

Behavioral Health Collaborative Matching Grant Program

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TEXAS
Health and Human
Services

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Introduction

The Texas Legislature authorized the creation of four behavioral health matching grant programs to support communities in providing mental health and/or behavioral health services and to meet the needs of specific populations. The grant programs are administered by the Health and Human Services Commission's (HHSC) Intellectual and Developmental Disability and Behavioral Health Services (IDD-BHS) department, and include the following programs:

- Healthy Community Collaboratives;
- Texas Veterans + Family Alliance;
- Mental Health Grant for Justice-Involved Individuals; and
- Community Mental Health Grant.

The primer serves as a resource document designed to inform on key aspects of the matching grant programs. An overview of each grant program is provided, including authorizing legislation, matching requirements, funding, service outcomes and a detailed listing of current grantees.

Background

Grant Application and Award Process

HHSC publishes public notifications of matching grant funding opportunities through a Request for Applications (RFA) document. The RFA document describes the grant program and contains key application information such as program guidelines, application due dates, matching requirements, eligibility criteria and other principal grant requirements. RFAs are posted on the [HHS Grant Opportunities](#) website.

As an alternative to an RFA, a Needs and Capacity Assessments (NCAs) may also be used to award grant funding in certain situations for a specified purpose. The NCA process invites certain eligible entities to submit an application.

Matching Requirements of Grant Funds

A primary principle of the matching grant funds is to support, but not fully fund the provision of behavioral health services, since it is the expectation that organizations have already assessed the behavioral health needs of the communities they serve and have gained a reasonable amount of community and donor support. Therefore, each grant program requires grantees to contribute toward their project through matching funds, which cannot include federal, state, or local government (county or city) funds. Matching requirements vary by program, and may include:

- Cash provided through funds provided from the applicant and/or applicant's stakeholder network;
- In-kind contributions of goods or services committed for the grant project;
- Donated resources; and
- Volunteer time to accomplish grant project activities.

Matching fund requirements for grant programs located in a county with a population of less than 100,000 were amended by House Bill (H.B.) 3088, 87th Legislature, Regular Session, 2021. H.B. 3088 requires grantees awarded funds in these counties as of September 1, 2021 to leverage funds equal to 25 percent of the grant amount. For the Healthy Community Collaboratives grant program, H.B. 3088 also amended the statute to allow match from private contributors and local

governments, an existing provision already allowable for grantees of the other matching grant programs.

Matching Grants Performance Measures

In 2019, HHSC brought together key stakeholders to develop standardized outcome measures for the four-behavioral health matching grant programs. Standardized performance measures allow for program assessment and closely tie grant programs to IDD-BHS's broader statewide behavioral health service goals. This framework enhances the agency's data collection and analysis processes, allowing IDD-BHS to reflect the effectiveness of the behavioral health matching grants established by the Legislature's investment in funding behavioral health services. The new standardized performance measures will be rolled out over the 2021-2022 biennium.

The matching grant program report cards show a snapshot of highlighted achievements reported by grantees during fiscal year 2020. These report cards do not reflect the new performance measures developed in fiscal year 2021.

1. Healthy Community Collaboratives

Program Description

The goal of the Healthy Community Collaboratives (HCC) grant program is to build communities and collaboratives that bring together the public and private sector to support the ongoing recovery and housing stability of persons experiencing homelessness or are at imminent risk of homelessness, with unmet behavioral health needs.

Authorizing Legislation	Statute	Eligible Grantee Types	Administered By	FY 2020-21 Funding
Senate Bill (S.B.) 58, 83rd Legislature, Regular Session, 2013	Government Code, Chapter 539	Governmental entities, local mental health and local behavioral health authorities (LMHA/LBHAs), nonprofit organizations (NPOs), universities	IDD-BS Adult Mental Health Services Unit	\$25 Million

Specifically, HCC grant funding is intended to:

- Provide services to address homelessness such as coordinated intake, basic needs support, behavioral health services, housing services;
- Develop and maintain community partnerships to leverage resources and coordinate and case management service delivery; and
- Develop strategies that build community infrastructure for collaboration such as centralized staffing and resources, shared planning and measurement strategies, and centralized client data systems.

In 2013, the initial program directed by S.B. 58, awarded grant funds to organizations in the five most populous cities: Austin, Dallas, Fort Worth, Houston, and San Antonio. Subsequently in 2017, S.B. 1849 required HHSC to expand HCC

into less densely populated areas of the state by requiring preference be given to community collaboratives serving two or more counties, each with a population of less than 100,000.

Matching Requirements

Initially, S.B. 58 required all HCC grantees to leverage cash from private sources in an amount equal to 100 percent of the grant award (dollar for dollar). However, H.B. 4468, 86th Legislature, Regular Session, 2019, reduced the matching requirement for HHC grantees serving counties with populations of 250,000 or less. In 2021, H.B. 3088 amended the grants' required matching source of leveraged funds or in-kind contributions to include private contributors and local governments. Changes related to H.B. 3088 are applicable to grantees receiving awards after September 1, 2021. Matching requirements for current HCC grantees are as follows:

- Grantees serving counties with populations of less than 250,000 must raise cash from private sources in an amount equal to 25 percent of the amount awarded;
- Grantees serving counties with populations of 250,000 or more must leverage cash and/or in-kind contributions from private sources in an amount equal to the grant award; and
- Grantees may not leverage additional funding or in-kind contributions from state or federal funds.

Services Funded

HCC funding is used to support activities that address homelessness such as:

- Coordinated Assessments
- Emergency Shelter
- Shelter Diversion
- Criminal Justice Services
- Mental Health Crisis Services
- Integrated Medical Services
- Housing Case Management
- Rental Assistance
- Minor Home Renovation
- Education
- Job Training
- Employment Services
- Peer Services
- Family Services
- Clothing, Grooming Services and Hygiene Products

Additionally, HCC funds may be directed towards supporting community partnerships to:

- Leverage resources;
- Coordinate service delivery; and
- Address policy and social inequities.

Expected Outcomes

After receiving grant-supported services, expected outcomes for participants of the HCC program include:

- Acute symptom improvement
- Increased quality of life
- Increased employment and/or employment skills
- Increased social supports
- Increased housing stability
- Decreased hospital admission
- Decreased justice involvement
- Reduced Emergency Room Use
- Reduction in a return to homelessness

Statewide Behavioral Health Strategic Plan Goals and Objectives

The HCC program strives to address gaps in the behavioral health service system through programming that aligns with the following [Statewide Behavioral Health Strategic Plan](#) goals, objectives, and strategies.

- **Goal 1: Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.**
 - Objective 1.1: Increase statewide service coordination for special populations.
 - ◇ Strategy 1.1.1: Address the service needs of high-risk individuals and families by promoting community collaborative approaches.
 - ◇ Strategy 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems through the coordinated use of substance use and mental health assessments.

- **Goal 2: Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.**
 - ▶ Objective 2.3: Ensure prompt access to coordinated, quality behavioral health services.
 - ◇ Strategy 2.3.1: Identify strategies to improve and strengthen access to behavioral health programs and services to engage and serve individuals in remote areas, such as transportation needs.
 - ◇ Strategy 2.3.2: Implement strategies to improve service access and continuity of care, including outpatient and inpatient, substance use treatment, and crisis services.
 - ◇ Strategy 2.3.3: Evaluate the effectiveness of identified access improvement strategies.
 - ▶ Objective 2.5: Address current behavioral health service gaps and needs across program and service agencies.
 - ◇ Strategy 2.5.3: Develop a coordinated approach to address the housing and employment needs of individuals with behavioral health issues.
- **Goal 4: Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.**
 - ▶ Objective 4.2: Reduce utilization of high cost alternatives, such as institutional care, criminal and juvenile justice incarceration, inpatient stays, emergency room visits, and foster care.
 - ◇ Strategy 4.2.2: Improve access to lower and flexible intensity service alternatives, e.g. crisis stabilization, crisis respite, intensive community treatment, and assisted living.

Fiscal Years 2020 and 2021 Overview

- **2020-21 Biennium Appropriation:** \$25 million
- **Fiscal Years 2020 and 2021 Grant Projects:** 5
- **Service Area Summary:** 5 Urban Counties
- **Grantee Projects:** Coordinated assessments, onsite shelter, transformational services and community housing support for individuals experiencing homelessness.

