

**Summary of Proposed Behavioral-Health Related DSRIP Projects**  
**Based on RHP Plan Submissions for Federal Review**  
**(Subject to Change Based on State and Federal Review and Approval)**

RHP	Project ID	Project Option	Performing Provider Name	Describe the target population served by the project	Brief Description	Proposed Cat 1/2 Value DY2-5	Proposed Category 3 Value DY2-5
1	751281410.2.2	2.15.1	Andrews Center	Behavioral health patients in need of physical, primary care services; 55% Medicaid/ indigent	Improve the integration of behavioral health and primary care services at various potential locations in Region 1, primarily through primary care clinic services in the behavioral health setting	\$5,212,579	\$ 696,443
1	751281410.2.3	2.13.1	Andrews Center	Behavioral health patients in need of outpatient therapy; 55% Medicaid/ indigent	Increase therapy services in Smith, Henderson, Van Zandt, Wood, and Rains counties by expanding an intensive therapy program for the behavioral health population. The addition of 2 licensed therapists will nearly double our therapy capacity.	\$967,322	\$ 130,280
1	751281410.2.1	2.13.1	Andrews Center	Behavioral health patients at-risk for entering the criminal justice system; 55% Medicaid/ indigent	Implement a jail diversion program to intercept behavioral health patients from several points within the justice system and move them to a system geared to dealing with their behavioral health needs	\$2,895,877	\$ 386,913
1	751281410.1.1	1.13.1	Andrews Center	Patients experiencing a behavioral health crisis that have limited access to behavioral health services and would otherwise seek care in the ED; > 55% Medicaid/ indigent	Implement a crisis intervention program consisting of a location where individuals in crisis could be brought for a period of 4 to 23 hours in order to allow for stabilization and planning for optimal placement	\$3,475,052	\$ 464,295
1	136367307.1.1	1.12.4	Burke Center	Persons on the wait list for care and others with a significant mental illness not meeting current eligibility criteria; vast majority will be Medicaid or medically indigent	Expand the capacity of the Burke Center to serve more children and adults with mental illness.	\$1,251,859	\$ 167,258
1	137921608.2.1	2.15.1	Community Healthcare	Adults with serious mental illness and diagnosed co-occurring primary care diseases of hypertension ro diabetes that live in the Longview area; 65% Medicaid/ indigent	Collaborate with Good Shepherd Medical Center and the local FQHC in the Longview area to integrate primary and behavioral healthcare services to result in an integrated approach to health care that is "More Than Co-Location."	\$588,136	\$ 40,000
1	137921608.1.4	1.13.1	Community Healthcare	Adults with serious mental illness living east Texas; 95% uninsured or eligible for Medicaid, and 78% middle to lower middle income.	Operate a Regional Crisis Response Center in the Longview/Gregg County area serving as short-term alternatives to inpatient psychiatric hospitalization. Includes 6 beds for stabilization (locked) and 12 beds for intensive residential services (unlocked).	\$11,936,797	\$ 1,962,148
1	137921608.1.1	1.13.1	Community Healthcare	Adults with serious mental illness living east Texas; 95% uninsured or eligible for Medicaid, and 78% middle to lower middle income.	Operate a Regional Crisis Response Center in Atlanta, Texas covering the northeast Texas area to serve as short-term alternatives to inpatient psychiatric hospitalization. Includes 6 beds for stabilization (locked) and 12 beds for intensive residential services (unlocked)	\$12,907,183	\$ 1,962,148
1	137921608.1.3	1.9.2	Community Healthcare	Adults using alcohol/ illicit drugs with need for detoxification to perform in their daily lives that are assessed appropriate for ambulatory detoxification services	Community Healthcare will operate an ambulatory detoxification clinic in a non-residential setting co-located with the University of Texas Health Science Center-Tyler primary care clinic.	\$2,079,217	\$ 325,448
1	121988304.2.1	2.15.1	Lakes Regional MHMR Center	Individuals being served in the Behavioral Health Centers needing access to primary care services; 95% Medicaid/ indigent	Implement integrated Physical services into 3 existing rural Behavioral Health Centers allowing individuals with need for primary care to choose LRMHRC as a medical home to improve physical and behavioral health outcomes	\$3,438,954	\$ 289,866
1	121988304.2.2	2.13.1	Lakes Regional MHMR Center	Clients needing specialty services for improving personal/ physical health and nutrition through semi-weekly guidance consults; 95% Medicaid/ indigent	implement a research supported physical health and nutrition awareness and improvement program (SHAPE) for individuals with medication stabilized schizophrenia related disorders.	\$641,676	\$ 80,891
1	121988304.1.1	1.12.2	Lakes Regional MHMR Center	Low income and Medicaid indivs needing access to depression or trauma related behavioral health services that are without alternative providers	Create 3 new clinics for provision of evidence-based services for individuals who suffer from depression or trauma related disorders not meeting the state mandated diagnostic criteria for eligibility for state funded behavioral health services.	\$4,268,280	\$ 647,352
1	177870603.2.3	2.13.1	Red River Regional Hospital	Service area geriatric, behavioral health patients in need of access to behavioral outpatient therapy; 15% Medicaid/ indigent	Provide a structured outpatient program (SOP) for geriatric, behavioral health patients	\$144,399	\$ 35,523
1	084434201.2.1	2.19.1	Texoma Community Center	Mentally ill uninsured or Medicaid patients needing a primary care provider	Incorporate a primary health care provider into the TCC behavioral health system to create a "medical home" for the most "at risk" patients with mental illness and co-occurring chronic physical diseases. The intervention will be at ½ day per week or 12 patients across the three counties to start.	\$248,781	\$ 33,239
1	084434201.2.2	2.13.1	Texoma Community Center	Medicaid-eligible and indigent individuals with mental illness, challenging functional impairments and significant community needs	Develop and provide a comprehensive treatment modality that includes twelve different community-based intervention options to substantially stabilize the mentally ill, functionally impaired and homeless individuals in Fannin County in order to reduce unnecessary use of emergency departments, physical and psychiatric hospitals and the criminal justice system	\$80,249	\$ 10,807
1	084434201.1.2	1.12.2	Texoma Community Center	Patients needing intensive out-patient substance abuse treatment; 38-40% Medicaid	Enhance substance abuse treatment service availability in Fannin County by initiating a stand-alone treatment center and a SAMHSA-based LCDC internship program to increase the provider pool.	\$166,746	\$ 22,278
1	084434201.1.3	1.12.2	Texoma Community Center	Patients who need therapeutic intervention in the form of counseling, specifically for Medicaid and/or low-income patients	Provide prompt, evidenced-based, clinically appropriate counseling to a broader patient base of individuals needing treatment for Post- Traumatic Stress Disorder, depression, personality disorders and other emotional disturbances.	\$265,192	\$ 35,432
1	084434201.1.1	1.11.2	Texoma Community Center	Indigent patients needing psychiatric care, skills training, case management, education training and support, biopsychosocial assessments, counseling and crisis intervention in the community where telemedicine capabilities can be established, such as in EDs	Enhance access through telemedicine services and electronic health records (EHR) for TCC patients residing in RHP 1 by expanding psychiatric appointments, psychosocial rehabilitation, skills training, case management, mental health assessments, counseling and crisis intervention for adults and children	\$199,496	\$ 26,654
1	084434201.1.4	1.10.3	Texoma Community Center	Entire existing and prospective TCC patient population	Increase data reports in order to expand the patient population and services by improving efficiencies and solving key challenges through focused and frequent (weekly) evaluation of intervention barriers and progress in service areas	\$80,762	\$ 10,791
1	127278302.2.18	2.15.1	University Physician Associates (UPA)	UTHSCT primary care physicians, family medicine residents, and internal medicine residents and the patients they serve	Hire a behavioral health team to 1) incorporate behavioral health care into a time limited office visit; 2) integrate behavioral health clinical competency into the Family and Internal Medicine residency curricula; and 3) consult with the primary care providers on complex cases	\$10,552,740	\$ 2,654,908
1	127278302.2.23	2.13.1	University Physician Associates (UPA)	Patients admitted to the inpatient behavioral health services that would benefit from an outpatient therapy program as part of a post-acute care program	Provide an Intensive Outpatient Program for adult behavioral health. Patients will be referred to the program at discharge from the inpatient setting, directly from the ER setting, from the crisis stabilization unit, or from other sources, when the patient does not meet inpatient criteria. (on the campus of Palestine Regional Medical Center, a 156 bed hospital)	\$1,438,451	\$ 323,807
1	127278302.1.13	1.13.1	University Physician Associates (UPA)	Adult behavioral health patients in crisis due to mental health issues that require monitoring and/or psychiatric stabilization; over 43% Medicaid/ indigent	Provide short term (24 -72 hours) treatment for behavioral health patients requiring observation and stabilization from acute symptoms of mental illness.	\$2,876,901	\$ 647,613
1	127278302.1.10	1.11.1	University Physician Associates (UPA)	Individuals with serious mental illness, including a large proportion of indigent and Medicaid recipients (54% of the residents in the region are uninsured or enrolled in publicly funded insurance)	Expand connectivity to and within 9 rural counties (Anderson, Henderson, Cherokee, Gregg, Harrison, Marion, Upshur, Rusk, and Smith) and their respective behavioral health service providers (Palestine Regional Medical Center, Good Shepherd Health System, Community Health Core, and UTHSCT). The project includes using trained Community Health Worker presenters, integration of primary and behavioral health care services, and connectivity with criminal justice systems to support more appropriate and efficient case dispensation prior to patient transportation.	\$3,660,478	\$ 660,808
2	136367307.2.1	2.18.1	Burke Center	Persons with severe mental illness who have or are at risk of developing other chronic health disorders. The vast majority of these persons are medically indigent or Medicaid eligible.	Train and employ Peer Specialists to provide "whole health" support to mental health consumers in order to prevent or manage comorbid chronic health conditions. The vast majority of these persons are medically indigent or Medicaid eligible.	\$1,022,037	\$ 128,748

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2	136367307.2.4	2.15.1	Burke Center	Persons with serious mental illness who have or are at risk of developing other co-morbid chronic health conditions.	Integrate primary care with behavioral health care services the Center provides in order to improve access to needed health services and improve overall health and wellbeing. Burke Center will partner with Angelina County/Cities Health District to create an integrated health home for Burke Center clients with one or more comorbid chronic conditions and expand access to behavioral health services for clients of the Health District Clinic.	\$5,255,448	\$ 660,714
2	136367307.2.5	2.13.1	Burke Center	Persons with serious mental illness who experience repeated hospitalizations or incarcerations.	Promote mental health recovery and prevent individuals from experiencing repeated hospitalizations or incarcerations. This project would create a specialized interdisciplinary team (including psychiatrists, peers, substance use counselors, therapists, community health workers, and mental health deputies) to provide mobile treatment and supports for high risk/high need individuals through a variety of supportive interventions.	\$4,852,781	\$ 611,588
2	136367307.1.1	1.12.4	Burke Center	Persons on the wait list for care and others with a significant mental illness not meeting current eligibility criteria.	Expand capacity to serve more children and adults with mental illness, providing outpatient psychiatric care, therapy, medication services and patient education as needed.	\$8,280,847	\$ 1,115,627
2	136367307.1.2	1.7.1	Burke Center	Persons with significant mental illness who have been unable to access care due to distance or lack of clinic capacity.	Improve access to psychiatric care by enhancing and expanding the current telemedicine infrastructure. We will upgrade connectivity at one site and add two more remote sites to make care more accessible in rural locations.	\$881,672	\$ 116,359
2	109372601.2.2	2.15.1	Physician Practice affiliated with UTMB	adults with complex chronic health problems with increased risk of poor health outcomes due to mental health problems, poverty, low education, low social support, and/or minority status. Target popn: almost all of the individuals who participate in this program will be either indigent or enrolled in Medicaid.	The purpose of this project is to add behavioral/mental health services to the primary care practice of the UTMB's Brazoria County Indigent Health Clinic by bringing an on-site behavioral/mental health counselor to the practice 1 day per week.	\$2,543,318	\$ 305,787
2	109372601.1.2	1.11.2	Physician Practice affiliated with UTMB	Underserved adult and child populations (Medicaid, specifically, Medicaid Managed Care enrollees), including those who are underserved due to a lack of providers.	Utilize UTMB's telemedicine capabilities and experiences with the Texas Health and Human Services Commission and Frew Advisory Committee Funded Demonstration Project to develop a new model for child and/or adult Psychiatry Telemedicine clinics in RHP 2.	\$14,444,697	\$ 1,736,707
2	096166602.2.7	2.18.2	Spindletop Center	"Priority population" adult mental health clients that Spindletop serves. 54% of these clients are on Medicaid, with most of the remainder being indigent.	Implement Emotional CPR ("eCPR") to train mental health consumers in peer-to-peer engagement services to support and encourage participation in the development of a Wellness Recovery Action Plan™ ("WRAP™") and Peer Support Whole Health for our mental health clients.	\$1,234,995	\$ 165,005
2	096166602.2.1	2.15.2	Spindletop Center	"Priority population" adult mental health clients that Spindletop serves. Target pop: 54% Medicaid, most of remainder uninsured indigent	Co-locate primary care clinics in its existing buildings to facilitate coordination of healthcare visits and communication of information among healthcare providers. In addition, a mobile clinic will be purchased and equipped to provide physical and behavioral health services for our clients in locations other than existing Spindletop clinics.	\$3,568,252	\$ 476,748
2	096166602.2.2	2.13.2	Spindletop Center	This program is targeted primarily to the almost 1000 "priority population" adult consumers with intellectual and developmental disabilities that Spindletop serves. Almost all of these are either indigent or in Medicaid programs, including HCS, Texas Home Living, and ICF/ID waiver programs. Therefore, almost all of the individuals who participate in this program will be either indigent or enrolled in Medicaid.	Provide early intervention and intensive wraparound services and supports for IDD individuals who are in behavioral crisis by developing a mobile Community Behavioral Crisis (CBC) clinical team, with a Clinical Out-of-home Respite (COR) component to reduce the use of less clinically appropriate care, such as hospital ED's, for the targeted population in Jefferson, Orange, Hardin, and Chambers counties.	\$731,293	\$ 97,707
2	096166602.2.8	2.13.2	Spindletop Center	Substance abuse clients. 15% of these clients are on Medicaid, with most of the remainder being indigent.	Provide outpatient substance abuse treatment services to indigent clients. For clients with co-occurring diagnoses of substance dependency and a mental health disorder, Spindletop's case management services will assist clients in navigating multi-systems to aid their recovery.	\$1,226,173	\$ 163,827
2	096166602.2.3	2.13.2	Spindletop Center	Spindletop Center currently provides behavioral health services for primarily indigent or Medicaid-eligible clients who have schizophrenia, bipolar disorder, and major depression; patients that can benefit from the CAT, WRAP, and CET programs. 54% of these clients are on Medicaid, with most of the remainder being indigent.	Increase training of the behavioral health workforce including professionals, paraprofessionals, peer-to-peer specialists, and peer-to-peer volunteers in Cognitive Adaptation Training ("CAT"), Wellness Recovery Action Plan™ ("WRAP™") facilitator and patient training, and Cognitive Enhancement Therapy ("CET"). Each of these evidence-based programs is designed to improve the behavioral health and coordination of physical health for the behavioral health population Spindletop serves.	\$1,353,497	\$ 180,837
2	096166602.2.6	2.13.2	Spindletop Center	The 2300 adult behavioral health clients that Spindletop serves. 54% of these clients are on Medicaid, with most of the remainder being indigent.	Hire additional Mental Health Peace Officers ("MHPO's") and train them to stabilize mental health crisis situations with the aim of averting hospitalizations or criminal justice system involvement. MHPO's will assess the individuals in crisis to determine what level of care may be needed and facilitate the appropriate clinical treatment, including transporting individuals for screening, telemedicine services, or to a hospital unit if necessary.	\$1,420,244	\$ 189,756
2	096166602.2.11	2.13.2	Spindletop Center	adult and child individuals with intellectual and developmental disabilities that Spindletop serves	Enhance behavioral health care services by developing a health and wellness program for individuals with Intellectual and Developmental Disabilities (IDD) or Autism Spectrum Disorders (ASDs), utilizing swimming, exercise equipment, and aerobics to decrease cardiovascular risk factors for the targeted population in Jefferson, Orange, Hardin, and Chambers counties.	\$1,627,547	\$ 217,453
2	096166602.2.10	2.13.2	Spindletop Center	Almost all of the individuals who participate in this program will be either indigent or enrolled in Medicaid.	Refurbish owned buildings to create 7 new apartments in Beaumont and 12 new studio apartments in Orange for our behavioral health clients who are at risk of being homeless. Spindletop Center will manage referrals, applications and tenant occupancy for the apartments, which will be affordably priced for people on Social Security Disability Income due to their mental illness.	\$2,205,347	\$ 294,653
2	096166602.1.6	1.13.2	Spindletop Center	Patients who require mental health long-term crisis intervention and stabilization. Target pop: 54% Medicaid, most of remainder indigent	Develop a longer-term crisis intervention and stabilization service capability to improve access to behavioral health care in the most appropriate, cost-effective setting. Includes identifying available beds for patients requiring behavioral health treatment longer than 3-7 days, developing an assessment protocol to determine appropriate candidates for longer term treatment based on prior inpatient admissions, high risk factors, and history of prior non-compliance with treatment, and developing a specialized treatment protocol for extended crisis stabilization.	\$3,087,487	\$ 412,513
2	096166602.1.3	1.12.4	Spindletop Center	Youth ages 10-17 in Jefferson, Orange, Hardin, and Chambers counties in need of behavioral health services. Target pop:88% Medicaid, most of remainder indigent	Provide early intervention and intensive wraparound services and supports for youth with behavioral health issues by opening a 16-bed short-term respite/residential treatment facility to reduce unnecessary use of more expensive hospital treatment, state institutions, or criminal justice incarceration. Youth will receive counseling and individual and group skills training, including training related to substance abuse problems, peer and family relations, anger management, and other psychological and psychosocial relationships.	\$2,154,183	\$ 287,816
2	096166602.1.7	1.12.4	Spindletop Center	Adults with substance abuse addiction residing in counties served. Target pop: 15% Medicaid; most of remainder indigent	Work with Baptist Hospital of Beaumont to equip a 10-bed unit within the Behavioral Health Hospital for the purpose of providing medical detox services for residents of southeast Texas. A separate detox program including protocols for various addictive substances and continuity of care systems for long-term addiction treatment will be developed.	\$7,498,183	\$ 1,001,817

