**Section 1: Introduction**

The Texas Health and Human Services Commission (HHSC) seeks to implement the Mental Health Grant Program for Justice-Involved Individuals, as directed by Senate Bill (S.B.) 292, 85th Texas Legislature, Regular Session, 2017. The purpose of this program is to provide matching grants to county-based community collaboratives for the purpose of reducing:

* Recidivism through a reduction in the frequency of arrest and incarceration among persons with mental illness; and
* The total wait time for persons with mental illness placed on forensic commitment to a state hospital.

HHSC is seeking proposals from eligible county-based community collaboratives for fiscal year 2018 to implement projects as described in this Needs and Capacity Assessment (NCA).

**Section 2: Scope of Program**

**Respondent Eligibility:** To petition HHSC for grant funds through this program, plans must be submitted by county-based community collaboratives. Collaboratives are those entities including at least:

* A county;
* A local mental health authority (LMHA) operating in the county; and
* Each hospital district, if any, located in the county.

For fiscal year 2018, only county-based community collaboratives representing counties with populations of 250,000 or greater may submit proposals for consideration.

A county-based community collaborative may include other local entities as designated by the collaborative’s members.

**Grant Term:** Funding will be available for 12 months on a state fiscal year calendar (September 1, 2017-August 31, 2018).

**Special Conditions**

*Funding Match*

County-based community collaboratives must match the amount of requested state funding with non-state sourced funding on a dollar for dollar basis. Non-state sourced funding may include gifts, grants, or donations, as well as, in-kind funding and resources.

*Texas Statewide Behavioral Health Strategic Plan*

In an effort to improve coordination between state agencies and to create a strategic approach to providing behavioral health services, the Texas Legislature through the 2016-17 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04), directed 18 state agencies receiving General Revenue behavioral health funding to work collectively to develop a collaborative five-year behavioral health strategic plan and coordinated expenditures proposal. These agencies developed the [*Texas Statewide Behavioral Health Strategic Plan*](https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf)*,* which serves as the blueprint for behavioral health services in the state of Texas.

Grants distributed under the Mental Health Grant Program for Justice-Involved Individuals must address the Gaps in Services identified in the *Texas Statewide Behavioral Health Strategic Plan*, and align with the goals and strategies associated with each Gap in Service.

Per the 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04), organizations receiving state behavioral health grant funds will be required to report to the Statewide Behavioral Health Coordinating Council "on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding."

The presentations will serve as an opportunity to increase collaboration for the effective expenditure of behavioral health funds among state and local entities. Additionally, presentations will serve to emphasize a systemic approach to delivering behavioral health services by demonstrating the relationship between state initiatives and local/community efforts.

**Eligible Activities:** Per S.B. 292, acceptable uses for state grant and matching funds under the Mental Health Grant Program for Justice-Involved Individuals may include:

* The continuation of a mental health jail diversion program;
* The establishment or expansion of a mental health jail diversion program;
* The establishment of alternatives to competency restoration in a state hospital, including outpatient competency restoration, inpatient competency restoration in a setting other than a state hospital, or jail-based competency restoration;
* The provision of assertive community treatment or forensic assertive community treatment with an outreach component;
* The provision of intensive mental health services and substance use treatment not readily available in the county;
* The provision of continuity of care services for an individual being released from a state hospital;
* The establishment of interdisciplinary rapid response teams to reduce law enforcement's involvement with mental health emergencies; and
* The provision of local community hospital, crisis, respite, or residential beds.

**Section 3: Schedule of Events and Submission Requirements**

**Submission Requirements:** The NCA narrative is limited to 15 8 ½” x 11” pages, double-spaced with 12 point Times New Roman font. Supporting documents, including forms, letters of commitment, or written agreements developed and submitted as part of this NCA will not be counted as part of this 15-page narrative limit.

The LMHA must be the lead applicant and is allowed to submit one NCA. Multiple programs may be proposed under one NCA.

**Respond to all questions in Sections A-F for each proposed project.** The NCA narrative shall make appropriate use of the headings listed in the NCA. Rows may be added to tables as needed.

**NCA Submission Deadline:** The deadline for submission is November 1, 2017 at 12:00 a.m. Central Standard Time (CST). Please send submissions to the following email addresses:

To: Performance.Contracts@dshs.state.tx.us

Cc: Soila.Villarreal@hhsc.state.tx.us

Mariselle.Mckeon@hhsc.state.tx.us

Subject: Mental Health Grant Program for Justice-Involved Individuals Proposal\_CompCode\_Name of Organization

All applicants will receive an email confirmation of receipt. If you do not receive confirmation within one business day of submission, please contact [Performance.Contracts@dshs.state.tx.us](mailto:Performance.Contracts@dshs.state.tx.us) with a courtesy copy to Soila Villarreal at [Soila.Villarreal@hhsc.state.tx.us](mailto:Soila.Villarreal@hhsc.state.tx.us).