Table 1. HCC Grantees for FY 2020 and 2021

FY20 and FY21 Grantees	Counties Served
City of Dallas	Dallas
Harris Center	Harris
Haven for Hope	Bexar
Integral Care	Travis
Tarrant County	Tarrant

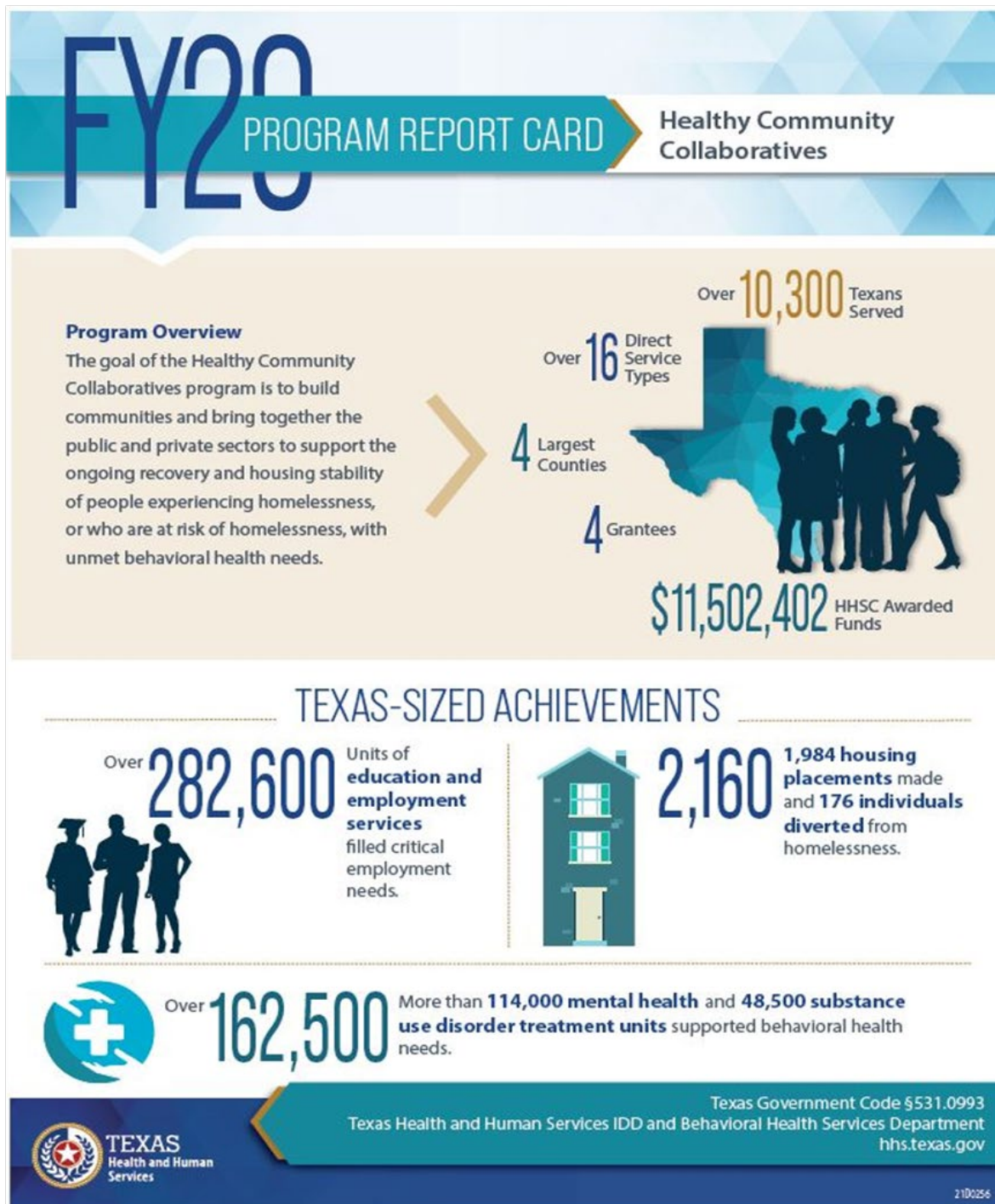
Fiscal Year 2020 Grantee Performance Highlights

Table 2. HCC Grantee Highlights for FY20

Grantee	Service Highlights
City of Dallas	Served 1,002 individuals; conducted 18,491 coordinated assessments; and housed 235 individuals.
Haven for Hope	Served 4,167 individuals in FY20; conducted 2,727 coordinated assessments; and housed 935 individuals.
Integral Care (Austin Travis County MHMR Center)	Served 4,650 individuals; conducted 1,673 coordinated assessments; housed 489 individuals; and diverted 172 individuals from homelessness.
Tarrant County	Served 489 individuals; conducted 640 coordinated assessments; and housed 235 individuals.

Healthy Community Collaboratives Report Card

Figure 1. Healthy Community Collaboratives FY20 Program Report Card



2. Texas Veterans + Family Alliance Grant Program

Program Description

The Texas Veterans + Family Alliance (TV+FA) grant program was created to improve the quality of life of Texas veterans and their families by supporting local communities across the state to expand availability and increase access to mental health treatment and services. Funds are intended to augment the work of the United States Department of Veterans Affairs and to be a catalyst for communities to develop and support sustainable partnerships, collaborative relationships, and coordinated service delivery systems that continue to operate after the life of a grant project.

Authorizing Legislation	Statute	Eligible Grantee Types	Administered By	FY 2020-21 Funding
S.B. 55, 84th Legislature, Regular Session, 2015 S.B. 822, 86th Legislature, Regular Session, 2019	Government Code, Chapter 531, §531.0992	Governmental Entities, LMHA/LBHAs, NPOs, Universities	IDD-BHS Office of Mental Health Coordination	\$20 Million

Specifically, TV+FA grant funding is used to:

- Expand the availability of clinical mental health services for veterans and their families;
- Increase access of clinical mental health services in innovative ways;
- Enhance mental health service delivery by changing systems through innovative approaches; and
- Facilitate community partnerships to leverage resources and coordinate and case manage service delivery.

Matching Requirements

S.B. 55 initially required grantees to match state grant awards on at least a dollar-for-dollar basis through cash or in-kind goods, services, and resources, demonstrating commitment to addressing mental health needs of veterans and family members such as posttraumatic stress and depression.

S.B. 822 reduced the matching requirement for TV+FA grantees serving counties with populations of 250,000 or less. Matching requirements for current TV+FA grantees are as follows:

- 50 percent of the requested grant amount if the project includes a county with a population of less than 250,000; or
- 100 percent of the requested grant amount if the project includes a county with a population of 250,000 or more; and
- The percentage of the grant amount required for the largest county included in the project, if the project includes more than one county.

Matching fund requirements for programs located in a county with a population of less than 100,000 were amended by H.B. 3088, 87th Legislature, Regular Session, 2021. H. B. 3088 requires newly awarded grantees in these counties to leverage funds equal to 25 percent of the grant amount. This provision will apply to grants awarded after September 1, 2021.

Services Funded

The TV+FA Grant Program primarily supports the evidence-based behavioral health therapies and treatments following types of services:

- Evidence-based therapies and treatment;
- Individual, group, and family and couples peer support services;
- Individual and family counseling; and
- Suicide prevention initiatives.

The program also supports secondary services that are directly related to a veteran or family member accessing evidence-based behavioral health services, including but not limited to:

- Childcare;
- Transportation;

- Navigation services;
- Military informed care training;
- Coordinated referrals;
- Shared data systems; and
- Coordinated case management.

Expected Outcomes

After receiving grant-supported services, expected outcomes for participants include:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Decreased justice involvement • Increased employment and employment skills • Increased housing stability • Increased benefits assistance • Increased financial stability • Increased social support • Increased mental health screenings and assessments | <ul style="list-style-type: none"> • Increased transportation assistance • Increased legal services referrals • Increased therapy and counseling • Increased education and skills • Increased community resources |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Statewide Behavioral Health Strategic Plan Goals and Objectives

TV+FA seeks to address gaps in the behavioral health service system through programming that aligns with the following [Statewide Behavioral Health Strategic Plan](#) goals, objectives, and strategies.

- **Goal 1: Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.**
 - Objective 1.1: Increase statewide service coordination for special populations.
 - ◊ Strategy 1.1.1: Address the service needs of high-risk individuals and families by promoting community collaborative approaches.
 - Objective 1.2: Reduce duplication of effort and maximize resources through program and service coordination among state agencies.
 - ◊ Strategy 1.2.1: Identify and address opportunities for coordination and collaboration across state agencies.

- ◇ Strategy 1.2.2: Implement improved program and service coordination and integrated program and service strategies to reduce duplication of effort and maximize resources.
- **Goal 2: Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.**
 - ▶ Objective 2.1: Expand the use of best, promising and evidence-based behavioral health practices across service agencies.
 - ◇ Strategy 2.1.1: Continually identify, disseminate and coordinate use of best, promising and evidence-based behavioral health practices.
 - ▶ Objective 2.3: Ensure prompt access to coordinated, quality behavioral health services.
 - ◇ Strategy 2.3.1: Identify strategies to improve and strengthen access to behavioral health programs and services to engage and serve individuals in remote areas, such as transportation needs.
 - ◇ Strategy 2.3.2: Implement strategies to improve service access and continuity of care, including outpatient and inpatient, substance use treatment, and crisis services.
 - ▶ Objective 2.5: Address current behavioral health service gaps and needs across program and service agencies.
 - ◇ Strategy 2.5.2: Develop and implement programs and services to address identified gaps to include integrated approaches for special populations.
- **Goal 5: Compare statewide data across state agencies on results and effectiveness.**
 - ▶ Objective 5.1: Develop an interim means of cross-agency comparison of performance data.
 - ◇ Strategy 5.1.1: Identify existing common or similar metrics to evaluate effectiveness of programs and services across targeted agencies.