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2	096166602.1.5	1.11.3	Spindletop Center	Adult, child, and adolescent behavioral health clients. Target pop: 54% of adults & 88% of children Medicaid	Develop a web-based portal where secure client-focused health information can be accessed and train mental health clients with only basic computer skills to use the portal. This will support behavioral health services currently delivered by encouraging compliance with medication regimens, making individual healthcare information available to clients, and fostering peer support.	\$3,063,312	\$ 409,178
2	096166602.2.9	2.6.4	Spindletop Center	Infants and toddlers from birth to three years old with developmental delays who are in the four-county region Spindletop serves. Likely that new referrals will be primarily Medicaid eligible.	Develop an effective and comprehensive public outreach plan to provide information about evidence-based ECI services to community medical and other healthcare providers. We will also assist families in accessing community healthcare resources and health information by providing case managers with laptops and aircards for internet access to be used when providing home and community-based case management services to families.	\$808,424	\$ 109,169
2	096166602.1.1	1.9.3	Spindletop Center	Uninsured or indigent adults in our 4-county area who have psychiatric disorders other than schizophrenia, bipolar disorder, and severe depression. Target pop: 54% Medicaid/ most of remainder indigent	Open a psychiatric specialty clinic to increase the availability of affordable treatment for diagnoses such as anxiety, depressive, adjustment, obsessive compulsive and post-traumatic stress disorders. Provide mental health care for diagnoses other than the "priority population" that Spindletop currently serves.	\$1,976,874	\$ 264,127
2	135222109.2.1	2.15.1	The Gulf Coast Center (GCC)	Galveston and Brazoria County clients with co-occurring physical health needs whom have not yet been assigned a designated medical home. Target pop: 50% Medicaid/ indigent uninsured	Co-locate outpatient physical health services in its adult mental health facilities so as to integrate primary care and behavioral health care services in order to improve access to needed services.	\$2,261,409	\$ 740,860
2	135222109.2.2	2.13.2	The Gulf Coast Center (GCC)	Adults with severe mental illness (schizophrenia, bipolar disorder and major depression) who reside in Brazoria County or Galveston County. Target pop: 50% Medicaid/ low income uninsured	Provide innovative evidence-based services to the targeted adult behavioral health population using increased training of the behavioral health workforce including professionals, paraprofessionals, peer-to-peer specialists, and peer-to-peer volunteers trained in Cognitive Adaptation Training ("CAT"), Wellness Recovery Action Plan™ ("WRAP®") facilitator and patient training, and Cognitive Enhancement Therapy ("CET"). The CAT, CET and WRAP components are comprehensive and multispecialty community-based interventions.	\$1,147,251	\$ 364,174
2	135222109.1.5	1.13.1	The Gulf Coast Center (GCC)	Persons with Intellectual & Developmental Disabilities/ Autism Spectrum Disorder. Target pop: 70% Medicaid/ uninsured	Provide short-term emergency respite for persons with Intellectual and Developmental Disabilities/ Autism Spectrum Disorder who experience a behavioral crisis that requires intervention from law enforcement, the Mobile Crisis Outreach Team, or the ED.	\$1,547,280	\$ 506,905
2	135222109.1.1	1.13.1	The Gulf Coast Center (GCC)	Adults experiencing a mental health crisis but not requiring a higher level of care such as inpatient psychiatric services. Target pop: 50% Medicaid/ low income uninsured	Expand Crisis Respite service to Brazoria County with the goal of preventing unnecessary inpatient psychiatric hospitalization, reducing demand on local EDs, and providing alternatives to criminal justice system involvement.	\$2,023,367	\$ 662,876
2	135222109.1.3	1.13.1	The Gulf Coast Center (GCC)	Men and women inf Brazoria and Galveston Counties with a documented diagnosis of substance use or addiction.	Implement Ambulatory Detox project to 1) provide an alternative to hospitalization and/or arrest, 2) provide rapid access to outpatient substance abuse detox treatment for people who have been admitted to inpatient psychiatric hospital; 3) facilitate quick discharge from inpatient psychiatric hospitalization and smooth transition to detox treatment if person has co-occurring mental illness and substance abuse issues.	\$2,023,367	\$ 662,876
2	135222109.1.2	1.12.4	The Gulf Coast Center (GCC)	Youth ages 3-17 in Galveston and Northern Brazoria Counties in need of psychiatric services. Includes new patients and current patients transitioning to a less restrictive level of care. Target pop: 85% Medicaid/ CHIP	Establish a Wellness Clinic for youths that will expand access to psychiatric medication services while promoting physical and psychological health.	\$2,023,367	\$ 662,876
2	135222109.1.4	1.11.2	The Gulf Coast Center (GCC)	Persons in need of psychiatric consultations. Target pop: 50% Medicaid/ low income uninsured	Implement telemedicine into the ED for individuals presenting with emergent psychiatric complaints and into the local community mental health Intake offices to provide improved access for psychiatric discharge follow-ups, post ED consult follow-ups, and routine access assessments.	\$2,261,409	\$ 740,860
2	081844501.1.1	1.9.2	Tri-County Services	Persons with psychiatric conditions that are interfering with global functioning. Target pop: 50% Medicaid/ low-income uninsured	Provide specialty psychiatric services, medication services and care coordination to persons who are otherwise unable to receive necessary psychiatric care in Liberty County.	\$874,740	\$ 134,410
3	093774008.2.8	2.19.2	City of Houston Department of Health and Human Services	Individuals with histories of mental illness, addiction, complicated medical problems and meet HUD's definition of chronic homelessness and frequent users of hospitals and crises response systems	Implement a comprehensive five step intervention for the homeless addressing: 1) permanent housing, 2) program service linkages, 3) physical and behavioral health needs, 4) financial support, and 5) other services	\$10,911,392	\$ 1,464,016
3	093774008.2.6	2.13.2	City of Houston Department of Health and Human Services	Individuals that have been arrested by the Police Department for alcohol or other substance abuse issue; over 75% indigent, Medicaid, or homeless	Implement the Sobering Center, a short term facility where individuals arrested for being under the influence of alcohol or other substances can be medically supervised without utilizing valuable health care resources at other settings such as hospitals admissions or the ER and can be assessed and linked to services	\$7,710,357	\$ 1,030,618
3	296760601.2.2	2.13.1	Fort Bend County Clinical Health Services	Youth with complex behavioral health needs such as serious mental illness or a combination of mental illness and intellectual developmental disabilities, substance abuse and physical health issues that are at risk of incarceration ; Medicaid/ uninsured are priority population	Design, implement and evaluate a program that diverts youth with complex behavioral health needs such as serious mental illness or a combination of mental illness and intellectual development disabilities, substance abuse and physical health issue from initial or further involvement with juvenile.	\$661,274	\$ 88,726
3	296760601.1.1	1.13.1	Fort Bend County Clinical Health Services	Persons at risk of behavioral health crises that may result in incarceration. Approx 55% ED visits are Medicaid/uninsured, and for MH pts, percentages likely is higher.	Develop a crisis system that better identifies people with behavioral health needs, responds to those needs and links persons with their most appropriate level of care. 1) Assessment and enhancement of 911 dispatch system to identify and respond to behavioral health crises, 2) development of specialized crisis intervention team within Fort Bend County Sheriff's Office and 3) implementation of cross systems training and linkages to appropriate services and supports.	\$8,840,021	\$ 1,177,034
3	135254407.2.1	2.15.1	Gulf Bend	At risk populations with co-morbid diseases of mental illness and chronic disease	Develop and implement a Person-Centered Behavioral Health Medical Home in Port Lavaca offering behavioral health services, primary care services, health behavior education and training programs, long and short term, and case management.	\$3,550,000	\$ 450,000
3	133355104.1.10	1.12.4	Harris County Hospital District Ben Taub General Hospital	Patients in need of behavioral health and mental health care in the ambulatory setting. (Overall Payor Mix: Medicaid and CHIP-23.4% / Self-Pay- 62.6%).	Enhance service availability of appropriate levels of behavioral health care by expanding mental health services in the ambulatory care setting. Therapists and psychiatrists will be added (13.4 Psychiatry and Behavioral Health FTEs).	\$21,641,667	\$ 5,272,209
3	133355104.1.9	1.12.2	Harris County Hospital District Ben Taub General Hospital	Patients in the following zip codes and surrounding areas of Harris County seeking behavioral health services: 77074, 77012, 77099, 77547, 77039, 77520, 77504, 77084, 77070. 60% of all Harris Health pedi visits are unfunded.	Address the shortage of pediatric and adolescent behavioral health services by implementing and expanding these services across nine facilities within the system. We propose to expand psychiatry by adding 3.7 FTE's of psychiatry and 7.6 FTE's of behavioral therapy.	\$18,446,459	\$ 4,493,811
3	137805107.1.2	1.13.1	Memorial Hermann Hospital	Emergent psychiatric patients coming into Memorial's acute care facility. Expect 60% Medicaid, 35% indigent.	Develop a crisis stabilization clinic that would provide rapid access to initial psychiatric treatment and outpatient services.	\$16,559,854	\$ 4,001,353

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3	020834001.1.3	1.12.2	Memorial Hermann Northwest Hospital	Patients who 1) use hospital ERs for non-emergent treatment for psychiatric diagnosis, 2) admit to hospitals for medical and/or psychiatric diagnosis and do not have safe/effective discharge plans so an unnecessary readmission occurs, 3) admit to hospitals are treated and stabilized and stay in a hospital longer than required because a lack of community resources to address psychiatric diagnoses exists. Approximately 65% Medicaid and 25% indigent.	Expand home health service to include psychiatric services. Includes specialized training & certifications for nurses & addition of social work services to link clients to additional community care programs. Goal is to provide support of patients with mental health issues, to better manage their care in the home & community, & reduce number of visits to EDs for psychiatric care that could be managed in the home/community environment.	\$16,752,576	\$ 4,098,648
3	113180703.2.9	2.17.2	Mental Health and Mental Retardation Authority of Harris County	Harris County residents with comorbid mental health and Intellectual Developmental Disabilities and Autism Spectrum Disorder (IDD/ASD) issues presenting in psychiatric emergency services; 34.1% medically indigent and 57.1% Medicaid.	Expand and further develop the Inpatient Consultation and Liaison (C&L) team that provides consultation and services to patients suspected of Intellectual and Developmental Disabilities and Autism Spectrum Disorders.	\$6,679,087	\$ 951,765
3	113180703.2.3	2.17.1	Mental Health and Mental Retardation Authority of Harris County	Individuals being discharged from state psychiatric hospitals and the local, public psychiatric facility, Harris County Psychiatric Center ; 59% indigent and 29% Medicaid	The HCPC transition program will hire licensed MH professionals to engage pts pre-discharge from HCPC and assist with successfully linking them to community MH treatment	\$2,212,418	\$ 295,582
3	113180703.2.1	2.15.1	Mental Health and Mental Retardation Authority of Harris County	MHMRA patients who are not already seen by a primary care physician; 55% indigent and 35% Medicaid	Design, implement and evaluate a care management program that integrates primary and behavioral health care services.	\$19,142,532	\$ 2,557,468
3	113180703.2.4	2.13.1	Mental Health and Mental Retardation Authority of Harris County	Individuals who have been diagnosed with a serious and persistent mental illness, have frequent admissions to emergency and crisis services, and have frequent encounters with HPD; 59% indigent and 29% Medicaid	Expand the Chronic Consumer Stabilization Initiative (CSSI), an interagency collaboration with the Houston PD. Staff members provide intensive case management and work directly with individuals, family members, health providers, and/or staff at living facilities. MHMRA provides family and community education	\$1,179,949	\$ 157,643
3	113180703.2.8	2.13.1	Mental Health and Mental Retardation Authority of Harris County	Harris County patients with IDD and ASD and their families; 34.1% medically indigent and 57.1% Medicaid.	Develop wrap-around and in-home services for high risk consumers with Intellectual and Developmental Disabilities and Autism Spectrum Disorders and their families to avoid utilization of intensive, costlier services.	\$6,679,087	\$ 896,154
3	113180703.2.7	2.13.1	Mental Health and Mental Retardation Authority of Harris County	Individuals in crisis who require law enforcement intervention; 59% indigent and 29% Medicaid	Expansion of three additional team of the Crisis Intervention Response Team, which is a program that partners law enforcement officers who are certified in crisis intervention training with licensed master-level clinicians to respond to law enforcement calls.	\$7,215,482	\$ 963,998
3	113180703.2.5	2.13.1	Mental Health and Mental Retardation Authority of Harris County	Adults with serious mental illnesses, children and adolescents with serious emotional disorders, the developmentally delayed and individuals experiencing acute psychiatric distress; 59% medically indigent and 29% Medicaid	Proposes to expand the current Mobile Crisis Outreach Team, which provides mobile crisis outreach and follow-up to adults and children who are unable or unwilling to access traditional psychiatric services. When a consumer initiated and MCOT intervention, two trained MOCT staff responds to the consumers' needs, meeting them in a variety of settings.	\$11,939,410	\$ 1,595,121
3	113180703.2.6	2.13.1	Mental Health and Mental Retardation Authority of Harris County	Individuals who are at risk for mental health crisis due to recent release from Harris County Jail; 59% medically indigent and 29% Medicaid	Proposes a 25-bed residential facility to provide supportive housing to individuals who are at risk for MH crisis due to recent release from Harris County Jail. This program would provide transitional services for up to 60 days with the goal of linking clients with outpt psychiatric treatment, medical services, and social security benefits.	\$14,222,989	\$ 1,899,077
3	113180703.2.2	2.13.1	Mental Health and Mental Retardation Authority of Harris County	MHMRA consumers with a co-morbid substance abuse diagnosis; 55% indigent and 35% Medicaid	Substance abuse treatment services will be integrated and embedded into existing MHMRA mental health treatment services.	\$18,419,173	\$ 2,460,827
3	113180703.1.8	1.13.1	Mental Health and Mental Retardation Authority of Harris County	Patients who voluntarily present to the MHMRA Psychiatric Emergency Service and are in need of assessment and treatment . 36.5% - medically indigent, 51.9% Medicaid	The Interim Care Clinic (ICC) is designed to provide initial evaluation and treatment in a single visit. The clinic will include extended evening hours and availability 7 days a week.	\$12,561,090	\$ 1,685,362
3	113180703.1.11	1.13.1	Mental Health and Mental Retardation Authority of Harris County	BH patients who would benefit from an intensive step-down program; 55% medically indigent and 34.9% Medicaid	Develop a 24-bed behavioral health crisis stabilization service as an alternative to Hospitalization.	\$19,441,205	\$ 2,601,384
3	113180703.1.9	1.12.2	Mental Health and Mental Retardation Authority of Harris County	Seriously mentally ill adults in Harris County with social and vocational functional impairments. Around 70% of the participants are indigent at any given time. On average, two-thirds of the members are receiving SSI/SSDI payments and commensurate Medicare/Medicaid benefits.	The intervention is the ICCD Clubhouse Model, which is a day treatment program for psychosocial rehabilitation of adults diagnosed with a serious and persistent, chronically disabling mental health problem. We will be contracting St. Joseph's House to provide psychosocial rehabilitative services.	\$6,586,745	\$ 886,468
3	113180703.1.1	1.12.2	Mental Health and Mental Retardation Authority of Harris County	Seriously mentally ill adults in the Northwest region of Harris County currently unable to access mental health services. 36.5% - medically indigent, 51.9% Medicaid	Place one new treatment team which can serve about 500 consumers on an outpatient basis in the Northwest region of the city.	\$13,168,403	\$ 1,759,317
3	113180703.1.4	1.12.2	Mental Health and Mental Retardation Authority of Harris County	Seriously mentally ill adults in the Northeast region of Harris County currently unable to access mental health services. 36.5% - medically indigent, 51.9% Medicaid	Place one new treatment team which can serve about 500 consumers on an outpatient basis in the Northeast region of the city.	\$13,168,403	\$ 1,175,240
3	113180703.1.5	1.12.2	Mental Health and Mental Retardation Authority of Harris County	Seriously mentally ill adults in the Southwest region of Harris County currently unable to access mental health services. 36.5% - medically indigent, 51.9% Medicaid	Place one new treatment team which can serve about 500 consumers on an outpatient basis in the Southwest region of the city.	\$13,168,403	\$ 1,759,317
3	113180703.1.6	1.12.2	Mental Health and Mental Retardation Authority of Harris County	Seriously mentally ill adults in the Southeast region of Harris County currently unable to access mental health services. 36.5% - medically indigent, 51.9% Medicaid	Place one new treatment team which can serve about 500 consumers on an outpatient basis in the Southeast region of the city.	\$13,168,403	\$ 1,759,317
3	113180703.1.7	1.12.2	Mental Health and Mental Retardation Authority of Harris County	Seriously mentally ill adults in an area of Harris County to be determined who are currently unable to access mental health services. 36.5% - medically indigent, 51.9% Medicaid	Place one new treatment team in the region of the city in the most need of additional services. Each treatment team can serve roughly 500 consumers.	\$13,168,403	\$ 1,759,317
3	113180703.1.10	1.9.2	Mental Health and Mental Retardation Authority of Harris County	Individuals who are visually impaired with behavioral health needs ; 57% Medicaid, 34% indigent	Establish behavioral healthcare clinic with the Lighthouse facility in order to provide mental health treatment capacity for persons with visual impairment. Project will develop a specialized behavioral health team consisting of mental health, physical health, case management services, wraparound supports, and adaptive technology	\$2,616,615	\$ 435,438
3	113180703.1.3	1.9.2	Mental Health and Mental Retardation Authority of Harris County	Children and adults with complex co-occurring psychiatric/behavioral and Intellectual and Developmental Disabilities (IDD) or Autism Spectrum Disorders (ASD) . Of pts served, 60% indigent, 32% Medicaid	Expand capacity for the current specialized behavioral health services provided to people with Intellectual and Developmental Disabilities (IDD) and/or Autism Spectrum Disorders (ASD) and co-occurring mental illness by adding additional staff.	\$6,690,813	\$ 897,303

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RHP	Project ID	Project Option	Performing Provider Name	Describe the target population served by the project	Brief Description	Proposed Cat 1/2 Value DY2-5	Proposed Category 3 Value DY2-5
3	140713201.2.1	2.17.1	Methodist Willowbrook Hospital	Individuals who suffer from any behavioral health related condition and who are seeking care in our facilities, more specifically those who are covered by Medicaid or without insurance coverage; 52% Medicaid/ self pay	By facilitating effective transitions of care to behavioral health and primary care through locations within Harris County including HARRIS HEALTH SYSTEM, MHMRA, private physicians, and SJMH Family Medicine Residency physicians we seek to help patients navigate a complicated health-care landscape. Outpatient Service Availability is limited, and so we hope to leverage the community mental health workers to connect and encourage care within existing primary care and mental health resources.	\$4,939,422	\$ 1,130,912
3	127303903.2.4	2.14.3	OakBend Medical Center	All patients that seek their medical care through any of the OakBend Medical Center system entities, who will benefit from this and other projects targeting patients with chronic disease(s); 33% Medicaid/ indigent	Finalize partnerships with local community agencies to work on projects specifically dedicated to health and wellness promotion such as Fort Bend Family Health Center (FBFHC), United Way, Weight Watchers, OBMC (OakBend Medical Group) and other agencies. We will form a task force of community members from each of the different agencies to do a needs assessment to determine targeted areas where a wellness management program in English and Spanish would be beneficial.	\$6,459,976	\$ 1,586,708
3	096166602.2.1	2.15.2	Spindletop Center	Behavioral health patients in need of access to physical health services; 54% Medicaid, most of remainder uninsured indigent	Co-locate primary care clinics in its buildings to facilitate coordination of primary & behavioral healthcare. A mobile clinic will be acquired to provide physical & behavioral health services for clients in locations other than existing Spindletop clinics. Will also implement Individualized Self Health Action Plan for Empowerment ("In SHAPE"), a wellness program for individuals with mental illness	\$1,178,561	\$ 157,464
3	096166602.1.1	1.11.3	Spindletop Center	Adult, child, and adolescent behavioral health clients; 54% of adults and 88% of children are on Medicaid, with most of the remainder being indigent	Develop a web-based portal where secure client-focused health information can be accessed by users with only basic computer skills	\$186,649	\$ 25,043
3	181706601.2.1	2.17.1	St. Joseph Medical Center	Clients discharging from St. Joseph's inpatient unit and also clients coming from outside referral sources; 20% Medicaid/ indigent	Expand services to individuals that have a mental health and/ or other substance abuse disorder through a partial hospitalization program.	\$8,205,536	\$ 3,000,000
3	181706601.2.2	2.15.1	St. Joseph Medical Center	Adults (ages 18 and above) who have a primary medical diagnosis with a co-occurring psychiatric diagnosis.	This proposed unit will meet the needs of adults (ages 18 and above) who have a primary medical diagnosis with a co-occurring psychiatric diagnosis. These patients will be treated on a unit specifically designed to meet both diagnosis within the hospital. It will be a separate and distinct unit – comprised of 12 beds.	\$12,623,903	\$ 3,000,000
3	081522701.2.1	2.13.1	Texana Center	Individuals dually diagnosed (intellectual and developmental disability (IDD: i.e., autism, pervasive developmental disorder (PDD) or mental retardation (MR)) who have a co-occurring serious and persistent mental illness and/or a history of challenging and harmful behaviors. 90% of Medicaid/ indigent	Create a crisis behavioral health care team to intervene to keep individuals in crisis out of the State Support Living Centers, emergency rooms, state mental health hospitals or jail. Individuals dually diagnosed (intellectual and developmental disability, pervasive developmental disorder or mental retardation who have a co-occurring serious and persistent mental illness.	\$5,574,005	\$ 670,171
3	081522701.1.2	1.13.1	Texana Center	All Medicaid and indigent patients in crisis and in need of assessment and stabilization services	Develop an 8 bed 48-hour extended observation unit and a 14 bed crisis residential unit where individuals in crisis may go to be assessed and stabilized by providing crisis intervention services.	\$11,976,097	\$ 1,439,902
3	081522701.1.4	1.12.2	Texana Center	Children with ASD diagnosis or related condition from age of diagnosis through the age of 10. 70-90% Medicaid.	Enhance service availability of appropriate levels of behavioral health care (applied behavior analysis, ABA, and speech-language pathology for children diagnosed with autism spectrum disorders, ASD) to expand the number of community based settings where behavioral health services may be delivered in underserved areas.	\$4,449,821	\$ 541,379
3	081522701.1.1	1.12.2	Texana Center	Children with ASD diagnosis or related condition from the age of diagnosis through the age of 10. 70-90% Medicaid.	Enhance service availability of appropriate levels of behavioral health care (applied behavior analysis, ABA, and speech-language pathology for children diagnosed with autism spectrum disorders, ASD) to expand the number of community based settings where behavioral health services may be delivered in underserved areas.	\$9,105,687	\$ 1,094,789
3	081522701.1.3	1.9.2	Texana Center	Children under 3 years in need of developmental delay services that do not qualify for Early Childhood Intervention (ECI) and their families	Implement a system of early identification and delivery of therapeutic services for children with developmental delays that blends the best aspect of private therapy and a natural environment based model and includes social work and/or monitoring by a child development specialist to support parental involvement and supplement the number of clinical hours recommended.	\$4,220,390	\$ 511,000
3	137949705.2.1	2.17.1	The Methodist Hospital	Individuals who suffer from any behavioral health related condition and who are seeking care in this facility, 33% Medicaid/ self pay	By facilitating effective transitions of care to behavioral health and primary care through locations within Harris County including HARRIS HEALTH SYSTEM, MHMRA, private physicians, and SJMH Family Medicine Residency physicians we seek to help patients navigate a complicated health-care landscape. Leverage community mental health workers to connect and encourage care within existing primary care and mental health resources.	\$13,443,521	\$ 3,077,979
3	111810101.2.7	2.15.1	The University of Texas Health Science Center - Houston	The services areas of the 4 outlying clinics, health professional shortage areas, and medically underserved areas and populations; 23% Medicaid	Implement and evaluate a project that will integrate primary and behavioral healthcare services within UT Physicians' clinics to achieve a close collaboration in a partly integrated system of care (Level IV). A behavioral health provider will be placed in the primary care setting to provide patients with behavioral health services at their usual source of health care.	\$13,134,966	\$ 1,748,850
3	111810101.2.8	2.15.1	The University of Texas Health Science Center - Houston	Children and adolescents in the service areas of the 4 outlying clinics, health professional shortage areas, and medically underserved areas and populations; 23% Medicaid	Implement and evaluate a project that will integrate primary and behavioral healthcare services for children and adolescents within UT Physicians' clinics to achieve a close collaboration in a partly integrated system of care (Level IV). A pediatric behavioral health provider will be placed in the primary care setting to children and adolescents with behavioral health services at their usual source of health care.	\$16,418,710	\$ 2,186,060
4	126844305.2.1	2.9.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Patients who have visited the Gonzales Memorial Hospital ED more than 5 times in a year; 75% Medicaid, CHIP, or uninsured	With Gonzales Memorial hospital and FQHC, implement navigation project for ED frequent users	\$1,203,064	\$ 160,738
4	121990904.2.1	2.15.1	Camino Real Community Services	Residents of who require behavioral health services in addition to primary care; 48% Medicaid/ 52% indigent	Integrate behavioral health and physical health services for clients served in Karnes County.	\$877,580	\$ 120,111
4	121990904.1.1	1.12.3	Camino Real Community Services	Individuals of all ages experiencing a psychiatric crisis in the Karnes county area. Approx 70% Medicaid/indigent	This project will implement a Mobile Crisis Outreach Team to provide behavioral health crisis intervention services to patients in the Karnes County service area 24/7	\$125,339	\$ 17,505
4	094222902.2.4	2.19.1	CHRISTUS Spohn Hospital Alice	Patients at Spohn Alice hospital and Spohn's clinics with CHF or diabetes and a behavioral health diagnosis; 21% Medicaid/ uninsured	Implement a screening and treatment protocol to identify patients with medical (CHF and diabetes) and behavioral health dual diagnoses and assign a case manager to coordinate their care.	\$1,188,386	\$ 286,877
4	094222902.2.6	2.15.1	CHRISTUS Spohn Hospital Alice	Residents of Duval, Brooks, Live Oak and McMullen County who are uninsured and require behavioral health services in addition to primary care; 26-29% uninsured	Provide licensed mental health provider in its Freer clinic in order to integrate the treatment of physical and behavioral conditions into one location.	\$1,114,112	\$ 306,003

