Report on the
Community Mental
Health Grant Program

As Required by
House Bill 13, 85th Legislature,
Regular Session, 2017

Health and Human Services

December 2017
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Executive Summary

House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017, directs the Health and Human Services Commission (HHSC) to establish a Community Mental Health Grant program and submit an annual report on the program’s success. The program’s purpose is to ensure individuals with mental health issues can access services and treatment.

The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 207) appropriates $10 million in general revenue to award through grants for fiscal year 2018. Grant recipients are selected from local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs), non-profit organizations, and government entities based on set criteria. Grant recipients must seek out matching funds. The percent of matching funds required is based on the population of the community served. Grant recipients use state and matching funds to administer the program.

HHSC is currently implementing the program and anticipates grants will be awarded in two phases, for April 2018 and June 2018 start dates, respectively. Future reports will include findings and recommendations related to the program’s effectiveness.
1. Introduction

H.B. 13 requires HHSC to submit a report evaluating the success of the matching grant program annually, by December 1, to the governor, lieutenant governor, and Legislature. Because HHSC anticipates full implementation will occur in June 2018, this initial report focuses on early implementation activities. Significant findings and recommendations related to the program’s effectiveness will be included in future reports.
2. Background

The Texas Statewide Behavioral Health Strategic Plan for fiscal years 2017-2021 estimates the prevalence of serious mental illness in Texas at 1 million adults, or 5 percent of the total Texas adult population, and estimates the prevalence of serious emotional disturbance at 519,368 children and youth in Texas, or 7.3 percent of the total Texas child and youth population.\(^1\)\(^2\) These estimates demonstrate the significant need for mental health care services in Texas.

The Community Mental Health Grant program is a matching grant program expanding treatment for and promoting recovery from mental illness through mental health care services and treatment. Through the program, HHSC aims to:

- encourage greater continuity of care for individuals receiving services through a diverse local provider network;
- coordinate mental health care and transition support services for individuals with mental illness;
- provide quality and person-centered care for individuals with mental illness;
- encourage stakeholder partnerships and community collaboration; and
- support strategic policy coordination.

In fiscal year 2018, $10 million in general revenue is available to award to community mental health grant programs. Grant funds awarded by the state through the program must address gaps in services identified in the Strategic Plan, and align with the goals and strategies associated with each identified gap. Additionally, grants awarded under the program must only be used to support community programs which provide mental health care services and treatment, or coordinate mental health care and other transition support services, for individuals with a mental illness.

\(^1\) https://hhs.texas.gov/sites/default/files//050216-statewide-behavioral-health-strategic-plan.pdf
\(^2\) The Substance Abuse and Mental Health Services Administration defines serious mental illness as a diagnosable mental, behavioral, or emotional disorder causing serious functional impairment among people who are age 18 and older that substantially interferes with or limits one or more major life activities. It defines serious emotional disturbance as diagnosable mental, behavioral, or emotional disorders in the past year, which resulted in functional impairment among children age 17 and younger that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.
Community mental health programs receiving state-awarded grant funds must seek out matching funds:

- equal to 50 percent of the grant amount if located in a community with a population of less than 250,000;
- equal to 100 percent of the grant amount if located in a community with a population of at least 250,000; or
- equal to the percentage of the grant amount for the largest county in which the program is located, if located in multiple counties.

Matching funds may include:

- local philanthropic, private, city, or county funds;
- in-kind contributions of goods or services committed specifically for the program;
- donated resources; or
- volunteer time to accomplish activities specifically for the program.
3. Implementation Activities

Table 1 shows HHSC’s timeline for implementing the Community Mental Health Grant program. The timeline includes major milestones and targeted completion dates. The following sections provide more information on these activities.

Table 1. Implementation Timeline

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Targeted Completion Date</th>
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</thead>
<tbody>
<tr>
<td>Needs and Capacity Assessment (NCA) and Request for Applications (RFA)</td>
<td>1st Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>posted</td>
<td></td>
</tr>
<tr>
<td>Final Selection and approval</td>
<td>2nd Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>NCA contract negotiations</td>
<td>2nd Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>RFA contract negotiations</td>
<td>3rd Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>NCA contract execution</td>
<td>3rd Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>NCA grant period start date</td>
<td>3rd Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>RFA contract execution</td>
<td>4th Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>RFA grant period start date</td>
<td>4th Quarter, fiscal year 2018</td>
</tr>
<tr>
<td>Community collaboratives present to the Statewide Behavioral Health</td>
<td>Bi-annually as determined by the SBHCC</td>
</tr>
<tr>
<td>Coordinating Council (SBHCC)</td>
<td></td>
</tr>
</tbody>
</table>

**Needs and Capacity Assessment**

A competitive NCA was distributed to LMHAs and LBHAs to make available 50 percent ($5 million) of funds appropriated for the grant program. One-half of the funds awarded using this method is set aside for counties with populations under 250,000. The NCA allows HHSC to leverage existing relationships with LMHAs and LBHAs to award grants and begin service delivery more quickly than traditional solicitation types.

**Request for Application**

A broader competitive procurement soliciting proposals from non-profit organizations and governmental entities through an RFA will award 50 percent ($5
million) of funds appropriated for the grant program. One-half of the funds awarded through this process is set aside for counties with populations under 250,000.

**Final Selection**

HHSC anticipates selecting final NCA grant recipients in December 2017 and final RFA grant recipients in February 2018. The agency expects to award multiple grants to eligible LMHAs, LBHAs, non-profit organizations, and governmental entities based on appropriated funding and the degree to which proposals meet criteria in H.B. 13. Contingent on final negotiations, NCA contracts will be executed in time to begin the grant term in April 2018, while RFA contracts will be executed in time to begin the grant term in June 2018.

HHSC will use the following selection criteria to evaluate submitted applications:

- Fiscal controls for the project
- Project effectiveness
- Project cost (efficiency)
- Applicant’s previous experience with grants and contracts
- Whether the proposed services duplicate services already available in the applicant’s service area
The community support services offered through this matching grant program will improve health outcomes and well-being by improving the stability of individuals receiving treatment for mental illness.

**Expected Outcomes**

HHSC anticipates the grant program will result in the following outcomes:

- stronger collaborations between mental health and substance use programs and primary care providers in local service areas;
- increased community collaboration;
- greater continuity of care for individuals receiving services through a diverse local provider network;
- less duplication of mental health services provided in local service areas; and
- plans for tracking and reporting data, and providing supervision and oversight, within the existing service delivery structure.

**Performance Measures**

As stated in the NCA and RFA, entities awarded grants will be evaluated based on:

- effectiveness of the program in relation to the gaps and associated goals identified in the state plan;
- overall effectiveness of the program, through measures HHSC will develop, including:
  - individual improvement based on assessments conducted before, during, and after provision of services in the chosen sections of the uniform assessment over time; and
  - individual satisfaction with the program based on satisfaction surveys conducted in measured intervals; and
• bi-annual reports to the SBHCC on the impact each collaborative has had on project implementation and mental health outcomes of the population served by the grant funding.³

³ Per 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04[b]).
5. Conclusion

As directed by H.B. 13, HHSC has begun implementation activities for the Community Mental Health Grant program and expects full implementation to occur by June 2018. The community support services offered through the program will improve health outcomes and well-being through locally driven, collaborative services to meet the need of individuals receiving treatment for mental illness.

HHSC received $10 million in general revenue for fiscal year 2018 to implement the program and anticipates additional funding of up to $20 million in general revenue will be available for the program in fiscal year 2019. Additional funds will be used to continue fiscal year 2018 projects, as appropriate, and secure additional and/or expanded projects.
# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.B.</td>
<td>House Bill</td>
</tr>
<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
</tr>
<tr>
<td>LBHA</td>
<td>Local Behavioral Health Authority</td>
</tr>
<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
</tr>
<tr>
<td>NCA</td>
<td>Needs and Capacity Assessment</td>
</tr>
<tr>
<td>RFA</td>
<td>Request for Applications</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<tr>
<td>SBHCC</td>
<td>Statewide Behavioral Health Coordinating Council</td>
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