



# Housing and Health Services Coordination Council 2010-2011 Biennial Plan



Submitted to Governor Rick Perry  
and the Legislative Budget Board  
By the Housing and Health Services Coordination Council  
September 1, 2010

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Front cover pictures -

Top Left: David & Mary Coe, Luling, TX

Top Right: Henry Palacios, Corpus Christi, TX

Bottom Left: Country Lane Senior-Waxahachie Community tenants, Waxahachie, TX

Bottom Right: Jessie Flores & family, Corpus Christi, TX

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**DISCLAIMER**

This Housing and Health Services Coordination Council Biennial Plan and its recommendations reflect the views and opinions of a majority of the Council's membership. Contents of this Biennial Plan were discussed by the Council and a general agreement was established on each recommendation.

## **EXECUTIVE SUMMARY**

### **COUNCIL ACCOMPLISHMENTS**

The Housing and Health Services Coordination Council has been very active throughout this first year since inception. As detailed in the Background chapter, the first step undertaken by the Council was to engage in a public outreach process, inviting stakeholders from across the state to attend a series of public forums to provide feedback on the concept of service-enriched housing and the possible future directions of the Council.

Using this feedback, along with research on best practices from other states, the Council developed a definition of service-enriched housing that was adopted as a rule by the Texas Department of Housing and Community Affairs (TDHCA) Governing Board. This definition helped to frame future actions of the Council, particularly the creation of its first Biennial Plan.

Upon adoption of the rule, the Council next chose to embark on a series of Committee work sessions. The Council's two committees, the Policy & Barriers Committee and the Cross-Agency Education & Training Committee, each attended biweekly conference calls to discuss and develop concepts and recommendations for meeting statutory directives and increase service-enriched housing. These work sessions resulted in the creation of the Council's first Plan.

### **CONTENTS OF BIENNIAL PLAN**

The Biennial Plan is separated into four distinct sections. Additionally, within each chapter of the Plan, the Council sought to address a different statutory directive.

Section One addresses the need to contextualize the issue of service-enriched housing by assessing the current need for such housing models amongst persons with disabilities and persons who are elderly and identifying the barriers that prevent them from obtaining it. These barriers include those attributable to regulatory requirements, administrative limitations, funding constraints, and ineffective coordination. The public forum series played a critical role in informing the Council on the issues of existing need and barrier identification and also provided invaluable input as the Council crafted a comprehensive definition of service-enriched housing and other relevant terminology.

Section Two of the Plan focuses on the research and information gathering efforts undertaken by Council staff to help inform the Council of methods for the implementation of service-enriched housing. Staff identified existing funding resources that could potentially be utilized for service-enriched housing. Additionally, staff presented the Council with an overview of efforts implemented in other states to increase service-enriched housing, a set of best practices which the Council evaluated for possible use in Texas.

Section Three of the Plan proposes recommendations to overcome the barriers identified in Section One and to achieve the overarching goal of increasing state efforts to offer service-enriched housing. Recommendations relating to the cross-education of state housing and health service agency staff

were formulated and opportunities were identified for providing training and technical assistance to local provider organizations. Finally, policy recommendations for furthering state service-enriched housing efforts were developed.

Section Four of the Plan looks ahead to the possible implementation of Council recommendations, as well as the future direction of Council actions.

## **RECOMMENDATIONS OF THE COUNCIL**

The Council created several broad recommendation categories for developing a system to cross-educate selected staff in state housing and health services agencies. First, the Council sought to address the need for standardized educational training opportunities and resource materials through the creation of a simple, user-friendly reference guide and accompanying series of training modules. Second, the Council recommended a greater utilization of information technology to facilitate communication between State agency staff through partnership with the Texas Information and Referral Network, the creation of a “Quick Facts” webpage within each State agency’s website, and creation of a monthly interagency listserv email announcement system. Third, the Council sought to improve intra-agency communication through an increased utilization of each agency’s intranet as a tool for information dissemination as well as through the creation of a periodic agency newsletter. Finally, the Council emphasized ways of incorporating information sharing and training into current staff activities and encouraged each agency’s executive leadership to promote cross-agency training and communication with their staff.

