



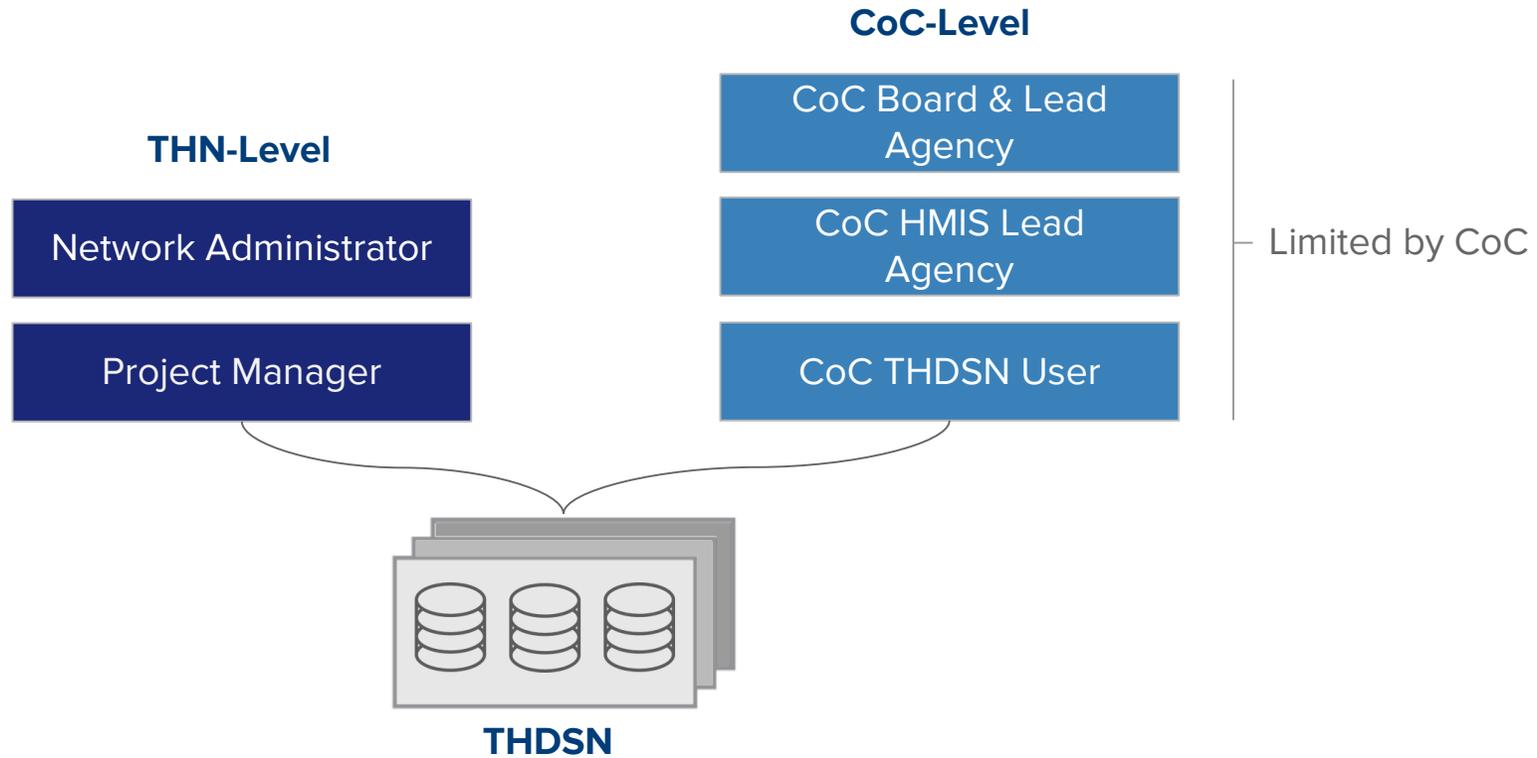
Texas Homeless Data Sharing Network

Strategies For Change

thn.org

THDSN Roles

Phase I

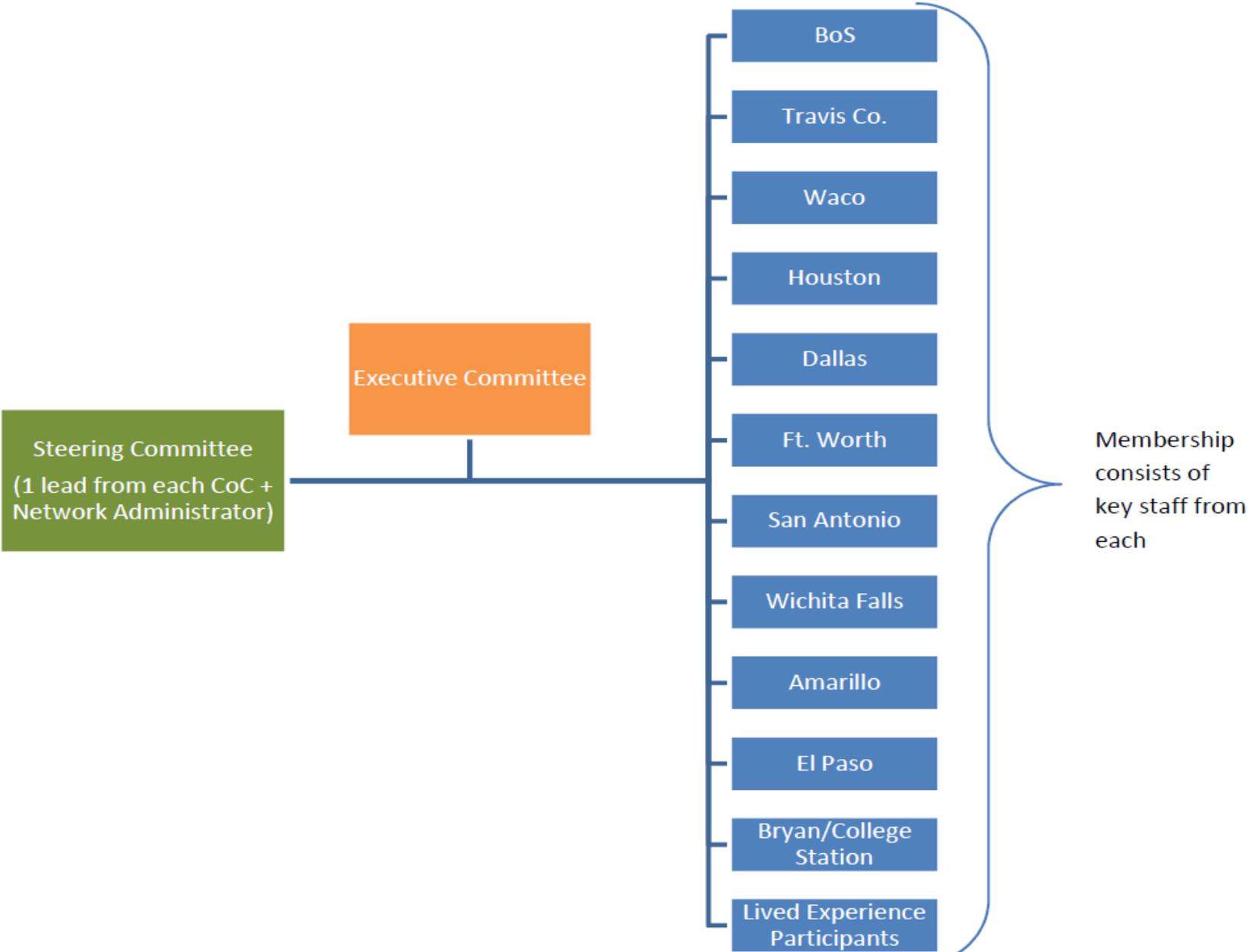


Phase II

Records de-identified



THDSN Governance Structure



Project Status

