



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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TO: Executive Director, Texas Council of Community MHMR Centers
Executive and Behavioral Health Directors, Local Mental Health Authorities
North Texas Behavioral Health Authority (NTBHA)

FROM: Trina Ita, MA, LPC, Director 
Mental Health and Substance Abuse Program Services Section

Subject: Needs and Assessment Capacity for Permanent Supportive Housing

Overview:

The Department of State Health Services (Department) is requesting analysis of the need for funding of treatment and recovery support services to veterans who experience homelessness, veterans who experience chronic homelessness and/or individuals who experience chronic homelessness who also have behavioral health disorders. The Department is interested in applying for funding through Substance Abuse and Mental Health Services Administration (SAMHSA) for the Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States). Should a Request for Funding (RFA) be made available in 2015, DSHS plans to partner with one or more selected LMHA for this opportunity.

Submission Deadline:

The deadline for submission of all Needs and Capacity Assessments to DSHS is no later than 4:00 PM CST on Wednesday, November 26, 2014. Submit all assessments to the following email addresses and format:

To: carissa.dougherty@dshs.state.tx.us
Cc: anna.sonenthal@dshs.state.tx.us
Subject: CABHI-State NCA (add LMHA's name)

An email confirmation of receipt will be issued upon submission. Please call (512) 206-5347 if you do not receive confirmation within one business day of submission.

We will be compiling a list of frequently asked questions that will be distributed upon request. Therefore, submit any questions regarding the Needs and Capacity Assessment for supportive housing to Carissa Dougherty at carissa.dougherty@dshs.state.tx.us by 4:00 PM CST Friday, October 31, 2014.

I. Introduction

A. Summary

DSHS anticipates an opportunity to apply for funding for Permanent Supportive Housing Services and plans to sub-contract with one or more Local Mental Health Authority (LMHA) for the implementation of a portion of these dollars. The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment and Center for Mental Health Services have jointly accepted applications in the past for Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-State) grants. In preparation for the anticipated 2015 guidance, DSHS is asking for interested LMHAs who wish to be considered for funding to submit a Needs and Capacity Assessment. This is to ensure that, conditional upon reward, the process can be expedited to ensure that **service delivery begins by the 4th month of the grant project.**

The purpose of this project is twofold: 1) to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; and 2) to increase the number of program-enrolled individuals placed in permanent housing that supports recovery through comprehensive treatment and recovery-oriented services for behavioral health. The target populations are: veterans who experience homelessness or chronic homelessness, and/or other individuals (non-veterans) who experience chronic homelessness. SAMHSA funds must be used to serve individuals with substance use disorders, serious mental illnesses (SMI), or co-occurring substance use and mental disorders. **These funds may not be used to fund housing directly. These funds may not be used when individuals have access to other resources that cover the same services (e.g., HUD-Veterans Affairs Supportive Housing [VASH]).** Applicants are required to demonstrate ability to assist clients to attain permanent housing and certify provide documentation of the source of funding for the housing component, and the evidence that the number of units available for the funding matches the number of targeted clients to be enrolled.

B. Program Goals and Required Activities

The proposed project will be designed to:

Ensure, through state and local planning and service delivery, that veterans who experience homelessness or chronic homelessness, and/or other individuals (non-veterans) who experience chronic homelessness and also have substance use disorders, serious mental illness and/or co-occurring psychiatric and substance use disorders (COPSD) (hereinafter collectively referred to as “population of focus”) receive access to sustainable permanent housing, treatment, recovery supports, and Medicaid and other mainstream benefits. LMHAs are expected to integrate the SAMHSA recovery oriented definition and principles of recovery into their program to the greatest extent possible.

