

CITY OF SAN MARCOS
CORONAVIRUS RELIEF - GENERAL FUND GRANT
2021 APPLICATION



Due Date: June 6, 2021 at midnight

I. **APPLICANT CONTACT INFORMATION**

Applicant Organization: Hill Country Community MHMR Center d/b/a Hill Country MHDD Centers (HCMHDDC)
Contact Name: Beverly Smith Telephone: 830-928-6299
Mailing Address: 819 Water Street, Suite 300, Kerrville, Texas 78028-5330
Physical Address, if different from mailing address: same
Contact E-Mail Address: beverly6708@hillcountry.org Web Address: www.hillcountry.org
Who is authorized to execute program documents? Amy Lowrie, San Marcos Mental Health Clinic Director

II. **APPLICATION SUMMARY INFORMATION**

Program Name: Direct Cash Assistance
Amount of Funds Requested: \$94,050.00
Program Location: 1200 N Bishop St, San Marcos, TX, 78666
By approximately what date will funds be expended? August 31, 2022

III.

ORGANIZATION DESCRIPTION

1. What is your organization's mission?

Caring People Dedicated to Quality Service

2. How many volunteers does your agency/organization have and how many hours will they spend on the program requesting funding?

Hill Country MHDD Centers currently has no program volunteers

3. How many direct clients did your organization serve in the last full program year?

Unduplicated individuals in 2019/2020 across all nineteen counties = 12,653

4. Provide information regarding your Board of Directors, including how they are selected and how often they meet. Please also include attendance figures.

The Board of Trustees is appointed by the governing bodies of Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde counties for the purpose of operating a community mental health center (CMHC). A CMHC is an agency of the State, a governmental unit, and a unit of local government as defined and specified by Chapters 101 and 102, Civil Practice and Remedy Code, and a local government as defined by Section 3, the Inter-local Cooperation Act (Article 4413(32C)), Vernon's Texas Civil Statutes.

In order to ensure equitable representation, each of the four most populous of HCMHDDC's 19 counties served were allocated one Board of Trustees member. The combined population of these four counties was then subtracted from a total population of all nineteen counties. The remainder was divided by five, the maximum number of Board of Trustee memberships available. This brought the total members to nine, the maximum number allowable by the statute. This average population was then used to configure the remaining fifteen counties. In addition to population, these groupings were determined by natural affiliation and contiguous borders. The groupings range from combinations of six counties to one county.

The board meets seven times annually, with an attendance rate per meeting of 85%.

5. Please list all funding received from the City for the current program year, by source and amount.

\$0.00

IV.

PROGRAM DESCRIPTION

1. Provide a brief description of the proposed program.

The proposed program is to provide direct cash assistance to residents of San Marcos receiving HCMHDDC mental health and / or substance use services, who are or have been negatively impacted by the COVID-19 pandemic, who have been furloughed from or lost their job, work hours were reduced, are unable to work due to lack of child care due to school or daycare closures, are unable to work due to a COVID-19 diagnosis, are facing homelessness or are homeless, or have overdue rent or mortgage and / or utility payments.

2. In what ways does this program serve people who have been negatively impacted by the COVID-19 pandemic or related economic shutdowns?

As the local mental health authority, our clinic serves many individuals in the community who are unfunded, undocumented and/or identify as low income. In San Marcos, alone, we have served a total of 1356 individuals with mental health and substance use issues to date since September 1, 2020. Of the 1356 , 1073 individuals are low income, 410 receive Medicaid benefits and 547 are uninsured. This population in many ways has been disproportionately impacted by the pandemic through job loss, housing and mental health care needs. HCMHDDC will use funding to pay utility bills (maximum of \$150) and rent / mortgage (maximum of \$1,200) of qualifying individuals directly to the utility company, landlord, rental agent, or mortgagee. Assistance will be provided through prepaid debit/credit cards to homeless individuals for hotel stays (maximum of 3 nights, not to exceed \$180) and/or purchase of a tent (\$30 per tent). Pre-paid gas cards (maximum of \$100) will be provided to individuals who are struggling with transportation costs to attend appointments due to lost or lack of income.

3. Is this a new program or the expansion of an existing one?

HCMHDDC has provided direct cash assistance to individuals on service for 24 years, as funds are available.

4. Is there a fee to clients to participate in the program? If yes, please provide fee structure.

No.

5. Describe the proposed days and hours of operation of the program.

8 a.m. to 5 p.m., Monday through Friday, weekly

6. What are the goals of the program for which you are requesting funding?

To reduce emotional stressors (anxiety, depression) brought on by financial hardship, prevent homelessness, keep engaged in services and promote well being.

7. How will you know you met these goals?

Measuring by Patient Health Questinnaire. HCMHDDC utilizes a Patient Health Questionnaire (PHQ-9 Assessment) which is a self report assessment on mental health symptoms and is provided to individuals typically at each scheduled appointment. This assessment will confirm each individual's anticipated reduction in mental health symptoms (primarily anxiety and depression) as financial assistance is provided to qualifying individuals who are experiencing a financial hardship due to COVID-19.

8. If requesting funding for salary, describe the activities of this position? (Please breakdown each funded position and hours worked per week.)

n/a

9. Discuss how you will measure program success.

The program's success will be measured by individuals on service reporting improved mental health, decreased homelessness or the threat of by way of fewer financial stressors related to the ongoing pandemic.

10. What additional funding is your agency requesting for this program? Please provide Funding Source, Amount Requested, Amount Granted, and whether funding is Pending.

HCMHDD is continually seeking funding opportunities to provide this program to individuals on our services across our nineteen county service area. Currently no other funds are being actively pursued to serve individuals who are residents of San Marcos.

V.

PROGRAM BENEFICIARIES

1. How many persons are proposed to be assisted if funding is received? 250
2. What percentage of persons proposed to be assisted are expected to have low to moderate incomes? 100%
3. Will this program have income limitations? ☒ If so, how do you propose to document the income of the beneficiaries? (check all that apply)
 - ☐ Evidence that the child is approved for free or reduced lunch
 - ☐ Evidence that the family lives in housing sponsored by the Housing Authority
 - ☐ Evidence that the family is WIC approved
 - ☐ Income documentation using one of the 3 HUD approved methods
 - ☐ Self-certification, with income verification required of 20% of certifications
 - ☒ Other, describe: Individuals in need of assistance will be asked to complete a request for assistance form and to provide proof of need related to COVID-19, proof of income, family size and unpaid/past due utility, rent or mortgage statements.

VI.**LINE ITEM BUDGET**

Please use the following format to present your proposed line item budget. Secured funds are funds on-hand, pledged, or awarded. Supporting documentation may be attached as an Appendix. Programs will be considered for which funds have already been spent.

Expense Category	Total Program Budget	CDBG Portion	Other Funding Source	Other Funds Amount
Personnel Services				
Salaries				
Fringe Benefits				
Supplies				
Office Supplies				
Program Supplies				
Client Materials				
Operating				
Training				
Insurance				
Utilities/Rent/Mortgage				
Other (please specify)				
Direct Cash Assistance	\$94,050.00	\$94,050.00	\$0.00	\$0.00
Total	\$94,050.00	\$94,050.00	\$0.00	\$0.00

Please provide an explanation for any unusual budget expenditures listed in the line item budget above.

n/a

VII. **PROGRAM IMPLEMENTATION SCHEDULE WITH PERFORMANCE GOALS**

Program Start Date:

9/1/2021

Program Completion Date:

8/31/2022

Educate staff on program requirements	08/01/21	08/31/21	Staff able to identify and determine eligibility of applicants and catalogue required information for tracking
Identify people in need of assistance	08/01/21	08/31/22	Individual information maintained in catalogue to track eligibility and funds awarded
Modify Request for Assistance & Receipt Form for this program	08/01/21	08/31/21	Forms completed and used for eligibility determination and data tracking
Finance set-up cost center and appropriate program staff given purchasing authorization	08/01/21	08/31/21	Purchases and requisitions will be made to assist eligible individuals
Purchase debit/credit/gas cards as needed	09/01/21	08/31/22	Eligible people assisted with housing and transportation
Submit purchase requisitions for eligible utility, rent and mortgage statements	09/01/21	08/31/22	Eligible people assisted with unpaid/overdue rent, mortgage &/or utilities