CoC Cohort 1

1. Texas Balance of State CoC
2. Houston/Harris County CoC
3. Fort Worth/Arlington Tarrant County CoC

CoC Cohort 2

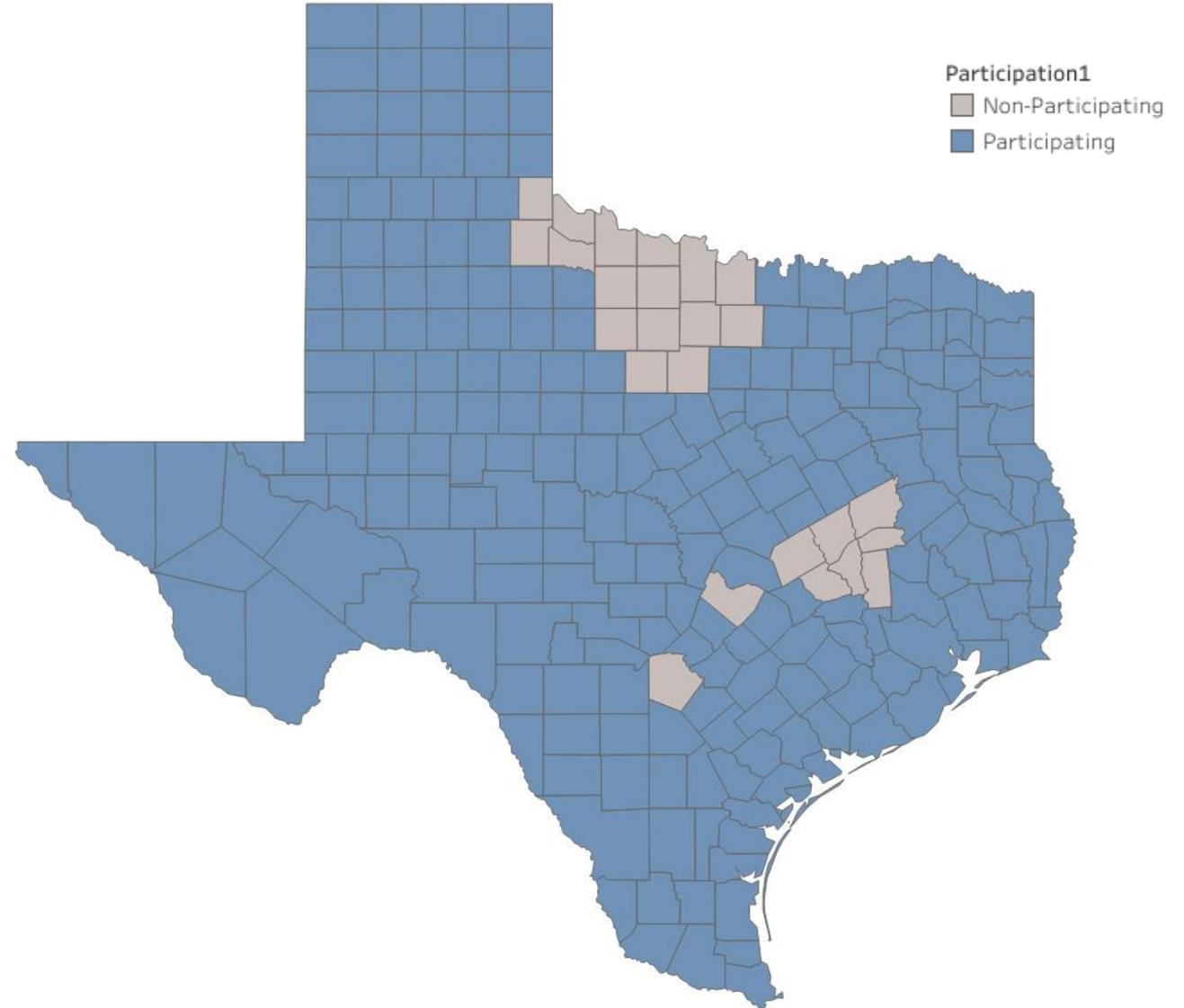
4. Dallas City & County/Irving CoC
5. Waco McLennan County CoC
6. Amarillo CoC

