

Attachment 1

Funding Proposal

Building Community Capacity through Collaboration

Background

Texans with developmental disabilities report various barriers to receiving the services and supports they need to fully participate in their communities. Obvious barriers include the inability to pay for needed services and difficulty finding qualified providers. Large numbers of Texans are uninsured and/or living in poverty. The Texas Medical Association reported in 2010 that less than 42 percent of physicians accepted Medicaid. In the mental health arena, although Community Centers typically serve more individuals than the number for which they receive state funding, only a portion of those in need receive services. The Hogg Foundation for Mental Health estimates that in FY10, only 34% of adults with serious, persistent mental illness and 29% of children with severe emotional disturbance received treatment through community mental health services. These are barriers that may be beyond TCDD's ability to significantly impact through grant funding.

Less obvious but still challenging barriers arise from characteristics of the service system that may be more amenable to change. Supporting communities to integrate and coordinate the services and supports available at a local level may address fragmentation of the service system and could lead to identification of additional informal community-based supports and resources. In fact, the state-level Integration of Health and Behavioral Health Services Workgroup, established by the Texas Health and Human Services Commission (HHSC) and comprised of individuals representing various constituencies, found that strategies were needed to encourage integration in both private and public sectors. The workgroup recommended that support be given to providers and healthcare entities integrating their practices, perhaps in recognition that it is unrealistic to assume that providers have the resources to do this while also adapting to the changing expectations of funders and continuing to provide services to their local community.

The diversity of the needs and resources present in local communities makes it difficult for the statewide system to drive integration and coordination of care in local communities. Texas is home to nine counties that are more populous than some states; it is also home to the least populous county in the country - Loving County, population 82 (in 2010). The Houston metropolitan area is now the most ethnically diverse large metropolitan area in the country, and Harris County, where Houston is located, is more populous than at least twenty other states. Four Texas counties are among the 100 counties with the highest median income in the country, and seven Texas counties are in the 100 poorest counties in the country. The HHSC FY 2011-15 Strategic Plan identifies disparities in care among groups of people: "Minority populations are often underserved or served inappropriately...Disparities in care also affect residents of underserved or rural areas." HHSC notes that Texans in rural areas face limited access to affordable health care and to trained health professionals; increased need for geriatric services; prolonged response times for emergency; limited transportation options; and limited economic development.

If the capacity of some communities wasn't already stretched thinly enough, natural disasters, such as Hurricane Ike, wild fires and tornadoes have substantially impacted some local service systems. The HHSC FY 11-15 Plan notes the damage from Hurricane Ike "caused severe strains on community capacity to provide...basic health care, specialty health services, child care, public education, and senior support systems. Hurricane Ike compounded the impacts on individuals with disabilities... Longer-term, these communities may continue to face challenges in areas such as mental health, individual physical health, and a variety of epidemiological hazards."

The TCDD 2012-2016 State Plan noted these needs, identified related opportunities, and listed Council strengths that could be used to support communities to develop their own individualized solutions. The Council noted strengths related to participation by representatives of state agencies and the DD Network partners on the Council; access to information; and the flexibility to fund different strategies and to partner with many and varied organizations. These strengths allow the Council the opportunity to facilitate change in communities by collaborating with community organizations and service providers and to apply knowledge from, and build on, past successes.

TCDD's related successes include: providing funding for a group of collaborators to establish EveryChild, Inc., as its own entity focused on preventing institutionalization of children; supporting the expansion of the Baylor College of Medicine Transition Clinic to meet the needs of the local community; developing multiple Project DOCC sites tailored and/or adapted to the communities in which they were located; and participating in the Texas Integrated Funding Initiative, which established Systems of Care communities in areas around the state. TCCD has shown that collaboration between self-advocates, families, providers, and other non-traditional partners can positively impact communities in lasting ways.

Organizations and individuals in some communities around Texas have already developed collaborative initiatives, successfully tapping into the existing strengths of their community, and are working on shared goals. The following are examples of existing community collaborations that reflect the type of collaboration that might be developed through this project:

- The Community Action Network: A partnership of Central Texas agencies, organizations and individuals who work together to achieve sustainable social, health, educational and economic outcomes through engaging the community.
- The East Texas Behavioral Healthcare Network: A network comprised of 11 community mental health and IDD centers that cover 70 Counties in Texas. The network was established in 1998 as a response to the unique challenges that these organizations face in delivering care effectively and efficiently to consumers living in the region. The network has been effective in developing economies of scale, assisting with quality of services, and delivering training initiatives for the member centers since the inception of the program.
- The Intellectual and Developmental Disabilities Needs Council of Tarrant County: A collaboration of public and private agencies, as well as individuals who have IDD and their caregivers. The organization works to revolutionize the service delivery system in Tarrant County, Texas, for people with IDD and their families. Its members develop plans for long-term changes in the system while addressing key issues and providing immediate solutions where possible.

- Texas Integrated Funding Initiative Communities: Local Systems of Care that meet the needs of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs.

