



Healthy Community Collaborative Report

**As Required By
The 2014-2015 General Appropriations Act,
SB 1, 83rd Legislature, 2013
(Article II, Department of State Health Services, Rider 90)**



**Department of State Health Services
December 2014**

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Executive Summary

Senate Bill (S.B.) 58 (83rd Legislature, Regular Session, 2013) requires the Department of State Health Services (DSHS) to create a grant program to establish or expand community collaboratives that provide services to individuals experiencing issues related to mental health and homelessness. [The 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, 2013, \(Article II, DSHS, Rider 90\)](#) appropriated \$25 million to award a maximum of five grants in municipalities located in counties with a population of over one million (Dallas, Fort Worth, Austin, San Antonio, and Houston). Projects require a dollar for dollar match from private community sources (a source other than a federal, state, or local government entity).

Five entities were awarded funds over two years: Haven for Hope (San Antonio) \$3,577,498, City of Dallas \$5,177,000, Coalition for the Homeless (Houston) \$6,959,967, Tarrant County MHMR (Fort Worth) \$4,388,822, and Austin Travis County Integral Care \$3,484,345. All contracts have been executed. Each entity has taken steps to implement the Health Community Collaborative program based on locally specific plans including hiring and training staff, enrolling clients, and developing housing resources.

At this point, expenditures are low; however, this program had to ramp up for Fiscal Year 2014. Grant funds to the five communities are available for two years. It is anticipated that the contractors will fully expend their funds by the end of Fiscal Year 2015.

Introduction

The 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, 2013 (Article II, Department of State Health Services, Rider 90) specifies that DSHS shall allocate up to \$25,000,000 in General Revenue over the biennium to fund grants to serve persons experiencing homelessness and mental illness in a maximum of the five most populous urban municipalities located in counties with a population over one million that: a) promote collaboration based on locally identified priorities; b) leverage funding in an amount at least equal to the grant awarded; c) identify definable outcome measures that may include but are not limited to addressing homelessness, criminal recidivism, emergency room utilization, substance abuse, employment rates, and local economic benefit.

Funds appropriated for community collaboratives should evidence significant coordination and collaboration between local mental health authorities, municipalities, and other community stakeholders. It is the stated intent of the Legislature that the collaborative be self-sustaining after seven years. Grants may be awarded to new and existing collaboratives and special consideration shall be given to new collaboratives.

If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then DSHS shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.

Any unexpended balances of these funds from fiscal year 2014 are appropriated to DSHS for the same purposes in fiscal year 2015. DSHS shall use funds for these purposes to the extent allowed by state law. DSHS shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 2014.

Section 2, S.B. 58, 83rd Legislature, Regular Session, 2013 outlines specific provisions related to implementing the Community Collaboratives program. S.B. 58 addresses the use of grants to establish and expand community collaboratives, acceptable uses of grant money, elements of community collaboratives, outcome measures for the community collaborative, annual review of outcome measures, and reduction and cessation of funding.

Background

As a result of Rider 90 and S.B. 58, the Healthy Community Collaboratives (HCC) program was implemented at DSHS. Based on the provisions outlined in the legislation, there were five municipalities that were eligible to apply for grants: Austin, Dallas, Fort Worth, Houston, and San Antonio. An entity in each of the eligible municipalities was awarded funds over two years: Haven for Hope (San Antonio) \$3,577,498, City of Dallas \$5,177,000, Coalition for the Homeless (Houston) \$6,959,967, Tarrant County MHMR (Forth Worth) \$4,338,822, and Austin Travis County Integral Care (ATCIC) \$3,483,345. Because each award requires a private cash match, the total funding for the project is \$47,486,052. DSHS has contracted with the University of Texas School of Social Work to perform a third party evaluation.

Awardees use money received from DSHS and private funding sources for HCC for the establishment or expansion of a community collaborative, provided that the collaborative must be self-sustaining within seven years. Recovery and reintegration into the community served by

the program is the overarching goal of participants in the collaborative program. The program will engage and assist participants to:

- Secure housing;
- Obtain work;
- Build/re-build supportive relationships; and
- Achieve ongoing recovery from their medical, mental, and substance use disorders.

The program will actively help people improve their existing relationships with family and build their network of recovery support through involvement with 12 step programs, work, community organizations, and faith-based groups. The participants will engage in treatment to foster an active and positive role in their community. Correspondingly, the community itself will be enriched and renewed through the effective collaboration of multiple public and private community partners invested in addressing the root causes of homelessness.

The local community collaborative identifies and addresses current gaps in service and/or unmet needs for those individuals who experience homelessness and mental illness in their community, and identify effective solutions to those barriers.

Each of the five entities chose outcome measures to report on a quarterly basis to measure the success of HCC. The measures are as follows:

- Persons served by the collaborative will find employment that results in those persons having incomes that are at or above 100 percent of the federal poverty level.
- Persons served by the collaborative will find permanent housing.
- Persons served by the collaborative will complete alcohol or substance abuse programs.
- The collaborative will help start micro businesses that train participants in entrepreneurship and developing marketable trades and work skills in the community or engage in job creation, job training, or other workforce development activities.
- There will be a reduction in the use of jail beds by persons served by the collaborative.
- There will be a decrease in the need for emergency care by persons served by the collaborative.
- There will be a decrease in the number of children whose families lack adequate housing referred to the Department of Family and Protective Services or a local entity responsible for child welfare.
- Other outcome measures that will measure whether a collaborative is meeting a specific need of the community and is approved by DSHS

Progress

As a result of S.B. 58 and Rider 90, progress has been made in all eligible municipalities to establish or expand a community collaborative to provide services to those who have mental illness and are experiencing homelessness.

Haven for Hope San Antonio has enrolled 100 clients into the HCC program as of November 2014. Staff have been hired and trained to support the needs of the HCC program. Haven for

Hope San Antonio has expended \$366,950 in DSHS funding toward hiring staff, training staff, general office operations, and housing services.

MHMR of Tarrant County has enrolled 44 clients into the HCC program to date. They have also hired and trained staff for the purposes of the HCC program. MHMR Tarrant County has expended \$200,000 in DSHS funding toward housing clients.

The City of Dallas is developing processes and infrastructure for the HCC program. Staff have been hired and are in the process of being trained for HCC purposes. Invoices from the City of Dallas are pending review to utilize DSHS funding.

Coalition for the Homeless (Houston) is in the final stages of land acquisition for the construction of housing that will support homeless individuals to include HCC clients. Coalition for the Homeless is also in the beginning stages of renovating a building that will provide integrated health care to the homeless population to include HCC clients. The Coalition for the Homeless has not yet expended DSHS funding.

ATCIC has hired and trained staff for the purposes of HCC. ATCIC is also in the beginning stages of construction for a 50 unit building to house HCC clients. Invoices from the ATCIC are pending review to utilize DSHS funding.

UT School of Social Work has completed each site visit and has furnished draft initial site visit reports. UT School of Social Work has billed \$8,075 in DSHS funding for the site visit evaluation, thus far.

Conclusion

The Healthy Community Collaborative program has been executed at each of the five sites. Staffing patterns have been implemented, clients are enrolled, and funds are being expended for the purposes of ending chronic homelessness.

At this point, expenditures are low; however, this program had to ramp up for Fiscal Year 2014. Grant funds to the five communities are available for two years. It is anticipated that the contractors will fully expend their funds by the end of Fiscal Year 2015.