CoC Cohort 3

7. El Paso City/El Paso County

The seven CoCs currently contributing data to the THDSN Data Warehouse represent 90% of the counties in Texas.

THDSN covers 229 out of 254 TX counties



Dark Blue = Counties Currently Contributing Data to the THDSN

THDSN CoC Data Sources

[+ Add Data Source](#)

Displaying **all 8** data sources

Name	Short Name	Client Records	Project Count	Visible in Window	Authoritative?	Last Import Run	
Warehouse	Warehouse	628,101					
Balance of State (TX-607)	BoS	244,829	824	✓		Nov 18, 2021 5:55 pm <i>Enrollments remaining to process: 68</i>	X
City of Amarillo (TX-611)	Amarillo	16,352	6			Oct 6, 2021 2:53 pm	X
Dallas City & County/Irving (TX-600)	Dallas	72,003	295	✓		Nov 3, 2021 5:03 pm	X
El Paso City & County CoC (TX-603)	El Paso	47,234	477			Oct 5, 2021 9:04 pm <i>Enrollments remaining to process: 5</i>	X
Fort Worth/Arlington/Tarrant County (TX-601)	Fort Worth	59,311	252	✓		Dec 2, 2021 10:58 pm <i>Enrollments remaining to process: 22</i>	X
Health	Health	0	0		✓		X
Houston/Harris County (TX-700)	Houston	233,988	579	✓		21 2:03 pm <i>Enrollments remaining to process: 55</i>	X
Waco/McLennan County (TX-604)	Waco	4,159	51	✓		Aug 4, 2021 9:26 am	X



Texas Homeless Data Sharing Network (THDSN)

[Contact Support](#)

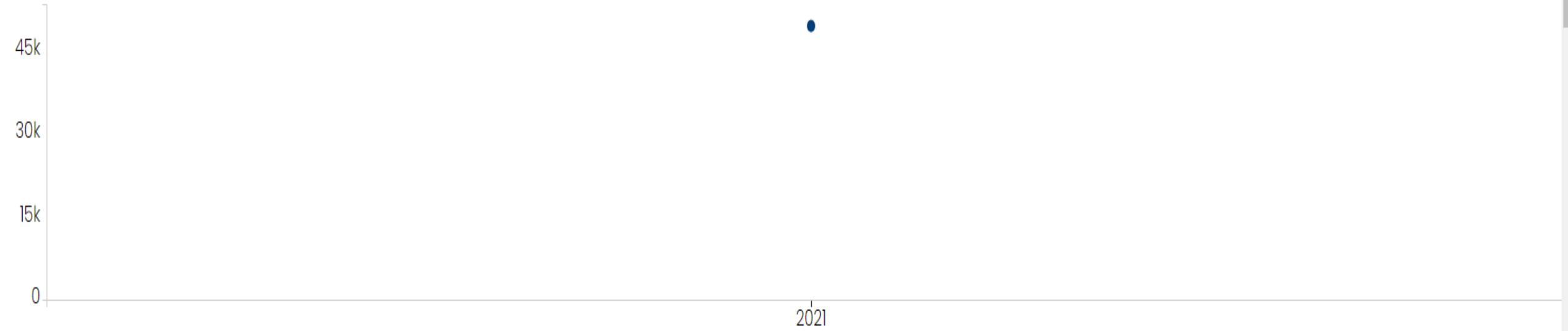
35,354

Homeless Households

22%

Unsheltered

Total Number of People Experiencing Homelessness



49,457

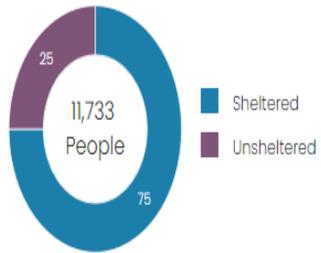
Total Homeless People in 2021



Who is experiencing homelessness?

