Healthy Community Collaboratives

As Required by

House Bill 1, 86th Legislature,

Regular Session, 2019 (Article II,

Health and Human Services

Commission, Rider 56)

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Executive Summary

The Health and Human Services Commission (HHSC) submits the Healthy Community Collaboratives (HCC) Grant Programs Report for fiscal years 2019 and 2020 in compliance with the 2020-21 General Appropriations Act, House Bill (H.B) 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 56).

The HCC report contains an evaluation of HCC expenditures, outcomes, and data specific to fiscal years 2019 and 2020, through the third quarter. Findings include data based on housing, employment, healthcare, criminal justice involvement, and substance use.

Findings indicate HCC program participants have successfully transitioned from receiving services through the collaborative to becoming integrated into the community through community relationships and family support. Evaluation data has demonstrated that all participants attained positive outcomes.

1. Introduction

Rider 56 requires HHSC to submit a report evaluating the progress of HCC programmatic outcomes and expenditures to the Office of the Governor and the Legislative Budget Board by December 1, 2020.

Mental illness, substance use, and homelessness impose a significant impact on the health and economic prosperity of communities in Texas. Recovery from mental illness or substance use is a difficult and challenging journey, made more complex when an individual or family is experiencing a housing crisis. Recovery and reintegration into the community are the primary goals of community collaboratives, which incorporate housing and behavioral health interventions to help participants:

- Obtain and maintain housing;
- Obtain and maintain employment;
- Establish or re-establish supportive relationships; and
- Encourage ongoing recovery to address behavioral and medical needs.

HCC programs connect the target population to recovery-oriented supports through a coordinated entry and assessment process. These processes refer program participants to housing services and supports that assist in making homelessness rare, brief, and nonrecurring, while addressing the individual's behavioral health needs. Between the efforts of individual HCC participants, and the investment made by the collaboratives in addressing the root causes of homelessness, HCC programs continue to impact and enrich the lives of persons served.

2. Background

Senate Bill (S.B.) 58, 83rd Legislature, Regular Session, 2013, added Texas Government Code Chapter 539 to authorize the Department of State Health Services (DSHS) to award initial grants for the establishment and expansion of community collaboratives. The goal of HCC programs is for community collaboratives to unite the public and private sectors in providing services to persons with a mental illness and/or substance use disorder experiencing homelessness and help the target population achieve recovery and re-integration within their communities. In accordance with statute, HCC programs are required to be self-sustaining within seven years.

S.B. 58 also contained population-based grant eligibility criteria, directing DSHS to fund community collaboratives in the most populous municipalities which are located in counties with more than one million inhabitants. DSHS conducted a competitive procurement and initially awarded five grants to the following organizations:

- Integral Care (Austin)
- City of Dallas (Dallas)
- My Health My Resources of Tarrant County (Fort Worth)
- Coalition for the Homeless (Houston)
- Haven for Hope (San Antonio)

DSHS chose grantees according to their ability to promote collaboration based on locally identified priorities; leverage funding in an amount at least equal to the state grant; achieve self-sustaining status within seven years of initial funding; and identify definable outcome measures which addressed one or more of the following criteria:

- Homelessness;
- Criminal justice involvement;
- Emergency room utilization;
- Substance use; and/or
- Employment rates.

In 2016, the HCC program transferred to HHSC as part of HHS Transformation directed by S.B. 200, 84th Legislature, Regular Session, 2015, which transferred

some functions from DSHS to HHSC, including behavioral health services. S.B. 1849, 85th Legislature, Regular Session, 2017, amended Texas Government Code Section 539.002 and added Section 539.0051, which establishes community collaboratives and required HHSC to give special consideration to entities establishing or expanding collaboratives that serve two or more counties, each with a population of less than 100,000.

In fiscal year 2020, HHSC established a learning community with a third-party provider to provide outreach, engagement, and technical assistance to rural service providers to establish community collaboratives in alignment with the requirements of S.B 1849. Additionally, HHSC released two Requests for Application (RFAs) to expand to rural areas. The two RFAs solicited only one application and no awards were given. HHSC will continue to develop and execute plans to engage stakeholders for the fiscal year 2022 RFA.

H.B. 4468, 86th Legislature, Regular Session, 2019, authorized HHSC to award funds to counties with populations less than 250,000, if the entity leveraged additional funding from private sources in an amount equal to one-quarter of the grant award amount.

3. Program Overview

Expenditures

Rider 56 appropriated $25 million in general revenue to HHSC over the biennium to fund community collaboratives. Rider 56 also allowed $10 million of the total funds to expand HCC to rural areas of the state.

As demonstrated in Table 1, the HCC programs have expended $58,271,987 since inception in fiscal year 2014 to the end of the third quarter of fiscal year 2020. Of that total, $10,499,333 was expended in fiscal year 2019 and $8,021,050 was expended as of the third quarter in fiscal year 2020.

HCC programs are required to provide a cash-only match at least equal to the state grant amount. Therefore, total HCC expenditures amounted to over $106.5 million.

Table 1. Program Expenditures by Fiscal Year

HCC Program Providers	FY 2014-2017	FY 2018	FY 2019	FY 2020[1]	Total Expenditures with Match
Integral Care-Austin	$5,533,250	$2,645,942	$3,258,021	$2,067,170	**$19,037,632**
City of Dallas	$4,720,810	$1,386,779	$1,500,000	$1,052,958	**$17,321,093**
Coalition for the Homeless Houston[2]	$2,137,998	-	-	-	**$4,275,996**
Haven for Hope	$9,229,119	$2,693,475	$2,693,477	$2,303,676	**$33,839,495**
My Health My Resources of Tarrant County	$7,827,409	$2,570,193	$2,413,993	$2,408,607	**$30,440,405**
The Harris Center[3]	-	-	$1,600,000	$1,600,000	**$0**
University of North Texas[4]	-	-	$320,000	-	**$320,000**
University of Texas at Austin	$714,280	$292,350	$313,842	$188,638	**$1,509,110**
Total	**$30,162,866**	**$9,588,739**	**$12,099,333**	**$9,621,049**	**$106,743,731**

[1] September 1, 2019 – May 30, 2020.
[2] After participating in the HCC program during state fiscal years 2014 and 2015, Coalition for the Homeless of Houston withdrew from the HCC program.
[3] The Harris Center was awarded funds to begin a new HCC project in Harris County. The project planning commenced in late fiscal year 2020 with implementation beginning in fiscal year 2021.
[4] The University of North Texas was contracted to support applicants and awardees from a rural-focused HCC procurement starting in fiscal year 2019.

Services

Each community collaborative created its own local program design that includes the development, implementation, and prioritization of comprehensive and integrated services and supports by collaborative members. Services include coordinated assessment, mental health services, substance use disorder services, primary care, peer services, case management, and an array of housing services. Each HCC program is unique, and the services offered depend on identified local community priorities. There are two types of collaboratives:

- **Co-located, facility-based collaboratives:** These require community partners to provide an emergency shelter, housing services, mental health and substance use services, and other social services in one location. Haven for Hope (San Antonio) and My Health My Resources of Tarrant County (Fort Worth) are considered co-located programs since they provide all services in one location.
- **Non-co-located collaboratives:** These provide services in a decentralized area and operate a coordinated assessment in their community, including those services offered in co-located programs. City of Dallas (Dallas) and Integral Care (Austin) are considered non-co-located programs.

Both types of collaborative sites are required to implement the Housing First model. The Housing First model provides persons experiencing homelessness and living with a mental health or substance use issue immediate access to housing and supportive services, without the requirement to participate in psychiatric treatment or sobriety to obtain housing. The cornerstone of this model includes a combination of individual choice, separation of housing and services, recovery-oriented services, and community integration.

HCC programs incorporate the Housing First model using various housing and homelessness interventions to divert, prevent, and end homelessness. The primary purpose of the interventions is to rapidly and effectively match a participant's needs to available housing services and supports to ensure homelessness is rare, brief, and nonrecurring.

