



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 *(Ita)*
Mental Health and Substance Abuse Program Services Section

Re: Cooperative Agreement to Benefit Homeless Individuals Frequently Asked Questions

This correspondence is a follow-up to Broadcast Message #165 sent on October 15, 2014 related to the Needs and Capacity Assessment for Permanent Supportive Housing.

Question 1

On page 4 of the broadcast message, the instructions indicate the requirements for submission of a needs and capacity assessment are to respond to the elements in Section II. A-E. However, the message indicates other sections F., G., H., and I. Which elements are required?

DSHS Response: Please respond to all elements in Section A-I. Each element is required for the Needs and Capacity Assessment (NCA) submission. The Department apologizes for any confusion.

Question 2

Are applicants supposed to request all of the \$1,020,000 or is the \$1,020,000 the maximum total amount available to all of Texas for distribution by the Department of State Health Services (DSHS) to Local Mental Health Authorities (LMHAs)?

DSHS Response: LMHAs may request up to the maximum amount of \$1,020,000 for the two-year funding period but are not required to request all of these funds. Proposals will be scored, among other things, upon the best use of these dollars. LMHAs are encouraged to apply for only the amount they believe they can expend. Upon review and scoring of proposals, DSHS reserves the right to work with one or more LMHA during contract negotiation period and adjust budgets accordingly.

Question 3

If the full amount of funding is not requested, how much of the maximum total can an applicant request?

DSHS Response: Please see response to Question 2

Question 4: Do applicants indicate an amount for FY15 and a separate amount for FY16?

DSHS Response: Yes, please complete a draft budget for each fiscal year.

Question 5

Ten percent of the funds go towards program evaluation. What does this actually mean, and what kinds of costs would DSHS recognize as reasonable for this project?

DSHS Response: The evaluation component is a key part of the overall program. Evaluation activities must be tied to proposed project outcomes. . Evaluation activities include, but are not limited to: data collection, management, data analysis and reporting, follow up data requirements, and periodic review and assessment of performance data. LMHAs will be required to work directly with DSHS to assess progress and use this information to improve management of the project(s) in an ongoing collaborative manner. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report that will be submitted at least annually. In addition to this, DSHS anticipates entering into a sub-contract with a governmental entity to assist with program evaluation, which may require travel, and or other resources of the LMHA(s) selected.

This program specifically aligns with SAMHSA’s Recovery Support Strategic Initiative and addresses, the expected impact on behavioral health disparities. In addition to evaluation activities, once selected, LMHA(s) will work with DSHS to develop a disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities and will be required to implement a data-driven quality improvement plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project.

Question 6

Can applicants use housing that is currently being funded by DSHS or other housing they are currently operating?

DSHS Response: “Permanent Housing (PH)” means community-based housing without a designated length of stay (e.g., no limit on the length of stay). Housing that supports recovery refers to housing that is considered permanent (rather than temporary or short-term) and offers tenants a range of supportive services aimed at promoting recovery from mental and/or substance use disorders. There should not be any arbitrary limits for the length of stay for the tenant as long as the tenant complies with the lease requirements (consistent with local landlord-tenant law).

Applicants must certify that they have enough permanent housing for each participant they plan to serve. Applicants should provide copies of Housing and Urban Development (HUD) annual contracts for each year of funding (annual renewals are acceptable). Permanent housing from sources other than HUD are allowable as long as they meet the threshold of permanent, affordable (whether subsidized or not) that includes choice in housing, is not tied to services, includes tenancy rights and decreases barriers to housing. LMHAs are allowed to include the number of existing Permanent Housing/Permanent Supportive Housing unit(s) they have access to and can demonstrate preference for their proposed target population if/when they become vacant during funding period. The DSHS Rental Assistance Program and other rapid re-housing and/or bridge type housing subsidies and transitional housing programs are not considered

“permanent housing” for this funding opportunity.

Question 7

Can applicants use the newly funded supportive services for previously homeless people who are already housed, but are not getting an adequate level of supportive services?

DSHS Response: One of the purposes of this funding opportunity is to increase service capacity and leverage mainstream resources for the benefit of homeless and chronically homeless veterans and/or chronically homeless individuals with severe and persistent mental illness, substance use disorders or co-occurring disorders. Eligible participants must meet the following definitions of homeless or chronically homeless just prior to moving into permanent housing associated with the proposed program.

“Homeless” (for purpose of determining eligibility for veterans only), as characterized under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final rule Defining Homeless (76 FR 75994), establishes four categories of homelessness. These categories are: (1) individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. This grant opportunity extends the definition of homeless veterans to include “doubled-up” – a residential status that places individuals at imminent risk for becoming homeless – defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.

“Chronic homelessness” as characterized under the McKinney-Vento Homeless Assistance Act, as amended by S. 896 of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 means, with respect to an individual or family, that the individual or family – (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.” In addition, a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all the requirements described above prior to entering that facility.

Individuals who were previously homeless and recently moved into permanent housing are not eligible for this funding opportunity. Proposals should target persons who have

the highest service needs and who are not eligible for other forms of service and housing assistance (e.g., veterans who qualify for Veteran Affairs Supportive Housing [VASH] are ineligible because they can access these comparable services vs. veterans, due to their discharge status, do not qualify for VASH would be eligible; chronically homeless individuals with severe and persistent mental illness, substance use disorder or co-occurring disorders who may be eligible but are not currently receiving SSI/SSDI and consequently are underserved in the community). Grant funds may not be used when individuals have access to other resources that cover the same services. Grantees must use SAMHSA funds in a way that is complementary to Medicaid, HUD, VA and other benefits.

LMHAs are encouraged to assess their current service delivery system as it relates to the target population and enhance capacity where necessary. Awardees and sub-awardees must utilize third party and other revenue realized from provision of services to the extent possible. SAMHSA grant funds are strictly for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds).