



## RFA HHS0016125 Attachment A-3

# EXAMPLE Statewide Behavioral Health Coordinating Council 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 Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, (b) Statewide Behavioral Health Coordinating Council:

*"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.

<b>Fiscal Year</b>	
<b>Reporting Period</b>	<input type="checkbox"/> September – February (Due March 31 <sup>st</sup> ) <input type="checkbox"/> March – August (Due September 30 <sup>th</sup> )
<b>Grant Program</b>	<input type="checkbox"/> Community Mental Health Grant Program <input type="checkbox"/> Mental Health Grant Program for Justice-Involved Individuals <input type="checkbox"/> Healthy Community Collaboratives <input type="checkbox"/> Texas Veterans + Family Alliance Grant Program
<b>Applicant Name</b>	
<b>Project Name</b>	
<b>Person Completing this report</b>	
<b>Email Address</b>	



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COLLABORATIVE PARTNERS															
List Collaborative Partner Organizations	Role of Partner (Select all that apply)				Type of Partner (Select all that apply)								Primary Partner		
1.	<input checked="" type="checkbox"/> Funder	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Healthcare	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Government	<input type="checkbox"/> Media	<input type="checkbox"/> Education	<input type="checkbox"/> Social Service	<input type="checkbox"/> Business	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Funder	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Service Coordination	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Government	<input type="checkbox"/> Media	<input type="checkbox"/> Education	<input type="checkbox"/> Social Service	<input type="checkbox"/> Business	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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



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