WHAT STARTS HERE CHANGES THE WORLD

Lessons learned from a state of Texas funded homeless program: From policy to practice.

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What is the Healthy Community Collaborative (HCC)?

- Senate Bill 58 of the 83rd legislature
- Administered by Texas Health and Human Services (HHS)

- A Healthy Community Collaborative (HCC) seeks to help people experiencing homelessness who have a serious mental illness or who have a mental illness and a co-occurring substance use disorder. An HCC aims to reduce barriers to treatment by forging a collaborative to work together to provide housing and then fully coordinate recovery oriented mental health and substance use care.

HCC Program Successes

1. The creation or expansion of collaborative systems of care
2. Implementation of coordinated entry systems
3. Improved access to services participants
4. Improvements for unhoused HCC participants
5. Creation of new resources and housing opportunities for unhoused individuals experiencing mental health or co-occurring disorders

Program Success 1: The creation or expansion of collaborative systems of care

- The focus of the HCC program was to establish or expand community collaboratives providing homeless services in their respective communities.

- *"I was working in the system before they started coordinated assessment and all that collaboration. The difference…in services it's like night and day…Everybody did their own thing, and nobody knew what anybody else was doing. With this collaboration that HCC brings, there's been some significant developments in homeless services. I think it's exactly what is needed to address the issues (of) the homeless population."*

Program Success 2: Implementation of coordinated entry systems

- Each HCC community implemented a coordinated entry system to organize and prioritize services to the most vulnerable homeless individuals in the community.
  - Most communities implemented the VI-SPDAT, the recommended assessment to determine an HCC participant's vulnerability and need for homeless services at the point of entry.
  - Approximately, for year 7, over 10,000 coordinated assessments were reported by all HCC sites.

Program Success 3: Improved Access to Services participants

- Each site was required to create a CMBHS profile for *any* HCC participant who received *at least one* HCC service. Over seven years, more than 34,000 unduplicated HCC profiles were created.
  - About 65% were Male
  - 66% were White, 31% African American
  - 20% Hispanic or Latino
- In FY20 and FY21, the HCC program served over 16,000 unduplicated HCC participants.

"This very specific successful program (supported by HCC), when they're done, they are successful persons who pay their rent on their own. And they continue to use our services, right, in the agency, but they're tax-paying citizens at that point with jobs."

Program Success 4: Improvements for unhoused HCC participants

- An HCC analysis using the Adult Needs and Strengths Assessment (ANSA) suggested that enrollment and access to services improved outcomes for HCC participants, regardless of housing.
    - Improvement in **Life Domain Functioning** and **Strengths** and decreases in **Psychiatric Hospitalizations** and **Crisis** were noted after 6 months and 12 months of HCC program involvement.

Program Success 5: Creation of new resources and housing opportunities for unhoused individuals experiencing mental health or co-occurring disorders

- HCC allowed for construction costs for building developments and facilities (Sec 539.003).
- Austin collaborative constructed a 50-unit permanent supportive housing unit complex, Terrace at Oak Springs (TAOS).

- In Dallas, The Cottages at Hickory Crossing were completed in December 2016.

- This innovative permanent supportive housing project includes 50, 430 square foot cottage residences built in a sustainable, urban living model. All housing residents are provided comprehensive support services by Citysquare, an HCC partner.

Lessons Learned

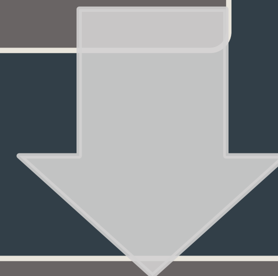
1. HCC data collection to allow reporting on HCC outcomes
2. Reporting on HCC outcomes
3. Feasibility of match requirements

Lesson 1: HCC data collection to allow reporting on HCC outcomes

Simplifying data flow

Lesson 2: Reporting on HCC outcomes

Prior to year 5, there was no contractually required data available to report on HCC outcomes.



TIEMH often had to rely on secondary data sources (e.g., ANSA or TLETS) and used "proxy" variables to provide evidence for these outcomes and meet the requests made by HHSC for evaluation and legislative reporting.

