**SBHCC REPORT TEMPLATE**

**PURPOSE:** Provide required information to fulfill HHS Behavioral Health Services (BHS)biannual reporting requirements to the Texas Statewide Behavioral Health Coordinating Council (SBHCC).

BHS’s four matching grants programs are legislatively mandated to report on progress towards program goals and objectives per General Appropriations Act for the 2020-21 Biennium, Article IX, Sec. 10.04(b)Statewide Behavioral Health Strategic Plan and Coordinated Expenditures:

*“HHSC shall require certain community collaboratives that receive state grant funding to present twice annually on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding. It is the intent of the Legislature that these presentations serve as an opportunity to increase collaboration for the effective expenditure of behavioral health funds between state and local entities.”*

In the form below, please provide information, status, and progress on your BHS grant project programming including efforts made by your program’s collaborative partnership.

BHS matching grants programs should be actively working with partners in their communities to maintain and establish collaborations that can support the long-term goals of the program, which may include service coordination, community engagement, or leveraging grant funding to sustain and increase services beyond the grant award. These collaborations may be with local businesses, schools and universities, healthcare organizations, law enforcement, other grant funded organizations, or other organizations in the community. The purpose of these collaborations should be to further the goals of the grant funded program.

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| **Fiscal Year** | [Dropdown] |
| **Reporting Period** | [Dropdown]  September – February (Due March 31st)  March – August (Due September 30th) |
| **Grant Program** | [Dropdown]  Community Mental Health Grant Program  Mental Health Grant Program for Justice-Involved Individuals  Healthy Community Collaboratives  Texas Veterans + Family Alliance Grant Program |
| **Applicant Name** | [Text] |
| **Project Name** | [Text] |
| **Person Completing this report** | [Text] |
| **Email Address** | [Text] |

[Grantees to list as many organizations as they need]

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| **COLLABORATIVE PARTNERS** | | | | | | | | | | | | | | | | |
| **List Collaborative**  **Partner Organizations** | **Role of Partner**  (Select all that apply)  [Radio Buttons] | | | | **Type of**  **Partner**  (Select all that apply)  [Radio Buttons] | | | | | | | | | **Primary Partner**  [Radio Buttons] | |
| 1. [Text] | Funder | Service Provider | Service Coordination | Other | Healthcare | Advocacy | Government | Media | Education | Social Service | Business | Law Enforcement | Other | Yes | No |
| 2. [Text] | Funder | Service Provider | Service Coordination | Other | Healthcare | Advocacy | Government | Media | Education | Social Service | Business | Law Enforcement | Other | Yes | No |

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| **PROGRESS OF COLLABORATIVES** |
| **Describe the benefits and successes of collaborating with the organizations listed above.**  [Text] |
| **If applicable, describe how the collaborative partner organizations help leverage your grant funds or further the program goals.**  [Text] |
| **Do you have plans to add any additional partners organizations? If yes, please describe.**  [Text] |

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| **OVERALL GRANT PROGRESS** |
| **What challenges have you encountered, or do you anticipate encountering as you continue to implement your grant project?**  [Text] |
| **Are there any training or technical assistance needs you would like to explore with HHS staff?**  [Text] |
| **Are there any grant-related success stories you would like to share with the SBHCC?**  [Text] |