



# **Healthy Community Collaboratives**

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**As Required by**

**2018-19 General Appropriations Act,  
Senate Bill 1, 85th Legislature, Regular  
Session, 2017 (Article II, Health and  
Human Services Commission, Rider 73)**

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## Executive Summary

Senate Bill (S.B.) 58, 83rd Legislature, Regular Session, 2013, established the Healthy Community Collaboratives (HCC) program by authorizing the Health and Human Services Commission (HHSC) to award grants for the establishment and expansion of community collaboratives. These community collaboratives bring the public and private sectors together to provide services to persons experiencing homelessness, and mental illness and substance use issues.

S.B. 1849, 85th Legislature, Regular Session, 2017, amended the code and directs HHSC to establish or expand community collaboratives that bring the public and private sectors together to provide services to persons experiencing homelessness and substance use issues or mental illness. The legislation requires an expansion of the collaborative to rural areas that serve two or more counties with populations of less than 100,000.

The statute requires a report on the progress of the program and expenditures. This report is due every December 1 on a biennial basis. Significant findings from the report for individuals enrolled in the program beginning in 2014 include outcome data for housing, employment, healthcare, criminal justice involvement, and substance use.

# 1. Introduction

Chapter 539 of the Government Code requires HHSC to submit a report evaluating the progress of the HCC program and expenditures. Per statute, the report is published and distributed to the Office of the Governor and the Legislative Budget Board. The report is due biennially on December 1.

Mental illness and substance use impact Texas communities in terms of lost productivity and lives. Recovery is a difficult and arduous journey, and an even more complicated process for those who are also experiencing homelessness. Recovery and reintegration into the community are the principal goals for people participating in the HCC program. HCC providers engage and assist participants with:

- Securing housing;
- Obtaining work;
- Building or re-building supportive relationships; and
- Achieving ongoing recovery from their medical, mental, and substance use disorders.

HCC collaboratives help homeless participants suffering from mental illness or substance use disorders improve their existing relationships with family and build networks of recovery support through employment and involvement in community organizations, faith-based groups, and activities specifically geared to their needs. Participants receive treatment and work to assume an active and positive role in their community.

Between the efforts of individual HCC participants and the investment made by the collaboratives in addressing the root causes of homelessness, communities themselves are enriched and renewed.

## 2. Background

S.B. 58 served as enabling legislation for the HCC program by amending the Government Code with Chapter 539. Chapter 539 authorized legacy Department of State Health Services (DSHS) to award initial grants for the establishment and expansion of community collaboratives. The purpose of the HCC program is for community collaboratives to unite the public and private sectors in providing services to homeless individuals experiencing mental illness and/or substance use issues and to help them achieve recovery and re-integration within their communities.

Original legislation also contained population-based eligibility criteria, directing legacy DSHS to fund community collaboratives in the most populous municipalities located in counties with more than one million inhabitants. Rider 90 attached to the legacy DSHS budget in the 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013, specified that up to \$25 million could be allocated to HCC for the biennium. Legacy DSHS conducted a competitive procurement and initially awarded five grants to the following organizations:

- Integral Care (Austin)
- The City of Dallas (Dallas)
- My Health My Resources of Tarrant County (Fort Worth)
- Coalition for the Homeless (Houston)<sup>1</sup>
- Haven for Hope (San Antonio)

Grantees were chosen 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:

- Homelessness
- Criminal recidivism
- Emergency room utilization
- Substance use

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<sup>1</sup> After participating in the HCC program during state fiscal years 2014 and 2015, Coalition for the Homeless of Houston withdrew from the HCC program.

- Employment rates

In September 2016, the HCC program transferred to HHSC. S.B. 1849 amended Government Code Chapter 539, which describes community collaboratives and requires expansion to rural areas serving two or more counties each with populations of less than 100,000. S.B. 1849 requires HHSC to expand the existing HCC community collaborative program into rural areas, and specifically address diversion from jail or other detention facilities. Collaboratives must now include local law enforcement agencies in the collaborative and develop or provide proof of a jail diversion policy for appropriate persons requiring services.