4. Program Outcomes

HHSC contracts with The University of Texas - Texas Institute for Excellence in Mental Health (TIEMH) to evaluate HCC program performance. TIEMH evaluates data submitted by HCC programs and data from the Clinical Management of Behavioral Health Services in five key areas: housing, employment, health care, criminal justice involvement, and substance use.

The data examined for this report includes 31,390 persons enrolled in the HCC program from July 1, 2014, through May 30, 2020. Of the total persons enrolled in the program, 6,238 were enrolled during the period beginning September 1, 2019, through May 30, 2020. This population included housed participants and participants waiting for housing. TIEMH analyzed results from the Adult Needs and Strengths Assessment (ANSA) tool administered at program entry, and again after participants received HCC services for six and 12 months. Participant scores at six and 12 months for multiple ANSA domains demonstrate significant improvements for both housed and non-housed persons in selected outcome areas. Results also revealed that both housed and non-housed persons received a positive benefit from HCC participation

It should be noted that data for fiscal year 2019 is from aggregate reports that were previously required. Starting in fiscal year 2020, HHSC began collecting client-level data with the goal of improving reporting accuracy by reducing duplication across service categories and types. Therefore, in multiple areas of this report it will appear that fewer persons were served in fiscal year 2020 when compared to fiscal year 2019. This is attributed to the change in reporting that results in a lower, unduplicated count of persons served.

Housing

Participants who received Rapid Re-Housing, Permanent Supportive Housing, or other affordable housing services while enrolled in HCC demonstrated positive change in ANSA domain items. TIEMH reviewed baseline mean scores of program participants at enrollment and mean scores of program participants after six and 12 months of HCC enrollment.

In fiscal year 2019, 2,144 persons were housed and in fiscal year 2020 through the third quarter, 1,593 persons were housed for a total of 3,737 participants. Due to

the change in reporting from aggregate to client level data, the persons housed for fiscal year 2020 is lower since the total now reflects an unduplicated number of persons served. While housed, participants received wrap-around housing services and supports, including rental assistance, utility assistance, food, furniture, individual mental health counseling, group mental health counseling, psychiatry services, and substance use services. The TIEMH evaluation identified the following as the most notable outcomes of program participants after six and 12 months of HCC enrollment.

- Participants housed at six months after program enrollment showed significant improvement in general functioning, including a lower number of crisis episodes, decrease in life domain functioning needs, psychiatric hospitalizations, and an increase in strengths when compared to the baseline.
- Participants housed at 12 months after program enrollment showed improvement in behavior health needs, psychiatric crisis episodes, and an increase in strengths compared to those not yet housed at those same points in time.
- Participants not housed at baseline to housed at six months showed improvement in risk behaviors, life domain functioning needs, psychiatric hospitalizations, and significant improvement in strengths.
- Participants not housed at baseline to not housed at six months still showed significant improvement in life domain functioning needs, psychiatric hospitalizations, psychiatric crisis history, and strengths.
- Participants not housed at baseline to housed at 12 months showed improvement in risk behaviors, behavior health needs, life domain functioning needs, psychiatric hospitalizations, and strengths.
- Participants not housed at baseline to not housed at 12 months showed significant improvement in psychiatric hospitalizations, psychiatric crisis history, and strengths.

Employment

In fiscal year 2019, over 7,000 persons received employment services and in fiscal year 2020, over 2,800 persons received employment services. Due to the change in reporting from aggregate to client level data, the number of persons who received employment services for fiscal year 2020 are lower but now reflect an unduplicated number of persons served. Overall, participants who received supported employment services, such as job placement, education services, job skills training,

and assistance in obtaining legal documents to obtain work or income, displayed positive changes in general functioning.

Program participation improved employment outcomes, particularly for non-housed persons. Analysis of the ANSA data identified that participants housed at six months and 12 months after program enrollment had a significantly higher rate of employment and better job history compared to their baseline rate.

Health Care

HCC programs offer, or coordinate the delivery of, multiple health care services including: behavioral health treatment and prevention, primary health care, women's care, dental care, health assessments, and specialty care for illnesses. An analysis of ANSA scores of HCC participants noted positive health outcomes after entering an HCC program, after both six and 12 months of enrollment. Specifically, participants had fewer depressive symptoms, schizophrenia symptoms (negative symptoms), and bipolar symptoms compared to when they first enrolled in the HCC program.

TIEMH's data analysis identified hospitalizations as one of the key indicators of positive outcomes correlated with HCC program participation. Their analysis also yielded the following results.

- Participants not housed at baseline, to housed six months after HCC enrollment were:
  - Less likely to have psychiatric hospitalizations;
  - Significantly more likely to report greater strengths;
  - Significantly more likely to report lower depressive symptoms and physical/medical needs; and
  - Significantly more likely to have a lower risk of suicide, compared to when they first enrolled in HCC.
- At six months of HCC enrollment, participants who remained non-housed were:
  - Significantly less likely to have psychiatric hospitalizations, psychiatric crisis episodes, and hospitalizations in the past 180 days; and
  - Significantly less likely to have depressive symptoms, schizophrenia symptoms (negative symptoms), and bipolar symptoms, compared to when they first enrolled in HCC.
- At 12 months of HCC enrollment, participants who remained non-housed were:

- Significantly less likely to have psychiatric hospitalizations, psychiatric crisis episodes, and hospitalizations in the past 180 days; and
- Significantly less likely to have depressive symptoms compared to when they first enrolled in HCC.

Criminal Justice Involvement

All established HCC sites provide criminal justice-related services since implementation in July of 2014. Of the persons enrolled in HCC programs, 995 had a history of criminal justice involvement. Services include assistance with obtaining legal counsel, case management, post-arrest jail diversion, and mental health counseling during incarceration or after release from a correctional facility.

According to TIEMH, participation in the HCC program is correlated with positive outcomes for the enrolled population. TIEMH's analysis of ANSA items related to criminal justice confirmed that at 12 months of HCC enrollment, housed participants were more likely to have lower incidence of arrests within the last 30 days than non-housed participants.

Analysis of the Texas Law Enforcement Telecommunications System data indicated that at the six-month follow up, HCC clients with frequent histories of criminal justice involvement that led to arrest before HCC enrollment had little to no criminal justice involvement leading to arrest after program enrollment.

Substance Use

In fiscal year 2019, 4,450 participants received substance use services and in fiscal year 2020, 907 participants received substance use services. Due to the change in reporting from aggregate to client level data, the number of participants receiving substance use services for fiscal year 2020 is lower than previous years, but current data now reflects an unduplicated number of persons served.

Services outlined in HCC treatment interventions include detoxification, residential care and supports, outpatient care and supports, aftercare/aftercare supports, and harm reduction. Findings from the TIEMH analysis of ANSA data (from HCC enrollment from July 1, 2014, to May 30, 2020) include the following observations regarding the effects of substance use treatment service on HCC participants:

- At six months of HCC enrollment, housed participants were likely to report lower substance use needs.

- At six months of HCC enrollment, participants who were not-housed were significantly more likely to report greater involvement in recovery; and likely to report lower substance use needs.

5. Conclusion

Homelessness has increasingly become a complex, multi-system issue requiring integrated and collaborative partnerships to address the needs of persons in a housing crisis. Pursuant to Texas Government Code Chapter 539, HCC grant programs continue to assist HCC participants with a permanent place to call home that yields immediate social and economic returns to the community.

HCC program participants have successfully transitioned from receiving services through the collaborative to becoming integrated into the community through community relationships and family support. Evaluation data demonstrate all participants attained positive outcomes, whether they are placed in housing or not. Therefore, all participants benefit from HCC services. However, those who are housed in supportive settings such as Permanent Supportive Housing, transitional housing, and other housing settings benefit the most.

As HHSC develops and implements a plan to expand HCCs into rural and less densely populated regions of Texas, the agency aims to continuously improve how HCC is operationalized to meet each community's identified needs.

List of Acronyms

Acronym	Full Name
ANSA	Adult Needs and Strengths Assessment
DSHS	Department of State Health Services
H.B.	House Bill
HHSC	Health and Human Services Commission
HCC	Healthy Community Collaborative
RFA	Requests for Application
S.B.	Senate Bill
TIEMH	Texas Institute for Excellence in Mental Health