**Attachment G – DPP BHS Preprint Question 43.**

**43. Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.**

This new DPP continues to support the state's transition to the CCBHC model of care. This model promotes optimal health for Texans because of the comprehensive range of evidence-based mental health and substance use disorder services, an emphasis on the provision of 24-hour crisis care, care coordination with local primary care and hospital providers, and integration with physical health care. This model also drives improvement in coordination, supporting providers to participate in team-based, collaborative, and coordinated care.

In Component 1, DPP BHS promotes progress made toward certification or maintenance of CCBHC status and implementation of activities foundational to quality improvements, such as telehealth services, collaborative care, integration of physical and behavioral health, and improved data exchange. The structure measures selected for inclusion in the program reflect key activities identified through best practices in the Delivery System Reform Incentive Payment (DSRIP) Program. These practices, especially the drive to enhance coordination of care with integration of physical and behavioral health and participation in health information exchanges, help ensure the provision of care in the right place, at the right time.

In Component 2, DPP BHS promotes effective practices for people with chronic, complex, and serious conditions. This CCBHC model also drives improvement in coordination, supporting providers to participate in team-based, collaborative, and coordinated care.

A provider must submit responses to qualitative reporting questions that summarize a provider's progress towards implementing a structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation. For outcome and process measures, a provider must submit numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions that summarize a provider's improvement efforts tied to a measure. Payments are not tied to reporting or demonstrating the achievement of the measures. Measures will be used to track provider progress and for program evaluation purposes. The process, outcome, and structure measures that will be used to evaluate the DPP BHS program and advance the goals and objectives identified in Table 7 are included in the "DPP Evaluation Plan."