Fiscal Years 2020 and 2021 Overview

- **2020-21 Biennium Appropriation:** \$20 million
- **Fiscal Years 2020 and 2021 Grant Projects:** 16
- **Service Areas:** 82 Urban Counties, 172 Rural counties

Table 3. TV+FA Grantees for FY 2020 and 2021

FY20 and 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
American GI Forum National Veterans Outreach Program	Expands availability of services and remove barriers for Texas veterans and their families, focusing on clients living in homeless, in extremely low-income, recently separated from service.	Atascosa, Bexar, Comal, Guadalupe, Medina, Wilson
Baylor Scott & White Research Institute	Hosts Peer Support Trainings (PST) for Baylor staff who are veterans and veteran family members. Will oversee graduate trainees who will provide telehealth therapy under this project and will provide referrals to services outside of project.	Bastrop, Bell, Blanco, Bosque, Burnet, Collin, Coryell, Dallas, Denton, Ellis, Falls, Freestone, Hamilton, Hays, Hill, Johnson, Lampasas, Lee, Limestone, Llano, McLennan, Milam, Mills, Navarro, Rockwall, San Saba, Tarrant, Travis, Williamson
Camp Cowboy	Aids veterans and their family members through equine-assisted therapy.	Bell
Dallas County MHMR Metrocare Services	Provides individual, couples and family mental health services, to include anger management and justice-involved veteran groups.	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise

FY20 and 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
Easter Seals Greater Houston	Provides community training on: suicide and abuse identification and prevention; issues related to services dogs; and general disability related legal rights for veterans and family members.	Brazos, Burleson, Fort Bend, Grimes, Harris, Leon, Liberty, Montgomery, Robertson, Waller, Washington
Ecumenical Center for Religion and Health	Provides care through direct face-to-face counseling services, peer support services and through tele-counseling. Project provides referrals for incarcerated veterans and their families, evaluation services, and equine therapy.	Atascosa, Bandera, Bee, Bexar, Cameron, Comal, Duval, Frio, Gillespie, Gonzales, Guadalupe, Hidalgo, Jim Hogg, Karnes, Kendall, Kerr, Kleberg, Medina, Nueces, San Patricio, Wilson
Emergence Health Network	Sustain and expand services through all-inclusive “one-stop” access to multiple services offered at one location. Emergency Health Network provides mental health services 24/7.	El Paso

FY20 and 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
Family Endeavors – El Paso	Provides increased access and timely care to reduce the suicide rate, provide quality mental health care, and fills gaps in services for veterans and family members.	Andrews, Angelina, Armstrong, Bailey, Borden, Brewster, Briscoe, Carson, Castro, Childress, Cochran, Coke, Collingsworth, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dawson, Deaf Smith, Dickens, Donley, Ector, El Paso, Fisher, Floyd, Foard, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hardeman, Hardin, Hartley, Haskell, Hemphill, Hockley, Houston, Howard, Hudspeth, Hutchinson, Jasper, Jeff Davis, Jefferson, Kent, King, Knox, Lamb, Lipscomb, Loving, Lubbock, Lynn, Martin, Midland, Mitchell, Moore, Motley, Nacogdoches, Newton, Nolan, Ochiltree, Oldham, Orange, Parmer, Pecos, Polk, Potter, Presidio, Randall, Reagan, Roberts, Sabine, San Augustine, San Jacinto, Scurry, Shelby, Sherman, Sterling, Stonewall, Swisher, Taylor, Terrell, Terry, Trinity, Tyler, Upton, Ward, Wheeler, Winkler, Yoakum
Family Endeavors –Killeen	Provides increased access and timely care to reduce the suicide rate, provides quality mental health care, and fills gaps in services for veterans and family members.	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Galveston, Grimes, Hamilton, Harris, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson

FY20 and 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
Family Endeavors –San Antonio	Provides increased access and timely care to reduce the suicide rate, provides quality mental health care, and fills gaps in services for veterans and family members.	Atascosa, Bandera, Bee, Bexar, Blanco, Brooks, Caldwell, Calhoun, Cameron, Comal, Concho, DeWitt, Dimmitt, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Irion, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Llano, Mason, Maverick, McCulloch, McMullen, Medina, Menard, Nueces, Real, Refugio, San Patricio, San Saba, Schleicher, Sutton, Tom Green, Uvalde, Val Verde, Victoria, Webb, Willacy, Wilson, Zapata, Zavala
Heart of Texas Regional MHMR Center	Provides licensed mental health counselors to address the needs of the veteran and provides support to family members with a focus on suicide prevention.	Falls, Hill, Limestone, McLennan
Recovery Resource Council	Improves the quality of life for veterans and their family members in North Texas by addressing unmet service needs of veterans and their family members, including residents of remote areas of Region 3, as well as engaging veteran service providers in the formation of a sustainable collaborative.	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise

FY20 and 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
StarCare Specialty Health System	Expands efforts to find veterans who are not justice involved. Assures veterans maintain stability and evaluate new veteran's needs. Expands initiation of mediation services for veterans. Fills the information gap in veteran treatment and diversions options to the newly forming Veteran's Court in Lubbock. The program fast-tracks stalled veteran and family transitions into treatment, provides rural transportation services, and provides support through wrap around services.	Bailey, Borden, Castro, Cochran, Crosby, Dawson, Dickens, Dimmit, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Parmer, Potter, Randall, Swisher, Terry, Yoakum
Tropical Texas Behavioral Health	Improves access to the unique mental health services and support veterans and families residing in cities in a greater region of the Rio Grande Valley by addressing reliable transportation, a key barrier to services. Services provided include evidence-based therapeutic modalities and curricula, and quarterly weekend mental health retreats.	Cameron, Hidalgo, Willacy
University of Texas at Austin	Provides peer support groups for veteran spouses and active military throughout Texas and develop transition support programming for spouses and couples (as determined by each program participant) transitioning from military to civilian life.	All 254 Texas counties

FY20 and 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
West Texas Counseling and Guidance	Evidence-based psychotherapy, suicide prevention, outreach, case management, peer support, and substance use disorder (SUD) treatment.	Coke, Concho, Crockett, Edwards, Irion, Kimble, Kinney, Mason, Maverick, McCulloch, Menard, Reagan, Runnels, Schleicher, Sterling, Sutton, Terrell, Tom Green, Val Verde

Fiscal Year 2020 Grantee Performance Highlights

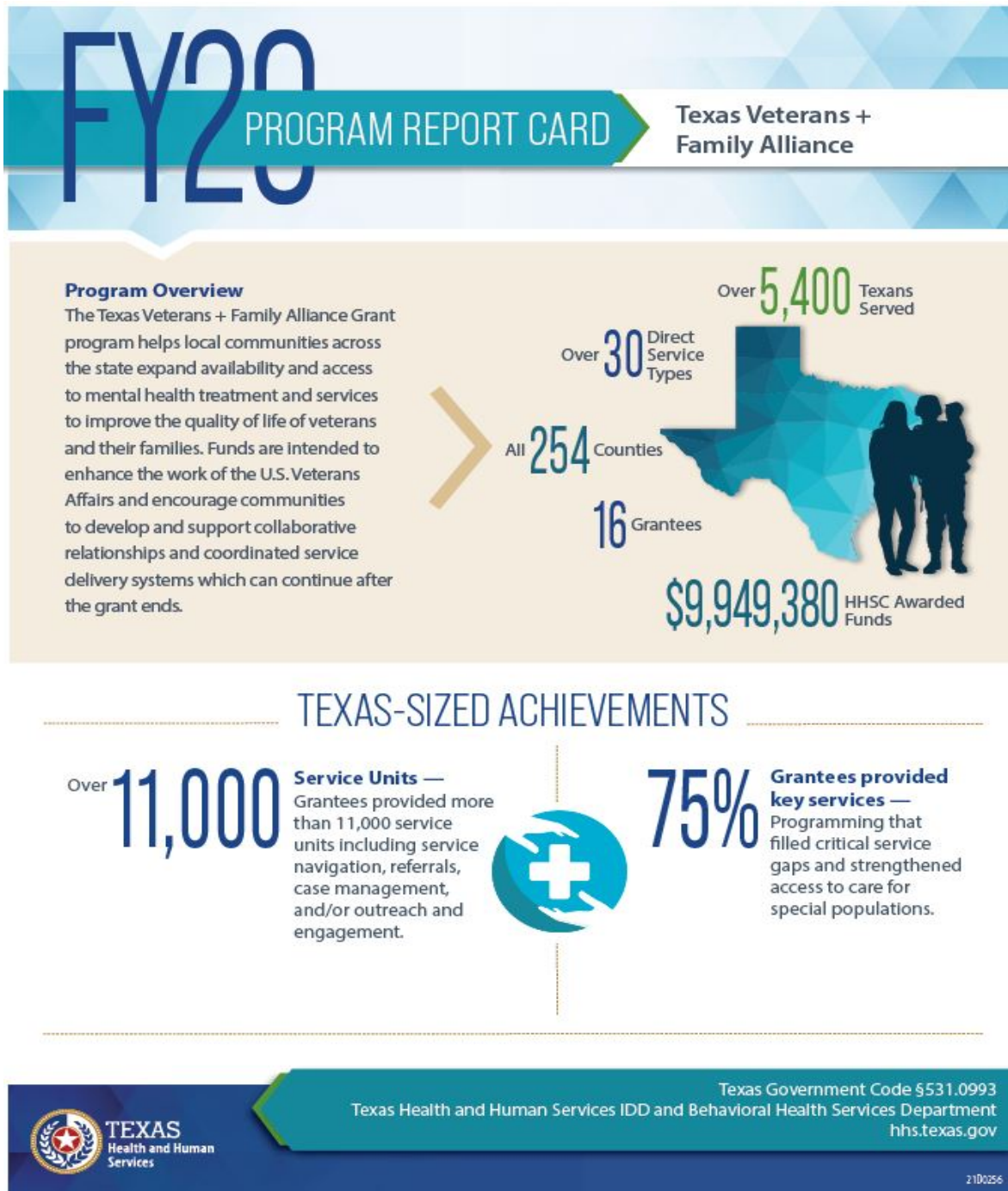
Table 4. TV+FA Grantee Service Achievements for FY20