1. Deliver behavioral health, housing support, peer, and other recovery oriented services
 - a. Outreach and direct treatment for the population of focus. Treatment must be provided in either outpatient, day treatment or intensive

- outpatient or short-term residential programs (90 days or less).
 - b. Permanent housing for enrolled individuals.
 - c. Case management or other strategies to link with and retain clients in housing and other necessary services.
 - d. Organize and make available an array of integrated services and supports for population of focus
 - e. Identify and provide enrollment assistance individuals who are likely to need or be served by Medicaid and other mainstream benefits (e.g., SSI/SSDI, TANF, SANP, etc.)
 - f. Identify and refer Medicaid-eligible persons to primary care providers as necessary. **Funds may not be used to pay for primary care, emergency medical services for physical conditions, or prescription drugs.**
 - g. Recovery Support services which may include some or all:
 - i. Vocational, child care, educational and transportation services
 - ii. Independent living skills
 - iii. Supported employment
 - iv. Crisis care
 - v. Medications management
 - vi. Self-help programs
 - vii. Discharge planning
 - viii. Psychosocial rehabilitation
 - ix. Peer recovery support(s)
 - x. Use of a peer navigator
 - xi. Tenant case management to help maintain housing not covered Medicaid
 - xii. Limited outreach and screening, to identify incarcerated individuals who may experience chronic homelessness upon release from a jail or detention facility for program participation
 - xiii. Education, screening and counseling for hepatitis and other sexually transmitted diseases
 - xiv. Active steps to reduce HIV/AIDS risk behaviors by their clients
 - xv. Trauma-informed services
 - xvi. Use of an integrated primary/substance abuse/mental health care approach in developing the service delivery plan – involves screening for health issues and delivery of client-centered substance abuse and mental health services in collaboration with medical care providers.
2. Demonstrate the ability to assist clients to attain permanent housing and provide documentation of the source of funding for the housing component, and evidence that the number of units available for the grant matches the number of clients targeted to be enrolled in the grant project for each year of the grant. **LMHAs may not require that program participants engage in services as a condition of housing tenancy.**
3. Demonstrate strong collaborative relationship with network of service providers and local public housing authority.

4. Actively participate in the work of the Texas Interagency Council for the Homeless (TICH) to promote the statewide initiatives that will result in short-term and long-term strategies to support the population of focus.
5. Data collection and reporting; including 6-month post-baseline data collection.

II. Needs and Capacity Assessment Requirements

The Needs and capacity Assessment shall describe how the LMHA will enhance or develop their treatment service systems to meet the Program Goals and Required Activities outlined in Section I. B by responding to the elements in Section II. A-E. LMHAs are encouraged to review each section carefully and to address each section completely. The Needs and Capacity Assessment narrative shall be limited in size to 15 (fifteen) 8 ½ x 11' pages, double spaced with 12 point font. The Needs Assessment narrative shall also make appropriate use of the headings listed in Section II. A-E. Supporting documents, including any table(s), spreadsheet(s), letter(s) of support, or written agreement(s) developed and submitted as part of this Needs and Capacity Assessment will not be counted as part of this 15-page narrative limit. LMHAs may not submit more than one Needs and Capacity Assessment for the CABHI-State grant opportunity.

A. Executive Summary

- a. Describe, in two to three sentences, the proposed project to enhance or develop the delivery of behavioral health, housing support, peer and other recovery-oriented services in your treatment service system.
- b. Describe your capability and experience including collaborative partner agencies in the provision of managing permanent supportive housing, service delivery and treatment to the population of focus.

B. Population of Focus

- a. Identify the specific population(s) of focus
- b. Describe the demographic profile of your population of focus in terms of race, ethnicity, gender, age, socio-economic status, sexual identify and other factors
- c. Discuss the relationship of your population of focus, including sub-populations, to overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data
- d. Identify the unduplicated number of persons to be served, including sub-populations (e.g., race, ethnicity, gender, and sexual identify) annually and over the entire project period.

C. Demonstrated Need

1. Describe the nature of the problem – include infrastructure and service gaps and current prevalence rates (identify sources of data; quantitative and qualitative)
2. Describe the geographic area(s) to be served (targeted service areas, including counties served), and the need associated with this area. \

D. Program Design/Demonstrated Ability

- a. Describe ongoing services available to project participants, including

- behavioral health, housing support, peer, and other recovery-oriented services. Include a breakdown of the types of services and the number of services.
- b. Describe method of screening, assessing, and documenting the presence of Serious Mental Illness, Substance Use Disorders and COPSD. Include description of how this information is used to develop appropriate treatment plans.
 - c. Identify evidence-based practices (EBP) for this project, how you plan to use in service delivery and describe your experience and ability to deliver EBP to the population of focus.
 - d. Describe plans to identify, recruit and retain the population of focus.
 - e. Describe plans to ensure input of consumers in assessing, planning and implementing your project.
 - f. Describe plans, if any, to implement or upgrade Health Information Technology (HIT) tools to support effective coordination of care for the population of focus and/or to improve data collection, including integrating Electronic Medical Record (EMR) systems with Homeless Management Information Systems (HMIS)/or Government and Performance Recovery Act (GPRA) reporting systems to minimize provider re-entry of data as part of this project.
 - g. Describe plans, if any, to provide training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues or provide evidence-based services as part of this project.