In establishing recommendations for assisting and training local entities, the Council again offered the use of a reference guide and training module, but this time geared toward community service providers. Additionally, the Council recommended a Service Enriched Housing Specialist training and certification be established. The Council next addressed the need for increased communication and collaboration between local organizations by encouraging the state’s Aging and Disability Resource Centers to establish relationships with local housing providers and by increasing rural capacity through annual community roundtables. Finally, the Council sought to meet the need for increased outreach and education for consumers through various recommendations, including: modification of the Your Texas Benefits website to become an information clearinghouse for housing and health services, creation of a cross-agency informational brochure for consumers, utilization of the Council’s website as a resource for outreach materials, and the creation of an educational presentation for property managers and owners.

Finally, the Council offered eleven housing policy and eleven service policy recommendations for increasing and promoting production of service-enriched housing. On the housing side, the Council first sought to promote the use of multifamily rental housing funding sources for the set-aside of housing units for very low income persons with disabilities and persons who are elderly and establishing a targeting plan for connecting these individuals with off-site services and supports. Second, the Council recommends incentivizing partnerships between housing providers and local service entities and establishing criteria for measuring the strength of these connections. A third Council recommendation is to pursue collaborations with community development finance institutions and private foundations whose mission is to assist persons with disabilities and persons who are elderly. Finally, the Council seeks to address the need for greater outreach efforts, including

outreach to private sector housing developers to promote service-enriched housing models, as well outreach and assistance to consumers at risk of institutionalization.

In regards to health and human services policy recommendations, the Council sought to support the expansion and increased funding of those programs and services that have proven successful at assisting persons with disabilities and persons who are elderly to remain living independently in community based settings. These include Medicaid 1915(c) waiver programs, nursing facility diversion programs, Aging and Disability Resource Centers, and nursing home relocation activities. The Council additionally sought to increase supports for persons with mental illness or substance abuse disorders by recommending the inclusion of behavioral health services within all Medicaid 1915(c) waiver programs, increasing funding to the Assertive Community Treatment service packages of the Resiliency and Disease Management Program, expanding the Peer Specialist Program to Local Mental Health Authorities statewide, and allocating additional funding towards community based services and supports for individuals leaving the state mental health system.

## **NEXT STEPS OF THE COUNCIL**

Given the statutory directives which guide the activities of the Council, the following outstanding tasks will direct the future actions of the Council moving forward:

Funding Requirements. In this first Biennial Plan, the Council was able to identify sources of state and federal funding that may be used to provide integrated housing and health services. Future plans will further this work by determining the requirements and application guidelines to obtain those funds.

Training Materials. In this first Biennial Plan, the Council made recommendations pertaining to the type and content of training modules for state agency staff as well as local provider organizations. Upcoming tasks for Council staff involve using Council recommendations to create such training materials and disseminate them, so to assist in the future development and financing of service-enriched housing.

Financial Feasibility Model. Another upcoming task for the Council and Council staff is to create a financial feasibility model that assists in making a preliminary determination of the financial viability of proposed service-enriched housing projects. Further communication and coordination with identified best practice organizations will aid in the completion of this task.

Tracking Database. In this first Biennial Plan, the Council identified a number of current service-enriched housing projects underway in Texas, as well as in other states. A future task for the Council and Council staff will be to develop a database that identifies, describes, monitors and tracks the progress of service-enriched housing projects developed in Texas.

Capacity Evaluation. A barrier to service-enriched housing mentioned during the public forum series dealt with the lack of capacity by local provider organizations. In order to delve further into this issue, Council staff will conduct an evaluation regarding capacity of statewide long-term care providers and interest by housing developers in investing in service-enriched housing.

Information Clearinghouse. In this first Biennial Plan, the Council made recommendations pertaining to the creation of central online resource for information regarding service-enriched housing. Council staff will build upon these recommendations to craft and maintain a clearinghouse of information that contains tools and resources for entities seeking to create or finance service-enriched housing projects.