Recommendations

1. Link contractually required data to expected program outcomes
2. Involve third-party evaluator when creating program outcomes and developing measures for contracts
3. HCC sites should develop data relationships with other community agencies
4. Simplify the data process for sites
5. Consider non-profit sites when developing HCC contracts
6. Review HCC plans for sustainability on an ongoing basis

Recommendation 3: HCC sites should develop data relationships with other community agencies

- Recommend developing relationships with systems often impacted by homeless individuals, such as hospitals and jails, would provide critical participant-level data to demonstrate program effectiveness and cost savings.

- These data points are of great interest to stakeholders and policymakers.

Recommendation 6: Review HCC plans for sustainability on an ongoing basis

- All sites were required to be financially self-sustaining after the program cycle ended which proved to be a difficult task for all HCC sites.
- When TIEMH conducted focus groups in FY 21 with program administrators at each site. The findings revealed that all the sites were not financially prepared to resume services at the same level of implementation if funding was reduced or ended.

"If we lost all funding completely, it would have a significant impact."

"If the HCC funding were to end, (Site) would transition the individuals in HCC housing to other housing programs within the Continuum of Care and stop housing 30-40 new chronically *homeless persons annually."*

"I would say if you want a percentage of program loss, I don't know how we could continue."

"That foundational money would then not be available for those things, so ultimately, we can sustain one thing, but to be able to do the whole package, we would need the full funding to continue."

Accomplishments

1. Improving the HCC data collection and reporting processes
2. Creating data relationships with the sites and executing projects
3. HCC deliverables and projects

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Questions?

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- All HCC sites were given contractual targets to reach for selected services.
  - For example, one HCC site had a target for delivering Integrated Medical Services to 150 HCC participants in year 5 (Figure 1).
  - Each site met all targets for the measures tracked.

Figure 1. Example of a target for Integrated Medical Services

"This very specific successful program (supported by HCC), when they're done, they are successful persons who pay their rent on their own. And they continue to use our services, right, in the agency, but they're tax-paying citizens at that point with jobs."

Table 3. ANSA domain comparisons for HCC participants not-housed at baseline to not housed at 6month (n=1,039)

ANSA Domains		Not-housed to Not-housed (n=1,039)	
	Time 1 (M±SD)	Time 2 (M±SD)	Differences
Life Domain Functioning	16.08±5.71	13.84±5.95	t(356)=6.63, p<.001***
Psychiatric Hospitalizations	.90±1.52	.78±1.44	t(356)=2.04,p<.05*
Psychiatric Crisis History	.32±.61	.23±.56	t(356)=2.73, p<.01**
Strengths	13.44±6.10	14.51±7.19	t(356)=-2.69, p<.01**
M (means) closer to zero represent better ANSA scores, except for Strength variables			

Table 4. ANSA and UA items comparisons for HCC participants not-housed at baseline to not- housed at 12-month (n=840)

ANSA Domains		Not-housed to Not-housed (n=840)	
	Time 1 (M±SD)	Time 2 (M±SD)	Differences
Psychiatric Hospitalizations	.90±1.40	.38±1.05	t(28)=2.24, p<.05*
Psychiatric Crisis History	.52±.74	.24±.64	t(28)=2.29, p<.05*
Strengths	14.14±6.35	17.48±7.16	t(28)=-2.04, p<.05*
M (means) closer to zero represent better ANSA scores, except for Strength variables			

Lesson 3: Feasibility of match requirements

A requirement of SB 58 included:

(1) leverage additional funding from private sources in an amount that is at least equal to the amount of the grant awarded under this section

This matching requirement became problematic for sites to satisfy, especially for the non-profits, because it was required to be in cash.

From feedback from HCC sites, sites were allowed to utilize in-kind match or private cash funds for grant projects in any county with a population of 250,000 or larger. For counties less than 250,000, a cash match is still required, but they are only required to match 25% of the grant amount.

"Any nonprofit, I don't care how big or how small they are, has to have flexibility of using other kinds of funding other than just private cash donated during the year to meet that match … it seemed like they (funders) had very limited guidance and very little creativity in how they structured the match for this."