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4	020811801.2.5	2.19.1	CHRISTUS Spohn Hospital Beeville	Individuals dually diagnosed with a mental health and physical health diagnosis of CHF or Diabetes; 28% Medicaid/ uninsured	Implement a screening and treatment protocol in EDs and Family Health Centers to identify patients with dual diagnoses (medical and behavioral health) and assign a case manager to coordinate their care.	\$922,350	\$ 237,499
4	121775403.2.5	2.19.1	CHRISTUS Spohn Hospital Corpus Christi	all patients presenting to Spohn's Corpus Christi hospital facilities with a CHF, diabetes, or a BH/SA diagnosis; 41% Medicaid/ uninsured	Implement a screening and treatment protocol in EDs and Family Health Centers to identify patients with dual diagnoses (medical and behavioral health) and assign a case manager to coordinate their care.	\$5,780,847	\$ 1,488,532
4	121775403.2.4	2.15.1	CHRISTUS Spohn Hospital Corpus Christi	Residents of who require behavioral health services in addition to primary care	Work with Nueces MHMR to provide a Licensed Mental Health Provider (LMHP) for at least one of its Family Health Clinics (FHC) in order to integrate the treatment of physical and behavioral conditions into one location.	\$7,114,889	\$ 1,832,040
4	121775403.1.5	1.13.1	CHRISTUS Spohn Hospital Corpus Christi	Uninsured and Medicaid-eligible patients currently receiving behavioral health services in Spohn's ED and patients with behavioral health needs who currently do not access any services. Approx 53% of BH visits to ED are Medicaid/uninsured.	Relocate the Psychiatric Assessment unit currently located at CSHCC-Memorial to its Hector P. Garcia Family Health Center. In addition, the relocated crisis stabilization unit will pool resources with the existing MHMR mobile crisis stabilization team in order to comprehensively redesign the provision of behavioral health care.	\$8,448,930	\$ 2,175,547
4	136436606.2.5	2.19.1	CHRISTUS Spohn Hospital Kleberg	All patients presenting to Spohn's Kleberg hospital facilities with a CHF, diabetes, or a BH/SA diagnosis; 28% Medicaid/ uninsured	Implement a screening and treatment protocol in EDs and Family Health Centers to identify patients with dual diagnoses (medical and behavioral health) and assign a case manager to coordinate their care.	\$965,857	\$ 248,701
4	080368601.2.1	2.15.1	Coastal Plains Community Center	Mental health patients who need routine and ongoing medical care and substance abuse treatment to prevent the use of more costly services; 32% Medicaid, 49% indigent, and 19% Medicare or commercial insurance	Partner with 2 non-profit organizations, the FQHC and the Council on Alcohol and Drug Abuse, to integrate primary healthcare and substance abuse services at 5 Behavioral/Mental Health Clinics using the 4-Quadrant Model.	\$12,582,690	\$ 1,458,810
4	094118902.1.1	1.12.2	DeTar Hospital Navarro	Persons with behavioral health issues who need more than routine outpatient visits. 50% of patients will be indigent or funded by Medicaid.	Provide the first intensive outpatient program for behavioral health patients in Victoria County.	\$3,168,349	\$ 1,962,242
4	135254407.2.1	2.15.1	Gulf Bend Center	At risk populations with co-morbid diseases of mental illness and chronic disease	Implement person-centered behavioral health medical home, Home, targeting at risk populations with co-morbid diseases of mental illness and chronic disease who currently go untreated or under treated and who routinely access more intensive and costly services such as emergency departments or jails.	\$5,035,400	\$ 933,900
4	135254407.1.1	1.13.1	Gulf Bend Center	Patients affected by a mental/behavioral health crisis who seek treatment in the local emergency department or are arrested while having the crisis.	Expand and enhance Gulf Bend's behavioral crisis services by implementing a Crisis Assessment Center with medical clearance to provide crisis stabilization.	\$2,198,399	\$ 362,500
4	135254407.1.2	1.7.3	Gulf Bend Center	At risk populations who lack access to behavioral health services due geographical and socioeconomic barriers	Expand and enhance the psychiatric and behavioral health telemedicine services already provided by Gulf Bend in its service area in an effort to enhance and improve treatment for individuals with behavioral health conditions.	\$1,074,410	\$ 146,542
4	138305109.2.2	2.18.1	MHMR of Nueces County	All persons receiving outpatient services, with a primary focus on persons with severe persistent mental illness at high risk for hospitalization; 95% Medicaid/ indigent	Peer to peer day center program to increase access to peer provided behavioral health services through "drop in" center.	\$860,962	\$ 429,303
4	138305109.2.1	2.15.1	MHMR of Nueces County	Individuals who are underserved or not receiving services for primary healthcare	Incorporate primary preventive care into existing behavioral health care system.	\$5,478,358	\$ 3,029,572
4	138305109.2.4	2.13.1	MHMR of Nueces County	Individuals with dual diagnosis of intellectual or developmental disability (IDD) and Mental Health (MH); 95% Medicaid/ indigent	Provide a dual diagnosis clinic to provide outpatient crisis prevention and support staff development using National Association of Dual Diagnosis (NADD) direct support certification and clinical competency standards for individuals with a dual diagnosis of intellectual or developmental disability (IDD) and mental health (MH).	\$2,372,665	\$ 486,830
4	138305109.2.3	2.6.1	MHMR of Nueces County	All persons within Nueces County; 95% Medicaid/ indigent	Implement innovative system for outreach and education to include website and mobile applications.	\$517,956	\$ 274,585
4	020973601.1.4	1.12.2	The Corpus Christi Medical Center - Bay Area	Behavioral health patients in the region. Approx 70% of pts are Medicaid/uninsured.	Add a partial hospitalization program (PHP) and additional intensive outpatient programs (IOP) to our existing compliment of behavioral health services	\$4,403,626	\$ 1,678,026
5	121989102.2.1	2.15.1	Border Region Behavioral Health Center	Individuals with co-occurring medical and mental illness or multiple chronic conditions with a an initial focus on 20 Medicaid clients (payer mix is 63% Medicaid)	Initiate integrated primary & behavioral health services for behavioral health clients diagnosed with co-morbid physical disorder of diabetes, hypertension, obesity or COPD offering Behavioral Health Services, Primary care services, Health behavior education and training programs, Case Management services, and Health screening.	\$1,134,107	\$ 136,625
5	121989102.2.2	2.13.1	Border Region Behavioral Health Center	Any client of Border Region experiencing a need for crisis services, with a focus on at-risk clients; 50% Medicaid and 50% indigent	Design crisis prevention outpatient services to address factors affecting inpatient admission rates such as chronic homeless services, physical illness, lack of monitoring of medication compliance & decrease in functional status.	\$1,584,326	\$ 201,217
5	121989102.1.2	1.14.1	Border Region Behavioral Health Center	Adults and children in crisis or at risk of crisis and clients with co-morbid physical symptoms; 63% Medicaid, 24% general revnue, 13% other	Procure licensed personnel to provide services directly to clients & expand services, including psychiatrists, nurses, LPCs & Care Coordinators. Services may be hired directly or acquired through contract and will promote access to behavioral health services through the implementation of telemedicine services, integrated primary and behavioral health services, and crisis management and prevention.	\$1,045,158	\$ 125,909
5	121989102.1.3	1.13.1	Border Region Behavioral Health Center	Patients in crisis; 50% Medicaid, 50% indigent	Conduct gap analysis of crisis services & design a plan with the aim of implementing less intense alternatives to state hospitals use or incarceration.	\$1,056,218	\$ 134,145
5	121989102.1.1	1.11.2	Border Region Behavioral Health Center	All Starr County, Region 5 adult and child clients served; 50% Medicaid and remaining indigent	Purchase telemedicine hardware & maintenance to expand this service to all counties served by Border Region Behavioral Health Center.	\$44,475	\$ 5,358
5	138708601.2.3	2.15.1	Tropical Texas Behavioral Health	Adults and youth in service area requiring inpatient psychiatric hospitalization; 74% Medicaid/ indigent	Utilize medical staff assigned to the planned co-located primary care clinics to complete medical clearance evaluations necessary for psychiatric hospital admissions during normal business hours, resulting in decreased utilization of local EDs for this purpose.	\$106,488	\$ 14,258
5	138708601.2.1	2.15.1	Tropical Texas Behavioral Health	Behavioral health population served by TTBH; 75% Medicaid/ indigent	Develop primary care clinics co-located within 3 TTBH clinics, staffed by teams including a PCP, nurse & medical support staff, to deliver primary care services to the behavioral health population served	\$16,810,467	\$ 2,268,091
5	138708601.2.6	2.13.2	Tropical Texas Behavioral Health	Behavioral health population served by TTBH; 74% Medicaid/ indigent	Establish Peer-Run Drop-In Centers at 3 TTBH clinics, & increase the percentage of individuals receiving services at peer-run drop-in centers who demonstrate improved functioning.	\$6,337,501	\$ 1,040,449
5	138708601.2.5	2.13.2	Tropical Texas Behavioral Health	Behavioral health population served by TTBH; 74% Medicaid/ indigent	Increase access to peer-provided behavioral health services through the addition of 1 veteran peer provider, 3 MH peer providers, 2 family partners and 1 program supervisor at 3 TTBH clinics. Will increase the percentage of individuals receiving peer provided services who also demonstrate improved functioning.	\$7,239,960	\$ 1,240,835
5	138708601.2.2	2.13.2	Tropical Texas Behavioral Health	Adults and youth who come in contact with law enforcement for misdemeanor offenses determined to be related to the symptoms of their mental illness who may be appropriate for diversion from the criminal justice system into routine behavioral health care services; 74% Medicaid/ indigent	Create a law enforcement taskforce comprised of specially trained & certified Mental Health Officers, serving across the TTBH catchment area, with the objective of decreasing preventable admissions & readmissions into the criminal justice system.	\$13,443,573	\$ 1,652,174
5	138708601.1.3	1.13.2	Tropical Texas Behavioral Health	Adults and youth in service area assessed with co-occurring mental health and IDD needs; 74% Medicaid/ indigent	Add 2 Mobile Crisis Outreach Team (MCOT) staff at 3 TTBH clinics, specially trained in the delivery of crisis services to individuals with co-occurring Intellectual and Developmental Disability (IDD) & mental health needs.	\$2,444,817	\$ 338,447

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5	138708601.2.8	2.9.1	Tropical Texas Behavioral Health	Women and families served by the Cameron County Dept of Health & Human Services Maternal and Child Health Program ; 25% Medicaid/ indigent	Provide community-based mental health care navigation services to women enrolled in the Cameron County Dept of Health & Human Services (CCDHHS) Maternal & Child Health Program who are identified as high risk for postpartum depression through a Postpartum Depression Intervention Care Navigation (PDICN) program	\$3,549,000	\$ 504,184
5	138708601.2.7	2.9.1	Tropical Texas Behavioral Health	Primary care population served by the Cameron County Department of Health & Human Services (CCDHHS) Children with Special Health Care Needs Case Management (CSHCN-CM) Program; 100% uninsured	Provide community-based mental health care navigation services to uninsured children with special health care needs & their families enrolled in the Cameron County Department of Health & Human Services (CCDHHS) Children with Special Health Care Needs Case Management (CSHCN-CM) Program. Will improve access to integrated primary & mental health care, minimize the impact of mental health problems & reduce the need for more costly interventions for children.	\$5,070,000	\$ 744,590
5	138708601.2.4	2.2.5	Tropical Texas Behavioral Health	Adults and youth in behavioral health population with chronic comorbid medical conditions at elevated risk of deterioration of their medical and/or mental illness; 74% Medicaid/ indigent	Add a Nurse Care Manager at 3 TTBH clinics & implement a patient self-management program for specified individuals with co morbid chronic medical & mental illnesses.	\$12,360,811	\$ 2,089,243
5	138708601.1.4	1.7.1	Tropical Texas Behavioral Health	Behavioral health population served by TTBH; 74% Medicaid/ indigent	Add equipment to connect all TTBH community-based & Mobile Crisis Outreach Team (MCOT) staff to the telemedicine/telehealth system & provide necessary training to increase the volume of electronic psychiatric consultations.	\$2,035,950	\$ 196,938
5	138708601.1.2	1.1.2	Tropical Texas Behavioral Health	Adults and youth in the service area with co-occurring substance use & mental health disorders; 74% Medicaid/ indigent	Increase access to Co-Occurring Psychiatric & Substance Use Disorder (COPSD) services for persons with co-occurring mental health & substance use diagnoses through the addition of 12 COPSD Specialists across 3 clinics.	\$4,986,935	\$ 611,470
5	138708601.1.1	1.1.2	Tropical Texas Behavioral Health	Adults and youth who meet the state's clinical eligibility criteria to receive ongoing behavioral health services, but are on waiting lists due to resource limitations; 74% Medicaid/ indigent	Increase behavioral health care infrastructure & capacity through the expansion of clinic space, staffing & transportation services at 3 TTBH clinics	\$13,765,914	\$ 1,564,192
6	126844305.2.2	2.13.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	The target population is our patients or potential patients referred from the Crisis Respite Unit, State Psychiatric Inpatient Facilities, and the local Community Centers. In FY 2012, an average of 43% of the adults were eligible for Medicaid; 73% of BTCS clients are below the federal poverty level; 55% are uninsured. We estimate that approximately 70% of those benefitting from this project will be poor, uninsured or underinsured	This project will utilize recommendations from several evidence base practice models to implement a new discharge and care transition process for the targeted population (Diabetic patients) at PRMC. A Registered Nurse acting as the Discharge Advocate (DA) will coordinate the patient's discharge education tailored to meet the needs of each individual patient, arrange follow-up appointments with primary care providers and specialists, and post hospital discharge follow-up calls.	\$1,313,236	\$ 175,559
6	126844305.1.1	1.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	High risk youth diagnosed with Severe Emotional Disturbance, the majority of whom are involved in Juvenile Justice, are in behavioral health crisis, and are poor, uninsured and/or underinsured; > 80% CHIP or Medicaid	Implement Treatment Foster Care (TFC) sites in Guadalupe County to provide crisis respite services to youth in psychiatric crisis. Youth will be assessed, and if eligible, placed in foster homes long enough to resolve the crisis and initiate therapeutic services for youth and family (an average of 45 days). Admission to TFC will be accessible 24 hours a day.	\$2,395,828	\$ 320,101
6	126844305.1.2	1.12.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Adults, referred from the community, detoxification, or EDs, who are poor, uninsured or underinsured and in need of outpatient substance abuse services; 70% poor, uninsured, or underinsured	Establish services that are new to BTCS and the community by opening and staffing substance abuse services within a current clinic site in Seguin that has space and is suitable for the service without renovation or capital expenditure	\$1,387,058	\$ 185,320
6	126844305.2.1	2.9.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	The target population are those users of ED services who are admitted more than 5 times in one year. We expect about 75 % of the persons benefitting from these navigation services to be Medicaid or CHIP eligible or uninsured.	BTCS proposes to work in collaboration with the Guadalupe Regional Medical Center to implement a patient navigation project for persons who are frequent users of the Emergency Department due to behavioral health disorders. We will employ a Peer Support Specialist and a registered Nurse to work on site at Guadalupe Regional Medical Center to provide rapid triage, assessment and alternative services to frequent users of the ED.	\$1,134,866	\$ 151,627
6	121990904.1.1	1.13.1	Camino Real Community Services	Individuals of all ages experiencing a psychiatric crisis; 100% indigent or Medicaid/Medicare	Establish a minimum of a 10 bed Crisis Residential Facility	\$6,232,135	\$ 852,963
6	121990904.1.2	1.12.3	Camino Real Community Services	Individuals of all ages experiencing a psychiatric crisis; 48% Medicaid, 52% indigent	Establish 2 Mobile Crisis Outreach Teams (MCOT) in a service area that is extremely rural and where there is limited access to community based options that provide readily accessible crisis interventions	\$1,664,117	\$ 228,015
6	133340307.2.5	2.18.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	The target population is individuals within Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde and Val Verde counties who have severe and persistent mental illness and other health risk factors. Based on the population served in Hill Country's behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below \$15,000 per year	This project will implement Whole Health Peer Support services within the 11 counties served by Hill Country in RHP6 in order to meet the overall health needs of individuals who have behavioral health issues.	\$1,230,189	\$ 171,411
6	133340307.2.2	2.16.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	The target population is individuals within Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde and Val Verde counties who demonstrate behavioral health symptoms and seek treatment at area hospitals or with their primary care physician. Based on the population served in Hill Country's behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below \$15,000 per year	This project will implement psychiatric and clinical guidance 24 hours a day, 7 days a week for primary care physicians and hospitals within the 11 counties served by Hill Country in RHP6 in order to help physicians identify and treat behavioral health symptoms earlier in order to avoid exacerbation of symptoms into a behavioral health crisis.	\$5,228,544	\$ 715,608
6	133340307.2.7	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	The target population is individuals with mental illness from within Comal, Medina, and Uvalde counties who are frequently utilize the emergency departments, criminal justice system, and/or psychiatric inpatient services. Based on the population served in Hill Country's behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below \$15,000 per year	This project will implement Mental Health Courts within the Comal, Medina, and Uvalde counties served by Hill Country in RHP6 in order to meet the overall health needs of individuals dealing with behavioral health issues who frequently utilize the emergency departments or criminal justice system. The project will have dedicated case workers to provide wraparound services for the identified individuals and will have dedicated courts to monitor the patient's treatment compliance.	\$1,175,626	\$ 153,942