## **PREFACE**

In the past, public program spending for long-term services and supports for persons who are elderly and persons with disabilities in Texas was allocated in large part to institutional facilities such as nursing homes. However, over the last two decades with the advent of Medicaid waivers, home and community based service alternatives have become an increasingly significant option and choice, as witnessed through recent federal and state legislation. For individuals participating in the state's relocation activities such as "Money Follows the Person," one of the leading barriers to remaining in the community or moving back into a community setting is the need for affordable, accessible and integrated housing. Advocacy organizations for both older adults and individuals with disabilities have emphasized the need for living arrangements which bridge the gap between independent living and institutional care, offering supportive services to these populations so that they can remain living within their community.

Service-enriched housing is an attempt to combine housing and services outside of institutional care, allowing older adults to age in place and individuals with disabilities to maintain their independence. The Housing and Health Services Coordination Council (HHSCC) was created by Senate Bill 1878 during the 81st Texas Legislative Session. The creation of this Council was recommended to the 81st Texas Legislature by the Legislative Budget Board's 2009 Government Effectiveness and Efficiency Report. The purpose of this Council, as written in the statute, is to increase state efforts to offer service-enriched housing through increased coordination of housing and health services, and to recognize the potential cost savings of such housing models. The Council seeks to improve interagency understanding of housing and services and increase the number of staff in State housing and State health services agencies that are conversant in both housing and health care policies and programs.

In advance of the Council's first Biennial Plan, members sought a better understanding of the issues facing older adults and persons with disabilities. Four public forums were undertaken and the Council received a wide range of stakeholder feedback. The information received from these stakeholders was key to the development of this plan, framing potential barriers and guiding recommendations made to the Governor, Legislature, and the leadership of state housing and health services agencies. Given the unmet needs of elderly Texans and Texans with disabilities, the Council has created the following set of priorities, which guide this document as well as Council activities moving forward:

- To expand opportunities to persons who are elderly and persons with disabilities to live in an accessible, affordable, and integrated housing environment.
- To expand health-related and other services and supports in a residential setting that fosters independence and allows persons who are elderly and persons with disabilities to age in place.
- To expand community based housing options for persons who are elderly and persons with disabilities. For the purposes of this plan, community-based housing options are considered to be non-institutional facilities, and to exclude licensed care facilities such as assisted-living.

- To enhance the ability of persons who are elderly and persons with disabilities to access home health care, long term service and supports, and affordable housing options that are currently available by removing administrative, regulatory, financial, and coordination barriers.
- To emphasize the position of consumers as their own decision-makers, specifically championing the right of consumers to voluntarily choose which services they want to receive and in what setting those services are provided (on-site or off-site services and supports).



Francisca Garcia of Brownsville, TX

## BACKGROUND

### *STATUTORY DIRECTIVE*

The Housing and Health Services Coordination Council (HHSCC) was created by Senate Bill 1878, authored by Senator Jane Nelson and sponsored by Representative Norma Chavez during the 81st Texas Legislative Session. The creation of this Council was recommended to the 81st Texas Legislature by the Legislative Budget Board's 2009 Government Effectiveness and Efficiency Report. The purpose of this Council, as written in the statute, is to increase state efforts to expand service-enriched housing through increased coordination of housing and health services. The Council seeks to improve interagency understanding of housing and services and increase the number of staff in state housing and state health services agencies that are conversant in both housing and health care policies.

The HHSCC is composed of 16 members: seven State agency representatives and eight members appointed by the Governor. By statute, the Executive Director of the Texas Department of Housing and Community Affairs (TDHCA) serves as the ex-officio Council Chair. Additionally, legislation allocated three full time employees to TDHCA to provide administrative and advisory support to the Council.

As defined in SB 1878, the duties of the Council are as follows:

- Develop and implement policies to coordinate and increase state efforts to offer service-enriched housing;
- Identify barriers preventing or slowing service-enriched housing efforts, including barriers attributable to regulatory requirements, administrative limitations, limitations of funding, and limited coordination;
- Develop a system to cross-educate staff in state housing and health services agencies to increase the number of staff with expertise in both areas;
- Identify opportunities for state housing and health service agencies to provide technical assistance and training to local housing and health services entities;
- Develop performance measures to track the progress of barrier elimination, coordination between housing and health services staff, and the provision of technical assistance;
- Develop a biennial plan to implement the goals described; and
- Deliver a report of the Council's findings and recommendations to the governor and LBB by August 1<sup>st</sup> of each even-numbered year (except for the first report, which is due September 1<sup>st</sup>, 2010).

As defined in SB 1878, the duties of TDHCA staff are as follows:

- Identify sources of funding for integrated housing and health services;

- Determine the requirements and application guidelines to obtain those funds;
- Provide training materials that assist in the development and financing of service-enriched housing;
- Provide information regarding effective collaboration methods and the use of layered financing to provide and finance service-enriched housing;
  
- Create a financial feasibility model that assists in making a preliminary determination of the financial viability of proposed service-enriched housing projects;
- Facilitate communication between state agencies, sources of funding, and service providers;
- Provide training about local, state, and federal funding sources and the requirements for those sources;
- Develop a database to identify, describe, monitor and track progress of all service-enriched housing projects developed in Texas;
- Conduct a biennial evaluation regarding capacity of statewide long-term care providers and interest by housing developers in investing in service-enriched housing;
- Recommend changes to home and community based Medicaid waivers that are up for renewal;
- Research best practices regarding service-enriched housing projects subsidized by other states; and
- Create and maintain a clearinghouse of information that contains tools and resources for entities seeking to create or finance service-enriched housing projects.

The Council met quarterly and during their first meeting established three committees. These committees acted as workgroups to undertake the duties outlined in the statute and establish recommendations for the biennial plan.

*Policies & Barriers Committee*

(Composed of Committee Chair and seven Committee members)

- Develop and implement policies to coordinate and increase state efforts to offer service-enriched housing; and
- Identify barriers preventing or slowing service-enriched housing efforts.

*Cross-Agency Education & Training Committee*

(Composed of Committee Chair and six Committee members)

- Develop a system to cross-educate state housing, health services, and other agency staff; and
- Identify opportunities for state housing, health services, and other agencies to provide technical assistance and training to local housing and health services entities.

*Coordinating Committee*

(Composed of the Council Chair, Vice Chair and Chairs of all other committees)

- Set agendas and general direction of the Council, including the Biennial Plan

*COUNCIL ACTIVITIES*

**Step 1: Public Outreach.** During its first meeting, the Council decided that its initial task would be to conduct outreach to stakeholders across the state through a series of public forums. These forums would be open to the public, but the Council members also requested invited testimony from developers, consultants, service providers, and advocates. The Council completed the following public forum schedule:

- Houston Public Forum - Wednesday, January 27, 2010, 9:00am-3:00pm
  - Houston City Hall Annex Chambers, 901 Bagby, Houston, TX 77002
- Austin Public Forum - Monday, February 8, 2010, 10:00am-4:00pm
  - Stephen F. Austin Building, Room 170, 1700 Congress Ave., Austin, TX 78701
- Dallas/Fort Worth Public Forum - Wednesday, February 10, 2010, 10:00am-4:00pm
  - Fort Worth Central Library, Chappell Meeting Room, 500 W. 3rd. St, Fort Worth, TX 76102
- El Paso Public Forum - Wednesday, February 24, 2010, 9:30am-3:30pm
  - El Paso Public Library Auditorium, 501 N. Oregon, El Paso, TX 79901

The El Paso Public Forum was followed by a tour of Bienvivir Senior Health Services, a community-based program developed to specifically and exclusively render services to the frail elderly of El Paso using the PACE model - Program of All-inclusive Care for the Elderly.<sup>1</sup>

Over 100 stakeholders attended the public forum series, and of those, 59 gave testimony. The Council also accepted written testimony from January 14<sup>th</sup>, 2010 to February 26<sup>th</sup>, 2010 and received seven submissions. An analysis of the feedback received during the public forum series is given in Chapter 2 of this plan.