TCDD has the resources to fund and provide technical assistance to local communities that are interested in developing and/or strengthening collaborative efforts such as these “networks.” Additionally, TCDD can ensure that networks established through TCDD funding reflect TCDD’s values and philosophy, and address the issues identified in Goal 5 of TCDD’s State Plan.

State Plan Goal

Goal 5: Demonstrate how to prevent unnecessary admissions to State Supported Living Centers (SSLC) by supporting community organizations in at least 1 HHS Region to increase their capacity to provide community-based services that support people with developmental disabilities to improve and maintain their health and to have access as needed to necessary healthcare, behavior supports, and/or respite, by 9/30/2016.

Objective 2: Provide funding to enable at least 10 organizations working in the target region(s) to implement plans that will increase their capacity to provide healthcare services, behavior supports, and/or respite to support people with developmental disabilities living in the community by 9/30/2016.

Expected Outcome(s)

- Four communities will establish or strengthen a community support network of diverse organizations and individuals collaborate to increase their community’s capacity to provide culturally appropriate, person-centered or family-centered healthcare services (including both physical and mental health), behavior supports, and/or respite to community members who have developmental disabilities and their families.
- Four community support networks will support people with developmental disabilities and their families to take leadership or other active roles in creating change in their communities.
- Four community support networks will ensure that individuals and organizations involved in creating change in their communities reflect the diversity of that community.
- Four community support networks will each develop a strategic plan and identify resources necessary to build the capacity of their community to provide culturally appropriate, person-centered or family-centered healthcare services (including both physical and mental health), behavior supports, and/or respite to community members who have developmental disabilities and their families.

Project Description

Phase 1

Award up to 4 grant(s) to support a group of organizations/individuals in a certain geographic community to:

- (1) Establish and/or strengthen a network of appropriately diverse organizations and individuals who are committed to developing and supporting inclusive communities; and
- (2) Develop a strategic plan and identify resources needed to build the capacity of the community to provide high quality, community-based, person-centered and/or family-centered healthcare services, behavior supports, and/or respite to support people with developmental disabilities.

The recipient of each grant will be the community organization responsible for identifying and seeking the commitment of organizations and individuals in the community; convening an appropriately diverse network that includes self-advocates and family members; facilitating the network to assess the strengths and needs of the community; ensuring the development of a strategic plan and identification of resources needed to implement the plan; and complying with TCDD's grant monitoring and reporting processes. Other organizations or individuals participating in the network will be responsible for participating actively in the process; contributing resources (including in-kind) to the process as they are able; and ensuring that the strategic plan builds on the strengths/assets that exist in their community to address the identified needs.

TCDD expects that the network members will include self-advocates, family members, behavior analysts, providers, local authorities, local colleges or universities, and/or local medical providers.

Phase 1 funds may be used for staff to coordinate the process; consultant services; materials needed to conduct outreach; training and technical assistance; a community survey; travel; and/or other activities or items necessary to support the development of the network and the plan.

Phase 1 may take no longer than 18 months, but may be completed sooner.

At the completion of Phase 1, the network is responsible to complete and submit the strategic plan describing the communities targeted issue(s) and planned approach as noted above. Each network will have the opportunity to request additional funding from TCDD to implement their plan when the strategic plan is submitted. Implementation of the plans is Phase 2.

Phase 2

TCDD will review plans completed by the recipients of Phase 1 grants and applications for grant support to implement that plan and may award funds for all or part of the strategic plans presented. The recipient(s) of each Phase 2 grant will be the organization responsible for the implementation of the plan and compliance with TCDD's grant monitoring and reporting processes. Only one organization from each network developed through Phase 1 may apply for the funds to implement the plan. The network members should select the organization that will apply for Phase 2 funding.

In the application for funding for Phase 2, the network would be required to include information from the community assessment to support their strategic plan. The proposed plan must address:

- (1) How the plan's relates to Goal 5 of the TCDD FY 2012-2016 State Plan;
- (2) How the change achieved through the plan will either be sustained beyond the funding period or will result in permanent systems change;
- (3) How specific public policy implications will be identified, and if they will be addressed, the strategy to be used;
- (4) How people with developmental disabilities and people who are members of groups who are identified as being underserved or unserved were involved in the planning process; and
- (5) How people with developmental disabilities and people who are members of groups who are identified as being underserved or unserved will be involved in meaningful ways in the implementation of the plan.

Phase 3

TCDD will discuss the information and understanding gained through the process and determine how to use the information to inform future activities and/or public policy recommendations.

Proposed Funding Amount

Phase 1: Up to \$75,000 per grant, for up to four (4) grants.

Phase 2: Exact amount to be determined. For planning purposes, up to \$150,000 per grant, per year, for up to four (4) grants, would be reserved.

Phase 3: Funding to be determined.

Proposed Duration

Phase 1: Up to 18 months.

Phase 2: Up to 5 years, depending on plans submitted for funding.

Phase 3: Duration to be determined.

Other Considerations

Priority would be given to projects that propose to address identified disparities in access and/or quality of services.