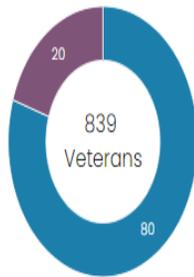
All People

Q4 2021



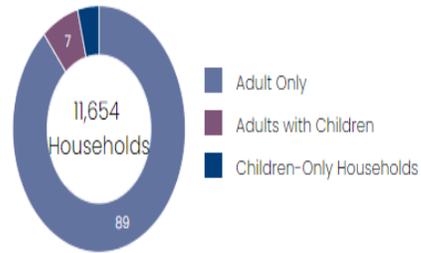
Veterans

Q4 2021



Household Type

Q4 2021



Racial Composition

Q4 2021

Homeless Population



Overall Population



- American Indian, Alaska Native, or Indigenous
- Black, African American, or African
- White
- Multi-Racial

- Asian or Asian American
- Native Hawaiian or Pacific Islander
- Other or Unknown

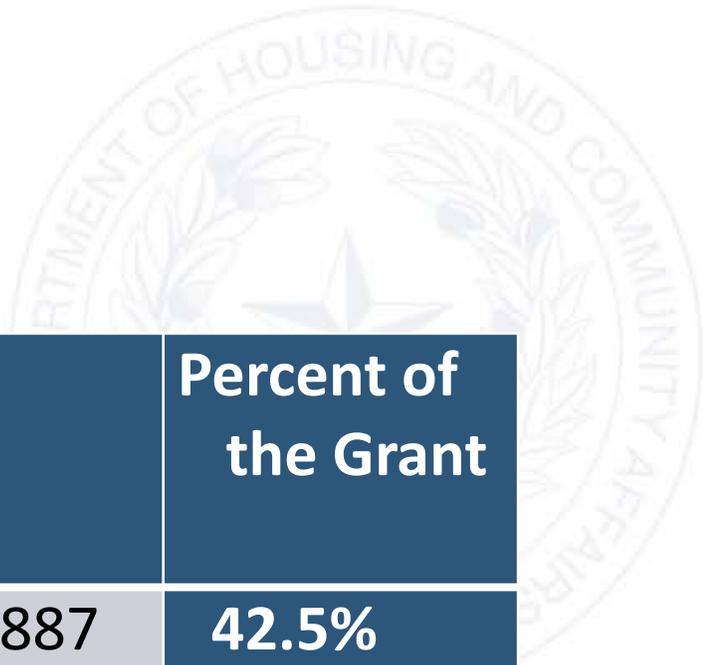




HOME-ARP Draft Allocation Plan Summary

January 25, 2022

TDHCA HOME-ARP Draft Plan Summary



HOME-ARP Activity	Approx. Funding Amount	Percent of the Grant
Non-Congregate Shelters	\$56,511,887	42.5%
Affordable Rental Housing Incl. Capitalized Operating Reserves	\$56,511,887	42.5%
Non-Profit Operating/Non-Profit Capacity Building	\$6,648,458	5%
Administration and Planning	\$13,296,915	10%
Total HOME ARP Allocation	\$132,969,147	100%



HOME-ARP Rental

- Minimum Request Amount: \$500,000
- Maximum Request Amount: \$10 million
- Minimum HOME-ARP units: 50% of units or 10 units
- Funds will be made available competitively statewide.
- Qualified Populations pay 30% of their income toward rent.



Non-Congregate Shelter

- Minimum Request Amounts: \$200,000
- Maximum Request Amount: \$10 million
- Minimum HOME-ARP units: the lesser of 50% of units or 10 units
- Funds will be made available competitively statewide.
- Applications must show that there are sufficient non-governmental operating funds.