**Step 2: Defining Service Enriched Housing.** According to statutory directive, “With the advice and assistance of the council, the department by rule shall define ‘service-enriched housing’ for the purposes of this subchapter.”<sup>2</sup> At the first meeting of Policy and Barriers Committee on January 12<sup>th</sup>, 2010, members created a draft definition of service-enriched housing. This definition was brought before stakeholders at four statewide public forums in order to receive additional opinions and feedback.

After receiving this feedback, a revised definition was crafted by the Policy and Barriers Committee at its March 2<sup>nd</sup>, 2010 meeting. The revised definition proposed by the Committee was approved by the full Council at its March 2<sup>nd</sup>, 2010 meeting. Then, after a required public comment period, the Texas Department of Housing and Community Affairs Governing Board adopted a final rule using this definition on May 12, 2010. This rule can be found in Texas Administrative Code, Title 10,

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<sup>1</sup> Bienvivir Senior Health Services, “About Us,” <http://www.bienvivir.org/AboutUs.aspx>

<sup>2</sup> Texas Government Code, Chapter 2306, Subchapter NN  
<http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.2306.htm>

Chapter 1, Subchapter A, §1.11. Further explanation of the definition and its supporting terminology can be found in Chapter 3 of this plan.

**Step 3: Crafting the Biennial Plan.** At the March 25<sup>th</sup> meeting of the Coordinating Committee, an outline for the Biennial Plan was constructed. Additionally, it was decided that specific chapters of the plan would be assigned to the Policy & Barriers Committee and the Cross-Agency Education and Training Committee. In order to complete these chapters, a biweekly conference call schedule was crafted. Beginning April 15<sup>th</sup>, 2010 and continuing until July 1<sup>st</sup>, 2010, these Committees convened to deliberate on the duties assigned to them and to develop each chapter of the plan.

These chapters were compiled by staff and presented in a draft format to the Council at a special convened working meeting on July 9<sup>th</sup>, 2010. At this time Council members submitted final edits to staff on the Biennial Plan in its entirety. After incorporating final edits, the Biennial Plan was published on the Texas Register for a 15-day public comment period, in order to receive final stakeholder feedback prior to plan submission.

Finally, at the August 6<sup>th</sup> Council meeting, members convened to grant final approval of the Biennial Plan, which was then subsequently submitted to the Governor and Legislative Budget Board.

## SECTION I: FRAMING SERVICE ENRICHED HOUSING

### CHAPTER 1: ASSESSING EXISTING NEED

Federal research estimates that there are approximately 54.4 million non-institutionalized persons with disabilities and 38.9 million persons over the age of 65 currently living in the United States. In Texas, there are approximately 3.6 million non-institutionalized persons with disabilities and 2.5 million persons over the age of 65.<sup>3</sup> Time and again, national surveys report that 80 to 95% of these individuals strongly prefer to remain in their own homes and report a higher quality of life when they are able to remain in the community.<sup>4</sup> However, there are numerous obstacles preventing community-based living for persons who are elderly and persons with disabilities, especially those who cannot maintain their independence without some health-related or other services and supports. The following section of the plan summarizes key state and national data to illustrate the need among persons with disabilities and persons who are elderly for affordable housing and supportive services. Although many state and federal programs attempt to address these issues, research has shown that the need for assistance is far greater than the amount of government assistance generally available.



Oscar Peña of Lubbock, TX

#### *HOUSING NEEDS FOR PERSONS WITH DISABILITIES*

Recent national housing findings estimate that roughly 35.1 million households in the United States have one or more person with a disability, constituting 32% of total households in 2007. These households are more likely to be low income, more likely to pay more than 30% of their income for housing costs, and more likely to receive some form of government assistance with their rent than households without a disability.<sup>5</sup>

One of the main reasons that persons with disabilities have difficulty acquiring housing is income. Nationally, the median annual income earnings for persons with severe disabilities (\$17,496) and non-severe disabilities (\$27,000) in 2005 were significantly lower than persons with no disability (\$30,468).<sup>6</sup> Assuming a 40 hour work week, working 50 weeks a year, this amounts to \$8.75 per hour for persons with severe disabilities and \$13.50 per hour for persons with non-severe disabilities.