E. Collaboration

- a. Describe the type, extent and breadth of the existing and/or proposed collaboration within your community focused on providing housing and supports to the population of focus.
- b. In the table below, identify any other organization(s) that will participate in the proposed project. Add more lines as necessary. **This funding opportunity is anticipated to allow for the provision of services either directly or through contractual agreements.**

Name of Agency	Lead Contact	Title/Role within Agency	Responsibilities	Level of Commitment/Description of Collaborative Relationship

F. Housing

- a. Describe types of permanent housing (scattered-site or facility-based), funding sources and number of housing units already secured (annually, must be equivalent to the number of individuals to be enrolled in grant project) available to the number of program participants projected to be served.
- b. Describe the amount program participants pay toward housing and information about clients – choice in housing, option in level and type of services received, tenancy rights and eligibility criteria that decrease barriers to housing.
- c. Describe your relationship with the local housing authority.

G. Data Collection & Performance Measurement

- a. Describe your experience with collecting, monitoring and reporting agency and/or collaborative project data using the Discretionary Services Client Level GPRA tool via the Services Accountability Improvement System, HMIS or other comparable system, including, but not limited to, aggregate demographic and diagnostic information, abstinence from use, access to services, retention in services, and social connectedness.
- b. Describe your plan for data collection, management, analysis and reporting.
- c. Describe your experience with obtaining post-discharge follow-up data and your rate of success.
- d. Describe the anticipated outcomes of the proposed project
- e. Describe data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced

H. Detailed Work Plan

- a. Clearly outline the tasks and activities required for development and implementation of the proposed project.
- b. Include the individuals responsible for completion of the tasks and activities required for development and implementation of the proposed project. Include the role of each staff and their level of effort, experience and qualifications to serve the population of focus.
- c. Include the target dates for completion of the tasks and activities required for development and implementation of CABHI project.

I. Program Budget

- a. Provide 2 year project budget for proposed project, for total amount of \$1,020,000. Please include FY 2015 and FY 2016, and allow 10% of funds to go towards evaluation.
- b. Describe your plan to ensure that dollars are closely tracked, and that expenditures are occurring based on established benchmarks and not left unspent at the end of the grant period.
- c. Provide a projected cost per person (include methodology for arriving at this estimation).

III. DEPARTMENT SELECTION

A. Review Criteria

DSHS will review the submitted documents and determine, with final approval from the department, at the department's sole discretion, which proposed project will be selected for inclusion in the SAMHSA CABHI-State grant proposal based on the following criteria:

1. The clarity and clinical appropriateness of the project overall;
2. The appropriateness of the enhancement or development of project within the proposed service area;
3. The project's ability to close the proposed service area's existing system gaps or meet identified needs;
4. The project's alignment and coordination with:
 - a. SAMHSA guidelines; and

- b. Local/regional housing resources available in that community.
- 5. The potential impact on:
 - a. Treatment service systems;
 - b. Permanent Housing placement; and
 - c. Other collaborative partners within the proposed service area.
- 6. The projected operational start date for the projects; and
- 7. The overall cost-effectiveness of the proposed project including plans to monitor expenditures and avoid unspent dollars.

B. Upon Selection

The selected LMHA(s) will be required to provide additional information and assist DSHS in the completion of the grant application. Such information includes, but is not limited to, letters of commitment from collaborative partners, statement of assurances that include copies of current executed grant agreement(s) from HUD for permanent housing and/or letters from a comparable housing program(s) funding source verifying a current, executed grant or contract agreement.

C. Contract Negotiations

DSHS staff along with the LMHA(s) will identify and negotiate specific project requirements for incorporation into a final contract amendment to be executed upon receipt of award from SAMHSA. During these negotiations, project budgets, specific project goals and objectives, may require modifications. Once the contract negotiation process is complete, the department will prepare the contract amendment for execution.

