\$1,707.70
Residential Crisis Stabilization	...	...	...	...
Therapeutic Foster Care	...	...	...	...
Therapeutic Group Home	...	...	...	...
Therapeutic Community	...	...	...	...
Residential Treatment	\$1,266.22	...	\$915.03	\$2,181.25
Other 24-Hour Services	...	...	...	...
Subtotal: 24-Hour Services	\$2,257.54	...	\$1,631.41	\$3,888.95
Crisis Services	...	...	...	...
Peer Crisis Services	...	...	...	...
23-Hour Crisis Services	...	...	...	...
Mobile Crisis Services	\$18,689.42	\$1,203.93	\$13,505.97	\$500.39
Other Crisis Services	...	...	...	...
Subtotal: Crisis Services	\$18,689.42	\$1,203.93	\$13,505.97	\$500.39
Case Management/Continuing Care	...	...	...	...
Case Management	\$57,518.33	\$2,160.98	\$41,565.78	\$898.16
Intensive Case Management	\$30,456.49	...	\$22,009.47	...
Continuing Care	...	...	...	...
Other Case Management/Continuing Care	...	...	...	...
Subtotal: Case Management/Continuing Care	\$87,974.82	\$2,160.98	\$63,575.25	\$898.16
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
Employment and Vocational Services	\$3,826.15	...	\$2,764.97	...
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
Subtotal: Recovery Supports	\$104,891.46	\$15,340.55	\$75,800.11	\$6,375.97

Texas Juvenile Justice Department
State Institution Facilities, Programs and Services Data (24-hour)

Substance Use Treatment Expenditures and Number Served: State General Revenue

Service Type	Location	Expenditures	Numbers Served
SUD Treatment in Parole Services			
	Region 1	\$55,964.82	
	Region 2	\$8,369.57	
	Region 3	\$37,506.90	
	Region 4	\$33,131.11	365
Specialized Rehabilitation Treatment			
<i>Halfway House</i>	Ayre's House	\$1,978.16	72
<i>Halfway House</i>	Brownwood House	\$42,558.76	17
<i>Halfway House</i>	Cottrell House	\$6,954.33	50
<i>Halfway House</i>	Edna Tamayo House	\$33,489.47	57
<i>Halfway House</i>	Willoughby House	\$51,005.82	19
<i>Halfway House</i>	York House	\$0.00	47
<i>Community-Based Residential Facility</i>	McFadden Ranch	\$327,020.36	119
<i>Facility</i>	Evins Regional Juvenile Center	\$195,002.95	162
<i>Facility</i>	Gainesville State School	\$182,090.94	279
<i>Facility</i>	Giddings State School	\$94,330.06	148
<i>Facility</i>	McLennan SJCF	\$273,115.20	245
<i>Facility</i>	Ron Jackson	\$168,410.47	94
Total		\$1,510,928.92	1,674

Note: Substance use expenditures designated as TJJD Program 260. McFadden Ranch serves only youth with substance use disorder. Youth in Specialized Rehabilitation Treatment may be served at more than one location, thus numbers served may be duplicated. Number served in parole services is unduplicated.

Texas Juvenile Justice Department
Community-Based Programs, Facilities, and Programs (State funded grants)

Behavioral Health Service Type	Number of Services	%
Assessment	4,049	38.9
Crisis Intervention	2,140	20.5
Doctor Visit/Evaluation	1,528	14.7
Single Counseling Session	1,290	12.4
Evaluation	1,049	10.1
Medication	240	2.3
Screening	62	.6
Other	62	.6
<i>Total Services</i>	10,420	100%

Behavioral Health Treatment Type	Number of Services	%
Medication Management	483	46.4
Skills Training	393	37.8
Crisis Intervention	164	15.8
<i>Total Services</i>	1,040	100%

Behavioral Health Service Type	Number of Services	%
Secure Correctional	570	53.7
Residential (non-secure)	487	45.9
Emergency	5	.5
<i>Total Services</i>	1,062	100%

Program Type	Number of Services	%
Educational	2,385	23.0
Counseling Services	1,202	11.6
Mental Health	998	9.6
Electronic Monitoring	721	7.0
Home Detention	706	6.8
Gang Prevention/Intervention	641	6.2
Life Skills	577	5.6
Early Intervention/First Referral	500	4.8
Mentor	396	3.8
Experiential Education	304	2.9
Substance Abuse Prevention/Intervention	260	2.5
Intensive Supervision	228	2.2

Substance Abuse Treatment	216	2.1
Intensive Case Management	183	1.8
Family Preservation	179	1.7
Other	125	1.2
Animal/Equine Therapy	112	1.1
Community Service/Restitution	108	1.0
Programming for Parents	103	1.0
Cognitive Behavioral	93	.9
Aftercare Management	87	.8
Anger Management/Conflict Resolution	76	.7
Vocational/employment	60	.6
Mental Health Court	19	.2
Extended Day Program/Day Boot Camp	15	.1
Female Offender	15	.1
Sex Offender	15	.1
Border Justice Project	14	.1
Runaway/Truancy	13	.1
Drug Court	6	.1
<i>Total</i>	10,357	100%

**Texas Juvenile Justice Department
Community-Based Programs, Facilities, and Programs (federal funded 4E foster care program)**

Behavioral Health Service		
Type	Youth Served	%
Medication	1	50
Assessment	1	50
<i>Total</i>	2	100
Program Type		
Program Type	Youth Served	%
Counseling Services	1	25
Family Preservation	1	25
Home Detention	1	25
Mentor	1	25
<i>Total</i>	4	100
Placement Type		
Placement Type	Youth Served	%
Parental Placement	1	13
Residential (non-secure)	7	88
<i>Total</i>	8	100