<sup>3</sup> US Census Bureau, *State & County QuickFacts*, <http://quickfacts.census.gov/qfd/states/48000.html>; US Department of Health and Human Services, Administration on Aging, *A Profile of Older Americans: 2009*, Figure 6: The 65+ Population by State 2008.

<sup>4</sup> National Council on Disability, *The State of Housing in America in the 21<sup>st</sup> Century: A Disability Perspective*, January 2010; Department of Health and Human Services, Administration on Aging, *A Profile of Older Americans: 2009*.

<sup>5</sup> J. Smith, Nathalie P. Voorhees Center for Neighborhood and Community Improvement, *Housing Needs of People with Disability in the U.S.*, 2009.

<sup>6</sup> Ibid 4

Neither income is sufficient to afford the average fair market rent for a one-bedroom rental unit, for which a single worker would need to earn at least \$15.57 per hour (\$29,904 annually).<sup>7</sup>

Many persons with disabilities live on Supplemental Security Income (SSI), which makes finding affordable housing an even bigger challenge. According to the Technical Assistance Collaborative, in 2008 the average rental payment for a one bedroom unit would require an individual to spend 112% of their monthly SSI payment, effectively making a housing subsidy a necessity for living in a community based setting.

A significant number of persons with disabilities face extreme housing needs. Research conducted by the national Housing Task Force of the Consortium for Citizens with Disabilities found that as many as 2.4 million households with disabilities have “worst-case housing needs,” defined by HUD as unassisted renters with income below 50% of their area’s median income who pay more than half of their income for housing or live in severely substandard housing, or both.<sup>8</sup> This is not surprising, considering that the incidence of poverty is much higher for persons ages 25 to 64 with a severe disability (27%) or non-severe disability (12%) as compared to no disability (9%).<sup>9</sup> In fact, HUD’s Office of Policy Development and Research reported that almost two-thirds of unassisted very low-income renter households with disabilities have worst case housing needs.<sup>10</sup> Additionally, 43% of homeless adults who stayed in a shelter in 2008 had a self-reported disability.

Housing challenges exist for homeowners as well as renters. The US Department of Housing and Urban Development’s (HUD) 2009 Consolidated Plan also reveals that nearly 13 million homeowners with mobility impairments have a housing problem.<sup>11</sup> Many need basic home modifications, such as grab bars or handrails (roughly 788,000 households), outdoor ramps to access the unit (612,000 households), and accessible bathrooms (566,000 households).

### *HOUSING NEEDS FOR PERSONS WHO ARE ELDERLY*

Older Americans are encountering similar difficulties in meeting their housing needs. Of the 36.5 million persons over the age of 65 who are reporting income, roughly 64% reported income below \$25,000, with a median annual income of \$18,337. Additionally, 3.7 million elderly persons were below the poverty level in 2008 and another 2.4 million were classified as “near poor” (100-125% of poverty).<sup>12</sup>

Persons with low incomes who are elderly face challenges to living independently in community based housing. For one, housing cost burden, defined as expending over 30% of one’s monthly

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<sup>7</sup> National Low Income Housing Coalition, “Out of Reach 2009 US Statistics,”

[http://www.nlihc.org/oor/oor2009/OOR\\_US-Fact-Sheet.pdf](http://www.nlihc.org/oor/oor2009/OOR_US-Fact-Sheet.pdf)

<sup>8</sup> Technical Assistance Collaborative Inc., Housing Task Force of the Consortium for Citizens with Disabilities, *The Hidden Housing Crisis: Worst Case Housing Needs Among Adults With Disabilities*, 2008

<http://www.tacinc.org/downloads/HiddenHousCrisis.pdf>

<sup>9</sup> National Council on Disability, *The State of Housing in America in the 21<sup>st</sup> Century: A Disability Perspective*, January 2010.

<sup>10</sup> US Department of Housing and Urban Development, Office of Policy Development and Research, *Worst Case Housing Needs 2007: A Report to Congress*, May 2010.