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6	133340307.2.6	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	The target population is veterans and their family members within Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde and Val Verde counties who have behavioral health issues. The target population consists of the 27,448 veterans and their families, including reservists who only receive Veteran Administration benefits for 180 days after federal deployment. Based on the population served in Hill Country's behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below \$15,000 per year.	This project will expand peer support services in an effort to identify veterans and their family members who need comprehensive community based wrap around behavioral health services, such as psychiatric rehabilitation, skills training, crisis intervention, supported housing and supported employment, that would complement, but not duplicate, potential services through the Veterans Administration and provide the community based wrap around behavioral health services for these veterans in order to treat symptoms prior to the need for utilization of emergency departments, inpatient hospitalization or incarceration	\$1,852,389	\$ 258,111
6	133340307.2.1	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	The target population is individuals within Gillespie, Kerr and Val Verde counties who have a behavioral health crisis. Between September 2011 and August 2012 this consisted of 444 individuals. Approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below \$15,000 per year.	This project will implement two Mobile Crisis Outreach Teams (one for Kerr and Gillespie counties and one for Val Verde County) to provide 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services within the community setting in order to reduce emergency department utilization, incarceration and hospitalizations.	\$2,614,271	\$ 357,805
6	133340307.2.3	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Patients with co-occurring psychiatric and substance use disorder who resides in the 11 counties served by the Hill Country MHDD Centers (Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde and Val Verde.	This project will implement Co-occurring Psychiatric and Substance Use Disorder Services within the 11 counties served by Hill Country in RHP6 in order to meet the needs of individuals with psychiatric and substance use issues within the community setting in order to reduce emergency department utilization, inpatient utilization, and incarceration.	\$3,921,410	\$ 536,706
6	133340307.2.4	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	The target population is individuals within Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde and Val Verde counties who have suffered trauma. Based on the population served in Hill Country's behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below \$15,000 per year.	This project will implement Trauma Informed Care Services within the 11 counties served by Hill Country in RHP6 in order to meet the needs of individuals who have experienced trauma that is impacting their behavioral health.	\$4,182,825	\$ 572,487
6	137251808.2.2	2.15.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	The target population is homeless adults living at PCY with co-occurring mental health and/or substance use and chronic physical disorders. These adults can be expected to have significant, chronic physical and behavioral health problems and all will be extremely low income. Most will repetitively cycle through the San Antonio State Hospital and/or University Hospital. Based upon current service information, 16% of the target population will be funded by Medicaid and 57% will be indigent and uninsured	CHCS seeks to establish a comprehensive, integrated care management center offering primary and behavioral health care to homeless adults living at Prospects Courtyard (PCY) within the Haven for Hope campus. The great majority will have co-occurring mental health and/or substance use and chronic physical disorders.	\$6,783,356	\$ 906,307
6	137251808.2.3	2.15.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Target population is adults with substance abuse or with or without other behavioral health disorders and who also have or are at risk for HIV, are pregnant or are incarcerated have other physical health problems. Based upon current service statistics, it is anticipated that 25% will be covered by Medicaid and 48% will be indigent and uninsured.	The Center For Health Care Services (CHCS) seeks to embed and integrate primary care services at the Restoration Center, a comprehensive substance abuse treatment facility. Adults served at the Restoration Center will experience enhanced access to primary care, including health promotion, disease prevention, health maintenance, counseling, patient education, and diagnosis and treatment of acute and chronic illnesses.	\$7,400,024	\$ 988,698
6	137251808.2.5	2.13.2	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Target population consists of homeless females with untreated physical and behavioral health disorders. Based upon current service information, 16% of the target population will be funded by Medicaid and 57% will be indigent and uninsured	The project will establish a 24-bed comprehensive, safe, structured dormitory for females at the Haven for Hope campus, to be known as the In-House Women's Wellness Program (IHWWP). The majority of residents will be transitioning from Prospects Courtyard and will have co-occurring mental health and/or substance use and chronic physical disorders.	\$4,369,746	\$ 582,297
6	137251808.2.4	2.13.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	The target population consists of adults with severe mental illness and other factors (e.g. chronic physical health conditions, chronic or intermittent homelessness, cognitive issues resulting from severe mental illness and/or forensic involvement) that produce an over-reliance on and over-utilization of emergency departments and psychiatric facilities and inpatient hospitals. Based upon current service utilization data, it is anticipated that 38% of the target population will be indigent and uninsured and 60% will be covered by Medicaid.	Collaborative effort with area hospitals. CHCS is developing protocols and a shared cloud-based data platform that will enable ED staff to quickly verify that a patient is a super-utilizer and gain access to the community treatment plan. CHCS will expand treatment to encompass a holistic perspective, including integrated primary and behavioral health care and clinical and organizational alignment with other community providers involved in care.	\$7,186,790	\$ 963,163
6	137251808.2.1	2.13.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	The target population is adults with a behavioral health disorders. Based upon current service data, it is anticipated that 54% of those to be served will be indigent and 44% will be covered by Medicaid.	CHCS seeks to expand a therapeutic justice model for persons with serious mental illness as a means of diverting them from being placed in the criminal justice system whether through institutionalization or adjudication.	\$15,152,433	\$ 2,024,476
6	137251808.1.3	1.13.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Adults with persistent mental illness; 21% Medicaid, 58% indigent and uninsured	Establish crisis transitional residential options, up to 32 beds, for adults. Available service will include: 1) crisis respite and a continuum of care for individuals with complex treatment issues, including those who are chronically mentally ill, homeless and alcohol or drug dependent and have chronic medical conditions; and, 2) transitional residential services, including medication assistance, support for activities of daily living and connection to supported housing and employment services.	\$7,047,642	\$ 941,617
6	137251808.1.1	1.13.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Children with serious emotional disturbance; 46% Medicaid, 44% indigent and uninsured	Establish a residential crisis and respite center for children with severe emotional disturbance that will include a total of 16 beds, 8 reserved for children in crisis and 8 for children whose families require a brief respite from the overwhelming responsibilities of delivering care	\$8,809,554	\$ 1,177,024

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6	137251808.1.5	1.12.2	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Children, adolescents and adults with an existing determination of IDD or an IQ below 70, adults and children on the Autism Spectrum, and children and adults with an existing DSM mental health diagnosis and either Autism or an IDD; 74% Medicaid, 10% indigent and uninsured	Establish a centralized, accessible clinic to provide a comprehensive continuum of services across the life span for individuals with co-occurring intellectual developmental disability (IDD), mental illness and substance use disorders, including medication management, comprehensive treatment planning, mental health interventions, skills development through in-home or clinic based services for occupational therapy, physical therapy, speech therapy, recreational therapy, and primary care access for routine medical services, and support services for caregivers. Telemedicine may be used to deliver medication management services to individuals with transportation challenges or whose disabilities prevent them from participating in clinic activities. Wraparound care will be coordinated with staff from other systems serving the IDD population (schools, Child and Adult Protective Services, Juvenile and Adult Probation, the local authority for IDD, service providers). An on-site primary health care provider will give consumers access to integrated behavioral and primary health care.	\$7,287,006	\$ 973,618
6	137251808.1.4	1.12.2	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Children with serious emotional disturbance; 35% Medicaid, 45% indigent and uninsured	Establish a centralized, accessible campus from which systems or families can obtain care for children and adolescents with a serious emotional and/ or behavioral problem or developmental delay. Services will include comprehensive treatment planning, wraparound care, mental health interventions, coordination of care among all interested systems (schools, juvenile justice, child protective services), substance abuse counseling, group counseling for children, parents, siblings, and caregivers, recreational therapy, ROPES course, connection to in-home services (occupational therapy, physical therapy, nutritional counseling, medication education, in-home nursing care), therapeutic foster care, and diversion services for youth involved with the juvenile justice system. An on-site model classroom and learning lab will assist children with the transition to school environments and support their academic achievement. Safe rooms and relaxation areas will be available for all ages. Staff from all child-serving systems (schools, juvenile probation, child protective services, Medicaid, sexual abuse services) will have on-site representatives.	\$7,752,406	\$ 1,035,779
6	137251808.1.2	1.12.1	The Bexar County Board of Trustees for Mental Health Retardation Services, d/b/a The Center For Health Care Services	Adults with severe and persistent mental illness, substance abuse disorders and/or co-occurring disorders; 50% Medicaid, 46% indigent and uninsured	Expand access to MH services through new clinic locations, extended service hours; utilization of a BH care manager model to align case management and wellness education with treatment services; and increased training opportunities. Telemedicine will augment the BH workforce until the number of skilled clinicians increases. A Psychiatric Urgent Care Clinic will be opened to dispense medications and connect consumers in crisis to community-based care. Clinic services will include psychiatry, labs and medication, mental health treatment ancillary to psychiatric care, peer recovery services, and substance abuse counseling and treatment for individuals with co-occurring disorders	\$17,619,107	\$ 2,354,043
6	136141205.1.10	1.13.1	University Hospital	Indigent patients with psychiatric diagnoses	Create a 20-bed crisis intervention unit that can provide care in a safe environment for those patients who do not require acute care admissions. By providing them with case management service in the least restrictive environment acute inpatient beds are preserved for more appropriate admissions.	\$15,918,541	\$ 4,028,021
6	136141205.1.9	1.13.1	University Hospital	Patients in Bexar County who traditionally access the ED for behavioral health care interventions	Develop and expand a psychiatric emergency service with capacity to accommodate voluntary and involuntary patients with mental illness and in acute crisis. It offers an alternative to medical emergency rooms for those patients not requiring emergent/urgent evaluation and stabilization of physical medical conditions.	\$15,918,541	\$ 4,028,021
6	085144601.2.2	2.15.1	University of Texas Health Science Center at San Antonio	Children seeking mental health treatment in the Emergency Room setting. The target population is entirely indigent/Medicaid eligible.	The project will place master's level behavioral care managers (BCM) in primary pediatric clinics to work with children with ADHD and comorbid psychiatric conditions (depression, aggression), providing behavioral and family therapy. The BCM will consult with child psychiatrists who in turn will assist pediatricians with psychopharmacology when needed.	\$5,379,369	\$ 718,724
6	085144601.2.6	2.13.2	University of Texas Health Science Center at San Antonio	Legally indigent adults convicted of alcohol-related driving offenses	Novel treatment program designed to reduce recidivism for alcohol-related driving offenses.	\$2,007,425	\$ 268,361
6	085144601.2.3	2.13.2	University of Texas Health Science Center at San Antonio	The target population is seriously mentally ill being discharged from inpatient psychiatry units or diverted from emergency services.	The project provides evidence-based transitional care for individuals discharged from psychiatric units or diverted from emergency rooms. Interventions to be delivered include cognitive behavior therapy ; cognitive adaptation training (a home based treatment using environmental supports such as signs, alarms, checklists, pill containers to promote medication adherence and improve community functioning); family psychoeducation and care coordination (designed to link patients to appropriate options for care in the community for longer term follow up).	\$8,965,617	\$ 1,197,874
6	085144601.1.6	1.14.2	University of Texas Health Science Center at San Antonio	Patients with SUDs, targeting recently hospitalized patients or those that are at high risk for hospitalization	In collaboration with regional healthcare partner, establish the Sustained Treatment is an Outpatient Priority (STOP) Program as a means to provide a substance abuse disorder (SUD) training program within the Bexar County community setting. Recruit specialist, provide evidence-based treatment, and provide advanced SUD training for residents, fellows and other trainees.	\$8,069,055	\$ 1,078,085
7	133542405.2.6	2.18.1	Austin Travis County Integral Care (ATCIC)	ATCIC consumers at risk for or with current chronic health conditions; vast majority are Medicaid/ indigent	Implement a multi-component, evidence-based peer support training curriculum addressing the traditional roles of peer supports in mental health and expand skill sets to help peers and those with whom they work to adopt whole health life styles (e.g., tobacco-free, proper nutrition, routine exercise).	\$1,190,380	\$ 159,045
7	133542405.2.1	2.15.1	Austin Travis County Integral Care (ATCIC)	Medicaid eligible/ indigent adults with SMI and SMI and children with SED and their families; 38% Medicaid or Medicare; 100% below 200% FPL	Increase access and capacity to specialty behavioral health services by establishing a new (leased) outpatient clinic in south-southeast Austin that also provides access to primary care services for adults with co-morbid chronic medical conditions	\$19,942,170	\$ 3,851,643
7	133542405.2.5	2.14.1	Austin Travis County Integral Care (ATCIC)	Adults with SMI who are identified with chronic disease conditions through medical records, assessment and health risk assessments	Implement evidence-based health promotion programming for adults with SMI in chronic disease management. Individuals will learn and understand how to self-manage their chronic disease conditions.	\$6,612,177	\$ 883,437
7	133542405.2.4	2.13.1	Austin Travis County Integral Care (ATCIC)	DD/MI patients experiencing a crisis; 38% Medicaid, 62% indigent	Develop a community-based, crisis response team specializing in immediate care, intervention and stabilization for individuals with a co-occurring developmental disability and mental illness (DD/MI) diagnoses	\$4,315,618	\$ 576,599
7	133542405.2.3	2.13.1	Austin Travis County Integral Care (ATCIC)	Medicaid eligible/ indigent individuals who have co-occurring substance abuse and mental health disorders in psychiatric crisis; 38% Medicaid, 62% indigent	Provide specialized psychiatric crisis care (crisis residential treatment) for individuals diagnosed with co-occurring substance use and mental health disorders at an existing 24-bed facility in downtown Austin	\$16,013,859	\$ 2,139,571
7	133542405.2.2	2.13.1	Austin Travis County Integral Care (ATCIC)	Medicaid eligible/ indigent individuals in psychiatric crisis who come in contact with EDs, law enforcement and central booking; 38% Medicaid or Medicare; 100% below 200% FPL	Expand Mobile Crisis Outreach Team (MCOT) capacity at key community intercept points to provide specialty behavioral health crisis intervention services by adding MCOT employees 24/7 at: Travis Co Jail central booking, the two highest psychiatric volume emergency depts. and pairing MCOT staff 24/7 with two trained Mental Health Crisis Intervention Team officers	\$19,826,460	\$ 5,530,870

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7	133542405.1.2	1.9.3	Austin Travis County Integral Care (ATCIC)	Adults with SMI (Severe Mental Illness) who need outpatient psychiatric services. Est all are below 200% FPL; approx 38% Medicaid/Medicare.	Increase access and capacity to behavioral healthcare for the safety-net population by adding behavioral health prescribers in four outpatient clinic settings at key service points.	\$10,699,341	\$ 1,429,510
7	133542405.1.3	1.7.1	Austin Travis County Integral Care (ATCIC)	Adults with Serious Mental Illness (SMI) and children/youth with Serious Emotional Disturbance (SED) who are below 200% of Federal Poverty Level. Approx 38% Medicaid/Medicare.	Augment existing psychiatric services by contracting with a psychiatric telemedicine provider experienced in the assessment and treatment of adults with SMI. ATCIC will initially deploy this service at its Psychiatric Emergency Services (PES) site and its two adult outpatient clinic sites.	\$1,400,743	\$ 187,149
7	133542405.1.1	1.2.5	Austin Travis County Integral Care (ATCIC)	More than 62,000 Medicaid eligible or indigent patients served by the 1,350 primary care staff in Austin and Travis County who will be trained in Mental Health First Aid and suicide prevention	Develop and implement an evidenced-based training program in mental health and suicide prevention for primary care staff such as physicians, nurses, physician assts and admin.assts. Consumers with behavioral healthcare needs served by trained primary care staff will be linked to appropriate care.	\$1,967,599	\$ 262,887
7	126844305.2.4	2.15.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Adults and youth who are in need of a medical home and are poor, under or uninsured; 70% poor, under or uninsured	Establish a primary care/behavioral health care clinic site in Lockhart and to operate the clinic together with the FQHC, Community Health Centers of South Central Texas (CHCSCT), creating an integrated system of health care	\$17,994,376	\$ 2,399,620
7	126844305.2.1	2.13.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Adults with SMI who are released from inpatient care or have experienced a recent crisis event such as ED visits, jail stay, etc., and are either without community support resources and housing or without acceptable housing; 70% poor, uninsured or underinsured	Establish transitional residential facilities in Bastrop, Caldwell, Fayette and Lee Counties to include apartments that can be used while transitional services are provided then the apartment will be leased by the consumer upon successful completion of the program.	\$2,614,016	\$ 403,260
7	126844305.2.3	2.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Adults and youth who have a diagnosable behavioral health disorder and have been arrested or incarcerated; 70% poor, under or uninsured	Enhance current services in Fayette County and expand services into the other 3 Counties for justice-involved youth and adults. Will provide screening, assessment and diversion recommendations to courts and law enforcement prior to long-term incarceration.	\$914,764	\$ 121,987
7	126844305.2.2	2.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Individuals with IDD who are taken to EDs or in jeopardy of losing community living placements due to behaviors that are challenging or dangerous. Expect at least 50% to be Medicaid eligible.	Provide Assertive Community Treatment (ACT) team services for individuals with IDD at points of crisis and during life transitions.	\$1,038,183	\$ 138,447
7	126844305.1.2	1.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Children and adolescents experiencing behavioral health crises and at risk of removal from the home. (Project will foster children in need of intensive short-term behavioral health services, but not in need of protection.) We will also provide services to families in order to support reintegration and family reunification. Est. 80% uninsured/Medicaid/CHIP.	Implement Therapeutic Foster Care (FTC) by recruiting foster parents and certifying homes; developing the protocols, training curriculum and clinical supports necessary to use the homes for crisis respite for youth.	\$3,274,447	\$ 383,891
7	126844305.1.1	1.12.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Youth with intense needs who are identified in school and/or referred by Juvenile Probation Departments. We expect over 80% of those benefiting from these services will be uninsured or enrolled in CHIP or Medicaid.	Develop counseling and early intervention services that are delivered at school campuses in collaboration with the school districts in Fayette and Lee Counties. We will add four licensed counselors with experience and training in short term solution focused counseling.	\$1,633,660	\$ 217,860
7	126844305.1.3	1.12.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Community referrals, and those referred from ED's in need of outpatient substance abuse services. Approximately 70% of those benefiting from this project will be poor, under or uninsured.	Establish and operate outpatient substance abuse treatment sites in four counties (Bastrop, Caldwell, Fayette and Lee ) to meet the needs of a growing rural and suburban population, especially the poor, uninsured and/or underinsured.	\$4,020,311	\$ 536,125
7	201320302.2.1	2.13.1	City of Austin - Health & Human Services Department	Single adult men and women who have experienced chronic homelessness, severe and persistent mental illness (SPMI), co-occurring substance abuse, and who have been recently placed in deeply subsidized housing despite significant physical and behavioral health (BH) challenges	Provide an Assertive Community Treatment (ACT) team to recently housed individuals (housed through a non-profit housing provider) who were chronically homeless and who have tri-morbid conditions.	\$874,500	\$ 125,000
7	307459301.2.3	2.19.1	Community Care Collaborative (CCC)	CCC patients dually diagnosed with clinical depression and diabetes; 100% under 200% of FPL	Develop a care management approach specific to individuals dually diagnosed with diabetes and clinical depression	\$9,728,463	\$ 3,781,178
7	307459301.1.8	1.11.2	Community Care Collaborative (CCC)	Approximately 3,500 CCC patients who have a mental health diagnosis. Community healthcare clinics with limited access to designated behavioral health providers will be the initial focus of this project.	Develop technology-assisted mental health services to expand access to mental health care for low-income uninsured and Medicaid patients accessing care at a local community healthcare clinic. Project also includes establishing protocols for tele-mental svcs.	\$8,000,577	\$ 3,109,599
7	186599001.1.1	1.12.2	Dell Children's Medical Center	At-risk children and adolescents referred for behavioral health services by Austin Independent School District ("AISD"). It will primarily serve low income students and/or students with barriers to accessing behavioral health care. The population served is expected to be 50% Medicaid and 5% unfunded.	Establish school-based behavioral health clinics to increase access to behavioral health services for children and adolescents through the delivery of psychotherapy, psychiatric assessments and medication management.	\$2,279,343	\$ 564,238