Grantee	Service Highlights
American GI Forum National Veterans Outreach Program	Connected 1,485 veterans with program outreach and engagement and provided direct services to 50 clients.
Baylor Scott & White Research Institute	Provided clinical and non-clinical services to 13 clients.
Camp Cowboy	Provided equine-assisted therapy to 86 veterans and veteran family members; 64 veterans participated in physical wellness services.
Dallas County MHMR Metrocare Services	Provided clinical and nonclinical services to 677 clients; provided equine therapy to 17 veterans.
Easter Seals Greater Houston	Served 756 clients; provided peer support services to 72 veterans.
Ecumenical Center for Religion and Health	Served 1,617 clients; provided jail diversion services to 945 veterans; and provided clinical therapy to 171 veterans.

Grantee	Service Highlights
Emergence Health Network	Served 154 individuals; provided clinical services to 72 individuals.
Family Endeavors – El Paso	Served 830 clients; 144 veterans received peer support services; and 91 veterans received clinical therapy.
Family Endeavors –Killeen	Served 806 clients; 182 veterans received clinical therapy; and 118 veterans received substance use disorder services.
Family Endeavors –San Antonio	Served 4,311 clients; 307 veterans received case management services; and 722 veterans received outreach and engagement services.
Heart of Texas Regional MHMR Center	Provided non-clinical mental health services to 118 individuals. Provided clinical therapy to 31 individuals.
Recovery Resource Council	Provided clinical mental health services to 409 individuals, serving 262 veterans, 91 adult family members and 56 minor family members.
StarCare Specialty Health System	Provided clinical mental health services to 132 individuals, including 121 veterans. Provided non-clinical support services to 150 individuals.
Tropical Texas Behavioral Health	Provided services to 121 clients; 63 veterans received non-clinical intake assessment services; and 48 veterans received housing stability services.
University of Texas at Austin	Served 81 clients and 66 individuals received peer support services.
West Texas Counseling and Guidance	Served 855 clients; 208 veterans received clinical therapy; and 675 veterans received non-clinical services.

Texas Veterans + Family Alliance Report Card

Figure 2. Texas Veterans + Family Alliance FY20 Program Report Card



3. Mental Health Grant for Justice-Involved Individuals Program

Program Description

The Mental Health Grant for Justice-Involved Individuals (MHGJII) Program aims to effectively address the unmet physical and behavioral health needs of individuals to prevent initial or subsequent justice involvement and promote recovery. The program supports community collaboratives who work on reducing recidivism rates, arrests, and incarceration among individuals with mental illness, and reduce the wait time for forensic commitments.

Authorizing Legislation	Statute	Eligible Grantee Types	Administered By	FY 2020-21 Funding
S.B. 292, 85th Legislature, Regular Session, 2017	Government Code, Chapter 531, §531.0993	Governmental Entities, LMHA/LBHAs, NPOs, Universities	IDD-BHS Crisis Services Unit	\$50 Million

MHGJII funds are made available through a Needs and Capacity Assessment process to LMHA/LBHAs representing a community collaborative. Community collaboratives must include a county, the LMHA/LBHA operating in the county, and each hospital district located in the county, if any. Community collaboratives may include other local entities designated by collaborative members.

Section 531.0993 further specifies HHSC continue the Harris County Jail Diversion Program. While not considered a MHGJII grantee, HHSC is appropriated \$5 million per fiscal year to support this collaboration.¹ The Harris County collaborative is required to provide matching funds in an amount equal to the lesser of the

¹ Harris County is not eligible to apply for funds.

allocation for the Harris County Jail Diversion Program, or the collaborative's available matching funds.

Matching Requirements

Community collaboratives are required to match state awards with non-state sourced funds. To raise required match funds, a collaborative could seek and receive gifts, grants, or donations from any person.

The following conditions apply to MHGJII match requirements for current grantees:

- 50 percent of the requested grant amount if the community collaborative includes a county with a population of less than 250,000; or
- 100 percent of the requested grant amount if the collaborative includes a county with a population of 250,000 or more; and
- The percentage of the grant amount required for the largest county included in the collaborative, if the collaborative includes more than one county.

Matching fund requirements for programs located in a county with a population of less than 100,000 were amended by H.B. 3088, 87th Legislature, Regular Session, 2021. H. B. 3088 requires newly awarded grantees in those counties to leverage funds equal to 25 percent of the grant amount. This provision will apply to grants awarded after September 1, 2021.

Services Funded

The MHGJII supports the following types of services:

- Mental Health Deputy Programs
- Continuity of Care
- Programs Across the Sequential Intercept Model
- Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)
- Permanent Supportive Housing
- Jail/Hospital Diversion Programs
- Crisis Residential Services
- Competency Restoration
- Legal Support

Expected Outcomes

After receiving grant-supported services, expected outcomes for MHGJII participants include:

- Decreased justice involvement for mental health conditions/substance misuse
- Decreased hospital admission for mental health conditions/substance misuse
- Reduced emergency room use for mental health conditions/substance misuse
- Increased community tenure
- Symptom improvement for mental health conditions
- Improved activities of daily living
- Increased resiliency
- Improved quality of life
- Increased social supports

Statewide Behavioral Health Strategic Plan Goals and Objectives

The MHGJII grant program seeks to address gaps in the behavioral health service system through programming that aligns with the following [Statewide Behavioral Health Strategic Plan](#) goals, objectives, and strategies.

- **Goal 1: Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.**
 - Objective 1.1: Increase statewide service coordination for special populations.
 - ◇ Strategy 1.1.1: Address service needs of high-risk individuals and families by promoting community collaborative approaches.
 - ◇ Strategy 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems through the coordinated use of substance use and mental health assessments.
 - ◇ Strategy 1.1.3: Ensure service eligibility and integration into the community for those transitioning from governmental custody, foster care and hospital settings.
 - Objective 1.2: Reduce duplication of effort and maximize resources through program and service coordination among state agencies.

- ◇ Strategy 1.2.2: Implement improved program and service coordination and integrated program and service strategies to reduce duplication of effort and maximize resources.
- **Goal 2: Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.**
 - ▶ Objective 2.1: Expand the use of best, promising and evidence-based behavioral health practices across service agencies.
 - ◇ Strategy 2.1.1: Continually identify, disseminate, and coordinate use of best, promising, and evidence-based behavioral health practices.
 - ▶ Objective 2.3: Ensure prompt access to coordinated, quality behavioral health services.
 - ◇ Strategy 2.3.1: Identify strategies to improve and strengthen access to behavioral health programs and services to engage and serve individuals in remote areas, such as transportation needs.
 - ◇ Strategy 2.3.2: Implement strategies to improve service access and continuity of care, including outpatient and inpatient, substance use treatment, and crisis services.
 - ▶ Objective 2.5: Address current behavioral health service gaps and needs across program and service agencies.
 - ◇ Strategy 2.5.2: Develop, implement programs and services to address identified gaps to include integrated approaches for special populations.
 - ◇ Strategy 2.5.4: Develop a comprehensive behavioral health approach to meet the complex needs of the highest users of high cost alternatives.

Fiscal Years 2020 and 2021 Overview

- **2020-21 Biennium Appropriation:** \$50 million
- **Fiscal Years 2020 and 2021 Grantees:** 23²
- **Service Areas:** 15 Urban Counties, 29 Rural counties

Table 5. Urban MHGJII Grantees for FY 2020 and 2021

FY 20 and FY 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
Austin Travis County Integral Care	FACT Team with Permanent Supportive Housing.	Travis
Center for Health Care Services	Rapid Crisis Stabilization Beds, ACT/FACT teams, Central Magistrate Clinicians, TAVConnect Record System.	Bexar
Central Counties	Jail diversion, including SUD outpatient and mental health services.	Bell
Denton County MHMR Center	Crisis residential beds.	Denton
Emergence Health Network	Interdisciplinary Raid Response Team.	El Paso
Gulf Coast Center	ACT Team.	Galveston
LifePath Systems	Crisis transportation program, Field Based Team, Inpatient psychiatric beds.	Collin
North Texas Behavioral Health Authority	Facility-Based Crisis Respite Program, Competency Restoration Continuum, FACT and ACT Team Expansion.	Dallas
Spindletop Center	Jefferson County Court Liaison Program, Interdisciplinary Rapid Response Team.	Jefferson

² In fiscal year 2020, there were 23 MHGJII grantees and 22 in fiscal year 2021, as one grantee award closed in fiscal year 2020.