<sup>11</sup> US Department of Housing and Urban Development, *2009 Consolidated Planning/CHAS Data*,

<http://www.huduser.org/portal/datasets/cp.html>

<sup>12</sup> US Department of Health and Human Services, Administration on Aging, *A Profile of Older Americans: 2009*.

income on rent, increased from 30% to 38% of persons age 65 and over from 1985 to 2005. Also, 41% of households with persons age 65 and over had one of more of the following housing problems: cost burden, physically inadequate housing and/or overcrowding.<sup>13</sup> Finally, HUD's Office of Policy Development and Research reported that elderly households constituted over 1.2 million, or 20.5%, of households with worst-case housing needs.<sup>14</sup>

The Administration on Aging has also recently reported state statistics regarding persons who are elderly. In 2008, half of all persons age 65 and over in the United States lived in nine states, with Texas ranked 4th with 2.5 million persons. Persons age 65 and over made up 10.2% of the total population of Texas, which is a 23.6% increase from 1998 to 2008. Unfortunately, out of those nine states with the largest concentrations of the elderly population, Texas had the highest poverty rate for those ages 65 and over at 12.2% (305,000 people). Furthermore, Texas ranked in the top ten highest poverty rates in the nation for persons who are elderly.<sup>15</sup>

In addition to national data, the Department of Aging and Disability Services' Center for Policy and Innovation recently published an overview of the status of older Texans. Indicator surveys found that 56% of Texans age 60 and over reported spending 30% or more of their income on housing costs, with 21% of respondents spending over 50% on housing costs. Additionally, over 14% of older Texans reported the need for substantial accessibility modifications to stay in their homes, but 38% did not know where to seek assistance in making modifications.<sup>16</sup>

### *SERVICE NEEDS FOR PERSONS WITH DISABILITIES*

Although many people with physical, intellectual, developmental, or behavioral disabilities are able to live in community-based housing, a growing number are unable to find the community-based supportive services that they require to remain living independently. Nationally, an estimated 11 million people sixty years of age and older need assistance with activities of daily living (ADLs), which include bathing, eating, dressing, or getting around the home, or with instrumental activities of daily living (IADLs), such as household chores, shopping, or doing necessary business.<sup>17</sup> Of this population, it is estimated that between 3.5 and 10 million are in need of assistance with certain ADLs in order to remain living safely in their homes.<sup>18</sup>

However, those in need of long term services and supports (LTSS) are frequently unable to obtain them. The National Council on Disability (NCD) reports that despite the amount of money that state and federal programs (particularly Medicaid) are allocating to LTSS, individuals and their families still pay out of pocket for nearly one-third of LTSS expenses. The NCD goes on to state that 25 million individuals with chronic severe disabilities under age 65 are probably in need of some LTSS, but these individuals are often not counted or found eligible because of income or family

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<sup>13</sup> Federal Interagency Forum on Aging Related Statistics, *Older Americans 2008: Key Indicators of Well-Being*

<sup>14</sup> *Ibid* 10

<sup>15</sup> US Department of Health and Human Services, Administration on Aging, *A Profile of Older Americans: 2009*

<sup>16</sup> Texas Department of Aging and Disability Services, Center for Policy & Innovation, *Aging Texas Well: Indicators Survey Overview Report 2009*.

<sup>17</sup> National Council on Disability, *The State of Housing in America in the 21<sup>st</sup> Century: A Disability Perspective*, January 2010.

<sup>18</sup> National Council on Disability, *The State of 21<sup>st</sup> Century Long-Term Services and Supports: Financing and Systems Reform for Americans with Disabilities*, 2005.

assets, or they fall outside the realm of traditional functional assessments that use ADLs and IADLs as measurements.<sup>19</sup>

For persons with mental illness, many are released from state institutions with no option for treatment and supportive services in the community and end up homeless. Others relocate into board and care homes, where approximately 330,000 persons with mental illness currently reside. However, most of these homes provide little privacy, have a limited scope of services, are not integrated into the community, and do not allow residents to exercise choice in their daily lives.<sup>20</sup>

### *SERVICE NEEDS FOR PERSONS WHO ARE ELDERLY*

Aging and disability are not synonymous. However, advancing age is a risk factor for developing a chronic medical condition. Thus, in order to remain living independently in the community, many individuals who are elderly require the same services as persons with disabilities.