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7	133340307.2.10	2.18.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Adolescents within Hays County who have severe and persistent mental illness and other health risk factors. There are currently 273 individuals identified that meet target population. 30% Medicaid, 75% have income below \$15,000 per year	Implement Adolescent Whole Health Peer Support svcs in Hays County. Implement and train adolescent behavioral health peers on whole health risk assessments and working with peers to address overall health issues in order to treat symptoms.	\$1,233,364	\$ 168,235
7	133340307.2.9	2.18.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals in Hays County who have severe, persistent mental illness and other health risk factors; 30% Medicaid and 75% have income below \$15,000 per year	Implement Whole Health Peer Support Svcs in Hays County. Identify and train behavioral health peers on whole health risk assessments and working with peers to address overall health issues	\$1,644,488	\$ 224,313
7	133340307.2.12	2.16.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals in Hays County who demonstrate behavioral health symptoms and seek treatment in area hospitals or their primary care physicians; 30% Medicaid and 75% have income below \$15,000 per year	Implement psychiatric and clinical guidance 24 hours a day, 7 days a week for primary care physicians and hospitals within Hays County to help physicians identify and treat behavioral health symptoms earlier to avoid exacerbation of symptoms into a behavioral health crisis	\$2,506,310	\$ 341,867
7	133340307.2.1	2.15.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals in Hays county who have a psychiatric diagnosis and receive mental health treatment at the clinic who have risk factors associated with diabetes and hypertension; 30% Medicaid and 75% have income below \$15,000 per year	Integrate primary care into the Hays County Mental Health Clinic so as to provide both primary and behavioral health care for individuals with Severe and Persistent Mental Illness	\$3,131,599	\$ 428,609
7	133340307.2.3	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Adults in the service delivery area of Hill Country MHMR Center who suffer from co-occurring mental illness and substance use disorder; 30% Medicaid and 75% have income below \$15,000 per year	Implement Co-occurring Psychiatric and Substance Use Disorder Services (COPSD) within Hays County	\$878,668	\$ 119,524
7	133340307.2.4	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals in Hays county who have suffered trauma to the degree that it is impacting their daily life; 30% Medicaid and 75% have income below \$15,000 per year	Implement Trauma Informed Care Services within Hays County, incorporating community education on the impact of trauma through Mental Health First Aid training and Trauma Informed Care training and providing trauma services through interventions such as Seeking Safety, Trust Based Relational Intervention and Cognitive Processing Therapy	\$1,120,842	\$ 153,431
7	133340307.2.8	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals with mental illness from within Hays County who frequently utilize the ER, criminal justice system, and/or psychiatric inpatient services; 30% Medicaid and 75% have income below \$15,000 per year	Implement a Mental Health Court within Hays County to meet the overall health needs of individuals dealing with behavioral health issues who frequently utilize EDs or criminal justice system. Project will have dedicated case workers to provide wraparound services for the identified individuals and will have dedicated courts to monitor the patient's treatment compliance	\$1,870,853	\$ 255,189
7	133340307.2.2	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals with Intellectual and Developmental Disabilities and a co-occurring Behavioral Health disorder; 84% Medicaid and 86% have income below \$15,000 per year	Develop a crisis center for individuals dually diagnosed with mental illness and intellectual and development disabilities who are in a behavioral health crisis.	\$2,094,226	\$ 287,357
7	133340307.2.7	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Children in Hays County that have suffered trauma to the extent that it is impacting their daily life; 30% Medicaid and 75% have income below \$15,000 per year	Implement Children's Trauma Informed Care Services within Hays County to offer trauma counseling through evidence based practices such as Seeking Safety, Trust Based Relational Intervention, and Cognitive Processing Therapy	\$2,358,318	\$ 321,681
7	133340307.2.5	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	11,206 veterans, including reservists who only receive Veteran Administration benefits for 180 days after federal deployment, in Hays County who have behavioral health issues and their families; 30% Medicaid and 75% have income below \$15,000 per year	Implement Veteran Mental Health Services within Hays County.	\$2,947,902	\$ 402,101
7	133340307.2.11	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Children with behavioral health issues and their families/ caretakers; 30% Medicaid and 75% have income below \$15,000 per year	Implement a Family Partner Program in Hays County to meet the overall health needs of children with behavioral health issues and limit stressors in the family: Provide peer mentoring and support to caregivers; introduce family to the treatment process; model self-advocacy skills; provide information, referral and nonclinical skills training; assist in the identification of natural/ non-traditional and community support systems	\$3,168,991	\$ 432,258
7	133340307.2.6	2.13.1	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Children in behavioral health crisis in Hays, Bandera, Blanco, Comal, Edwards, Gillespie, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde counties; 30% Medicaid and 75% have income below \$15,000 per year	Implement Children's Mental Health Crisis Respite Center in Hays County, set up similar to a group home environment with more intensive staff to consumer ratios and with staff that have additional training in children's mental health	\$3,242,689	\$ 442,311
7	133340307.1.1	1.12.3	Hill Country MHMR Center (dba Hill Country MHDD Centers)	Individuals in outlying areas of Hays and Blanco counties who have a mental illness. Based on regional info, approximately 30% Medicaid/ 75% with income below \$15,000 per year.	Develop a Mobile Clinic to provide comprehensive behavioral health services to outlying areas of Hays and Blanco counties.	\$4,053,360	\$ 552,889
7	137265806.2.4	2.17.1	University Medical Center at Brackenridge (UMCB)	UMCB patients (inpatients and ED patients) who would benefit from a free behavioral health assessment; 21% Medicaid, 42% indigent	Creates a program to support uninsured individuals needing behavioral health care by providing free behavioral assessments and referral to community treatment providers.	\$5,551,659	\$ 1,350,003
7	137265806.2.3	2.17.1	University Medical Center at Brackenridge (UMCB)	UMCB patients (inpatients and ED patients) who have been placed on a detoxification protocol or physician requests a consultation; 21% Medicaid, 42% indigent	Provide care transition services for patients who are at risk for a Substance Use Disorder	\$5,593,480	\$ 1,360,172
7	137265806.1.2	1.14.1	University Medical Center at Brackenridge (UMCB)	Serve inpatients and outpatients throughout the community in need of behavioral health services by adding 14 trainees, as well as additional faculty members. Patients served include an estimated 25% indigent/ uninsured and 25% Medicaid.	Expand residency training programs in psychiatric specialties and increase access to behavior health services for the indigent and uninsured.	\$8,180,595	\$ 1,989,285
7	137265806.1.1	1.13.1	University Medical Center at Brackenridge (UMCB)	Patients take to community EDs in psychiatric crisis. Expect this project to serve the same ratio of indigent (37%) and Medicaid-eligible (23%) patients as currently served hospital-wide.	Divert patients away from community Emergency Rooms into a more clinically appropriate and cost effective centralized Psychiatric Emergency Department.	\$16,160,209	\$ 4,002,106
7	137265806.1.3	1.11.2	University Medical Center at Brackenridge (UMCB)	Patients with a primary or secondary mental health diagnosis (including substance abuse) who present to the UMCB ED afterhours. Estimated population to be reached includes 50% uninsured and 10% Medicaid	Expand access to provide 24/7 psychiatric consultations at the UMCB ED by utilizing after-hours telemedicine services.	\$5,767,094	\$ 1,402,390
8	126844305.2.1	2.13.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Mentally ill individuals referred from crisis and inpatient settings, prioritizing those with long or repeated stays in those settings or with frequent contacts with the criminal justice system.	Secure, renovate, open and staff a transitional housing facility suitable for about 6 individuals who will be provided behavioral health services in this transitional housing setting to improve community living skills and transition into independent living. Target pop: 70% poor, underinsured or uninsured	\$1,856,400	\$ 244,725

**Summary of Proposed Behavioral-Health Related DSRIP Projects  
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RHP	Project ID	Project Option	Performing Provider Name	Describe the target population served by the project	Brief Description	Proposed Cat 1/2 Value DY2-5	Proposed Category 3 Value DY2-5
8	126844305.2.4	2.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Individuals in contact with law enforcement, arrested or in the process of booking and those on probation, parole or otherwise released from detention in Burnet and Williamson Counties who are also diagnosed with behavioral health disorders. 70% poor, underinsured, or uninsured.	Expand the clinical capacity and eligibility criteria for youth and adults arrested or incarcerated in Burnet and Williamson counties. Provide screening, assessment and diversion recommendations prior to long-term incarceration and ensure linkage to community behavioral health care. Target pop: Those in contact with law enforcement, arrested or in the process of booking and those on probation, parole or otherwise released from detention in these Counties who are also diagnosed with behavioral health disorders. 70% poor, underinsured, or uninsured.	\$906,288	\$ 130,463
8	126844305.2.3	2.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Individuals with IDD who are taken to EDs or in are jeopardy of losing community living placements due to behaviors that are challenging or dangerous.	Provide intensive wraparound services called Assertive Community Treatment (ACT) for individuals with IDD at the point of crisis and during life transitions. Services include crisis response, assessment, behavior plans and management. Target popn: We expect at least 50% of those benefitting from these services to be Medicaid beneficiaries.	\$1,039,584	\$ 137,046
8	126844305.2.2	2.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	High utilizers of emergency and crisis services, emphasizing those with mental health diagnoses. Target popn: Expect 70% of those benefitting from this project will be poor, under or uninsured.	Use healthcare teams to identify high utilizers of emergency services and offer them proactive care in settings other than EDs, including their homes. In addition to addressing immediate health concerns, ongoing wellness activities and behavioral health treatment will be initiated.	\$3,889,550	\$ 529,450
8	126844305.1.3	1.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	High risk youth (the majority not incarcerated but involved in Juvenile Justice) in behavioral health crisis. Target pop: 70% poor, under/uninsured	Develop specialized Therapeutic Foster Care (TFC) for children in need of intensive short-term behavioral health services, but not in need of protection, diverting them from admission to hospitals or juvenile justice facilities. Target pop: 80% uninsured, CHIP, or Medicaid	\$1,280,625	\$ 169,375
8	126844305.1.4	1.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Adults presenting a significant threat to the safety of self or others and exhibiting behaviors consistent with acute psychiatric disorder. Target popn - approximately 70% of those benefitting from this project will be poor, uninsured or underinsured.	Collaborate with Burnet Co Sheriff's Dept and Seton Highland Lakes Med Ctr to provide crisis assessment, referral and short-term stabilization in Burnet County. Renovate a space near the ED of the Seton Highland Lakes Medical Center in Burnet so it's suitable for walk-in patients and for law enforcement to bring persons in need of assessment/ stabilization. Service will be available 24/7.	\$4,103,836	\$ 534,938
8	126844305.1.2	1.13.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Adults presenting a significant threat to the safety of self or others and exhibiting behaviors consistent with acute psychiatric disorder.	Create, certify and provide for an involuntary emergency detention unit for the purpose of providing crisis stabilization. A 48-Hour Observation Unit will be established in Georgetown to provide for emergency and crisis stabilization services in a secure and protected, clinically staffed, psychiatrically supervised treatment environment.	\$5,854,701	\$ 745,000
8	126844305.1.1	1.12.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Rural underserved adults and youth in all diagnostic categories of behavioral health disorders seeking mental health treatment. Est. target pop: 73% < FPL; 43% of adults Medicaid; 76% of youth CHIP/Medicaid	Provide outpatient behavioral health services to a low income and rural area in eastern Williamson County; provide services to a group of patients that are currently ineligible for services. BTCS will provide services to all behavioral health diagnostic groups and including substance use disorders.	\$1,346,438	\$ 178,792
8	126844305.1.5	1.12.2	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services	Community & ED referrals for low income individuals who need outpatient substance abuse services. Target pop: 70% poor, under-/uninsured	Establish outpatient substance abuse treatment sites in Georgetown and Marble Falls to meet the needs of a growing population. The sites will be in our current facilities and will be licensed for supportive outpatient and intensive outpatient services.	\$2,019,656	\$ 258,562
8	133339505.1.1	1.11.1	Center for Life Resources	Residents of Mills and San Saba counties with serious mental illness. Target pop: 50% Medicaid/ indigent	Telemedicine model will provide clinically appropriate treatment as indicated by a psychiatrist or other qualified provider throughout expansive Mills and San Saba counties.	\$557,921	\$ 58,696
8	081771001.2.3	2.13.1	Central Counties Services	Adults with severe and persistent mental illness in Temple. Target pop: 97% Medicaid, uninsured, or indigent	Provide supportive day services for adults with severe and persistent mental health problems, who were recently discharged from a psychiatric hospital or jail, or have recently experienced a crisis that put them at risk for hospitalization/ incarceration. Services include work skills training, medicine management, daily living skills training.	\$1,580,190	\$ 254,601
8	081771001.1.4	1.13.1	Central Counties Services	Adults with a diagnosed/ suspected mental illness in behavioral health crisis whose behavior is under sufficient control to not be considered an immediate risk to self/ others who agree to participate and do not have medical problems requiring treatment beyond a self-care level. Target pop: 97% Medicaid, uninsured, or indigent	Provide 24/7 residential-based crisis respite (15 beds), transitional living (15 beds) and supportive day services at a properly equipped facility to persons with severe and persistent mental illness in lieu of being sent to the state psychiatric hospital system or incarcerated in local jails.	\$7,423,208	\$ 990,409
8	081771001.1.3	1.12.2	Central Counties Services	Adults with Asperger's or High Functioning Autism with and without co-occurring mental illness in the Bell County area. Target pop: 80% Medicaid	Implement group social skills training for persons diagnosed with high-functioning Autism or Asperger's disorder in the Bell County area.	\$2,692,588	\$ 335,354
8	081771001.1.2	1.11.2	Central Counties Services	Adults with severe and persistent mental illness living in more rural parts of service area. Target pop: 97% Medicaid, uninsured, or indigent.	Will double telepsychiatry use from 1 FTE to 2 FTEs by enabling up to 4 simultaneous telepsychiatry/ telehealth users on a high quality telemedicine system. Also funds a second FTE psychiatric provider.	\$4,004,924	\$ 404,071
8	081771001.2.2	2.7.1	Central Counties Services	Adults and adolescents with severe and persistent mental illness in Bell County. Target pop: 97% Medicaid, uninsured, or indigent	Provides patients with severe and persistent mental illness easy access to STD education, testing and treatment by an RN within the center's mental health clinics.	\$288,160	\$ 31,175

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8	081771001.2.1	2.2.2	Central Counties Services	The severely and persistently mentally ill adults served by the Temple, TX and Killeen, TX clinics who are experiencing chronic health conditions as a result of prolonged psychotropic/antidepressant medication use. Target pop: 97% Medicaid, uninsured, or indigent	Provide education, training and support by an RN for persons with severe and persistent mental illness having chronic health conditions due to prolonged psychiatric medicine use.	\$288,160	\$ 31,175
8	081771001.1.5	1.10.2	Central Counties Services	Persons with serious mental illness who have recently been discharged from a psychiatric hospital or jail. Target pop: 97% Medicaid, uninsured, or indigent	Provide improved data management and organizational process improvement capacity with a focus on reducing readmissions to state psychiatric hospitals and local jails by improving post discharge follow-up services.	\$2,751,691	\$ 207,768
8	081771001.1.1	1.1.1	Central Counties Services	Children (K through 3) in the Temple Independent School District (ISD), specifically those identified as poorly adjusted to the academic environment and in need of behavioral health services. Target pop: At least 24% Medicaid; 80% qualify for subsidized/ free meals program.	Provide school-based MH services for children ages 5-9 (K-3 grade) in the Temple Independent School District who have difficulty adjusting to the classroom environment due to emotional/ behavioral problems. Counseling services may include the child's family.	\$2,616,584	\$ 280,222
8	133340307.2.4	2.18.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Individuals n Blanco and Llano counties who have severe and persistent mental illness and other health risk factors. Target pop: 27% Medicaid; 81% income < \$15k per year	Implement Whole Health Peer Support Services within Blanco and Llano counties. identify/ train behavioral health peers on whole health risk assessments and working with peers to address overall health issues prior to the need for utilization of EDs or inpatient hospitalization.	\$820,126	\$ 114,274
8	133340307.2.3	2.16.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Individuals in Blanco and Llano counties who demonstrate behavioral health symptoms and seek treatment at area hospitals or with a PCP.	Implement psychiatric and clinical guidance 24 hours a day, 7 days a week for primary care physicians and hospitals within the Blanco and Llano counties to help physicians identify and treat behavioral health symptoms earlier to avoid exacerbation of symptoms into a behavioral health crisis. Target pop: 27% Medicaid; 81% income < \$15k per year	\$626,322	\$ 85,722
8	133340307.2.1	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Adults in Blanco and Llano counties with Co-occurring Psychiatric and Substance Use Disorders. Est target pop: 27% Medicaid; 81% income < \$15k per year	Implement co-occurring psychiatric and substance use disorder services (COPSD) within the 2 counties served by Hill Country.	\$221,202	\$ 30,278
8	133340307.2.2	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Individuals in Llano and Blanco counties who have experienced a crisis and suffer from post traumatic stress disorder. Target pop: 27% Medicaid; 81% income < \$15k per year	Implement trauma informed care services within Blanco and Llano Counties. Incorporate community education on the impact of trauma through Mental Health First Aid training and Trauma Informed Care training, and provide trauma services through interventions such as Seeking Safety, Trust Based Relational Intervention and Cognitive Processing Therapy.	\$362,716	\$ 49,800
8	133340307.2.5	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Veterans who have behavioral health issues and their families in Blanco and Llano counties. Target pop: 27% Medicaid; 81% income < \$15k per year	Implement Veteran Mental Health Services within the 2 counties. Expand peer support services in an effort to identify veterans who need clinical behavioral health services.	\$617,463	\$ 86,037
9	121790303.2.2	2.19.1	Baylor Medical Center at Garland	The target population is underserved patients in need of behavioral health treatment. Approximately 85-90% of these patients will be Medicaid/Uninsured.	This project will co-locate and integrate outpatient behavioral health services using an LCSW to provide counseling services. Screenings for depression, substance abuse and anxiety will also be an integral part of the program. This is a new project that has not been done before. It will serve the BH needs of the Uninsured/Medicaid population.	\$1,553,239	\$ 364,802
9	121776204.2.2	2.19.1	Baylor Medical Center at Irving	Underserved population in the Irving area with behavioral health issues. Approximately 85-90% of these patients will be Medicaid/ Uninsured	This project will co-locate and integrate behavioral health services into the outpatient primary care setting. The model that we aim to develop would consist of providing a LCSW to provide basic counseling services to address behavioral health needs such as: anxiety, depression, and substance abuse issues. The behavioral health program would require that the LCSW and CHW to work together with the primary care team to: 1) identify the patients who have behavioral health issues, 2) coordinate the patient's care and appointments to fit both the behavioral health and primary care appointment in the same visit and 3) help the primary care team to identify those patients whose behavioral health issues are impeding the management of their acute/chronic disease management models	\$1,087,877	\$ 270,508
9	139485012.2.2	2.19.1	Baylor University Medical Center	over 200,000 underserved individuals who suffer from a mental illness. We expect that this program's participants will be 85-90% Medicaid/Uninsured patients.	This project will co-locate and integrate outpatient behavioral health services using an LCSW to provide counseling services. Screenings for depression, substance abuse and anxiety will also be an integral part of the program. This is a new project that has not been done before. It will serve the BH needs of the Uninsured/Medicaid population.	\$7,497,150	\$ 1,819,857
9	138910807.1.4	1.12.2	Children's Medical Center of Dallas	Children with behavioral health needs (Medicaid and CHIP). MyChildren's payor mix is 75% Medicaid, 15% CHIP, 5% uninsured and 5% commercial insurance.	The purpose of this project is to bring behavioral health services into the primary care setting through the MyChildren's offices.	\$12,054,408	\$ 3,105,455
9	121758005.1.1	1.13.1	Dallas County Health and Human Services	Residents of Dallas County who need behavioral health crisis stabilization services and who are pending intake into or release from the Dallas County Jail or for whom an Order for Protective Custody for commitment into services is pending before the civil mental health courts. For the past five years, Medicaid and indigent consumers have comprised 58% of those persons placed under an Order of Protective Custody.	The project will implement a data sharing system among providers that will provide point of service data and outcomes data for planning and quality improvement. Will also provide the following services to persons in behavioral health crisis as alternatives to emergency department and/or hospitals: crisis call center; mobile crisis teams; telehealth and telemedicine; and post acute intensive case management teams.	\$17,642,792	\$ 2,146,547
9	137252607.2.1	2.15.1	Dallas County MHMR dba Metrocare Services	The target population is Metrocare patients who are diagnosed with a severe and persistent mental illness as defined by the Texas Department of State Health Services, who are enrolled in community mental health services and who are in need of primary care services in an integrated behavioral and primary health care setting.	This project will create an integrated model of easy, open access to primary care services for persons who are receiving behavioral health services in our community based behavioral health clinics. This effectively establishes a 'one stop shop' for patients to receive both behavioral and primary care services on the same day.	\$4,317,743	\$ 643,611
9	137252607.2.2	2.13.1	Dallas County MHMR dba Metrocare Services	The target population includes indigent patients or those insured by Medicaid that have a developmental disability and are in need of intensive intervention due to consistent demonstration of alarming behaviors that result in hospitalization or arrest.	The ACT Team will be on-call to travel to the acute care facility, jail or school to help assess and stabilize consumers and will also provide follow-up services to those clients to ensure the destructive pattern that led to the need for acute services is eliminated or significantly reduced.	\$1,291,504	\$ 165,738
9	137252607.2.3	2.13.1	Dallas County MHMR dba Metrocare Services	FPP will serve children and adolescents from psychiatric facilities and/or those at-risk for out-of-home placement due to juvenile justice involvement or placement in residential treatment. The target population will be indigent patients or those covered by Medicaid.	Family Preservation Program (FPP) is a short-term, intensive program that provides crisis intervention, medication management, counseling and case management services to children recently released from the psychiatric hospital or those at-risk for out-of-home placement and their families.	\$2,702,056	\$ 332,444
9	137252607.2.4	2.13.1	Dallas County MHMR dba Metrocare Services	Target population includes children on the autism spectrum and/or children with other developmental disabilities - will include indigent clients and children insured by Medicaid.	CCAM will provide an applied behavior analysis based program to children on the autism spectrum and/or children with other developmental disabilities. The program will be structured as a tiered system; offering 1:1 staff/ client ratio for Level 1, 1:2 staff/ client ratio for Level 2 and group participation for Level 3.	\$2,838,600	\$ 368,140