By providing jail diversion activities, housing services, and appropriate mental health or substance use disorder interventions, it is anticipated there will be a positive impact for homeless individuals with repeated arrests. Except for the currently funded collaboratives, the governing body of the county in which a collaborative operates must develop and make public a plan that outlines how community stakeholders will:

- Establish or expand a community collaborative to accomplish chosen goals;
- Leverage funding from private sources; and
- Establish resources to help local law enforcement agencies divert arrested individuals to appropriate mental health care or substance use treatment.

HHSC will complete a procurement for new “rural” HCC sites in fiscal year 2019 through a request for application process.

## 3. Program Overview

### Expenditures

The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 73), appropriated HHSC \$25 million per biennium for the HCC program and allowed HHSC to set aside up to \$10 million for rural collaboratives. As shown in Table 1, below, the HCC program, inclusive of all current sites, expended \$54,979,033 in state funds since implementation in fiscal year 2014. HCC providers are required to provide a cash-only match at least equal to the state grant amount. As such, grant sites have expended an additional \$58,208,907 in matching funds during the same period of time. Therefore, total HCC expenditures amounted to over \$113.1 million. The current state funds expenditure amount in fiscal year 2018 is \$9,296,389 and additional adjustments may be made after contract closeout for fiscal year 2018.

**Table 1: Expended State Funds, By HCC Provider and Fiscal Year**

Provider	FY 2014-2015 <sup>a</sup>	FY 2016	FY 2017	FY 2018 <sup>b</sup>	Total 2014-2018
<b>Integral Care</b>	\$3,915,970	\$3,246,579	\$3,875,498	\$2,645,942	\$13,683,989
<b>City of Dallas</b>	\$5,177,000	\$2,613,607	\$567,470	\$1,386,779	\$9,744,856
<b>Coalition for the Homeless<sup>1</sup></b>	\$6,625,762	\$0	\$0	\$0	\$6,625,762
<b>Haven for Hope</b>	\$3,577,498	\$3,000,910	\$3,755,098	\$2,693,475	\$13,026,981
<b>MHMR of Tarrant County</b>	\$3,832,010	\$2,991,995	\$2,503,247	\$2,570,193	\$11,897,445
<b>Total</b>	<b>\$23,128,240</b>	<b>\$11,853,091</b>	<b>\$10,701,313</b>	<b>\$9,296,389</b>	<b>\$54,979,033</b>

<sup>1</sup> After participating in the HCC program during state fiscal years 2014 and 2015, Coalition for the Homeless of Houston withdrew from the HCC program.

<sup>a</sup> State funds expended during last quarter of 2014 were added to fiscal year 2015 expenditures.

<sup>b</sup> Fiscal year 2018 reflects expenditures only through August 31, 2018. Additional adjustments may be made after contract closeout for fiscal year 2018.

## Services

The HCC program provides comprehensive integrated care services to individuals experiencing homelessness and mental illness or substance use disorders. Services include coordinated assessment, mental health services, substance use services, primary care, peer services, case management, supported employment, and an array of housing services. Each provider has targets for minimum required services and optional services chosen based on specific community need. Each site reports progress on targets on a quarterly basis to HHSC. Targets are based on the amount of funding each site receives and the cost per service in each area.

Eligible participants are identified and enrolled through a coordinated assessment process which evaluates behavioral, social, and housing needs and follows written policies and procedures for providing the appropriate services. Most importantly, the coordinated assessment process facilitates access to rapid re-housing and permanent supportive housing. In addition to supplying HCC providers with a standardized assessment and intake process, the coordinated assessment process also allows for rapid referrals across a local service area.

Each HCC program site is unique, and the services offered are dependent on local community priorities. There are two types of collaboratives:

- **Co-located, facility-based collaboratives** - These require community partners to provide emergency shelter, housing services, mental health and substance use services, and other social services in one location. San Antonio and Fort Worth sites are considered as operating co-located programs since they provide all services in one location.
- **Non-Co-located collaboratives** – These provide services in a decentralized, scattered manner, while still performing a community-based coordinated assessment. The Dallas and Austin sites are considered non-co-located programs.

Both types of collaboratives are required to implement a "Housing First" model. The model provides homeless individuals, who are also experiencing mental health or substance use issues, immediate access to housing and support services without first requiring participation in psychiatric treatment or completing a specific period

of sobriety. The cornerstones of this approach are individual choice, separation of housing and services, recovery-oriented services, and community integration.

## 4. Program Outcomes

To report on the HCC program progress as legislatively required, HHSC used recently compiled evaluation data to document the success of the program's interventions in five key areas: housing, employment, health care, criminal justice involvement, and substance use. HHSC contracted with the Texas Institute for Excellence in Mental Health (TIEMH) at The University of Texas at Austin to evaluate HCC performance since program inception in 2014.

The data examined for this effort involved 25,152 individuals enrolled in HCC during the 18-month window of September 1, 2016, through February 28, 2018. This population included housed participants and participants waiting for housing. The TIEMH staff analyzed results from the Adult Needs and Strengths Assessment (ANSA) tool administered at program entry and then again after participants received HCC services for periods of 6 and 12 months. Participant scores recorded at 6 and 12 months for multiple ANSA domains demonstrate significant improvements for housed and non-housed individuals in all five selected outcome areas. Results also revealed that housed individuals received a greater positive benefit from HCC participation than non-housed individuals. These results are discussed in more detail below.

### Housing

Participants who received rapid re-housing services, permanent supportive housing (PSH), or other affordable housing services while enrolled in HCC demonstrated positive change in ANSA domain items through involvement in the program. TIEMH staff reviewed baseline scores at enrollment, six months after housing, and again at one year after housing. Over 4,300 HCC participants were housed by HCC providers since the start of fiscal year 2017. Housing services provided to these participants included rental assistance, utility assistance, food, furniture, individual mental health counseling, group mental health counseling, psychiatry services, and substance use services. Results observed for this population are as follows:

- Participants housed at both 6 and 12 months after program enrollment showed significant improvement in general functioning, including a lower number of crisis episodes and a decrease in behavioral health needs and psychiatric hospitalizations when compared to those not yet housed at those same points in time;

- Residential stability for housed participants was significantly higher at 6 and 12 months than before participants entered the program, or compared to non-housed participants at the same points in time; and
- Despite not receiving housing assistance, participation in HCC benefitted another 400 enrolled individuals as they were able to self-resolve their homeless status by reuniting with family, moving in with friends, or obtaining housing independently.

## Employment

Over 800 individuals received employment services while enrolled in HCC. Overall, participants who received supported employment services, such as job placement, education services, job skills training, and assistance in obtaining legal documents, displayed positive changes in general functioning, including the ability to maintain housing, if housed.

However, regarding employment, participation in HCC benefitted all enrolled individuals, regardless of whether they received employment services. Moreover, program participation improved employment outcomes for housed and non-housed individuals alike, with greater benefits accruing to the former group. Analysis of the ANSA data yielded the following observations:

- At six months of HCC enrollment, participants who remained non-housed:
  - ▶ had a significantly higher rate of employment compared to their baseline rate; and
  - ▶ had longer duration of employment compared to their baseline rates.
- Participants who were not housed at baseline but were housed at six months had higher rates of employment.
- At 12 months of HCC enrollment, housed participants:
  - ▶ were more likely to have greater rates of employment compared to when they were not housed;
  - ▶ were more likely to have longer duration of employment compared to when they were not housed; and
  - ▶ reported a significantly higher rate of employment than non-housed participants.

## Health Care

HCC collaboratives directly offer or coordinate the delivery of multiple health care services, including but not limited to mental illness treatment, primary health care, women's care, dental care, diagnostics, and specialty care for illnesses.

Participating ANSA scores noted positive health outcomes after entering HCC at both 6 and 12 months of enrollment. The TIEMH evaluation staff identified the following as among the more salient comparisons regarding health status:

- At six months of HCC enrollment, housed participants were:
  - ▶ less likely to have behavioral health needs and psychiatric health crises, and were more likely to exhibit lower risky behavior than non-housed participants;
  - ▶ significantly more likely to report fewer behavioral health needs, and significantly lower rates of psychiatric hospitalizations and psychiatric crises than non-housed participants;
  - ▶ significantly more likely to report fewer behavioral health needs and reported significantly fewer chronic health illnesses and medical/emergency room visits versus before enrolling in HCC;
  - ▶ significantly more likely to report lower rates of psychiatric health crises versus before enrolling in HCC; and
  - ▶ more likely to have a lower risk of suicide than non-housed participants.
- At six months of HCC enrollment, participants who remained non-housed were:
  - ▶ more likely to have fewer physical/medical needs, chronic health issues, and medical/emergency room visits, compared to when they first enrolled in HCC.
- At 12 months of HCC enrollment, housed participants were:
  - ▶ significantly more likely to report fewer behavioral health needs, and significantly lower rates of psychiatric hospitalizations and psychiatric crises than non-housed participants;
  - ▶ significantly more likely to report greater level of connectedness to primary care physicians than non-housed participants;
  - ▶ significantly more likely to report lower rates of psychiatric health crises versus before enrolling in HCC; and
  - ▶ more likely to have fewer medical/emergency room visits compared to when they were not enrolled at baseline.

## **Criminal Justice Involvement**

Of all individuals enrolled in the HCC program, 995 had a history of involvement in the criminal justice system. All four current HCC sites have provided criminal justice-related services since initial implementation. 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.

TIEMH staff research pointed to the high likelihood that participation in the HCC program led to positive outcomes for the enrolled population. Their analysis of ANSA items with criminal justice relevance confirmed the following:

- At six months of HCC enrollment, housed participants were:
  - ▶ more likely to have lower incidence of arrests within the last 30 days than non-housed participants;
  - ▶ more likely to have lower need for legal assistance compared to non-housed participants; and
  - ▶ were more likely to have fewer encounters with the legal system.
- At 12 months, housed participants were more likely to have lower need for legal assistance compared to non-housed participants

## **Substance Use**

Nearly 4,900 HCC participants have received substance use treatment during their enrollment. Services provided as part of HCC treatment strategies include detoxification, residential care and supports, outpatient care and supports, aftercare, aftercare supports, and harm reduction. Findings from the TIEMH analysis of ANSA data include the two following observations regarding the effects of substance use treatment service on HCC participants:

- At six months of HCC enrollment, housed participants were significantly more likely to report lower severity of substance use than non-housed participants; and
- At 12 months, housed participants were significantly more likely to have a shorter duration of substance use than non-housed participants.

## 5. Conclusion

HCC enables homeless individuals with a mental illness or substance use issue to be successful in recovery over time. Thousands of individuals who are homeless and suffering from a mental illness or substance use disorder, or both, achieved recovery and community reintegration with the assistance of the HCC program. Collaboratives are providing the necessary treatment options, housing assistance, and critical support services throughout an individual's enrollment in HCC. The collaboratives are oftentimes filling in gaps and providing services not available in other programs. In doing so, HHSC is able to address several gaps identified in the *Statewide Behavioral Health Strategic Plan* concerning adequate housing, access to services, and access to timely services.

As discussed in the *Program Outcomes* section, evidence provided by the HCC data evaluation contractor demonstrates the program is effective in achieving positive outcomes. HCC has proven effective in ending homelessness for participants enrolled in the program. Participation in HCC reduced crisis episodes, psychiatric hospitalizations, arrests and interaction with law enforcement, emergency room use, and severity of drug use. Involvement in HCC increased residential stability, employment rates, duration of employment, and connectedness with primary care physicians. Evaluation data points to all participants attaining positive outcomes, whether they are placed in housing or not. The data also points to a stronger correlation between receiving housing assistance and achieving positive outcomes. Therefore, all participants benefit from HCC services; however, those who are housed in supportive housing, PSH, transitional housing, and other settings benefit the most.

As HHSC executes the plan to expand HCC into rural and less densely populated regions of Texas, the agency aims to replicate the success achieved by the urban sites. The agency and new collaboratives will likely encounter difficulties due to the problems posed by fewer resources, less organizational capacity, and the challenges accompanying the delivery of services over vast, underpopulated expanses. Both parties will have to remain committed to implementing lessons learned from the initial urban experience and recording new ones as the goal of helping Texans achieve recovery and reintegration spreads to new destinations.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
ANSA	Adult Needs and Strengths Assessment
DSHS	Department of State Health Services
HHSC	Health and Human Services Commission
HCC	Healthy Community Collaboratives
PSH	Permanent Supportive Housing
S.B.	Senate Bill
TIEMH	Texas Institute for Excellence in Mental Health