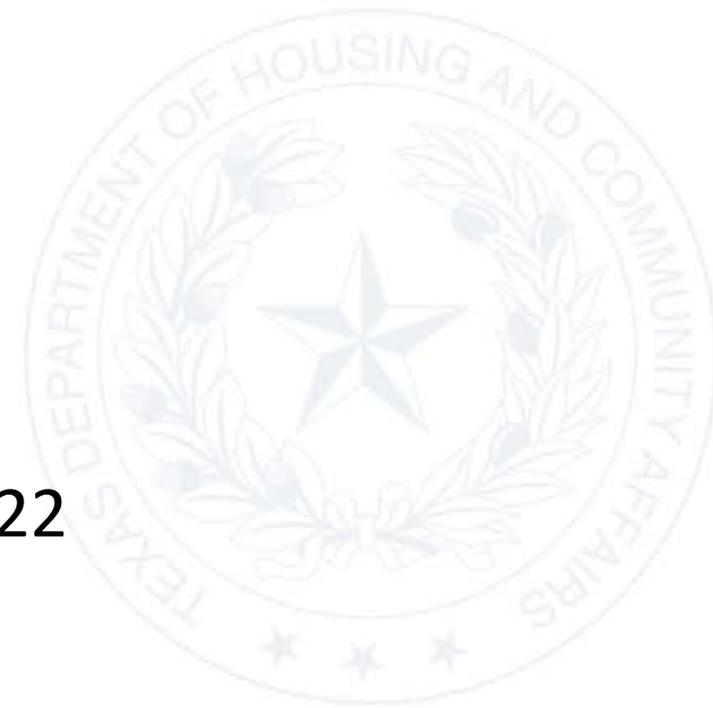


Nonprofit Capacity and Operations Assistance

- Only nonprofits awarded funds or in control of Developments or shelters will be eligible
- Max:
 - \$50,000 if applying for nonprofit capacity building **or** operating cost assistance
 - \$75,000 if applying for both non-profit capacity building **and** operating cost assistance

Planning Process

- Public comment period ends 1/31/2022
- Draft plan may be presented at Board February 10, 2022
- HUD has 30 days to review plan
- NOFAs in Spring



How to Submit Written Public Comment for HOME-ARP Draft Plan

Plan available at <https://www.tdhca.state.tx.us/public-comment.htm>

Written comments may be submitted, in hard copy or electronic formats by the **comment period deadline January 31, 2022, at 5:00 p.m.** Austin local time:

Email:

naomi.cantu@tdhca.state.tx.us

Mail:

Texas Department of Housing and Community Affairs
c/o Naomi Cantu
P.O. Box 13941
Austin, Texas, 78711-3941



Thank You!

For more information on submitting Public Comment please visit the
TDHCA Public Comment Center at

<https://www.tdhca.state.tx.us/public-comment.htm>



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Texas' Statewide Strategic Plan for Diversion, Community Integration, and Forensic Services

Catherine Bialick, MPA

**Senior Advisor, Office of the State Forensic Director
Texas Health and Human Services Commission**

Overview

1. Background
2. Strategic Planning Process
3. Strategic Plan Components
4. HHSC Implementation Supports and Associated Initiatives



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Texas Behavioral Health and Justice Landscape

1. More than **2,000 people** waiting for inpatient competency restoration services
2. **39 percent** of jail population previously received services from an LMHA
3. Forensic **waiting list exceeds capacity** of state hospitals



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The Challenge

Reduce the number of individuals entering the criminal justice system, with the downstream effect of reducing the waitlist for inpatient competency restoration services.

Prevention

Early Intervention

Diversion

Quality
Community-Based
Care and Social
Supports

Fewer People Awaiting Inpatient Competency
Restoration Services



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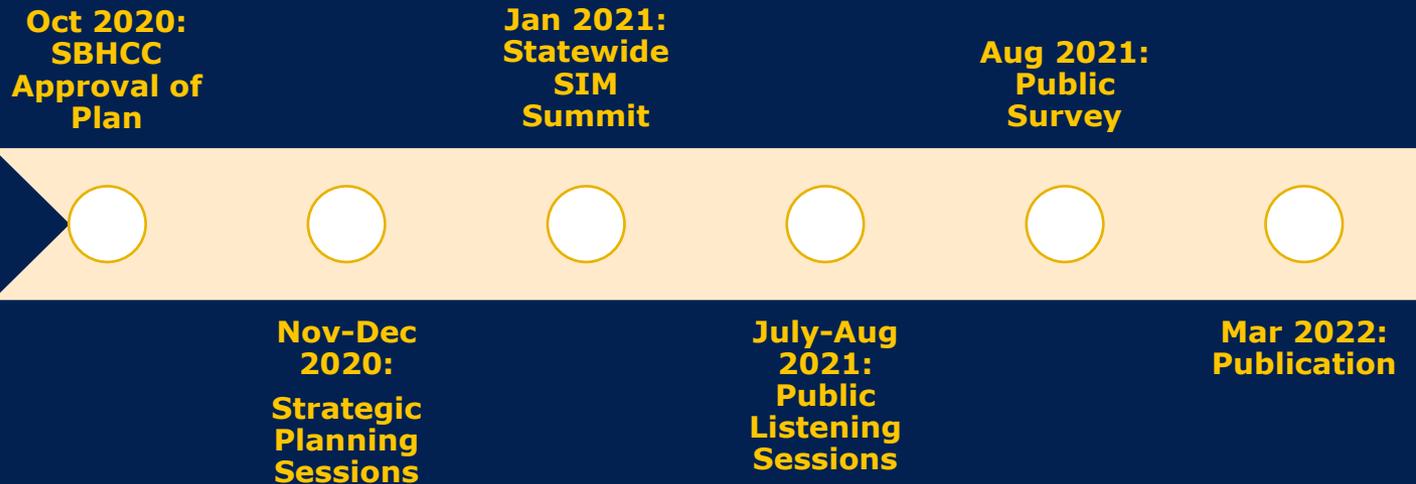


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Why Develop a Strategic Plan?