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9	137252607.2.5	2.13.1	Dallas County MHMR dba Metrocare Services	The target population includes indigent and Medicaid patients who are diagnosed with both a developmental disability and mental health disorder and who consistently demonstrate alarming behaviors that may result in hospitalization, arrest or placement in a residential facility.	The Behavioral Day Program will provide short-term behavior intervention and urgent safety net services for individuals with intellectual/developmental disabilities and mental health issues.	\$2,968,053	\$ 389,899
9	137252607.1.1	1.14.2	Dallas County MHMR dba Metrocare Services	Metrocare medically indigent patients who need specialty behavioral health care providers to address severe mental illness, emotional disturbance and developmental disabilities.	Project will provide training to enhance the development of specialty behavioral health care and to improve consumer choice by expanding the number of behavioral health professionals (Psychiatrist, Child Psychiatrist, Psychologist, Licensed Master Social Workers, Licensed Professional Counselors and Licensed Marriage & Family Therapists).	\$1,595,363	\$ 236,612
9	137252607.1.2	1.12.2	Dallas County MHMR dba Metrocare Services	The mental health clinic will provide treatment services to children, youth, families, and adults. Metrocare estimates that 56% of the people served through this clinic will be indigent patients and 44% of the clients served will be insured by Medicaid.	Project will create a community mental health clinic located in Grand Prairie to provide behavioral health services to the underserved in that area. Services will include psychiatric evaluations, pharmacy services, counseling, rehabilitation and skills training and case management.	\$6,812,396	\$ 728,949
9	135234606.2.2	2.15.1	Denton County MHMR Center	Our target population is individuals experiencing co-morbid behavioral health and primary health concerns. Approximately 90% of our current clients are indigent or Medicaid eligible. We estimate 95-100% of our integrated clinic clients will be Medicaid eligible or indigent.	This project will implement an integration of care management functions for individuals with co-morbid chronic diseases, mental illnesses, and/or substance use disorders by collaborative partnership agreements for delivery of primary and behavioral health care management.	\$5,238,202	\$ 670,416
9	135234606.2.3	2.13.1	Denton County MHMR Center	Our target population is individuals with a severe mental illness and other factors leading to extended or repeated psychiatric inpatient stays. We estimate that 95-100% of our residential facility clients will be indigent or Medicaid eligible.	This project will implement a crisis residential care program to provide interventions for a targeted population to prevent unnecessary use of services in specific settings.	\$8,710,400	\$ 1,162,611
9	135234606.2.1	2.8.6	Denton County MHMR Center	Any individual experiencing a psychiatric crisis that does not require medical attention. We estimate that 60-75% of the clients of the psychiatric triage facility will also be indigent or Medicaid eligible	The project will establish a 24 hour psychiatric triage facility to increase the capacity to provide psychiatric services, to better accommodate the high demand for triage services, and reduce inappropriate emergency room usage.	\$11,090,221	\$ 1,263,201
9	121988304.2.1	2.13.1	Lakes Regional MHMR Center	Target population are individuals with schizophrenia who are stabilized on medication. 95% of these individuals are Medicaid eligible or indigent.	This project is the therapeutic application of a neurodevelopmental approach to recovery from schizophrenia through activating frontal lobe executive function with computerized challenges, social awareness training and socially skills development over the course of a year. Approximately 95% of our patients are either Medicaid eligible or indigent.	\$3,490,488	\$ 417,801
9	121988304.1.1	1.13.1	Lakes Regional MHMR Center	High risk clients who are dually diagnosed with Intellectual and Developmental Disabilities/Autism Spectrum Disorder and Mental Health diagnosis (IDD/ASD/MH), or have other co-occurring disorders and/or medical needs. Approximately 95% of our patients are either Medicaid eligible or indigent, so we expect they will benefit from the availability of crisis alternative services.	The project will develop a behavioral health crisis stabilization service for dually diagnosed individuals with intellectual/developmental disabilities, autism spectrum disorders and behavioral health needs as an alternative to hospitalization, including a crisis respite facility, and wraparound services to serve Kaufman County and surrounding counties.	\$6,421,691	\$ 832,584
9	121988304.1.2	1.7.1	Lakes Regional MHMR Center	Persons needing behavioral health services in rural Kaufman County. p. 179. Approximately 95% of our patients are either Medicaid eligible or indigent	Implement telemedicine and telehealth services to provide consultations and increase capacity for behavioral health and other specialty provider services to the Medicaid and indigent target population.	\$1,791,134	\$ 205,201
9	020943901.2.1	2.15.1	Medical City Dallas Hospital	Medicaid and uninsured patients being treated for psychiatric care with known chronic diseases and medical health issues. Approximately 100% of patients are Medicaid eligible and indigent	Under this project, an integrated primary and behavioral health clinic will provide primary care for patients receiving OP psychiatric care at Green Oaks Hospital	\$3,901,150	\$ 1,005,023
10	135036506.2.4	2.19.1	Baylor All Saints Medical Center at Fort Worth	Medicaid eligible and indigent PCMH patients at Baylor All Saints with underlying behavioral health issues.	This project will co-locate and integrate outpatient behavioral health services using an LCSW to provide counseling services. Screenings for depression, substance abuse and anxiety will also be an integral part of the program.	\$2,418,588	583,691
10	138910807.1.3	1.12.2	Children's Medical Center	Children in RHP 10 covered by Medicaid and CHIP who have behavioral health needs. Payor mix for MyChildren's: 75% Medicaid, 15% CHIP, 5% self-pay (uninsured) and 5% Commercial insurance.	This project will bring behavioral health services into the primary care setting through the MyChildren's office in Region 10.	\$1,057,500	255,000
10	127373205.2.1	2.18.1	Helen Farabee Center	The target population is Adults/Children who meet diagnostic service eligibility requirements per our contract with the Department of State Health Services (Adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	This project will expand the Peer Provider staffing to better meet the needs of the patient population in Wise County. These Peer Providers will use Whole Health Planning and health risk assessment tools in order to improve standardized health measures.	\$661,039	88,034
10	127373205.2.2	2.16.1	Helen Farabee Center	Patients presenting at primary care facilities with mild to moderate psychiatric symptoms which a primary physician desires a psychiatric consultation. The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	This project expands our current contract for telemedicine services in Wise County by providing psychiatric telephone consultation to physicians seeing patients in primary care settings.	\$754,096	100,787
10	127373205.1.1	1.12.2	Helen Farabee Center	Adults/Children with a single substance-abuse or dependency diagnoses who do not meet Co-Occurring Psychiatric and Substance Abuse Disorder (COPSD) eligibility requirements per our contract with the Department of State and Health Services. The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	This project will expand access to substance abuse services by hiring program manager, 2 substance abuse counselors and 1 support staff to provide substance abuse services in Wise County, which hasn't had these services.	\$1,323,234	176,610
10	127373205.1.2	1.9.2	Helen Farabee Center	Adults/children who meet diagnostic service eligibility requirements per our contract with the DSHS (adults with major depression, bipolar disorder, schizophrenia, and children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders) The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	This project expands the hours for psychiatric evaluation by expanding our current contract for telemedicine services in Wise County.	\$265,003	35,876
10	126675104.2.7	2.17.1	John Peter Smith Hospital	Patients discharged from Trinity Springs Pavilion. Medicaid, self-pay and uninsured individuals make up 75% of JPS' patient population.	This project will create a comprehensive Behavioral Health Discharge Management Program based on evidence-based models. Psychiatric professionals will be responsible for proactive pre- and post discharge interaction, intervention, and coordination with patients discharged from Trinity Springs Pavilion (JPS' 96 bed psychiatric facility) as they return to the community.	\$10,592,107	2,803,765

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RHP	Project ID	Project Option	Performing Provider Name	Describe the target population served by the project	Brief Description	Proposed Cat 1/2 Value DY2-5	Proposed Category 3 Value DY2-5
10	126675104.2.9	2.16.1	John Peter Smith Hospital	Primary care physicians in Region 10 who will address behavioral health issues in primary care settings for 9,047 patients and a target population of 1,759. Medicaid, self-pay and uninsured individuals make up 75% of JPS' patient population.	The project will create a virtual psychiatric and clinical guidance service to 1,802 primary care providers in Region 10. The virtual psychiatric and clinical guidance service will allow medical professionals in primary care settings to access professional behavioral health professionals (psychiatrists, psychiatric nurses, psychiatric social workers) (via methods such as telephone, instant messaging, video conference, facsimile, and e-mail) who will support PCPs delivering services regionally with the necessary resources and guidance to adequately treat patients who present with a wide variety of behavioral health conditions.	\$27,703,074	7,333,094
10	126675104.2.6	2.15.1	John Peter Smith Hospital	Patients who have co-occurring behavioral health and physical health disorders. Medicaid, self-pay and uninsured individuals make up 75% of JPS' patient population.	The goal of this project is to provide more fully integrated behavioral health services embedded within the primary care medical home so that patients receive whole-person care through their medical home team. Clinical algorithms will be developed and implemented in primary care to ensure that those patients with high medical needs but low behavioral health needs can still receive quality medical interventions for depression and anxiety. This project is a new initiative that will be implemented in our four clinics with existing co-located behavioral health services to increase the level of integration and provide new components of integrated care.	\$15,451,704	4,090,117
10	126675104.1.4	1.12.2	John Peter Smith Hospital	Tarrant County residents with significant mental illness who would benefit from partial hospitalization and/or Intensive Outpatient Programs. Medicaid, self-pay and uninsured individuals make up 75% of JPS' patient population.	Establish a full continuum of care by creating Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) to expand treatment availability in our Region in a way that matches level of care with a patient's needs and acuity.	\$12,492,408	3,306,781
10	126675104.1.1	1.12.1	John Peter Smith Hospital	Persons with mental illness who need outpatient treatment, including those transitioning from inpatient hospitalization. Medicaid, self-pay and uninsured individuals make up 75% of JPS' patient population.	Design and develop the full continuum of behavioral health capacity to improve accessibility to appropriate levels of behavioral health services for population health needs. The project will expand hours at existing clinics.	\$6,459,097	1,709,743
10	121988304.1.1	1.13.1	Lakes Regional MHMR Center	Medicaid eligible and indigent individuals with intellectual and developmental disabilities who are dually diagnosed with a mental health diagnosis. Over 95% of our consumers served are Medicaid eligible or indigent.	Develop a behavioral health crisis stabilization service for dually diagnosed individuals as an alternative to hospitalization which will include a crisis respite facility, and wraparound services to serve Ellis and Navarro counties.	\$6,475,705	778,583
10	121988304.1.3	1.12.2	Lakes Regional MHMR Center	Low income and Medicaid eligible citizens (not meeting the state funded criteria) who have diagnosable symptoms or a behavioral health crisis. Lakes Regional's community programs serve over 9,500 individuals each year. Over 95% of our consumers are either Medicaid eligible or indigent.	Create a clinic for provision of evidence-based services for individuals who suffer from depression or trauma related disorders primarily in Ellis and Navarro counties.	\$2,768,494	333,010
10	121988304.1.2	1.7.1	Lakes Regional MHMR Center	Clients needing specialty behavioral health services consultations. Approximately 95% of patients are either Medicaid eligible or indigent.	Implement telemedicine and telehealth services to provide consultations and increase capacity for behavioral health and other specialty provider services to the Medicaid and indigent target population in Navarro and Ellis counties.	\$1,782,072	214,261
10	081599501.2.3	2.19.1	MHMR of Tarrant County	IDD clients with chronic conditions that can benefit from disease management. Currently 80% of people served by MHMRTC have Medicaid.	Implement a RN care coordination model for IDD consumers with chronic disease. RNs will provide the needed link to assist patients and caregivers with understanding and follow-through related to chronic disease management.	\$19,224,968	2,299,653
10	081599501.2.2	2.15.1	MHMR of Tarrant County	Individuals with severe mental, developmental, and addiction disorders who may also be homeless, and who are not otherwise able to access primary care services. The population will consist primarily of uninsured patients with a small number of Medicaid and other patients	MHMRRTC will subcontract with the FQHC system to co-locate primary care and behavioral health services at MHMRRTC's homeless/crisis services center located at 1350 East Lancaster, Fort Worth, Texas. The location is in the heart of the homeless/emergency shelter district in Tarrant County. This project will provide access to primary care services for the target population.	\$20,000,000	2,435,239
10	081599501.2.1	2.13.2	MHMR of Tarrant County	Clients with substance use disorders, mental illness and related health issues. Approximately 100% of our consumers are either Medicaid eligible or indigent.	Increase access, from 12 beds to 20, for consumers with substance use disorders, mental illness and related health issues to a medically supervised detoxification center.	\$12,065,652	1,443,269
10	081599501.2.4	2.13.2	MHMR of Tarrant County	Mentally ill, medically indigent consumers with substance use disorder who are served at the provider's mental health locations. Currently 80% of people served by MHMRTC have Medicaid.	This project provides for the integration of substance abuse services and mental health services. The intervention is a 6 – 12 month program that includes SUD screening, assessment, individual and group counseling, and peer support services within our existing adult mental health outpatient clinics. The purpose of this project is to implement the recently developed MHMRTC SUD outpatient program at our 11 mental health clinic locations.	\$17,154,265	2,063,151
10	081599501.1.2	1.13.1	MHMR of Tarrant County	Children and adults in Tarrant County with IDD/ASD and co-occurring, mental and behavioral disorders. Currently 80% of people served by MHMRTC have Medicaid.	Implement the Systemic Therapeutic Assessment, Respite, and Treatment (START) model in order to provide behavioral health crisis prevention and intervention services for individuals with intellectual/developmental disability (IDD) and/or autism spectrum disorder (ASD) with co-occurring behavioral and/or medical problems. Services will include a 24 hour/7 days a week crisis response capability; a therapeutic emergency respite facility to provide short term planned and emergency respite services; psychological/behavioral support services, and intensive service coordination	\$15,206,473	1,828,888
10	081599501.1.1	1.12.2	MHMR of Tarrant County	Individuals with behavioral health conditions needing psychiatric care who are on MHMRTC's wait list for services. The current wait list consists of 844 uninsured people in need of services. Currently 80% of people served by MHMRTC have Medicaid.	Expand MHMRTC's number of community-based clinics for behavioral health services by 1 and extend hours in existing clinics. The initiative also requires hiring 21 staff. With the addition of a new location and new staff, MHMRTC plans to expand capacity and reorganize the provision of services within all of its clinics to be more efficient so that current clients are served better.	\$18,607,526	2,225,796
10	130724106.2.1	2.15.1	PECAN VALLEY CENTERS FOR BEHAVIORAL AND DEVELOPMENTAL HEALTHCARE	Adults and youth with severe mental illness. Of this population, 26% (adults) and 75% (youth) have Medicaid, and 55% of both adults and youth have no funding source.	This project would integrate primary health care with behavioral health by colocating primary care services in existing behavioral health clinics as well as placing mental health staff in community indigent clinics.	\$3,008,248	455,126
10	130724106.1.2	1.12.1	PECAN VALLEY CENTERS FOR BEHAVIORAL AND DEVELOPMENTAL HEALTHCARE	Adults and youth with severe mental illness needing appointments after 5 pm. Of this population, 26% (adults) and 75% (youth) have Medicaid, and 55% of both adults and youth have no funding source.	This project will increase access to behavioral health services by the extending of clinic hours in some Pecan Valley Centers outpatient mental health clinics beyond 5:00 PM on certain days. Transportation will also be provided during these extended hours in an attempt to improve access and improve rates of kept appointments. Currently only one outpatient clinic has extended hours. This project will increase the number of clinics to a total of 3 clinics with extended hours. Transportation is not currently provided in any clinic.	\$4,807,273	642,489
10	130724106.1.1	1.9.2	PECAN VALLEY CENTERS FOR BEHAVIORAL AND DEVELOPMENTAL HEALTHCARE	Adults and youth with severe mental illness requesting routine services and meeting the diagnostic criteria for mental health services. Approximately 55% (1200 individuals) of our population has no funding source or are indigent and 25% (500) of adults and 75% (150) of youth have Medicaid,	This project will expand specialty care access to psychiatrists and other behavioral health providers. By decreasing wait times for services individuals will have less use of emergency rooms for behavioral health issues. This project is an expansion and enhancement of the current intake eligibility assessment process for mental health services. The expansion will be to add additional staff to impact the wait times to receive services.	\$11,330,564	1,460,649

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10	136326908.2.3	2.15.1	Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	Patients in Tarrant County who have behavioral health illness with medical co-morbidities. 19% of our patients are indigent, uninsured or covered by Medicaid.	This project will integrate behavioral health services with primary care services.	\$2,272,147	641,061
10	138980111.2.6	2.13.1	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER	Dually-diagnosed patients enrolled in Ft. Worth permanent supportive housing (PSH) programs. Residents in PSH programs have typically demonstrated a history of chronic homelessness, which includes a disabling health, mental health or substance abuse condition. In 2012, 17% of UNT encounters were covered by Medicaid.	This project will use a technology enhanced navigation program for high risk dual diagnosis patients developed, implemented and evaluated.	\$10,626,887	1,277,686
10	138980111.1.6	1.12.4	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER	Elders and near elders residing in Tarrant County experiencing depression. In 2012, 17% of UNT encounters were covered by Medicaid.	The project will create a mobile mental health team consisting of community health workers (CHWs) and licensed mental health providers (social workers and psychologists) that will provide behavioral health services for depression to Medicaid eligible elders (65 and above) and near elders (50-64) of Tarrant County.	\$19,999,997	2,405,705
10	130606006.2.1	2.13.1	Wise Regional Health System	The target population is the Wise County residents with BH/SA. Most of the patients coming through this program will be Medicaid eligible or uninsured.	This project will implement an intensive outpatient program for dual diagnosis of behavioral health and substance abuse.	\$8,510,410	2,073,253
11	133338707.1.3	1.13.1	Betty Hardwick Center	Adults/Children in 5 counties in RHP 11 meeting DSHS service eligibility requirements or experiencing a behavioral health crisis	Expand current Mobile Crisis Outreach Team staff by a minimum of 3 mental health providers, effectively doubling the capacity of the Center's crisis response system.	\$1,715,238	\$ 319,608
11	133338707.1.1	1.9.3	Betty Hardwick Center	Adults and child or adolescent patients of the local mental health authority who reside in Taylor, Jones, Callahan, Shackelford and Stephens counties. Approximately 44% of the adults will have Medicaid and 70% of the child and adolescents will have Medicaid, with the remainder being indigent or having no pay source.	Expand psychiatry access by the equivalent of 1 full time Board Certified Adult and Child psychiatrist either through employment or purchase of telepsychiatry services.	\$6,168,017	\$ 741,591
11	133339505.1.2	1.11.2	Center for Life Resources	Individuals needing psychiatric and behavioral health services. At least 50% of clients served are Medicaid/indigent.	Implement a telemedicine model to provide clinically appropriate treatment as indicated by a psychiatrist or other qualified provider throughout the expansive area.	\$1,853,205	\$ 253,000
11	133339505.1.1	1.11.1	Center for Life Resources	Individuals residing in Comanche County suffering from serious mental illness. At least 50% of clients served are Medicaid/indigent.	Establish telemedicine program to increase access to mental health services and reduce ED visits.	\$426,344	\$ 38,000
11	127373205.1.1	1.12.2	Helen Farabee Center	Adults/Children with a single substance-abuse or dependence diagnosis who do not meet Co-Occurring Psychiatric and Substance Abuse Disorder (COPSD) service eligibility requirements per the Department of State Health Services. The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	Hire a licensed substance abuse counselor to provide services in the Haskell, Knox, and Stonewall county region.	\$356,411	\$ 47,505
11	127373205.1.2	1.9.2	Helen Farabee Center	Adults and children in Haskell, Knox, and Stonewall counties who meet state diagnostic service eligibility requirements (Adults with major depression, bipolar disorder, schizophrenia and children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	Expand the hours for psychiatric evaluation by expanding current contract for telemedicine services.	\$60,298	\$ 8,171
11	130724106.1.1	1.9.2	Pecan Valley Centers for Behavioral and Developmental Healthcare	Adults and youth with severe mental illness requesting routine services and meeting diagnostic criteria for mental health services, largely impacting Medicaid recipients and uninsured individuals. Approximately 55% population served has no funding source or are indigent and 25% of adults and 75% of youth have Medicaid.	Expand specialty care access to psychiatrists & other behavioral health providers, thereby reducing use of ERs for behavioral health issues.	\$1,029,118	\$ 137,499
11	130725806.1.3	1.13.1	West Texas Centers	Adults/Children who meet diagnostic service eligibility requirements per DSHS (adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). West Texas Center's patient population is 45% Medicaid and 54% indigent.	Expand current Mobile Crisis Outreach Team staff by a minimum of one additional qualified mental health provider.	\$359,920	\$ 43,217
11	130725806.1.1	1.11.3	West Texas Centers	Adults/Children experiencing a non urgent mental health event who meet state DSHS eligibility requirements (adults with Major Depression, Bipolar Disorder, Schizophrenia, and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). West Texas Center's patient population is 45% Medicaid and 54% indigent.	Expand access to behavioral health care through expansion of current telemedicine network in Mitchell and Nolan Counties.	\$1,006,134	\$ 121,523
12	127374005.2.2	2.18.1	Central Plains Center	The target population for this project include adults, ages 18+ who are currently receiving adult mental health services or need to receive mental health services who have unidentified health risks and needs. Our current Medicaid population is 31% and our indigent population is approximately 60%, so we estimate that they would benefit from 91% of the encounters	Work with mental health consumers in identifying health risks and referring these individuals to needed medical treatment by their primary care providers.	\$1,670,507	\$ 198,157
12	127374005.2.1	2.15.1	Central Plains Center	Individuals from age 4 to adults 18 years and older who are treated in the Covenant Rural Health Clinic for physical issues and present with symptoms that could be a result of a mental health issue. Also, individual who present in the ER with potential mental health issues where a brief mental health intervention could prevent an inpatient stay or costly ER services. The Rural Health Clinic's patient mix included 33% Medicaid recipients and 2% indigent	Behavioral health professional providing mental health services in a primary care setting, as well as consulting with primary care physicians on patients who present with MH issues. Additionally, we will provide behavioral health services in the emergency room, including brief therapeutic services and screening/referrals.	\$2,386,438	\$ 289,614
12	127374005.1.1	1.11.2	Central Plains Center	This project seeks to provide telemedicine services to 50 adults residing in the designated rural and frontier counties and 50 children residing in Parmer, Swisher, Briscoe, Motley, Floyd, Bailey, Lamb and Castro counties. Indigent rate is 60%.	Provision of psychiatric and other mental health services via telemedicine for 5 additional counties	\$580,008	\$ 67,383
12	Pending.2.2	2.13.2	City of Amarillo Department of Public Health	Homeless adult men and women addicted to alcohol and drugs in Amarillo or the immediate area	30-day treatment services for enrolled patients, transportation to ARAD program services, psychosocial rehabilitation (program intervention to reduce high risk behaviors leading to recidivism/relapse), cognitive behavioral therapy and substance abuse svcs.	\$1,238,557	\$ 143,890
12	139461107.2.3	2.17.1	Covenant Medical Center	The overall target population of inpatient psychiatric patients includes Medicaid (17.9%), eligible as well as uninsured (30.5%).	The project will provide transitional care services, such as medication management, life-skill coaching, follow-up appointment scheduling, and assistance with resources, for up to 300 patients who discharge from the inpatient psychiatric unit by DY5.	\$15,178,069	\$ 2,496,261
12	127373205.1.1	1.12.2	Helen Farabee Center	Individuals in need of substance abuse services. The Center serves primarily indigent clients and roughly 30% of them have Medicaid.	Hire a licensed substance abuse counselor who will provide substance abuse svcs.	\$434,617	\$ 57,971

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12	127373205.1.2	1.9.2	Helen Farabee Center	Indigent clients - about 30% Medicaid - Adults/Children who meet diagnostic service eligibility requirements per our contract with the Department of State Health Services (Adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders).	Expands the hours for psychiatric evaluation by expanding our current contract for telemedicine services.	\$49,025	\$ 6,648
12	133544006.1.2	1.12.2	Hereford Regional Medical Center	The target population is patients from Hereford Regional Medical Center that need access to behavioral health care. Approximately 38% of our gross revenues are either Medicaid, self-pay or indigent, so we expect they will benefit from over a third of the additional hours.	The recruitment of a new behavioral health provider is an imperative for the county and the region.	\$307,880	\$ 63,177
12	084897001.1.2	1.13.1	StarCare Specialty Health System	Target population includes adolescents who are experiencing a mental crisis. At least 95% of patients in need of crisis intervention are Medicaid eligible or indigent, so one can expect they will benefit from a commensurate percentage of services	Expand Pass 1 project offering walk-in crisis svcs, 48-hour extended observation and 14-day extended care for adults to include an adolescent crisis respite unit.	\$1,710,067	\$ 223,078
12	084897001.1.1	1.13.1	StarCare Specialty Health System	People who are experiencing psychiatric crises secondary to severe stressors, family issues, housing challenges, etc., but who are not at immediate risk of harm to themselves or others. At least 95% of the target population is expected to be Medicaid eligible.	Establish a Psychiatric Emergency Service Center (PESC) that offers walk-in crisis services, 48-hour extended observation for adults and 14-day extended care for adults.	\$11,810,102	\$ 1,577,920
12	136492909.2.1	2.13.1	Sunrise Canyon Hospital	People who discharge from StarCare Psychiatric Emergency Service Center to include patients who do have a severe mental health diagnosis. Ninety-five percent of clients served by project are expected to be Medicaid eligible or indigent.	SRCH will open a new integrated primary and behavioral health clinic	\$6,729,302	\$ 1,591,445
12	127378105.2.3	2.18.1	Texas Panhandle Centers	The target population is adults with behavioral health needs in the top 21 counties of the Texas Panhandle. Approximately 90% of our clients are either Medicaid eligible or indigent.	A project that implements a Peer Support program that uses consumers of mental health services who have made substantial progress in managing their own illness and recovering a successful life in the community to provide peer support services.	\$2,048,986	\$ 398,728
12	127378105.2.2	2.15.1	Texas Panhandle Centers	Medicaid and uninsured adult and children who require mental health and physical health treatment. Approximately 90% of our clients are either Medicaid eligible or indigent	The project will provide coordinated and integrated primary and behavioral health services for the first time in the Amarillo, TX area through the co-location of primary care medical services and community-based behavioral health services in at least two (2) sites in the Amarillo, Texas area.	\$4,998,884	\$ 667,889
12	127378105.2.1	2.13.1	Texas Panhandle Centers	The target population is children and adults with behavioral health needs in the top 21 counties of the Texas Panhandle. Approximately 90% of these individuals will either be Medicaid eligible or indigent.	A Continuum of Care Program providing intensive wraparound services and supports for children and adults with behavioral health needs. Provides interventions and diversion from hospitals, jails, juvenile detention and other restrictive settings through enhanced care coordination, community outreach, social support, and culturally competent care.	\$5,881,040	\$ 667,887
12	127378105.1.1	1.13.1	Texas Panhandle Centers	The target population is adults with behavioral health needs in need of crisis respite in the top 21 counties of the Texas Panhandle. Approximately 90% of our clients are either Medicaid eligible or indigent.	The project will provide 24 hour 7 day a week Crisis Respite program for persons with behavioral health needs residing in the upper 21 counties of the Panhandle of Texas that will serve as a community care alternative to more costly inpatient hospitalization and incarceration, focusing on rapid stabilization and averting future crises.	\$4,116,727	\$ 667,887
12	130725806.2.1	2.15.1	West Texas Centers	Persons experiencing a behavioral health crisis event; persons experiencing a non urgent mental health event and meet the eligibility requirements of the Department of State Health Services (Adults with Major Depression, Bipolar Disorder, Schizophrenia, and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). Client mix: 30% persons with Medicaid and 34% indigent in Dawson County; West TX Centers served 89 people/mth in Dawson County.	Integration project between a primary care provider and WTC in Lamesa, TX. WTC moving to a co-located site with the primary care provider and a gradual collaboration to include cross training, consultation and sharing of space and potentially support and nursing staff.	\$1,707,680	\$ 205,350
12	130725806.1.2	1.13.1	West Texas Centers	Target population includes patients in RHP 2 in need of crisis response/stabilization care. This project is expected to serve roughly 45% Medicaid and 54% uninsured with the remaining percentage of patients having some form of third party insurance	Expand its current Mobile Crisis Outreach Team staff by a minimum of one additional qualified MH provider.	\$449,304	\$ 52,198
12	130725806.1.1	1.11.3	West Texas Centers	Adults/Children who meet diagnostic service eligibility requirements per the provider's contract with the Department of State Health Services (Adults with Major Depression, Bipolar Disorder, Schizophrenia, and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental disorders). West Texas Center's patient population is 45% Medicaid and 54% indigent (persons without a payer source).	Purchase and install additional equipment to increase the capacity of our current telemedicine network.	\$1,271,896	\$ 152,889
13	133339505.1.1	1.11.1	Center for Life Resources (CFLR)	Residents of underserved rural counties (McCulloch and Coleman Counties) with mental and behavioral health needs	Implement a telemedicine model to provide clinically appropriate treatment as indicated by a psychiatrist or other qualified provider throughout the expansive area. Target pop: 50% Medicaid/ indigent	\$674,793	\$ 84,625
13	133340307.2.4	2.18.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Individuals within Kimble, Mason, Menard, Schleicher and Sutton counties who have severe and persistent mental illness and other health risk factors	Implement Whole Health Peer Support Services within 5 counties: Identify and train behavioral health peers on whole health risk assessments and working with peers to address overall health issues. Target pop: 39% Medicaid; 79% have income below \$15k a year	\$103,531	\$ 12,590
13	133340307.2.3	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Veterans within Kimble, Mason, Menard, Schleicher, and Sutton counties who have behavioral health issues	Implement Veteran Mental Health Services within 5 counties: Expand peer support services in an effort to identify veterans and their family members who need comprehensive community based wrap around behavioral health services, such as psychiatric rehabilitation, skills training, crisis intervention, supported housing and supported employment, that would complement, but not duplicate, services through the VA. Target pop: 39% Medicaid; 79% have income below \$15k a year	\$102,909	\$ 43,019
13	133340307.2.1	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Individuals with co-occurring psychiatric and substance use disorder in Kimble, Mason, Menard, Schleicher, and Sutton counties	Implement Co-occurring Psychiatric and Substance Use Disorder Services within 5 counties to meet the needs of individuals with psychiatric and substance use issues in order to reduce ED and inpatient utilization and incarceration. Target pop: 39% Medicaid; 79% have income below \$15k a year	\$223,696	\$ 30,657
13	133340307.2.2	2.13.1	Hill Country Community MHMR Center (dba Hill Country MHDD Centers)	Individuals within Kimble, Mason, Menard, Schleicher and Sutton counties who have suffered trauma that is impacting their behavioral health	Implement Trauma Informed Care Services within 5 counties: incorporate community education on the impact of trauma through Mental Health First Aid training and Trauma Informed Care training and provide trauma services through interventions such as Seeking Safety, Trust Based Relational Intervention and Cognitive Processing Therapy. Target pop: 39% Medicaid; 79% have income below \$15k a year	\$363,907	\$ 49,767
13	109483102.2.2	2.15.1	MHMR Services for the Concho Valley	Admitted adult patients with severe and persistent mental illness (SPMI) and a need for primary health care intervention	Integrate primary and behavioral health care by co-locating a primary care clinic within the current adult mental health outpatient setting. Target pop: 38% Medicaid; 62% indigent	\$1,857,282	\$ 248,678

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RHP	Project ID	Project Option	Performing Provider Name	Describe the target population served by the project	Brief Description	Proposed Cat 1/2 Value DY2-5	Proposed Category 3 Value DY2-5
13	109483102.1.1	1.13.1	MHMR Services for the Concho Valley	Individuals with Intellectual and Developmental Disabilities (IDD) experiencing a mental health crisis or a serious behavioral health issue	Implement an IDD Behavioral Health Crisis Response System to provide community based crisis intervention services to patients with IDD and mental illness in order to prevent hospitalization and inappropriate utilization of local Eds. Target pop: 100% Medicaid/indigent	\$2,219,086	\$ 272,455
13	109483102.1.2	1.12.4	MHMR Services for the Concho Valley	Residents of the 7 county catchment area with an Axis I diagnosis that can benefit from existing services; individuals that can benefit from community based mental health services	Increase the current mental health service delivery capacity and improve existing mental health services delivered to residents in the 7 county catchment area by providing patients with an Axis I diagnosis other than Schizophrenia, Bipolar Disorder, or Major Depression with community based mental health services	\$1,931,202	\$ 226,572
13	138364812.1.1	1.9.2	Permian Basin Community Centers (PBCC)	Individuals with mental health disorders that don't meet DSHS diagnostic service eligibility requirements who have limited access to community providers because of Medicaid eligibility or indigent status	Through on-site providers or telemedicine, expand the network of psychiatrists and licensed behavioral therapists to provide services to individuals who do not currently have access to those services. Target pop: 34% Medicaid; 44% indigent	\$642,091	\$ 77,168
13	130725806.1.2	1.13.1	West Texas Centers (WTC)	Individuals who meet DSHS diagnostic service eligibility requirements (Adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders)	Expand Mobile Crisis Outreach Team staff by a minimum of .50 additional qualified mental health providers to deliver additional "wrap around", preventive and follow-up crisis services. Target pop: 44% Medicaid; 53% uninsured	\$184,184	\$ 22,214
13	130725806.1.1	1.11.3	West Texas Centers (WTC)	Individuals who meet DSHS diagnostic service eligibility requirements (Adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders)	Expand current telemedicine service capacity by purchasing and installing additional equipment, software and bandwidth in very rural Runnels County where WTC operates a mental health clinic. Target pop: 45% Medicaid; 54% indigent	\$469,688	\$ 56,471
14	138364812.2.1	2.15.1	Permian Basin Community Centers	Individuals with Serious and Persistent Mental Illness	Full integration of primary care into 2 existing BH care clinics by adding medical staff and equipment.	\$8,723,286	\$972,007
14	138364812.1.2	1.12.4	Permian Basin Community Centers	Indigent, low-income & Medicaid eligible individuals who currently have no access to substance abuse treatment due to shortage of beds/providers in RHP. Less than 0.1% of current program's costs are funded by self-pay clients or those with insurance.	Expand capacity of existing detox and residential substance abuse facility from 22 beds to 42 beds, and increase access to 24/7 admission availability. Less than 0.1% of current program's costs are funded by self-pay clients or those with insurance	\$4,020,192	\$530,246
14	138364812.1.1	1.9.2	Permian Basin Community Centers	Indigent patients with mental health disorders who do not meet the Department of State Health Services (DSHS) definition of "Target Population." Est. target pop: 34% Medicaid/ 44% indigent	Expand provider network of psychiatrists and licensed behavioral therapists thru on-site care or telemedicine.	\$4,012,720	\$511,967
14	130725806.2.1	2.15.1	West Texas Centers	Underserved patients seeking mental health and physical health treatment. Est. target pop: 44% Medicaid/ 54% indigent	WTC will co-locate with Scenic Mountain Med Center in Big Spring - gradual collaboration to include cross training, consultation potential sharing of staff.	\$3,234,991	\$389,059
14	130725806.1.1	1.11.3	West Texas Centers	Low income individuals in need of psychiatric care. Target pop: 45% Medicaid/ 54% indigent	Purchase and install equipment to increase the capacity of the current telemedicine network in 5 RHP 14 counties where WTC operates mental health clinics as well as the HUB site in Howard County.	\$2,282,965	\$274,379
15	127376505.2.2	2.13.2	Emergence Health Network	Individuals with behavioral health needs in El Paso.	This project will expand the knowledge base of behavioral health care providers in the community. Implementation of evidence-based trainings will include Dialectical Behavioral Therapy (DBT), Cognitive Processing Therapy (CPT), and "Recovery Innovations" curriculum.	\$848,706	\$ 125,019
15	127376505.2.1	2.13.1	Emergence Health Network	Individuals who are at risk of psychiatric crises due to a housing challenge and/or severe stressors in the family, but are at low risk of harm to self or others.	Develop a Crisis Respite Unit ("CRU") as an alternative to inappropriate systems of care. The proposed scope of work of this new initiative involves short term respite care (hourly or 24-hours), home like settings, individual and group skills training, activities of daily living skills, and medication self-management education.	\$16,527,000	\$ 1,823,874
15	127376505.1.2	1.14.1	Emergence Health Network	Patients utilizing mental health services in El Paso County. 1000 patients.	Increase the number of psychiatrists and licensed behavioral health providers in order to expand capacity and access in the El Paso community.	\$2,799,238	\$ 377,005
15	127376505.1.3	1.13.2	Emergence Health Network	Individuals with IDD and SPMI.	Develop a crisis stabilization unit as an alternative to inappropriate systems of care. The intention of this project is to provide a resolution to the cyclic pattern of long term support and acute crisis intervention for individuals with IDD and Severe and Persistent Mental Illness (SPMI).	\$3,581,755	\$ 467,367
15	127376505.1.1	1.13.1	Emergence Health Network	Individuals presenting in crisis with behavioral health needs. Population served equals 4,380	EHN proposes to develop an Extended Observation Unit ("EOU") as an alternative to inappropriate systems of care. The current BH care system in El Paso has limited options for appropriate community based services and a shortage in acute/sub-acute inpatient beds. This results in individuals receiving treatment in local emergency departments, the criminal justice system and other systems of care.	\$19,800,816	\$ 2,466,707
16	081771001.1.2	1.13.1	Central Counties Services	Individuals in behavioral health crisis at risk of being admitted to a psychiatric hospital or incarcerated in a local jail due to the committing of minor offenses. 97% of its patients are Medicaid, uninsured or indigent.	This project will provide 24/7 residential-based crisis respite (15 beds), transitional living (15 beds) and supportive day services at a properly equipped facility w/in service area to persons with severe and persistent mental illness.	\$3,071,254	\$653,237
16	081771001.1.1	1.11.2	Central Counties Services	Adults with severe and persistent mental illness. 97% of the center's patients are Medicaid, uninsured or indigent.	This project will double telepsychiatry use from 1 FTE to 2 FTEs by enabling up to 4 simultaneous telepsychiatry/telehealth users on a high quality telemedicine system. Also funds a second FTE psychiatric provider.	\$1,044,351	\$108,189
16	081771001.1.3	1.10.2	Central Counties Services	Persons with severe and persistent mental illness who have recently been discharged from a psychiatric hospital or jail. 97% of all of the center's patients are Medicaid (41.89%), uninsured or indigent.	This project provides improved data management and organizational process improvement capacity which the Center wants to focus on reducing readmissions to state psychiatric hospitals and local jails by improving post discharge follow-up services. This project seeks to improve the efficiency of clinical service operations through improved technology, and thus increase the Center's service capacity. The focused target population for this project is persons with severe and persistent mental illness who have recently been discharged from a psychiatric hospital (496 in FY2012) or jail.	\$718,703	\$148,253
16	084859002.2.3	2.18.1	Heart of Texas Region MHMR Center	85-90% of its patients are Medicaid/CHIP and the rest are uninsured.	This project will provide supportive services for individuals and families living with chronic behavioral health issues by utilizing trained peer support specialists who have made substantial progress in managing their own illness and who have recovered to the point where they are living successful lives in the community. The peer specialist would work with consumers to set achievable goals to prevent or self-manage chronic diseases such as diabetes or COPD	\$600,440	\$80,000
16	084859002.2.1	2.15.1	Heart of Texas Region MHMR Center	85-90% of its patients are Medicaid/CHIP and the rest are uninsured.	This project will provide integrated physical and behavioral health care services. The local FQHC will co-locate at the community center and serve individuals in a collaborative model with center's psychiatrists.	\$2,630,695	\$345,719
16	084859002.2.6	2.13.1	Heart of Texas Region MHMR Center	Client mix is expected to be 30% Medicaid and 70% uninsured.	This project will establish a Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Team to provide intensive services to individuals with substance abuse and mental health issues.	\$771,006	\$118,000
16	084859002.2.4	2.13.1	Heart of Texas Region MHMR Center	A large number of these individuals have Medicaid benefits (Approximately 75%), but do not have access to the type of trained professionals needed to improve these challenging behaviors.	This project will develop a team of professionals to identify and intervene with children or individuals with developmental disabilities with challenging behaviors.	\$1,339,536	\$215,000

