



Report on the Healthy Community Collaboratives Grant Program

**As Required by
Texas Government Code,
Section 539.010
Texas Health and Human
Services**

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TEXAS
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1. Executive Summary

The Health and Human Services Commission (HHSC) submits the report on the *Healthy Community Collaborative (HCC) Grant Program* for fiscal years 2022 and 2023, in compliance with Texas Government Code, Chapter 539, Section 539.010.

HHSC is required to award grants to establish or expand community collaboratives that bring the public and private sectors together to provide services to persons experiencing homelessness, substance use issues, or mental illness.¹ HHSC was appropriated \$25,000,000 in general revenue over the 2022-23 biennium to continue to provide grants for community collaboratives.² Rider 53 allows HHSC to allocate \$10,000,000 of the appropriated funds to fund community collaboratives in rural areas, contingent upon the availability of local matching funds under Section 539.002.

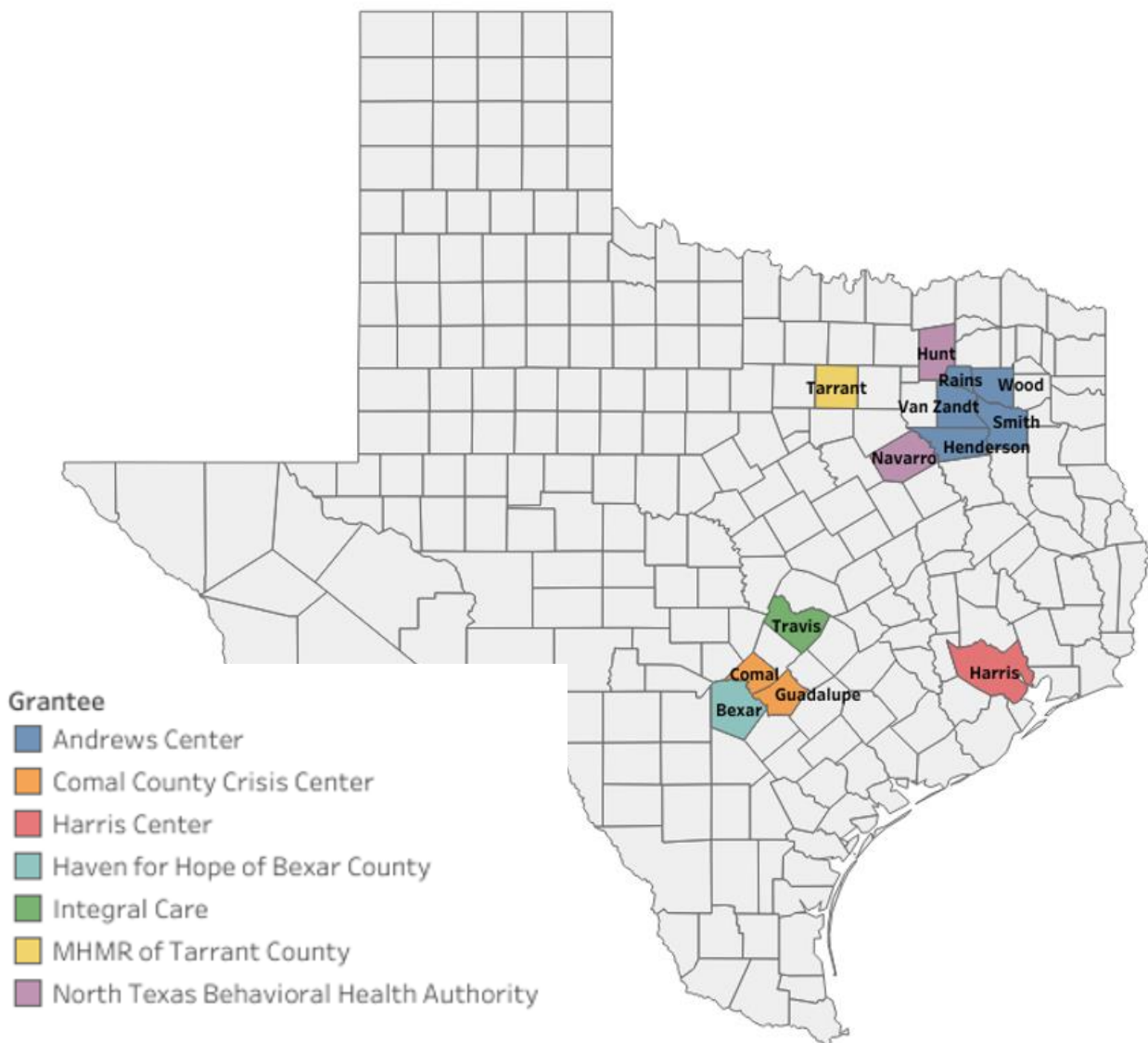
HCC Grant Program funding is used to:

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

In fiscal year 2022, HHSC awarded grants to three new rural community collaboratives, expanding the reach of the HCC Program to nine rural communities. With this expansion, HHSC now funds seven community collaboratives across 13 counties, increasing access to mental health services across the state. Below is a map that identifies where current HCC are located in the state.

¹ Texas Government Code, Chapter 539, Section 539.002.

² 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 53(a)(5)).



Community collaboratives served 7,245 people in fiscal year 2022, including 1,033 people who successfully obtained housing. In fiscal year 2023, community collaboratives served 7,637 people, including 2,396 who successfully obtained housing.

2. Introduction

The HCC Grant Program was created in 2013 to provide local communities with resources for people with unmet behavioral health needs who are experiencing homelessness. HHSC awards grants to establish or expand community collaboratives that bring the public and private sectors together to provide services to people who have a mental illness or substance use disorder and are experiencing homelessness.

House Bill (H.B.) 3466, 88th Legislature, Regular Session, 2023, added Government Code Section 539.010 requiring HHSC to submit a biennial report on the Healthy Community Collaboratives (HCC) Grant Program.

No later than September 1 of each even-numbered year, HHSC shall prepare a report that includes the following:

- Method by which the department chose entities to award grantees under Chapter 539;
- Amount of grant funds awarded to an entity under this Chapter 539;
- Number of persons served by each community collaborative receiving grant funds under Chapter 539; and
- Results of the annual review of outcome measures required by Section 539.006.

3. HCC Grant Awardees

HCC Grantee Eligibility and Selection Process

The initial 2014 HCC Grant Program awarded grant funds to the five most populous municipalities. Those locations were Austin, Dallas, Fort Worth, Houston, and San Antonio. In 2019, the Houston grantee, the Coalition for the Homeless, canceled their contract, which was subsequently taken over by the local mental health authority (LMHA) in Harris County, The Harris Center for Mental Health and IDD. City of Dallas, the Dallas grantee, elected not to reapply after their contract period ended in 2021.

In April 2020, HHSC issued a Request for Applications (RFA) to procure HCC services supporting rural community collaboratives who served two or more counties with populations of less than 100,000 people.

In January 2021, HHSC went through an RFA to procure HCC services aimed at expanding community collaboratives to address unmet behavioral health needs of persons experiencing homelessness or at imminent risk of homelessness.

For both RFAs, after initial screening for eligibility, application completeness, and initial scoring of the elements, a selection committee comprised of HHSC staff looked at all eligible applicants to determine which proposals would be awarded to accomplish state priorities most effectively. The selection committee considered the following in recommending awards:

- Statutory requirements and limitations governing the use and award of HCC funds;
- Evaluation scores of applications;
- Risk evaluations (experience administering programs like HCC, financial capability, ability to execute the program, etc.) of applications and applicants;
- Geographic distribution of funding and services represented by applications;
- Prior grantee performance, with a preference given to existing projects demonstrating success; and
- Minimizing duplication of effort and maximizing existing resources in service areas with an emphasis on addressing service gaps.