To lay out a **shared statewide vision** and a **clear, actionable, and achievable plan** for improving forensic services and reducing justice involvement for Texans with mental illness, substance use disorders and intellectual and developmental disabilities by **ensuring all Texans receive care in the right place at the right time.**

Strategic Planning Timeline



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Public Listening Sessions

West Texas Centers

North Texas Behavioral Health Authority

National Alliance on Mental Illness, Texas

HHSC Peer Services

State Hospital System Superintendents

Texas Indigent Defense Commission

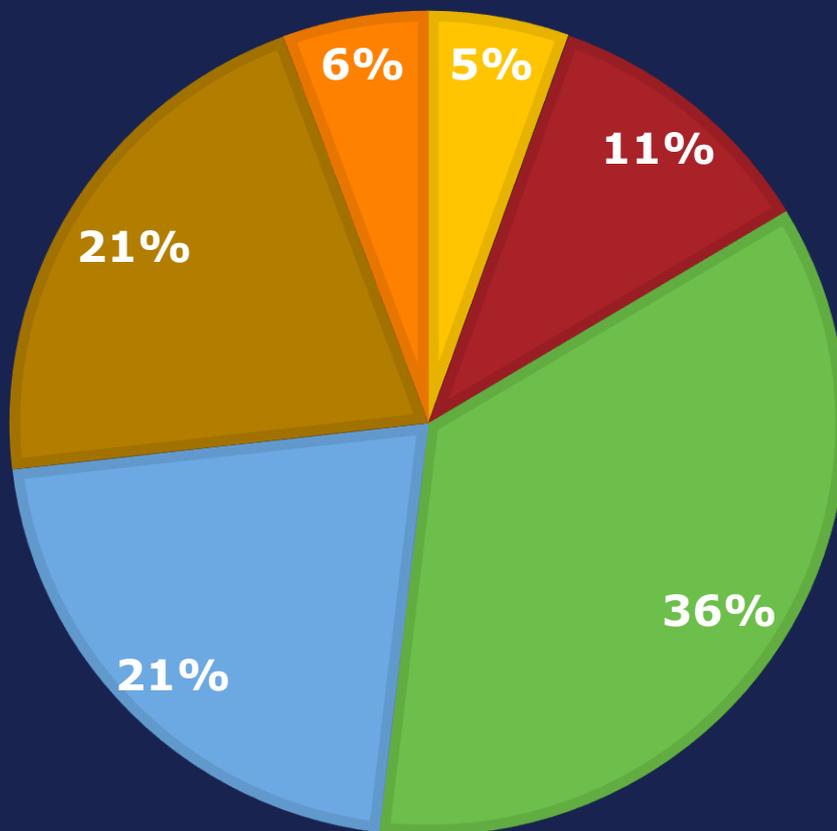
Judicial Commission on Mental Health



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Public Survey

571 Responses



- I receive or have received behavioral health services
- I am a friend, family member, or caregiver
- I am a behavioral health service provider
- I work with the criminal justice system
- I work with the behavioral health system in other ways
- I have no experience with the behavioral health or criminal justice system

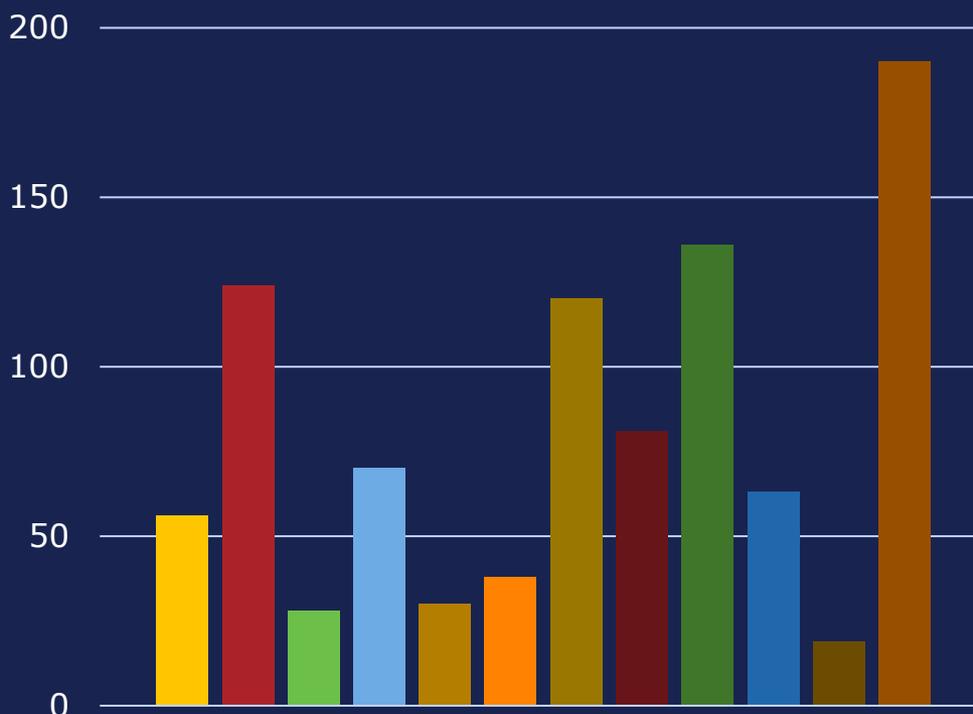


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Public Survey

Participants were asked to prioritize strategies for each of the five overarching goals.