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16	084859002.2.2	2.13.1	Heart of Texas Region MHMR Center	Medicaid and uninsured individuals are the target population. 85-90% of its patients are Medicaid/CHIP and the rest are uninsured.	This project establishes an intensive FACT (Forensic Assertive Community Treatment) Team that would work with individuals who interface with the legal system and who have had multiple arrests and/or emergency department contacts.	\$1,586,828	\$225,000
16	084859002.2.7	2.13.1	Heart of Texas Region MHMR Center	Patients with Axis II diagnoses. 85-90% of its patients are Medicaid/CHIP and the rest are uninsured.	This project will establish a community clinic for outpatient services designed to work with individuals who do not qualify as target population for on-going community center services. These individuals have serious Axis II conditions that lead to high hospitalizations and crisis care interventions.	\$5,803,482	\$491,773
16	084859002.1.1	1.12.2	Heart of Texas Region MHMR Center	Children and adolescents in need of behavioral health services. 85-90% of its patients are Medicaid/CHIP and the rest are uninsured.	This project will expand the hours of operation, locations of service and types of supports offered in the five rural counties in the catchment area for children and adolescents.	\$1,110,075	\$153,549
16	084859002.2.5	2.2.5	Heart of Texas Region MHMR Center	Approximately half of target population are Medicare-Medicaid dual eligibles.	This project will establish an integrated program for seniors designed to meet their physical and behavioral health needs.	\$1,922,172	\$278,000
17	136366507.2.3	2.15.1	MHMR Authority of Brazos Valley	Residents of Brazos County being treated for major mental illnesses including major depressive disorder, bipolar disorder, & schizophrenia/schizoaffective disorder by MHMR Authority of Brazos Valley. Approximately 98% of this population is Medicaid eligible, indigent, or uninsured.	Implement integrated primary care and behavioral health care services via co-located primary care services in the MHMRABV service site.	\$921,700	\$131,300
17	136366507.2.2	2.13.1	MHMR Authority of Brazos Valley	People in the six rural/frontier counties in the region who have mental illness and who are repeatedly hospitalized or incarcerated. Approximately 100% of these patients are Medicaid eligible, indigent, or uninsured.	Development and implementation of an Assertive Community Treatment (ACT) program to provide high-intensity, evidence-based community treatment and support services to individuals with a history of multiple hospitalizations.	\$1,085,000	\$160,000
17	136366507.2.1	2.13.1	MHMR Authority of Brazos Valley	Residents with severe mental illness or co-morbid conditions of the region's 7 counties with limited access to crisis stabilization. Approximately 98% of this population is Medicaid eligible, indigent, or uninsured.	Development and implementation of a crisis triage unit for persons experiencing a mental health crisis.	\$1,153,000	\$172,000
17	198523601.1.4	1.11.2	Texas A&M Physicians	Low Income and indigent individuals	Expand telehealth services throughout the Brazos Valley with specific emphasis on expansion of telepsychology counseling and services.  Low-income and indigent individuals in four different rural areas in the region will have access to mental health services. Services will be available in English and Spanish.	\$2,948,607	\$374,487
17	081844501.2.1	2.15.2	Tri-County Services MHMR	Individuals with severe and persistent mental illness who are generally not served by medical providers but who have a high incidence of co-morbid medical conditions. Based on our experience as a provider, it is likely that 80% or more will be indigent or Medicaid recipients.	Develop/implement a program for integrated primary care & behavioral health care services, with included mobile clinic component, to improve care/access to needed primary health care for individuals receiving behavioral treatment services from Tri-County Services in Montgomery and Walker Counties.	\$3,961,178	\$602,874
17	081844501.1.2	1.13.1	Tri-County Services MHMR	Individuals with a diagnosis of intellectual and developmental disability who have a co-occurring serious and persistent mental illness and/or history of severe acting out behavior and other challenging and harmful behaviors. It is estimated that at least 80% of individuals who present in crisis are indigent or recipients of Medicaid.	IDD assertive community treatment program to provide crisis evaluation and diversion screenings.	\$1,151,178	\$173,750
17	081844501.1.1	1.13.1	Tri-County Services MHMR	Project will target high risk behavioral health clients with complex psychiatric and physical needs who have more frequent admissions to hospitals, jails, or prison. It is estimated that at least 80% of the individuals presenting in crisis will be either indigent or recipients of Medicaid, who often end up at hospital emergency rooms or jail.	Implement an intensive evaluation and diversion program to provide a community-based alternative for crisis evaluation and diversion screenings, assessments and activities.  It is estimated that at least 80% of the individuals presenting in crisis will be either indigent or recipients of Medicaid, who often end up at hospital emergency rooms or jail.	\$5,035,447	\$871,827
17	081844501.1.3	1.9.2	Tri-County Services MHMR	Patients who are otherwise unable to receive necessary psychiatric care in Montgomery or Walker Counties. Based on our experience as a provider, it is likely that 80% or more of these individuals will be indigent or Medicaid recipients.	provide specialty psychiatric services to persons who are otherwise unable to receive necessary psychiatric care in Montgomery and Walker Counties. The primary intervention will be the provision of medication and case coordination.	\$1,962,935	\$313,383
18	138910807.1.4	1.12.2	Children's Medical Center of Dallas	Pediatric patients in need of coordinated behavioral and medical care. Target pop: 75% Medicaid, 15% CHIP, 5% uninsured, 5% commercial	Bring behavioral health services into the primary care setting through MyChildren's offices in RHP 18.	\$3,705,774	\$ 954,214
18	121988304.2.1	2.13.1	Lakes Regional MHMR Center	Clients with a serious mental illness needing specialty services to improve physical health and nutrition through semi-weekly guidance consults. Target pop: 95% Medicaid/ indigent	This project will implement a research supported physical health and nutrition awareness and improvement program for individuals with medication stabilized schizophrenia. The program In SHAPE has been demonstrated to provide substantial increases in health and quality of life in the population through individualized health action plans under the guidance of a Health Mentor.	\$863,421	\$ 107,317
18	121988304.2.2	2.13.1	Lakes Regional MHMR Center	Dually diagnosed clients with IDD/ASD/MH needing specialty consultation (i.e., psychiatry, certified behavioral analysts, counseling, nursing, therapy, & other specialty services consults) Target pop: 95% Medicaid/ indigent	House a day treatment center for children/ adults with autism spectrum disorders and related behavioral, intellectual or developmental disabilities (IDD). Additionally, a community-based Behavioral Support Outreach Team will provide community-based services to families and individuals not requiring site-based treatment.	\$3,882,940	\$ 467,060
18	121988304.1.2	1.12.2	Lakes Regional MHMR Center	Underserved patients, primarily residing in Rockwall County, who need access to depression or trauma-related behavioral health services who do not meet the state requirements for treatment.	Create a clinic for provision of evidence-based services for individuals who suffer from depression or trauma related disorders not meeting the state mandated diagnostic criteria for eligibility for state funded behavioral health services.	\$2,588,626	\$ 311,374
18	121988304.1.1	1.7.1	Lakes Regional MHMR Center	Patients in need of specialty consultation (i.e. psychiatry, certified behavioral analysts, counseling, nursing, therapy, etc.) Target pop: over 95% Medicaid/ indigent.	Implement telehealth services to provide consultations and increase capacity for behavioral health and other specialty provider services.	\$965,797	\$ 116,122
18	084001901.2.3	2.18.1	LifePath Systems	Individuals in Collin County with a mental illness or substance use disorder who are receiving behavioral health services at provider's outpatient clinics. Milestones suggest that 100% of those served are Medicaid/indigent.	Establish a peer provider program, specializing in whole health, for provider's outpatient behavioral health clinics in Collin County.	\$3,104,409	\$ 355,121
18	084001901.2.1	2.15.1	LifePath Systems	Chronically mentally ill individuals seen in community behavioral health clinics and individuals identified in indigent care clinics in Collin County with behavioral health needs. Target pop: 80% Medicaid/ indigent	Implement primary care services into existing behavioral health outpatient clinics and behavioral health services into existing indigent primary care clinics in Collin County.	\$6,427,984	\$ 714,220
18	084001901.2.2	2.13.1	LifePath Systems	Populations who have complex and severe behavioral health needs. Target pop: 100% Medicaid/ indigent	Provide behavioral health interventions to 3 populations in Collin County: 1. Individuals with mental health &/or substance abuse needs involved in the new Mental Health or Veterans Courts will receive intensive field-based services; 2. Young children who have been abused/ neglected & remain in the home will receive intensive field-based family counseling; 3. Individuals with a dual diagnosis of intellectual/ development disability & mental illness will receive specialized behavioral health services.	\$14,821,470	\$ 1,770,347
18	084434201.2.1	2.19.1	Texoma Community Center	Patients served by TCC that need psychiatric care and a primary care provider to address both mental and chronic physical illnesses. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below federal poverty level.	Incorporate a primary health care provider into the TCC behavioral health system to create a "medical home" for the most "at risk" patients with mental illness and co-occurring chronic physical diseases, and who also have no primary care physician.	\$441,259	\$ 58,957

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18	084434201.2.2	2.13.1	Texoma Community Center	Medicaid eligible/ indigent individuals with mental illness, challenging functional impairments and significant community needs. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below federal poverty level.	Provide specialized services to complex behavioral health populations, specifically people in Grayson County, Texas, with severe mental illnesses and/or a combination of behavioral and physical health issues in order to avert potentially avoidable inpatient admissions and readmissions to a more restrictive and expensive setting such as acute and/or psychiatric hospitals or the criminal justice system.	\$4,498,915	\$ 601,085
18	084434201.1.2	1.12.2	Texoma Community Center	Low-income/Medicaid patients needing treatment for substance abuse who lack state-mandated target diagnosis of severe and persistent mental illness. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below federal poverty level.	Enhance substance abuse treatment availability, and increase the number of substance abuse providers in Grayson County. A stand-alone treatment center will be initiated and a SAMHSA-based LCDC internship program will increase the provider pool.	\$295,756	\$ 39,514
18	084434201.1.3	1.12.2	Texoma Community Center	Medicaid/ low-income patients needing therapeutic intervention in the form of counseling who do not have a DSHS state-mandated target diagnosis of schizophrenia, bipolar disorder or major depressive disorder. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below federal poverty level.	Provide evidence-based counseling treatment to individuals with PTSD, depression, personality disorders and other emotional disturbances who do not meet the criteria for DSHS-funded services.	\$470,370	\$ 62,844
18	084434201.1.1	1.11.2	Texoma Community Center	Uninsured, under-insured, or Medicaid residents who need psychiatric appointments, psychosocial rehabilitation, skills training, case management, education training and support, biopsychosocial assessments, counseling and crisis intervention. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below federal poverty level.	Implement new and expanded behavioral health telemedicine services and electronic health records.	\$353,840	\$ 47,277
18	084434201.2.3	2.3.1	Texoma Community Center	Patients who have co-occurring psychiatric and physical health illnesses, especially chronic physical problems such as diabetes, heart problems, high blood pressure, etc. along with severe and persistent mental illness. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below FPL.	Expand/enhance the integration of mental and primary health care by increasing efficiency and redesigning how the primary care clinic program is accessed. Includes quality improvement of patient-centered scheduling and other focused solutions to barriers to access and patient satisfaction, and expanding from a ½ day of blended service to a full 5-day, full access model for both primary and psychiatric care services.	\$3,752,026	\$ 501,301
18	084434201.1.4	1.10.3	Texoma Community Center	Existing and potentially new patients with mental illness, emotional disturbance, and substance abuse issues. Target pop: < 1% private insurance; 38-40% Medicaid; 81-88% at or below federal poverty level.	Implement process improvement methodologies to improve safety, quality, and efficiency.	\$143,249	\$ 19,139
19	127373205.2.1	2.18.1	Helen Farabee Center	Medicaid and Uninsured Target population: The Center serves primarily indigent clients and roughly 30% of them have Medicaid .	This project will expand the Peer Provider staffing to better meet the needs of the patient population in Wichita, Montague, Young, Hardeman, Wilbarger, Foard, Baylor, Archer, Clay, Jack, and Throckmorton counties.	\$1,940,914	\$ 259,084
19	127373205.1.3	1.13.1	Helen Farabee Center	Intellectually and Developmentally Disabled (IDD) population who have Medicaid or are indigent and who experience behavioral health issues, have a co-occurring mental health condition, and/or are at risk for being placed in jail or an inpatient psychiatric facility/Adults/Children who meet service eligibility requirements per our contract with the Department of Aging and Disability Services (DADS). 30% Medicaid	The goal of the project is to create a crisis respite unit to serve the Intellectual & Developmental Disability population throughout the Center's service region.	\$2,941,950	\$ 393,626
19	127373205.1.1	1.12.2	Helen Farabee Center	Adults/Children with a single substance-abuse or dependence diagnoses who do not meet Co-Occurring Psychiatric and Substance Abuse Disorder (COPSD) service eligibility requirements per our contract with the Department of State Health Services. 30% Medicaid	This project involves hiring three licensed substance abuse counselors who will provide substance abuse services in the Wichita, Montague, Young, Hardeman, Wilbarger, Foard, Baylor, Archer, Clay, Jack, and Throckmorton county region.	\$2,535,404	\$ 344,506
19	127373205.1.2	1.9.2	Helen Farabee Center	The target population for this project is Adults/Children who meet diagnostic service eligibility requirements per our contract with the Department of State Health Services (Adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). 30% Medicaid	This project expands the hours for psychiatric evaluation by expanding our current contract for telemedicine services. The expanded hours will provide for open-access (on-demand) routine psychiatric evaluations for individuals determined eligible to receive services under the Texas Recovery and Resiliency model.	\$2,209,380	\$ 288,874
19	084434201.2.1	2.19.1	Texoma Community Center	Individuals with co-occurring disorders who are not receiving routine primary care, not receiving specialty care, over-utilizing ER services, over-utilizing crisis response services, or becoming involved with the criminal justice system due to uncontrolled/unmanaged symptoms. There are about 850 adult mental health patients served by TCC staff each month, and 527 (62%) need integrated primary and behavioral health services. Of these 527, 38% have Medicaid.	The project will implement a new initiative for TCC by incorporating a primary health care provider into the TCC behavioral health system to create a "medical home" for the most "at risk" patients with mental illness and co-occurring chronic physical diseases, and who also have no primary care physician. The intervention will be at ½ day per week or approximately 12 patients to start.	\$367,694	\$ 49,125
19	084434201.2.2	2.13.1	Texoma Community Center	Medicaid eligible and indigent individuals with mental illness, challenging functional impairments and significant community needs in Cooke County. 38-40% Medicaid	The goals of this project are to develop and provide a comprehensive treatment modality that includes twelve different community-based intervention options to substantially stabilize the mentally ill, functionally impaired and homeless individuals in Cooke County in order to reduce unnecessary use of emergency departments, physical and psychiatric hospitals and the criminal justice system.	\$705,787	\$ 94,211
19	084434201.1.2	1.12.2	Texoma Community Center	Patients needing intensive substance abuse treatment, along with access to all other TCC services. 38-40% Medicaid	This project will enhance behavioral health service availability, specifically substance abuse (SA) treatment services, and increase the number of substance abuse providers in Cooke County. A stand-alone (SA) treatment center will be initiated and a SAMHSA-based LCDC internship program will increase the provider pool.	\$246,449	\$ 32,928
19	084434201.1.3	1.12.2	Texoma Community Center	patients who need therapeutic intervention in the form of counseling, specifically for Medicaid and/or low income patients. 38-40% Medicaid	This project will enhance behavioral health service availability, specifically evidence-based counseling treatment. TCC intends to provide prompt, evidenced-based, clinically appropriate counseling to a broader patient base of individuals needing treatment for Post-Traumatic Stress Disorder, depression, personality disorders and other emotional disturbances.	\$391,951	\$ 52,366
19	084434201.1.1	1.11.2	Texoma Community Center	Nearly all Texoma Community Center patients receiving behavioral health services. 38% of current TCC patients receive Medicaid and 99%+ are low-income or indigent.	This project implements both new and expanded telemedicine services and electronic health records for all patients in Cooke County.	\$294,813	\$ 39,393
19	084434201.1.4	1.10.3	Texoma Community Center	All patient population in the rural counties (Cooke, Grayson and Fannin) . 38-40% Medicaid	The interventions will expand the patient population and services by increasing efficiencies and solving key challenges through focused and frequent (weekly) evaluation of intervention barriers and progress in service areas, and through focused attention on special populations for further treatment expansion.	\$119,367	\$ 15,947
20	121989102.2.1	2.15.1	Border Region Behavioral Health Center	Behavioral health clients with co-morbid physical health conditions; 40% Medicaid (uninsured not specified, but likely a sign. % too)	Develop and implement an integrated Behavioral Health and Primary Care pilot, targeting at-risk populations with co-morbid diseases of mental illness and chronic disease who currently go untreated, or under treated, and who routinely access more intensive and costly services such as emergency departments or jails.	\$5,935,165	\$ 713,594

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20	121989102.2.2	2.13.1	Border Region Behavioral Health Center	Individuals with behavioral health needs including current clientele and non-clients at risk of requiring inpatient treatment or criminal justice involvement; 50% Medicaid, 50% indigent	Identify, implement, and evaluate new crisis prevention approaches to ensure that more behavioral health patients remain in the community rather than in EDs, hospitals, or the justice system.	\$3,696,763	\$ 469,508
20	121989102.1.2	1.14.1	Border Region Behavioral Health Center	Adults and children in crisis or at risk of crisis and clients with co-morbid physical symptoms; 63% Medicaid	Expand and provide services directly to clients by procuring licensed personnel, including psychiatrists, nurses, LPCs and Care Coordinators. Staff may be hired directly or acquired through contract and will promote access to behavioral health services through the implementation of telemedicine services, integrated primary and behavioral health services, and crisis management and prevention.	\$5,469,663	\$ 657,626
20	121989102.1.3	1.13.1	Border Region Behavioral Health Center	Patients in crisis in need of behavioral health services; 50% Medicaid, 50% indigent	Implement a crisis management strategy to help reduce inpatient hospitalizations -- plan includes gap analysis, developing an action plan, hiring and training crisis managers.	\$2,464,507	\$ 313,005
20	121989102.1.1	1.11.2	Border Region Behavioral Health Center	All clients in Webb, Jim Hogg and Zapata counties; 50% Medicaid, remaining indigent	Purchase telemedicine hardware and maintenance services to expand this service to all counties served by provider	\$232,751	\$ 27,984
20	121990904.2.1	2.15.1	Camino Real Community Services	Patients in Maverick County who receive psychiatric services and also have chronic health conditions. The project will serve the indigent and Medicaid population.	Integrate psychiatric and primary health care services	\$2,378,695	\$ 325,562
20	121990904.1.1	1.13.1	Camino Real Community Services	All aged individuals experiencing psychiatric crisis requiring crisis stabilization services; 60% Medicaid, 40% indigent	Establish Crisis Stabilization Services in the service area and provide a minimum of a 10-bed Crisis Residential Facility.	\$6,909,549	\$ 949,991