Organizations eligible for HCC funding included LMHAs, local behavioral health authorities (LBHAs), non-profit organizations, educational institutions, and governmental entities that were selected based on considerations listed above.

The Texas Legislature has amended the statute since the inception of the HCC program to expand the methods of awarding grants through the following legislation:

- S.B. 1849, 85th Legislature, Regular Session, 2017, authorized HHSC to expand community collaboratives to less densely populated areas of the state by requiring HHSC to give preference to HCC Grant Program awardees serving two or more counties, each with a population of less than 100,000.
- H.B. 4468, 86th Legislature, Regular Session, 2019, reduced the match requirements for HCC Grant Program awardees serving counties with populations of 250,000 or less; and required collaboratives to match 25 percent of the state award, instead of an amount that is at least equal to the amount of the grant awarded.³
- H.B. 3088, 87th Legislature, Regular Session, 2021, allowed local government funds to be used for matching funds and removed the requirement for a collaborative to be self-sustaining within seven years.

HCC Grantees for Fiscal Year 2022-23

Rider 53 appropriated \$25,000,000 to HHSC to continue providing grants to community collaboratives. Of the appropriated funds, HHSC could award up to \$10,000,000 to fund community collaboratives in rural areas, contingent upon the availability of local matching funds under Chapter 539.002. Table 1 identifies the amount awarded to HCC grantees in fiscal years 2022-23.

Table 1. HCC Grantees in FY 2022-23

| Grantee | Funding |
|-----------------------|----------------|
| Andrews Center | \$1,191,872 |

³ A primary principle of the state 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.

| Grantee | Funding |
|---|---------------------|
| Integral Care | \$5,912,294 |
| Comal County Family Violence Shelter Inc | \$3,527,052 |
| Haven for Hope of Bexar County | \$4,669,444 |
| My Health My Resources of Tarrant County | \$4,932,998 |
| North Texas Behavioral Health Authority | \$581,026 |
| The Harris Center for Mental Health and IDD | \$3,200,000 |
| The University of Texas at Austin – Office of Sponsored Projects⁴ | \$985,314 |
| Total | \$25,000,000 |

⁴HHSC's selected third party evaluator as required by Section [539.006](#).

4. Number of Persons Served

A person can access HCC services when receiving local homelessness services via a coordinated entry (CE) and assessment process. CE is a system that streamlines access to housing and support services for people experiencing homelessness. CE ensures a fair and efficient process by using a standardized coordinated assessment to match people with the most appropriate programs based on their needs. As Table 2 shows, the overall number of people served by community collaboratives increased from fiscal year 2022 to fiscal year 2023.

Table 2. Number of Persons Served by Each Community Collaborative

| Grantee | 2022 Target | 2022 Served | 2023 Target | 2023 Served |
|--|--------------------|--------------------|--------------------|--------------------|
| Andrews Center | 25 | 41 | 25 | 86 |
| Integral Care | 300 | 399 | 375 | 398 |
| Comal County Family Violence Shelter Inc. | 500 | 853 | 550 | 1,024 |
| Haven for Hope of Bexar County | 4,000 | 4,209 | 4,000 | 4,460 |
| My Health My Resources of Tarrant County | 804 | 1,571 | 1,400 | 1,500 |
| North Texas Behavioral Health Authority | 48 | 29 | 48 | 54 |
| The Harris Center for Mental Health and IDD | 143 | 143 | 150 | 115 |
| Total | 5,820 | 7,245 | 6,548 | 7,637 |

5. HCC Output and Outcome Data

In fiscal year 2021, HHSC launched the Behavioral Health Services Matching Grants Program Performance Measures to collect output and outcome data. HHSC uses data collected to help demonstrate the effectiveness of the matching grant programs. HHSC reviews data including the number of people served by each community collaborative and conducts a review of outcome measures.

HHSC contracts with an independent third-party evaluator to annually verify whether community collaboratives meet established outcome measures.⁵ HHSC currently contracts with the Texas Institute for Excellence in Mental Health (TIEMH) to perform the third-party function. Community collaboratives submit quarterly data to TIEMH for analysis to ensure compliance with the outcome measures.

Section 539.005 requires each community collaborative to select at least four of the following outcome measures to focus on meeting through the implementation and operation of the collaborative:

- 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 social businesses in the community or engage in job creation, job training, or other workforce development activities;
- There will be a decrease 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; and

⁵ Texas Government Code, Section 539.006.

- Any other appropriate outcome measure that measures whether a collaborative is meeting a specific need of the community served by the collaborative and that is approved by HHSC.

Fiscal Year 2022 Program Outcomes

In fiscal year 2022, the HCC Grant Program expanded into rural communities, increasing access to services that address homelessness. Rural community collaborative grantees include Andrews Center, Comal County Family Violence Shelter Inc., and North Texas Behavioral Health Authority. These new community collaboratives administered projects across nine rural counties, reaching over 920 rural Texans. With this expansion, HHSC funded a total of seven community collaboratives in 13 counties.

The expansion of HCC services in fiscal year 2022 led to substantial improvements in housing, employment, and reduced hospitalizations of participants. Community collaboratives surpassed their service target by 19%, achieving notable successes as detailed below.

Housing Outcomes

The expansion of HCC services supported a total of 1,033 people in obtaining housing in fiscal year 2022. Housing options include Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, and Sober Housing ⁶. Additionally, 1,155 people showed improvement in housing stability at the time of exit from the program; and 569 were diverted from becoming homeless during fiscal year 2022. Housing stability is calculated by the total number of participants who entered the program with housing instability (with the goal of housing stability) that received the intended service amount and exited with housing stability during the fiscal year.

Housing stability examples include owning or renting a house, apartment, trailer, or room; group home; adult foster care; nursing home; veteran's home; and or military base.

Examples of housing instability include someone else's house, apartment, trailer, room; Homeless (shelter, street/outdoors, park); transitional living facility; hospital (medical); hospital (psychiatric); acute withdrawal management or residential

⁶ The U.S. Department of Housing and Urban Development (HUD) under Section 578.37 of the CoC Program Interim Rule define the types of housing.

substance abuse treatment facility; correctional facility (jail/prison); and or VA hospital.

Employment and Job Training Outcomes

In fiscal year 2022, community collaboratives provided employment-related services to promote participant self-sufficiency. Community collaboratives conducted 1,885 job training activities and 656 participants maintained their employment.

Job training services include general education and training in the form of educational centers to provide adult literacy, General Equivalency Diploma services and workforce training (not fully supported employment); supported employment services that encourage participation in the workforce and actively assist participants' access to, and continuity of, services within the workforce. Maintaining employment is calculating those participants who enter the program employed, with the goal of maintaining employment, who received the intended service amount and exit the program with paid work.

Reduction in Hospitalizations

HHSC uses the Clinical Management for Behavioral Health Services (CMBHS) system to monitor contract requirements for contracted providers, including HCC grantees. CMBHS supports data exchange with contracted entities and facilitates level-of-care determination and treatment processes for people seeking behavioral health services. CMBHS reports indicate that in fiscal year 2022, HHSC-funded hospitalizations decreased from 105 to 72 after receiving HCC services and were connected to mental health services through their LMHA or LBHA, for a 31 percent decrease.

A Success Story

HHSC relies on data to demonstrate HCC outcomes, but personal success stories also illustrate the impact of HCC services on people and their recovery. A participant's story below details the outcome of HCC services from a quality-of-life perspective⁷.

⁷ HHSC was granted permission by the client to share this testimonial.

Struggling to maintain composure while under suicide watch, Mr. D reached out to a peer support specialist at Tarrant County MHMR. Without knowing it at the time, he had taken a big step in his recovery, and journey towards a better life.

A judge and prosecutor agreed to open up opportunities for Mr. D through community-based integration and intervention. "I knew I wanted something for myself," said Mr. D, fully utilizing case management services to connect with housing, co-occurring psychiatric and substance use disorder counseling, and peer support services across collaborative members.

Mr. D thrived in the HCC program. He moved into his own apartment, secured a stable job, and enrolled in school. In addition to graduating from HCC programming, Mr. D received a promotion with a significant salary increase. He is currently a full-time student on the Dean's list studying Information Technology and Cyber Security.

"I'm grateful for everyone who helped me along the way, it is exactly what I needed." – Mr. D

Fiscal Year 2023 Program Outcomes

The annual review for fiscal year 2023 mirrored the outcomes of fiscal year 2022. Community collaboratives more than doubled the number of participants who obtained housing. Job training activities increased, boosting employment for HCC participants. Meanwhile, HHSC-funded hospitalizations decreased for those receiving HCC services and mental health support through their LMHA or LBHA. In 2023, several community collaboratives also reported on substance use outcomes, which showed positive results described below.

Housing Outcomes

In fiscal year 2023, community collaboratives assisted 2,396 people obtain housing. Of those housed, 50 percent maintained housing stability at the time of program exit.

Compared to fiscal year 2022, rural community collaboratives saw a 53 percent increase in people served in rural counties achieving housing stability at the time of program exit.

Employment and Job Training Outcomes

Community collaboratives administered 2,688 job training activities, which resulted in 53 percent of participants maintaining employment upon program completion. Compared to fiscal year 2022, there was a 5 percent increase in the number of people securing employment after joining the program. Comal County Crisis Center, a rural community collaborative, saw a significant increase of 66 percent in the number of people who gained employment.

Substance Use Outcomes

In fiscal year 2023, community collaboratives MHMR of Tarrant County, and Haven for Hope, which reside in the most populous municipalities, reported data related to substance use program completion. The data indicates that 86 percent of people receiving HCC services completed alcohol or substance use programs.

Reduction in Hospitalizations

In fiscal year 2023, HHSC-funded hospitalizations decreased from 188 to 110 after receiving HCC services, and participants were connected to mental health services through their LMHA or LBHA, indicating a 41 percent decrease.

A Success Story

The Harris Center for Mental Health and IDD operates an HCC-funded program, Hospital to Home (H2H). H2H aids the transition of people released from county jails, local hospitals, and psychiatric facilities to permanent housing. A participant's story below details the outcome of HCC services from a qualitative perspective⁸:

Before entering H2H, Mr. W struggled with addiction, mental health problems, and overall well-being. Through H2H, Mr. W received psychiatric services, medical services, and a wide variety of community services. Through an H2H partner organization, Mr. W worked with a housing navigator who assisted with his search for stable housing and also worked to secure an array of supportive services to help Mr. W maintain housing stability. In June 2023, Mr. W completed the H2H program and is currently living independently in his own dwelling.

⁸ HHSC was granted permission by the client to share this testimonial.

6. Conclusion

The HCC Grant Program enhances the lives of people with behavioral health needs who are experiencing homelessness, or at risk of homelessness, by assisting them in securing and maintaining housing. Community collaboratives focus on strengthening partnerships with other agencies to serve more people and provide additional services that address housing instability and promote recovery.

HHSC will continue monitoring community collaboratives to ensure their success. For the fiscal year 2024 report, HHSC will modify reporting requirements by community collaboratives to help align reporting results and present a more unified narrative in future reports.

List of Acronyms

| Acronym | Full Name |
|----------------|--|
| CE | Coordinated Entry |
| CMBHS | Clinical Management for Behavioral Health Services |
| H.B. | House Bill |
| HCC | Healthy Community Collaboratives |
| HHSC | Health and Human Services Commission |
| H2H | Hospital to Home |
| LBHA | Local Behavioral Health Authority |
| LMHA | Local Mental Health Authority |
| RFA | Request for Application |
| S.B. | Senate Bill |
| TIEMH | Texas Institute for Excellence in Mental Health |