**Point of Contact:** Questions regarding this NCA must be directed toSoila Villarreal at [Soila.Villarreal@hhsc.state.tx.us](mailto:Soila.Villarreal@hhsc.state.tx.us).

**Section 4: Evaluation Criteria and Selection**

1. Review Criteria

HHSC intends to award multiple grants under the Mental Health Grant Program for Justice-Involved Individuals to eligible community collaboratives based on appropriated funding and the degree to which proposals meet the criteria outlined in this NCA and as described in S.B. 292. In an effort to disperse resources statewide, proposals submitted for this grant program may be considered for other grant programs. Some restrictions may apply.

Decisions for award are at the sole discretion of HHSC.

Special consideration may be given to programs that:

* Address the needs of individuals with Intellectual and Developmental Disabilities (IDD) and/or substance use disorders.

As part of the evaluation and selection process, HHSC may seek the input of external stakeholders including the Statewide Behavioral Health Coordinating Council and the Behavioral Health Advisory Committee.

Plans submitted by eligible county-based community collaboratives in response to this NCA will be evaluated based upon the following:

1. Evidence of a community collaborative structure as described in Section 2 of this NCA and supporting documentation of the community collaborative and other local entities designated by the community collaborative (i.e., memorandums of understanding, letters of support, and contracts);
2. Evidence of the match required for implementation of the project;
3. Evidence of a sufficient description of how requested state dollars and matching funds will be used for grant activities;
4. Evidence of a need for the project in the county or counties represented by the community collaborative and a target population identified;
5. Evidence of outcome measures to evaluate the success of the plan; and
6. The program design, work plan, oversight, and quality assurance management practices described in the proposal.

HHSC will consider other HHSC behavioral health grants that county-based community collaboratives may be applying for in fiscal year 2018 to ensure behavioral health funding is appropriately coordinated across the state to address the unmet behavioral health needs of Texans.

**Section 5: Narrative Plan and Budget**

**Narrative Plan**

By completing Sections A through F, respondents will describe proposed services, processes, and methodologies in implementing project activities.

Respondents must:

* Identify all services and project activities to be performed during the grant funding period; and
* Include all documents requested as part of completing Sections A through F to demonstrate fulfilling NCA requirements.

**Budget**

Per S.B. 292, respondents must demonstrate how state requested dollars and matching funds will be used to support grant project activities. To accomplish this, respondents will complete a budget template in a format described and provided below.

Matching funds may be:

* Cash provided through unrestricted funding provided by members of the county-based community collaborative, local philanthropic, private, city, or county funds;
* In-kind contributions of goods or services committed specifically for the project by members of the county-based community collaborative,
* Donated resources; or
* Volunteer time to accomplish activities specifically for the grant project.

State funds may not be used as match. This includes contracts, grants, goods, services and any other funding allocated by, awarded to, or passed-through from state governmental entities.

**Section A:**

**Grant Project Status--**Check **🗹** if the proposed project is new, a continuation, or an expansion:

|  |  |  |
| --- | --- | --- |
| New | Continuation | Expansion |

**Grant Project--**Check **🗹** the box next to the project that is proposed for implementation (you may check more than one):

Continuation of a mental health jail diversion program

The establishment or expansion of a mental health jail diversion program

Outpatient Competency Restoration

Jail-Based Competency Restoration

Inpatient competency restoration in a setting other than a state hospital

Assertive Community Treatment

Forensic Assertive Community Treatment

Intensive mental health services and substance abuse treatment not readily available in the county

Continuity of care services for an individual being released from a state hospital

Interdisciplinary rapid response teams to reduce law enforcement's involvement with mental health emergencies

Local community hospital, crisis, respite, or residential beds

**Identified Gaps in Service[[1]](#footnote-1)--**Check **🗹** all the gaps in service that will be addressed by the proposed project:

Gap 1: Access to Appropriate Behavioral Health Services

Gap 2: Behavioral Health Needs of Public School Students

Gap 3: Coordination across State Agencies

Gap 4: Veteran and Military Service Member Supports

Gap 5: Continuity of Care for Individuals Exiting County and Local Jails

Gap 6: Access to Timely Treatment Services

Gap 7: Implementation of Evidence-based Practices

Gap 8: Use of Peer Services

Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities

Gap 10: Consumer Transportation and Access to Treatment

Gap 11: Prevention and Early Intervention Services

Gap 12: Access to Housing

Gap 13: Behavioral Health Workforce Shortage

Gap 14: Services for Special Populations

Gap 15: Shared and Usable Data

**Section B. Community Collaborative**

1. Describe the composition and structure of the community collaborative to include the following:
2. List the entities involved in the community collaborative;
3. Indicate whether the community collaborative is formally established such as through Memorandums of Understanding (MOUs) or contracts, or informally organized such as though letters of commitment; and
4. Identify the Lead Applicant and describe the roles and responsibilities of the Lead Applicant, community collaborative member organizations, and other partner organizations.
5. Demonstrate the commitment of organizations comprising the community collaborative by submitting MOUs or letters of support.

**Section C. Local Need**

1. Describe the county or counties that will be the focus of project implementation in the local service area, including:
2. County population;
3. Designation as rural or urban;
4. Prevalence of individuals with a mental illness or co-occurring psychiatric and substance use disorders (COPSD);
5. Prevalence of individuals with a mental illness or COPSD involved in the criminal justice system;
6. Prevalence of individuals with mental illness and/or COPSD placed on emergency detention or orders of protective custody for mental health treatment;
7. Prevalence of individuals with mental illness and/or COPSD court-ordered to receive temporary or extended mental health services in state mental health facilities or contracted psychiatric beds; and
8. Prevalence of individuals with mental illness and/or COPSD court-ordered to receive mental health services under the Code of Criminal Procedure, Chapter 46B, Incompetency to Stand Trial, or Chapter 46C, Insanity Defense.
9. Describe the unmet needs of individuals involved in the criminal justice system in the county or counties of focus and the attempts made to address the gaps in service.

**Section D. Program Design**

Utilizing the Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center *Sequential Intercept Model* as a framework, describe the design for the proposed project and detail how the county-based community collaborative will collaborate to ensure successful implementation through the following:

1. Clearly identify and describe the proposed project;
2. The eligibility criteria for receiving services through this project;
3. Describe if the project will require hiring staff. Describe their academic and professional licensing credentials;
4. Identify the organizations that will be able to make referrals for treatment as provided through this project. Describe the process for making a referral for treatment;
5. Describe the screening and assessment instruments that will be utilized to determine mental health history, chronicity of mental health, and substance use disorders;
6. Describe the process for making and tracking referrals and follow-up to appropriate treatment interventions not provided through this project;
7. Describe the treatment that will be provided through this project and evidence-based practices, best practices, and/or promising practices that will be used;
8. Identify and describe outcome measures that will be used to assess project success:
   1. Describe if the data will be manually or electronically collected and reported to community providers and HHSC.
   2. If reporting manually, and forms have been developed, please submit the forms for review.
   3. If reporting electronically, please identify existing data systems that will be leveraged for data collection and reporting amongst providers and HHSC.
   4. If the electronic data systems must be developed or revised to accommodate data sharing amongst community providers, please indicate the length of time it will take build this capacity; and
9. Describe the outreach and education that will be provided to other community stakeholders regarding the availability of services under this project.

Section E. Work Plan

1. Using the table below, provide a detailed work plan for project implementation. Be sure to include the following dates where applicable:
   1. Include the start date for project implementation;
   2. If hiring staff, include the anticipated date for posting for hire.
   3. Include the start date for services;
   4. Include any anticipated collaborative efforts with other agencies and programs (i.e., Texas Correctional Office on Offenders with Medical or Mental Impairments and Federally Qualified Health Centers); and
   5. If subcontracts are required for the provision of services, include the dates that subcontracts will be executed (if subcontracts are not already in place).

|  |  |  |
| --- | --- | --- |
| **Task** | **Responsible Staff** | **Target Date** |
|  |  |  |
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**Section F. Monitoring and Oversight**

1. Identify the estimated unduplicated number of participants to be served during the anticipated grant award period of September 1, 2017 to August 31, 2018;
2. Describe the data that will be monitored to assess implementation and program performance;
3. Describe how the organization will provide oversight and implement quality assurance practices to assess the efficacy of the project; and
4. Identify potential barriers and challenges to implementing the project and steps to avoid or mitigate them.

Program Budget

Provide separate fiscal year 2018 and 2019 budgets including personnel costs using the fiscal year 2018 and fiscal year 2019 Budget Schedules located on Form P (Attachment III); and

Budget must include state funds requested and committed matching funds. Matching funds must be equal to the amount of state funds requested.

1. 2016 Statewide Behavioral Health Strategic Plan required by 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04). [↑](#footnote-ref-1)