FY 20 and FY 21 GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
StarCare Specialty Health System	Jail-Based Competency Restoration (JBCR) providing mental health and SUD services.	Lubbock
My Health My Resources of Tarrant County	Mental Health Law Liaison Program, JBCR, FACT Team, Enhanced Mental Health Services Docket Program.	Tarrant
Texana Center	Jail diversion using GAINS Sequential Intercept Model (4-Reentry).	Fort Bend
Tropical Texas Behavioral Health	Interdisciplinary Rapid Response Team adding mental health officers, mobile crisis outreach.	Cameron, Hidalgo, Willacy
Tri-County Behavioral Healthcare ³	Expanded Substance Use Disorder Engagement Program.	Montgomery

Table 6. Rural MHGJII Rural Grantees for FY20-21

CURRENT GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
Bluebonnet Trails Community Center MHMR Services	Mental Health Deputy Program, FACT Team	Bastrop, Burnet, Fayette, Guadalupe
Center for Life Resources	Interdisciplinary Rapid Response Team, Inpatient psychiatric beds	Brown, Coleman, Eastland, Mills
Coastal Plains	Jail diversion including medication, skills training and SUD outpatient	Jim Wells, San Patricio

³ Tri-County Behavioral Healthcare's MHGJII grant award period began in FY18 and closed in FY20.

CURRENT GRANTEES	PROJECT SUMMARY	COUNTIES SERVED
Heart of Texas Region MHMR Center	Continuity of care exiting jail using telehealth and Critical Time Inter Model	Bosque, Falls, Freestone, Hill, Limestone
Helen Farabee Centers	Inpatient SUD beds, Inpatient Psychiatric beds, Crisis Stabilization beds	Wichita, Wise
MHMR Authority of Brazos Valley	Inpatient psychiatric beds.	Burleson, Grimes, Madison, Robertson, Washington
PermiaCare	Jail-Based Competency Restoration (JBCR) Program and continuity of care.	Ector, Midland
Spindletop Center	Interdisciplinary Rapid Response Team	Chambers
Texas Panhandle MHMR	Substance Use Disorder Treatment, Re-Entry Team	Randall
Texoma Community Center	Interdisciplinary Rapid Response Team	Cooke, Fannin, Grayson

Fiscal Year 2020 Grantee Performance Highlights

Table 7. MHGJII Grantees' FY20 Service Highlights

Grantee	Service Highlights
Bluebonnet Trails Community Services (Bluebonnet Trails Community MHMR Center)	<p>Output: 1,116 individuals served (unduplicated).</p> <p>Outcome: 98% of clients enrolled in FACT/ACT program were not arrested within 1 year of program enrollment.</p>
Center for Health Care Services (Bexar County MHMR Center)	<p>Output: 12,758 individuals served (unduplicated).</p> <p>Outcome: less than 1% average incarceration rate of program participants; 11% reduction in recidivism rate of individuals receiving FACT or ACT services.</p>

Grantee	Service Highlights
Center for Life Resources	<p>Output: 586 individuals served (unduplicated); 69% of bed space utilized on average.</p> <p>Outcome: an average of 2 individuals a month diverted from an emergency room.</p>
Central Counties Center for MHMR Services	<p>Output: 54 individuals served (unduplicated).</p> <p>Outcome: 1% average recidivism rate for program participants.</p>
Coastal Plains Community Center (Coastal Plains Community MHMR Center)	<p>99 individuals served (unduplicated); 129 screenings completed for referrals from jails in Jim Wells and San Patricio counties.</p>
Denton County MHMR Center	<p>Output: 91 individuals served (unduplicated).</p> <p>Outcome: 2% average in-patient hospitalization recidivism rate of program participants.</p>
Emergence Health Network (El Paso Community MHMR)	<p>Output: 3,095 individuals served (unduplicated).</p> <p>Outcome: 212 individuals diverted from incarceration and/or emergency rooms.</p>
Gulf Coast Center (Gulf Coast MHMR Center)	<p>Output: 16 individuals served (unduplicated).</p> <p>Outcome: 93% of clients served indicated clinical potential for reduced recidivism.</p>
Heart of Texas Region MHMR Center	<p>Output: 124 individuals served (unduplicated).</p> <p>Outcome: 13% average recidivism rate of program participants.</p>
Helen Farabee Centers	<p>178 individuals served (unduplicated); 67% of Red River Hospital Bed participants successfully completed inpatient treatment and planned discharge programming.</p>

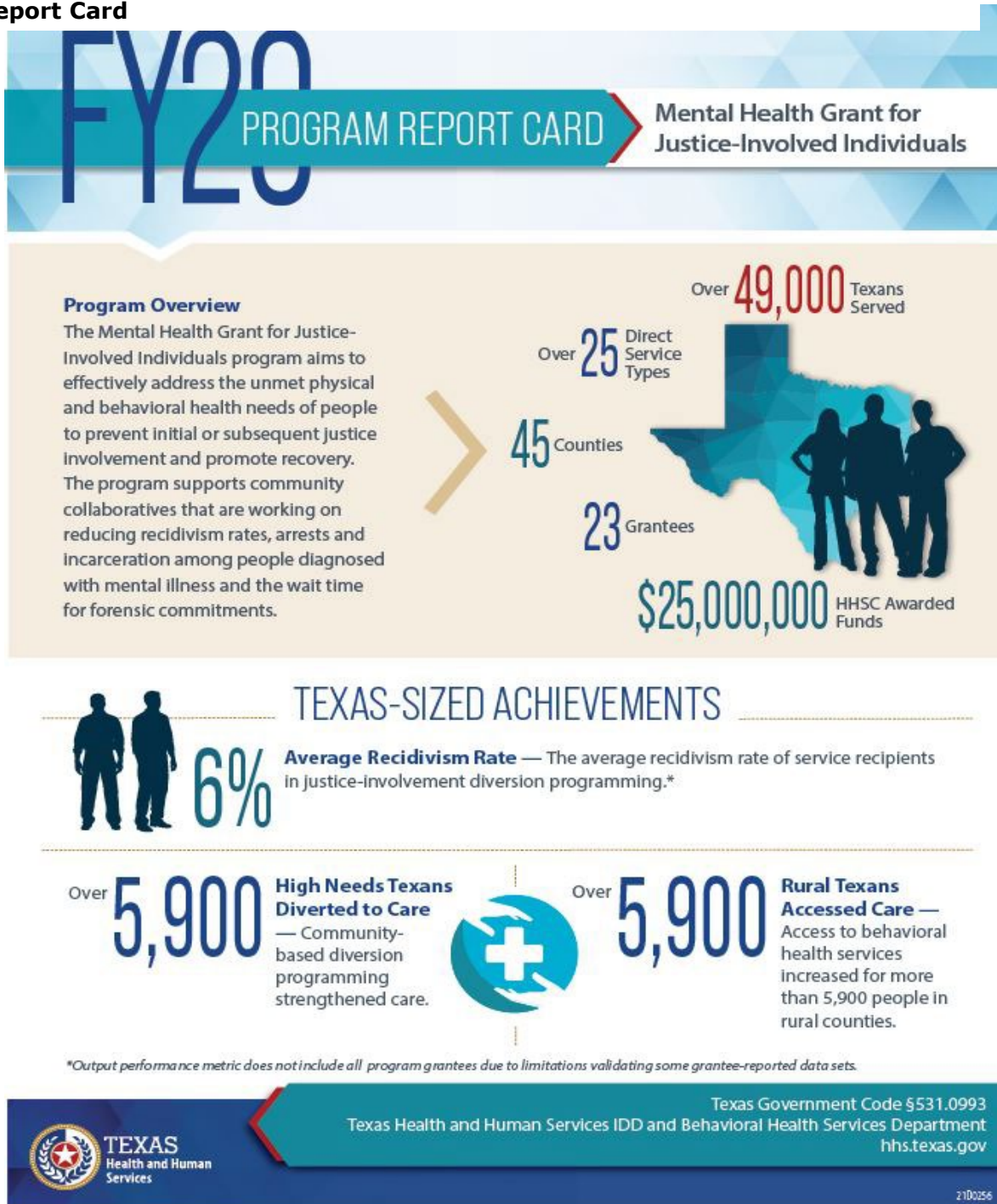
Grantee	Service Highlights
Integral Care (Austin Travis County MHMR Center)	<p>Output: 355 individuals served (unduplicated).</p> <p>Outcome: 46% reduction in number of days spent in jail for program participants; on average, 37% of FACT consumers were permanently housed within six months of enrollment.</p>
LifePath Systems (Collin County MHMR Center)	<p>Output: 404 individuals served (unduplicated).</p> <p>Outcome: 2% of clients in inpatient beds program were re-admitted to the same level of care 30-day post-discharge.</p>
MHMR Authority of Brazos Valley	<p>Output: 143 individuals served (unduplicated).</p> <p>Outcome: Met goal of increasing access to services, as indicated by 97% of program participants meeting criteria for and utilizing dedicated psychiatric bed space upon admission.</p>
MHMR of Tarrant County	<p>Output: 23,462 individuals served (unduplicated); exceeded client service target for competency restoration services by 224%; and exceeded target for health & wellness activities by 535%.</p> <p>Outcome: 100% of eligible misdemeanor offenders diverted into the FACT and Enhanced Mental Health Services dockets.</p>
North Texas Behavioral Health Authority	<p>Output: 830 individuals served (unduplicated).</p> <p>Outcome: 12 consecutive months of positive contribution (reduction of the inpatient waitlist and length of incarceration) for Dallas county jail Incompetent to Stand Trial.</p>

Grantee	Service Highlights
PermiaCare (Permian Basin Community Centers)	<p>Output: 560 individuals served (unduplicated).</p> <p>Outcome: 66% of individuals in jail-based competency program were restored to competency within 120 days.</p>
Spindletop Center	<p>Output: 1,576 individuals served (unduplicated); 180 professionals trained in Mental Health First Aid and/or Youth Mental Health First Aid.</p> <p>Outcome: 71% of individuals served by a mental health officer did not experience a second arrest within 30 days of the first officer contact.</p>
StarCare Specialty Health Systems (Lubbock Regional MHMR Center)	<p>Output: 40 individuals served (unduplicated).</p> <p>Outcome: 23 individuals restored to competency.</p>
Texana Center	<p>Output: 50 individuals served (unduplicated).</p> <p>Outcome: 5% average recidivism rate of program participants; 38% of program participants found/maintained employment and community engagement despite numerous challenges presented by COVID-19.</p>
Texas Panhandle Centers (Texas Panhandle MHMR)	64 individuals served (unduplicated).
Texoma Community Centers	<p>Output: 615 individuals served (unduplicated).</p> <p>Outcome: reduced percentage of forensic commitments by 14%.</p>
Tri-County Behavioral Healthcare	<p>Output: 201 individuals served (unduplicated).</p> <p>Outcome: average of 31% of individuals served were persons with mental illness or co-occurring disorders diverged from incarceration at the Montgomery County Jail.</p>

Grantee	Service Highlights
Tropical Texas Behavioral Health	<p>Output: 3,194 individuals served (unduplicated).</p> <p>Outcome: 76 coordinated jail diversions involving individuals with a suspected mental illness.</p>

Mental Health Grant for Justice-Involved Individuals Report Card

Figure 3. Mental Health Grant for Justice-Involved Individuals FY20 Program Report Card



4. Community Mental Health Grant Program

Program Description

The Community Mental Health Grant (CMHG) Program is intended to support comprehensive, data-driven mental health systems that promote both wellness and recovery. The program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for individuals receiving services through a diverse local provider network.

Authorizing Legislation	Statute	Eligible Grantee Types	Administered By	FY 2020-21 Funding
H.B. 13, 85th Legislature, Regular Session, 2017	Government Code Chapter 531, §531.0991	Governmental Entities, LMHA/LBHAs, NPOs, Universities	IDD-BHS Adult Mental Health Services Unit	\$40 Million

Specifically, the CMHG program funds support:

- Services to fill gaps in mental health prevention, early intervention, treatment, and/or recovery, such as treatment modality gaps, mental health education, screening and assessment, care coordination, and integrated services;
- Strategies that help clients access, transition between, or remain engaged in mental health services; and
- Community partnerships to prioritize community needs, leverage resources, and coordinate and case manage service delivery.

Matching Requirements

Awards to grantees are contingent on matching funds, which may include non-state or federal sourced cash or in-kind contributions. Depending on the population of the county where the CMHG program is located, the matching requirement is equal to

50 or 100 percent of the award amount for current grantees. The match must equal:

- Projects providing or coordinating services in a county with a population of 250,000 or greater must match 100 percent of the amount of state funds awarded;
- Projects providing or coordinating services in a county with a population of less than 250,000 must match 50 percent of the amount of state funds awarded;
- Projects providing or coordinating services in multiple counties must match the percentage required based on the county with the largest population in the proposed project service area.

Matching fund requirements for programs located in a county with a population of less than 100,000 were amended by H.B. 3088, 87th Legislature, Regular Session, 2021. H. B. 3088 requires newly awarded grantees in these counties to leverage funds equal to 25 percent of the grant amount. This provision will apply to grants awarded after September 1, 2021.

Services Funded

The CMHG Program supports the following types of services and projects:

- Integrated Mental and Physical Health
- Crisis Intervention
- Continuity of Care
- School-based projects
- Youth and Family Services
- Prevention and Early Intervention
- Mental Health Deputy
- Peer Services
- Projects Focusing on Co-occurring Mental Health and Substance Use
- Training
- Hospital Diversion
- Care Coordination
- Tele-health
- Community Collaboration Projects

Expected Outcomes

After receiving grant-supported services, expected outcomes for participants include:

- Decreased Justice Involvement
- Decreased Hospital Admission
- Reduced Emergency Room Use
- Homelessness Prevention
- Improved Academic Progress
- Increased Community Tenure
- Increased Employment and Employment Skills
- Increased Housing Stability
- Symptom Improvement
- Improved Activities of Daily Living
- Improved Resiliency
- Improved Quality of Life
- Increased Social Supports

Statewide Behavioral Health Strategic Plan Goals and Objectives

The CMHG program seeks to address gaps in the behavioral health service system through programming that aligns with the following [Statewide Behavioral Health Strategic Plan](#) goals and objectives.

- **Goal 1: Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.**
 - Objective 1.1: Increase statewide service coordination for special populations.
 - Objective 1.2: Reduce duplication of effort and maximize resources through program and service coordination among state agencies.
- **Goal 2: Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.**
 - Objective 2.1: Expand the use of best, promising and evidence-based behavioral health practices across service agencies.
 - Objective 2.2: Develop clinical research and innovation in behavioral health.
 - Objective 2.3: Ensure prompt access to coordinated, quality behavioral health services.

- Objective 2.4: Strengthen the behavioral health workforce.
- Objective 2.5: Address current behavioral health service gaps and needs across program and service agencies.
- Objective 2.6: Address the most urgent challenges and needs related to both state-funded and state-operated inpatient psychiatric facilities across Texas.
- **Goal 3: Maximize behavioral health prevention and early intervention services across state agencies.**
 - Objective 3.1: Expand the use of best, promising and evidence-based practices for prevention and early intervention.

Fiscal Years 2020 and 2021 Overview

- **2020-21 Biennium Appropriation:** \$40 million
- **Fiscal Years 2020 and 2021 Grantees:** 53
- **Service Areas:** 30 Urban projects, 26 Rural projects (56 total projects)

Table 8. CMHG Program Grantees for FY 2020 and 2021

FY 20 and FY21GRANTEES	PROJECT	COUNTIES SERVED
Austin Travis County Mental Health Mental Retardation Center	School-Based Youth MH Crisis Continuum System of Care	Travis
Baptist Hospitals of Southeast Texas	Children's Inpatient Program with Outpatient Expansion	Anderson, Angelina, Brazoria, Chambers, Cherokee, Galveston, Hardin, Harris, Houston, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
Betty Hardwick	Elm Creek Psychiatry and Rapid Access	Callahan, Jones, Shackelford, Stephens, Taylor
Betty Hardwick	Jail Transitions	Callahan, Jones, Shackelford, Stephens, Taylor
Bluebonnet Trails Community Services	Crisis Services System Enhancement	Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, Williamson

FY 20 and FY21GRANTEES	PROJECT	COUNTIES SERVED
Border Regional MHMR Community Center	South Texas Traveling Healthcare Team	Jim Hogg, Zapata, Starr
Boys & Girls Club of Pharr	Youth & Family Support Services Initiative	Hidalgo
Burke Center	Burke Care Navigation Program	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
Camino Real Community Services	Integrated Primary and Behavioral Health Care	McMullen
Camino Real Community Services	MH/IDD Wrap Program	Atascosa, Dimmit, Frio, Kenedy, La Salle, Maverick, McMullen, Wilson, Zavala
Child and Family Guidance Center of Texoma	Access to Care through MH Professional Workforce Expansion	Grayson
City of Laredo Health Department	Juntos for Better Health	Webb
Coastal Plains Community Center	Enhanced Mobile Crisis Outreach Team	Aransas, Bee, Live Oak, Kleberg
Collin County	MHMC Coordinated Release	Collin
Communities in Schools North Texas	Empowering Healthy Minds Expansion Initiative	Denton, Wise
CommUnityCare	Integrating Primary Care and Behavioral Health Services	Travis
Community Hope Projects, Inc.	HOPE's Peer Support and Warmline Services	Cameron, Hidalgo, Starr, Willacy
Concho Valley Center for Human Advancement	Continuum of Care: Crisis to Recovery	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Dallas-Fort Worth Hospital Council Foundation	Community Health Collaborative MHFA Program	Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Wise

