

BILL ANALYSIS

C.S.H.B. 2887
By: Davis, John
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties note that, as Texas continues to grow, the number of people at risk of falling into homelessness can be expected to rise unless the state takes strong and proactive measures. Many of the state's at-risk population face difficult and persistent issues such as mental illness, substance and alcohol abuse, limited access to health care, lack of work and social skills, and low access to stable, affordable housing. The presence of one or more of these issues without a proper support network often leads to encounters with the emergency room, the criminal justice system, and homelessness. The parties assert that strategies designed to help at-risk persons need to address these issues at the community level.

Recent legislative strategies addressing jail diversion and public safety triage and detoxification measures have resulted in successful private-public collaboratives that focus on outcome measures, not processes. Interested parties contend that these types of collaboratives bring the private and public sector together in order to coordinate, collaborate, and align the provision of services to best treat an at-risk person. C.S.H.B. 2887 seeks to create a flexible mechanism by which local entities can partner with the state to develop these types of goal-driven collaboratives to connect service providers and people in need in order to build a wide safety net to help rebuild broken lives.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 2887 amends the Government Code to require the Department of State Health Services (DSHS), to the extent funds are appropriated to DSHS for that purpose, to make grants to entities, including local governmental entities, nonprofit community organizations, and faith-based community organizations, to establish or expand community collaboratives that bring the public and private sectors together to provide services to and coordinate the care of persons who are homeless, persons with mental illness, and persons with substance abuse problems. The bill caps at \$7.5 million the amount of a grant made to an entity by DSHS and requires the amount of the grant up to that cap to be equal to the amount of money provided to the entity from private funding sources for the establishment of a community collaborative.

C.S.H.B. 2887 requires an entity to use money received from a grant made by DSHS and private funding sources for the establishment or expansion of a community collaborative, provided that the collaborative must be self-sustaining within seven years. The bill specifies the following as acceptable uses for the money: the development of the infrastructure of the collaborative and the start-up costs of the collaborative; the establishment, operation, or maintenance of other community service providers in the community served by the collaborative, including intake centers, detoxification units, sheltering centers for food, workforce training centers, microbusinesses, and educational centers; the provision of clothing, hygiene products, and

medical services to and the arrangement of transitional and permanent residential housing for persons served by the collaborative; the provision of mental health services and substance abuse treatment not readily available in the community served by the collaborative; the provision of information, tools, and resource referrals to assist persons served by the collaborative in addressing the needs of their children; and the establishment and operation of coordinated intake processes, including triage procedures, to protect the public safety in the community served by the collaborative.

C.S.H.B. 2887 requires an entity, if appropriate, to incorporate into the community collaborative operated by the entity the use of the DSHS-operated Texas Electronic Registrar, transportation plans, and case managers and requires an entity to also consider incorporating into a collaborative mentoring and volunteering opportunities, strategies to assist homeless youth and homeless families with children, strategies to reintegrate persons recently incarcerated into the community, services for veterans, and strategies for persons served by the collaborative to participate in the planning, governance, and oversight of the collaborative. The bill requires the focus of a community collaborative to be the eventual successful transition of persons from receiving services from the collaborative to becoming integrated into the community served by the collaborative through community relationships and family supports.

C.S.H.B. 2887 requires each entity that receives a grant from DSHS to establish or expand a community collaborative to select at least four of a specified list of outcome measures that the entity will focus on meeting through the implementation and operation of the collaborative and requires DSHS to contract with an independent third party to verify annually whether a community collaborative is meeting the selected outcome measures.

C.S.H.B. 2887 requires DSHS to establish processes by which DSHS may reduce or cease providing funding to an entity if the community collaborative operated by the entity does not meet the outcome measures selected by the entity for the collaborative or is not self-sustaining after seven years. The bill requires DSHS to redistribute any funds withheld from an entity to other entities operating high-performing collaboratives on a competitive basis.

C.S.H.B. 2887 requires the executive commissioner of the Health and Human Services Commission to adopt any rules necessary to implement the community collaborative grant program, including rules to establish the requirements for an entity to be eligible to receive a grant, the required elements of a community collaborative operated by an entity, and permissible and prohibited uses of money received by an entity from a grant made by DSHS under the program.

EFFECTIVE DATE

September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2887 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subtitle I, Title 4, Government Code, is amended by adding Chapter 539 to read as follows:

SECTION 1. Subtitle I, Title 4, Government Code, is amended by adding Chapter 539 to read as follows:

CHAPTER 539. COMMUNITY COLLABORATIVES

CHAPTER 539. COMMUNITY COLLABORATIVES

Sec. 539.001. DEFINITIONS. In this chapter:

(1) "Department" means the Department of State Health Services.

(2) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

Sec. 539.002. GRANTS FOR ESTABLISHMENT OF COMMUNITY COLLABORATIVES.

(a) To the extent funds are appropriated to the department for that purpose, the department shall make grants to local entities, including local governmental entities, nonprofit community organizations, and faith-based community organizations, to establish community collaboratives that bring the public and private sectors together to provide services to and coordinate the care of persons who are homeless, persons with mental illness, and persons with substance abuse problems.

(b) The amount of a grant made to a local entity by the department under this section may not exceed \$7.5 million and, up to that amount, shall be equal to the amount of money provided to the entity from private funding sources for the establishment of a community collaborative.

Sec. 539.003. ACCEPTABLE USES OF GRANT MONEY. A local entity shall use money received from a grant made by the department and private funding sources for the establishment of a community collaborative for the development of the infrastructure of the collaborative and the start-up costs of the collaborative, provided that a collaborative must be self-sustaining within seven years. Other acceptable uses for the money include:

(1) the establishment, operation, or maintenance of intake centers, detoxification units, sheltering centers for food, workforce training centers, microbusinesses, and educational centers in the community served by the collaborative;

(2) the provision of clothing, hygiene products, and medical services to and the arrangement of transitional and permanent residential housing for persons served by the collaborative; and

Sec. 539.001. DEFINITIONS. In this chapter:

(1) "Department" means the Department of State Health Services.

(2) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

Sec. 539.002. GRANTS FOR ESTABLISHMENT AND EXPANSION OF COMMUNITY COLLABORATIVES.

(a) To the extent funds are appropriated to the department for that purpose, the department shall make grants to entities, including local governmental entities, nonprofit community organizations, and faith-based community organizations, to establish or expand community collaboratives that bring the public and private sectors together to provide services to and coordinate the care of persons who are homeless, persons with mental illness, and persons with substance abuse problems.

(b) The amount of a grant made to an entity by the department under this section may not exceed \$7.5 million and, up to that amount, shall be equal to the amount of money provided to the entity from private funding sources for the establishment or expansion of a community collaborative.

Sec. 539.003. ACCEPTABLE USES OF GRANT MONEY. An entity shall use money received from a grant made by the department and private funding sources for the establishment or expansion of a community collaborative, provided that the collaborative must be self-sustaining within seven years. Acceptable uses for the money include:

(1) the development of the infrastructure of the collaborative and the start-up costs of the collaborative;

(2) the establishment, operation, or maintenance of other community service providers in the community served by the collaborative, including intake centers, detoxification units, sheltering centers for food, workforce training centers, microbusinesses, and educational centers;

(3) the provision of clothing, hygiene products, and medical services to and the arrangement of transitional and permanent residential housing for persons served by the collaborative;

(4) the provision of mental health services

(3) the establishment of triage procedures to protect the public safety in the community served by the collaborative.

Sec. 539.004. ELEMENTS OF COMMUNITY COLLABORATIVES.

If appropriate, a local entity shall incorporate into the community collaborative established by the entity the use of the department-operated Texas Electronic Registrar, transportation plans, and case managers. An entity shall also consider incorporating into a collaborative mentoring and volunteering opportunities, strategies to reintegrate persons recently released from prison into the community, and services for veterans.

Sec. 539.005. OUTCOME MEASURES FOR COMMUNITY COLLABORATIVES.

Each local entity that receives a grant from the department to establish a community collaborative shall select at least three of the following outcome measures that the entity will focus on meeting through the implementation of the collaborative:

- (1) persons served by the collaborative will find regular employment that results in those persons having incomes that are at or above 125 percent of the federal poverty level;
- (2) persons served by the collaborative will find permanent housing;
- (3) persons served by the collaborative will complete alcohol or substance abuse programs;
- (4) the collaborative will help start social

and substance abuse treatment not readily available in the community served by the collaborative;

(5) the provision of information, tools, and resource referrals to assist persons served by the collaborative in addressing the needs of their children; and

(6) the establishment and operation of coordinated intake processes, including triage procedures, to protect the public safety in the community served by the collaborative.

Sec. 539.004. ELEMENTS OF COMMUNITY COLLABORATIVES.

(a) If appropriate, an entity shall incorporate into the community collaborative operated by the entity the use of the department-operated Texas Electronic Registrar, transportation plans, and case managers. An entity shall also consider incorporating into a collaborative mentoring and volunteering opportunities, strategies to assist homeless youth and homeless families with children, strategies to reintegrate persons who were recently incarcerated into the community, services for veterans, and strategies for persons served by the collaborative to participate in the planning, governance, and oversight of the collaborative.

(b) The focus of a community collaborative shall be the eventual successful transition of persons from receiving services from the collaborative to becoming integrated into the community served by the collaborative through community relationships and family supports.

Sec. 539.005. OUTCOME MEASURES FOR COMMUNITY COLLABORATIVES.

Each entity that receives a grant from the department to establish or expand a community collaborative shall select at least four of the following outcome measures that the entity will focus on meeting through the implementation and operation of the collaborative:

- (1) persons served by the collaborative will find employment that results in those persons having incomes that are at or above 100 percent of the federal poverty level;
- (2) persons served by the collaborative will find permanent housing;
- (3) persons served by the collaborative will complete alcohol or substance abuse programs;
- (4) the collaborative will help start social

businesses in the community and those businesses will create jobs and provide funding that will enable the collaborative to eventually become self-sustaining;

(5) there will be a decrease in the local recidivism rate and an increase in the availability of jail beds in the community served by the collaborative; and

(6) there will be a decrease in the number of emergency room visits by persons served by the collaborative.

Sec. 539.006. ANNUAL REVIEW OF OUTCOME MEASURES. The department shall contract with an independent third party to verify annually whether a community collaborative is meeting the outcome measures under Section 539.005 selected by the local entity that established the collaborative.

Sec. 539.007. RECOVERY OF FUNDS.

The department shall establish processes by which the department may recover funds from a local entity if the community collaborative established by the entity does not meet the outcome measures selected by the entity for the collaborative under Section 539.005 or is not self-sustaining after seven years.

Sec. 539.008. RULES. The executive commissioner shall adopt any rules necessary to implement the community collaborative grant program established under this chapter, including rules to establish the requirements for a local entity to be eligible to receive a grant, the required elements of a community collaborative established by a local entity, and permissible and prohibited uses of money received by a local entity from a grant made by the department under this

businesses in the community or engage in job creation, job training, or other workforce development activities;

(5) there will be a decrease in the use of jail beds by persons served by the collaborative;

(6) there will be a decrease in the need for emergency care by persons served by the collaborative;

(7) there will be a decrease in the number of children whose families lack adequate housing referred to the Department of Family and Protective Services or a local entity responsible for child welfare; and

(8) any other appropriate outcome measure that measures whether a collaborative is meeting a specific need of the community served by the collaborative and that is approved by the department.

Sec. 539.006. ANNUAL REVIEW OF OUTCOME MEASURES. The department shall contract with an independent third party to verify annually whether a community collaborative is meeting the outcome measures under Section 539.005 selected by the entity that operates the collaborative.

Sec. 539.007. REDUCTION AND CESSATION OF FUNDING.

The department shall establish processes by which the department may reduce or cease providing funding to an entity if the community collaborative operated by the entity does not meet the outcome measures selected by the entity for the collaborative under Section 539.005 or is not self-sustaining after seven years. The department shall redistribute any funds withheld from an entity under this section to other entities operating high-performing collaboratives on a competitive basis.

Sec. 539.008. RULES. The executive commissioner shall adopt any rules necessary to implement the community collaborative grant program established under this chapter, including rules to establish the requirements for an entity to be eligible to receive a grant, the required elements of a community collaborative operated by an entity, and permissible and prohibited uses of money received by an entity from a grant made by the department under this chapter.

chapter.

SECTION 2. This Act takes effect
September 1, 2013.

SECTION 2. Same as introduced version.