Strategies to expand and scale the use of crisis and pre-arrest diversion programs at Intercepts 0 and 1.



- Support local planning for crisis and pre-arrest diversion programs.
- Expand crisis receiving centers such as, crisis stabilization, crisis respite, and sobering centers.
- Leverage 988 to reduce justice involvement through improved emergency call taking, dispatch, and crisis response.
- Identify and reduce barriers to crisis response and pre-arrest diversion at the local level.
- Conduct statewide education and technical assistance on the value of pre-arrest diversion programs and ways different stakeholders can support implementation.
- Explore the use of state opioid funding and other federal and state programs to establish and expand diversion programs for substance use.
- Promote the expansion of round-the-clock mobile crisis outreach teams and co-responder programs, and identify best practices that can scale across rural, suburban and urban communities.
- Identify opportunities to pilot emergency department diversion programs and promote connections to care for people with complex behavioral health needs.

Open-Ended Responses

- We need more staff to be hired across the system with decent pay, emotional support, and standardized training on forensic issues.
- One intersection not discussed in this survey is the role of schools in the prevention or likelihood of criminal justice involvement. Perhaps raising attention to trauma-informed care and restorative discipline and the connection between exclusionary discipline and justice system involvement.
- Changes to the competency restoration process (and maybe thus changes to CCP 46B) must be a top priority.



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Vision and Mission

Vision:

Texans receive the right care in the right place at the right time, preventing and reducing justice involvement for adults and youth with MI, SUD, and/or IDD.

Mission:

Develop and implement a high-quality, data-informed, and well-coordinated system of services and supports across the continuum of care to improve the delivery and quality of forensic services and prevent and reduce justice-involvement for people with MI, SUD, and/or IDD.

Principles (1 of 2)

1. A full continuum of care, from early intervention and diversion to competency restoration, reentry, and community supervision, is needed to reduce and prevent justice-involvement for people with MI, SUD, and/or IDD.
2. The social determinants of health (e.g., access to housing, healthcare, transportation, and jobs) are also drivers of justice-involvement and should inform prevention, intervention, and diversion strategies.
3. People with lived experience are valuable contributors to the behavioral health workforce and should be part of policy development and planning for behavioral health services.
4. Racial, economic, and geographic disparities should be evaluated in efforts across the continuum of care to ensure state resources facilitate equitable access to behavioral health care and aim to reduce justice-involvement for all Texans.



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Principles (2 of 2)

- The stigma associated with MI, SUD, and/or IDD, as well as justice-involvement, should be actively addressed through cultural change in the behavioral health, IDD and justice systems.
- Behavioral health and justice systems should be evidence-based, trauma-informed, person-centered, and integrate best practices for rehabilitation and restoration.
- Policy, programs and services should be data-informed and well-coordinated.
- Resources should be utilized efficiently and effectively, leveraging public-private partnerships and blended funding streams whenever possible.



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Goals

1

Support the expansion of **robust crisis and diversion systems** to reduce and prevent justice involvement for people with MI, SUD, and/or IDD.

2

Increase **coordination, collaboration, and accountability** across systems, agencies, and organizations.

3

Enhance the **continuum of care and support services** for justice-involved people with MI, SUD, and/or IDD.

4

Strengthen **state hospital and community-based forensic services**.

5

Expand **training, education, and technical assistance** for stakeholders working at the intersection of behavioral health and justice.

Goal One

Support the expansion of **robust crisis and diversion systems** to reduce and prevent justice involvement for people with MI, SUD, and/or IDD.

Objectives

- Expand and scale the use of crisis and pre-arrest diversion strategies and programs.
- Increase use of jail, detention, and court-based diversion off-ramps.
- Increase diversion using data and technology.



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Goal Two

Increase **coordination, collaboration, and accountability** across systems, agencies, and organizations.

Objectives

- Enhance community collaboration through strategic planning and coordination.
- Increase information sharing across state and local agencies.



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Goal Three

Enhance the **continuum of care and support services** for justice-involved people with MI, SUD, and/or IDD.

Objectives:

- Enhance care and support services across the continuum of care.
- Increase connection to mental health and substance use treatment and tailored supports for special populations, including people with IDD, youth, and veterans.
- **Address the social determinants of health that increase the risk of justice-involvement, including housing, employment, and transportation.**
- Expand access to peer-based recovery services across the continuum of care, including recovery support services, peer-led mental health supports youth recovery communities, and family support services.
- Leverage data and technology to expand access to care.



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Goal Four

Strengthen state hospital and community-based forensic services.

Objectives:

- Right-size competency restoration services.
- Expand evidence-based and research informed programs across the state to reduce the waitlist for inpatient competency restoration services.
- Maximize the use of telemedicine for forensic services in communities where access and staffing are limited
- Identify efficiencies and improvements in state hospital and community-based forensic services.
- Strengthen oversight and quality of competency evaluations.