FY 20 and FY21GRANTEES	PROJECT	COUNTIES SERVED
DePelchin Children's Center	Families COUNT	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
Family Service Association of San Antonio	San Antonio Mobile Mental Wellness Coalition-Care Zones	Bexar
Foundation Communities	MH Services for High-Need Residents	Travis
Gulf Bend Center	Community Response Team	Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, Victoria
Hale County	Family Peer Navigator Initiative	Hale
Harris County	Joint Processing Center & Outpatient Competency Restoration	Harris
Healthcare for the Homeless-Houston	Integrated Care Homeless Clinics	Harris
Heart of Texas Region MHMR	Building a BH Continuum of Care in the Heart of TX	Bosque, Falls, Freestone, Hill, Limestone
Helen Farabee Centers	Helen Farabee Centers Olney, Texas	Young
Hill Country MHDD Centers	Expanding a Successful Model System of Care Program	Comal
Hope Fort Bend Clubhouse	Hope Fort Bend Clubhouse	Fort Bend
Juvenile Outreach and Vocational Educational Network	Children's Ongoing Prevention Education Program	Bexar
MHMR of Tarrant County	Resilient Tarrant County (RTC)	Tarrant
NAMI El Paso	Peer Support Group Expansion	El Paso

FY 20 and FY21GRANTEES	PROJECT	COUNTIES SERVED
NAMI Texas	Increasing Use of Peer MH Support and Education Services	Bexar, Dallas, El Paso, Harris, McLennan, Nacogdoches, Potter, Tom Green, Webb
Next Step Community Solutions	Early Intervention Counseling Expansion	Bowie, Cass, Ellis, Gregg, Harrison, Henderson, Kaufman, Marion, Navarro, Panola, Rains, Red River, Rusk, Smith, Upshur, Van Zandt, Wood
North Texas Behavioral Health Authority	NTBHA BH LivingRoom	Dallas
North Texas Behavioral Health Authority	NTBHA Crisis Respite Corsicana	Ellis, Hunt, Kaufman, Navarro, Rockwall
Pecan Valley Mental Health Retardation Region	Inpatient Detoxification and Substance Abuse Treatment	Erath, Hood, Johnson, Palo Pinto, Parker, Somervell
Project Vida Health Center	Be Well: Behavioral Health, Education and Wellness	El Paso
Rural Economic Assistance League, Inc.	Health and Wellness Navigation Services in Rural South Texas	Brooks, Duval, Jim Wells, Kleberg
Rusk Independent School District	Gotta "Maslow" Before You "Bloom"	Cherokee
SAMMinistries	Enhanced MH Service Access and Coordination	Bexar
San Antonio Clubhouse, Inc.	Connection Center at San Antonio Clubhouse	Bexar
Spindletop Center	Early-intervention, Prevention & Awareness of Youth Suicide	Orange
Texas A&M International University	Community Mental Health Program	Webb
Texas A&M Tele-Behavioral Care Program	Building Our Community Outreach Services via Telehealth and Expanding Resources	Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington
Texas Panhandle Centers	Community Collaborative	Potter, Randall

FY 20 and FY21GRANTEES	PROJECT	COUNTIES SERVED
The Ecumenical Center	Evidence-Based Counseling	Aransas, Atascosa, Bandera, Bexar, Blanco, Burnet, Comal, Dimmit, Edwards, Frio, Gillespie, Gonzales, Guadalupe, Hidalgo, Jim Hogg, Jim Wells, Karnes, Kendall, Kerr, Kimble, Kinney, Kleberg, LaSalle, Llano, Maverick, Medina, Nueces, Real, San Patricio, Starr, Uvalde, Webb, Wilson, Zapata, Zavala
The Harris Center for Mental Health and IDD	Sequential Intercept Ground Zero	Harris
The Montrose Center	Mental Health Services for Low-income LGBTQ+	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
The Women's Home	The WholeLife Collaborative	Harris
Tri-County Behavioral Healthcare	Expanded Substance Use Disorder Engagement Program	Montgomery
United Way Amarillo Canyon	Panhandle Behavioral Health Alliance	Dallam, Hartley, Hutchinson, Moore, Potter, Randall
UT Health Science Center at San Antonio	Recovery Connections	Bexar
West Texas Centers for MHMR	Mental Health Deputy Program Expansion	Howard, Nolan, Reeves, Terry

Fiscal Year 2020 Grantee Performance Highlights

Table 9. CMHG Program Grantees' FY20 Service Highlights

Grantee	Service Highlights
Amistad Community Health Center	Output: served 1,299 individuals through April 2020. Outcome: less than 1% of clients had emergency room admissions.
Andrews Center	Output: served 85 clients.
Baptist Hospitals of Southeast Texas	Output: served 155 clients. Outcome: majority of clients served achieved measurable improvement in health and wellbeing.
Betty Hardwick Center (Abilene Regional MHMR Center)	Output: served 1,980 clients. Outcome: 83% of clients achieved measurable improvement in health and wellbeing.
Bluebonnet Trails Community Services (Bluebonnet Trails Community MHMR Center)	Output: served 843 clients. Outcome: an average of 98% of clients experience a reduction in re-hospitalization.
Border Region Behavioral Health Center (Border Region Community MHMR Center)	Outputs: served 1,919 clients; 1,115 mental and/or physical assessments provided to adults who are insured, uninsured or underinsured.
Boys and Girls Club of Pharr	Output: served 1,712 clients.
Burke Center	Outputs: served 729 clients; 72% of clients screened for tobacco or unhealthy alcohol use who received tobacco cessation or brief counseling.
Camino Real Community Services	Outputs: served 451 clients; 63% of clients in the Integrated Care Access program participated in counseling services.

Grantee	Service Highlights
Center for Health Care Services (Bexar County MHMR)	Output: served 2,840 clients. Outcome: 2% recidivism and/or rehospitalization rate of program participants.
Center for Life Resources	Outputs: served 423 clients; provided 628 service encounters.
Children's Medical Center Dallas Collin County, Texas	Output: served 88 clients. Outputs: served 308 clients; 30% of participants completed at least 2 release plan goals within 30 days of being released.
Communities In Schools of North Texas	Output: served 216 clients. Outcome: 94% of clients had improved academic performance; 98% were promoted to the next grade.
CommUnity Care	Output: served 1,163 clients.
Community Healthcore (Sabine Valley MHMR)	Output: served 133 clients. Outcome: an average of 77% of decrease in the number of interactions a month between individuals with mental health and/or substance issues and law enforcement, first responders, and emergency departments.
Community Hope Projects, Inc.	Output: served 1,720 clients. Outcome: 6% average of clients with emergency room utilization.
Covenant Health System Foundation	Output: served 4,177 clients. Outcome: an average of 76% of clients were in continued recovery 3- and 6-months post-discharge.
Dallas-Fort Worth Hospital Council Foundation	Output: served 245 clients; 100% of participants received Certificate of Completion from the county.
DePelchin Children's Center	Output: served 670 clients. Outcome: 68% of youth receiving group and/or individual counseling with an increase in resilience.

Grantee	Service Highlights
Family Support Services of Amarillo	Output: served 311 clients. Outcome: 60% of clients achieved measurable improvement in health and wellbeing.
Foundations Communities	Output: served 491 clients. Outcome: an average of 76% of participants achieved improved Quality of Life assessment at annual/exit reassessment.
Gregg County, Texas	Output: served 341 clients. Outcome: less than 15% of program participants were re-arrested 6-months after release.
Gulf Bend Center	Output: served 658 clients. Outcome: 94% of individuals served by Community Response Teams were diverted from justice involvement and linked to treatment.
Harris County, Texas (County Judge of Harris County)	Output: served 2,177 clients. Outcome: 84% of clients receiving services who had reduced recidivism of target events.
Helen Farabee Centers	Output: served 25 clients.
Hill Country Mental Health & Developmental Disabilities Centers	Output: served 3,079 clients. Outcome: average of 7 monthly hospital admissions for persons from rural Comal County.
Hope Fort Bend Clubhouse	Output: served 10 members.
Integral Care (Austin Travis County MHMR Center)	Output: served 7,793 clients. Outcomes: 95% of youth showed an improvement in school attendance; 96% of youth showed an improvement in school behavior.
JOVEN (Juvenile Outreach and Vocational/Educational Network)	Output: served 20 youth. Outcome: 53% clients served achieved measurable improvement in the health and wellbeing of their family.

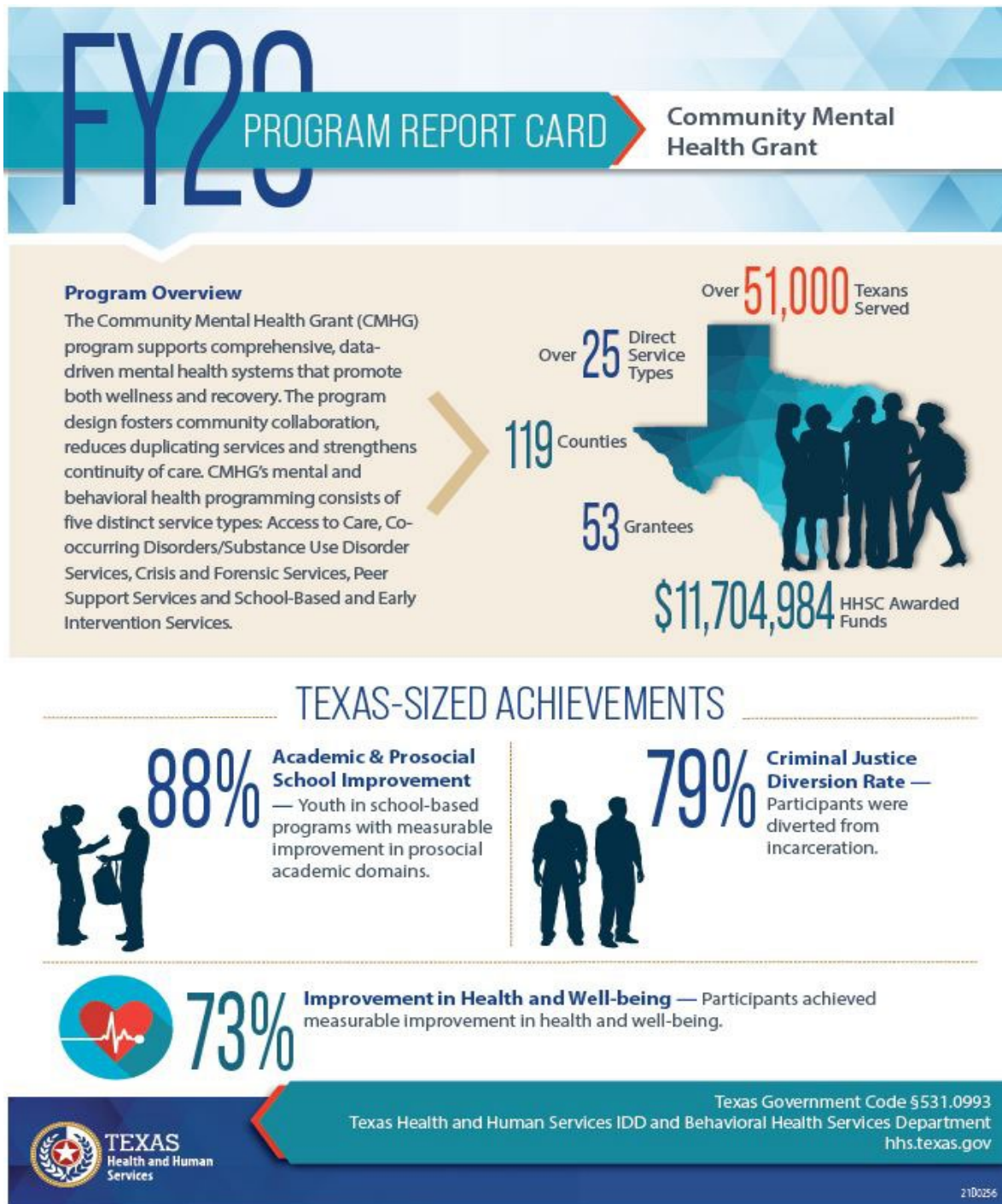
Grantee	Service Highlights
LifePath Systems (Collin County MHMR Center)	Output: served 319 clients. Outcome: 73% of clients achieved measurable improvement in health and wellbeing.
MHMR Authority of Brazos Valley	Outputs: served 267 clients; 766 service encounters provided.
MHMR Services for the Concho Valley	Output: served 888 clients. Outcome: 99% of clients who access West Texas Counseling and Guidance (WTCG) services through the Zero Suicide initiative who do not die by suicide during the grant period.
My Health My Resources Tarrant County (MHMR of Tarrant County MHMR)	Outputs: served 1,314 clients; 98% of START program participants with completed Provisional Crisis Plan.
Texas National Alliance on Mental Illness	Output: served 725 individuals. Outcome: 99% of trainees reported satisfaction with Connection Recovery Support Group Facilitator training.
NEWCO	Output: conducted eight Mental Health Deputy trainings.
North Texas Behavioral Health Authority	Outputs: served 956 clients; provided 3,958 face-to-face service encounters.
Pecan Valley Centers for Behavioral & Developmental HealthCare	Output: served 32 clients.
Project Vida Health Center	Output: served 112 clients.
SaMMinistries	Output: served 24 clients. Outcome: 85% of clients achieved measurable improvement in health and wellbeing.
San Antonio Clubhouse	Output: served 225 clients.

Grantee	Service Highlights
StarCare Specialty Health System (Lubbock Regional MHMR Center)	Outputs: served 97 clients; 173 face-to-face service encounters provided by program participants.
Texas Panhandle Centers (Texas Panhandle MHMR)	Output: served 973 clients. Outcome: 90% of individuals receiving CRT services with one or fewer crisis calls/contacts within 60 days of first CRT service.
Texoma Community Centers	Output: served 1,300 clients. Outcomes: 78% of Mobile Crisis Outreach Team and Adolescent Outpatient SUD Services clients achieved measurable improvement in health and wellbeing; less than 1% of IDD Crisis Services clients were readmitted to inpatient psychiatric level of care.
The Ecumenical Center	Output: served 2,311 clients. Outcome: 41% of service recipients achieved measurable improvement in health and wellbeing.
The Harris Center (The Harris Center for Mental Health and IDD)	Outputs: served 3,972 clients; provided 4,095 telephone encounters. Outcome: diverted 1,166 Houston Police Department calls and 782 Houston Fire Department calls.
The Women's Home	Output: served 561 clients. Outcome: 56 service recipients achieved measurable improvement in health and wellbeing
Tri-County Behavioral Healthcare	Output: served 226 clients. Outcome: 63% of service recipients achieved measurable improvement in health and wellbeing.
United Way Amarillo Canyon (United Way Helpline)	Outputs: served 285 individuals. Outcome: 17 health professionals received Mental Health First Aid Training.

Grantee	Service Highlights
United Way Denton County	Output: served 579 clients. Outcome: 60% of program participants diverted from incarceration.
West Texas A&M University	Outputs: served 102 clients; 61% of clients served accessed a therapist and 39% utilized self-guided software for intervention services.
West Texas Centers (West Texas Center for MHMR)	Outputs: served 408 clients; 43 service recipients with Post-Release Assessments indicating engagement with referrals to community-based behavioral health services.

Community Mental Health Grant Report Card

Figure 4. Community Mental Health Grant FY20 Program Report Card



List of Acronyms

Acronym	Full Name
ACT	Assertive Community Treatment
BH	Behavioral Health
CMHG	Community Mental Health Grant
FACT	Forensic Assertive Community Treatment
H.B.	House Bill
HCC	Healthy Community Collaboratives
HHS	Health and Human Services
IDD-BHS	Intellectual and Developmental Disabilities and Behavioral Health Services
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MHGJII	Mental Health Grant for Justice Involved Individuals
NCA	Needs and Capacity Assessments
S.B.	Senate Bill
TV+FA	Texas Veterans and Family Alliance

Appendix A. Definitions

For-profit Entity - For contracting purposes, entities not meeting the classifications of governmental entity, local mental health authority, local behavioral health authority, or non-profit, are classified as for-profit entities. For-profit entities are typified by the owners, shareholders, or members receiving a share of the entity's income.

Governmental Entity - Government Code, Chapter 2252 defines a governmental entity to mean the state; a municipality, county, public school district, or special-purpose district or authority; a district, county, or justice of the peace court; a board, commission, department, office, or other agency in the executive branch of state government, including an institution of higher education as defined by Section 61.003, Education Code; the legislature or a legislative agency; or the Supreme Court of Texas, the Texas Court of Criminal Appeals, a court of appeals, or the State Bar of Texas or another judicial agency having statewide jurisdiction.

Local Government - Government Code, Chapter 2256 defines local government to mean a municipality, a county, a school district, a district or authority created under Section 52(b)(1) or (2), Article III, or Section 59, Article XVI, Texas Constitution, a fresh water supply district, a hospital district, and any political subdivision, authority, public corporation, body politic, or instrumentality of the State of Texas, and any nonprofit corporation acting on behalf of any of those entities.

Local Mental Health Authority - Health and Safety Code, Section 533.035 allows the HHSC executive commissioner to delegate to a local authority the authority and responsibility related to planning, policy development, coordination, including coordination with criminal justice entities, resource allocation, and resource development for and oversight of mental health services in the most appropriate and available setting to meet individual needs in that service area. A single entity may be designed as both the local mental health authority and the local intellectual and developmental disability authority under Chapter 533A for a service area.

Local Behavioral Health Authority - Health and Safety Code, Section 553.0356 allows HHSC to designate a local behavioral health authority in a local service area to provide mental health and chemical dependency services in that area and delegate authority and responsibility for planning, policy development, coordination, resource allocation, and resource development for and oversight of mental health and chemical dependency services in that service area.

Nonprofit Corporation - The Texas Comptroller defines a nonprofit corporation as a corporation no part of the income of which is distributable to members, directors, or officers. It is created by filing a certificate of formation with the secretary of state and may be created for any lawful purpose, which purpose must be stated in its certificate of formation.

Procurement Types - HHSC utilizes two types of procurements for the matching grants.

1. **Request for Applications (RFA)** are competitive procurements used to award grant funding for a specified purpose by inviting eligible entities (such as non-profit and other governmental entities) to submit an application. This process is issued and finalized by the HHSC Procurement and Contracting Services Division.
2. **Needs and Capacity Assessments (NCAs)** are a semi-competitive process used to award grant funding for a specified purpose by inviting certain eligible governmental entities (such as local mental health or behavioral health authorities) to submit an application. This process is initiated and completed by Behavioral Health Services staff.