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Goal Five

Expand **training, education, and technical assistance** for stakeholders working at the intersection of behavioral health and justice.

Objectives:

- Provide statewide training and technical assistance on trauma-informed, culturally competent, evidence-based practices for behavioral health providers, law enforcement, jails, courts, and community corrections.
- Promote workforce wellness and resiliency for behavioral health and justice professionals.



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Texas Behavioral Health and Justice Technical Assistance Center

Implementing the Strategic Plan



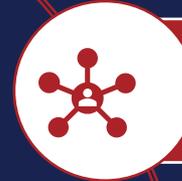
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Texas Behavioral Health and Justice Technical Assistance (TA) Center

Purpose: To establish a centralized source of support and information for people who interact with forensic populations as well as justice-involved people with MH/SUD and IDD.

Target Audience: Local Mental Health Authorities, local and county law enforcement, jail administrators, and other community leaders.

Planned Launch: Feb-March 2022



Local Expert Network



Expert Consultation



Sequential Intercept Model
Mapping Workshops



Toolkits, webinars, and other
resources

State Agency Partnerships

- Texas Commission on Jail Standards
- Texas Commission on Law Enforcement
- Texas Department of Criminal Justice, TCOOMMI
- Texas Department of Housing and Community Affairs
- Texas Indigent Defense Commission
- Texas Juvenile Justice Department
- Texas Veterans Commission



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Expanding Housing Opportunities for People with Complex Health Needs Leaving the Justice System

**Council of State Governments Justice Center and
the Corporation for Supportive Housing Community
of Practice**



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Housing Community of Practice

Purpose: Expand housing options for people with complex health needs leaving the justice system

Partners: HHSC, Office of Mental Health Coordination, Office of the State Forensic Director, Texas Department of Housing and Community Affairs, Texas State Affordable Housing Corporation

Next Steps: Continue to coordinate across agencies to explore proposed strategies.

2021

Prioritizing People with Justice Involvement for Supportive Housing



THE PLAYBOOK

SHARED VISION

We can create a future where homelessness is rare and brief when it occurs, and no one gets left behind.

KEY GOALS

STOP HOMELESSNESS BEFORE IT STARTS.

IDENTIFY INDIVIDUALS AT RISK & ENSURE THEY ARE SAFE.

CONNECT PEOPLE WITH SUPPORTS THEY NEED TO QUICKLY EXIT HOMELESSNESS.

CREATE ACCESS TO LONG-TERM STRUCTURAL SOLUTIONS.

LEADING WITH EQUITY

Tackling homelessness through anti-racist practices and community-driven solutions is critical to eliminating racial disparities and inequitable outcomes.

REAL-TIME, PERSON-SPECIFIC DATA

A real-time list of people experiencing homelessness by name can provide a shared understanding of who needs support, whether efforts are working, and how to best target resources.

HOUSING FOCUSED

Helping those experiencing homelessness that stable, secure, and affordable housing as soon as possible provides a foundation to effectively tackle other challenges and opportunities they face.

CROSS-SECTOR PARTNERSHIPS

Screening for social determinants of health across benefit programs, educational systems, healthcare providers, and reentry planning improves care navigation, reduces emergency system utilization, and increases stability.

PROVEN SOLUTIONS

PREVENTION & DIVERSION

Programs that identify people at high risk of homelessness and provide supports that can help them to avoid it can help reduce the number of people entering homelessness.

ANTI-POVERTY SUPPORTS

Programs that provide services, supports, and benefits help struggling households meet needs, proactively, fulfilling, and dignified lives. Examples include access to physical and behavioral healthcare, childcare, employment, and nutritional services.

COORDINATED ENTRY SYSTEMS

Standardized and coordinated systems of care over a given geographic area can help ensure that homelessness services are provided equitably, efficiently, and effectively.

STREET OUTREACH

Street outreach programs can help to identify and help those who are otherwise unable to access their traditional shelters.

LOW-BARRIER SHELTERS

Shelters without restrictive entry requirements help create spaces in which people can feel safe and connect with resources.

AFFORDABLE RENTAL HOUSING

Ensuring that a given geographic area has enough affordable rental housing to meet its population's needs can help prevent families & individuals from falling into homelessness.

HOMEOWNERSHIP SUPPORTS

Providing opportunities for low- and middle-income families to purchase homes protects them from rent increases and asset loss that can contribute to homelessness.

Rapid RE-HOUSING

Providing fast-track and same individualized experiences with homelessness with already existing activities for market rate rental housing can help reduce an individual's financial crisis.

SUPPORTIVE HOUSING

Supportive Housing combines affordable, community-based housing with access to voluntary wrap-around supportive services to help ensure safety and stability for extremely vulnerable individuals who face complex barriers and have long lengths of homelessness.

Additional information can be found at: [The Collaborative on Homelessness](#), [The National Alliance to End Homelessness](#), & [The Center for Children, Youth, & Families: A Guide to Evidence-Based Solutions to Homelessness](#).

CSH 10 Years of Supportive Housing Solutions
CSH & CSH Prioritizing People with Justice Involvement for Supportive Housing



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Thank You

Catherine Bialick, MPA

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