Most persons age 65 and older have at least one chronic medical condition and many have multiple conditions. The most frequent conditions are hypertension (41%), diagnosed arthritis (49%), and heart disease (31%).<sup>21</sup> As a result of these conditions, 13.1 million persons ages 65 and over were discharged from short stays in hospitals in 2006, which is three times the comparable rate for persons of all ages. Given higher rates of healthcare utilization, older persons incur higher healthcare costs; such expenditures can be burdensome. In fact, older consumers' out-of-pocket health care expenditures increased 57% from 1998 to 2008 and constituted 12.5% of their total expenditures, as compared to 5.9% spent by all consumers.<sup>22</sup>

Additionally, in 2008 38% of persons aged 60 and older reported some type of disability, with 37% reporting a severe disability and 16% reporting that they needed assistance. As reported by the 2007 Medicare Beneficiary Survey, over 25% of Medicare beneficiaries living at home had difficulty performing one or more ADLs and an additional 14.6% of Medicare beneficiaries living at home reported difficulty performing IADLs.<sup>23</sup> Limitations with highest responses include walking, bathing, and getting in and out of bed. However, AARP estimates that less than two-thirds (61%) of older adults with disabilities receive any help with basic personal activities or household chores.<sup>24</sup>

In addition to national data, the DADS' overview of the status of older Texans found a high prevalence of chronic health conditions among Texans age 60 and over, with hypertension or high blood pressure (59%) and arthritis/rheumatism (51%) topping the list. The surveys found that 46% of respondents reported three or more chronic conditions. Additionally, poor physical health kept 31% of older Texans from performing ADLs for one day or more in the last month and 25% reported difficulty performing ADLs due to a chronic condition.<sup>25</sup>

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<sup>19</sup> Ibid 17

<sup>20</sup> US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Transforming Housing for People with Psychiatric Disorders Report*, 2006.

<sup>21</sup> US Department of Health and Human Services, Administration on Aging, *A Profile of Older Americans: 2009*.

<sup>22</sup> Ibid 21

<sup>23</sup> Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey

<sup>24</sup> Enid Kassner, AARP Public Policy Institute, *Home and Community Based Long-term Services and Supports for Older People*, [http://assets.aarp.org/rgcenter/il/fs90r\\_hcbltc.pdf](http://assets.aarp.org/rgcenter/il/fs90r_hcbltc.pdf)

<sup>25</sup> Texas Department of Aging and Disability Services, Center for Policy & Innovation, *Aging Texas Well: Indicators Survey Overview Report 2009*.

*NEEDS ARE GROWING*

Addressing the needs of persons who are elderly and persons with disabilities for affordable housing and health-related and other services and supports is a pressing issue. The prevalence of these needs is only going to increase with the aging of the Baby Boomer generation. There is clear and undisputable data that the number of people over age 65 with ADL and IADL limitations is growing and will double by 2030. The National Council on Disability finds that 20% of people age 65 and over will require assistance with at least one ADL and by age 85, those requiring assistance rises to 50%. Additionally, the number of people in need of assistance with two ADLs will grow from 1.8 million to 3.8 million by 2045.<sup>26</sup>

Thus, for persons who are elderly and persons with disabilities, the ability to remain living independently in the housing of their choice will continue to be a challenge. The following chapters of this Biennial Plan will seek to address these needs and develop thoughtful, innovative policy solutions for the state of Texas.

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<sup>26</sup> National Council on Disability, *The State of 21<sup>st</sup> Century Long-Term Services and Supports: Financing and Systems Reform for Americans with Disabilities*, 2005.

**CHAPTER 2: PUBLIC FORUM SERIES AND STAKEHOLDER FEEDBACK**

During the first two months of 2010, stakeholder feedback was gathered through a series of four public forums held in Houston, Austin, Dallas-Fort Worth, and El Paso. Participants were asked to comment on the need for and barriers to service-enriched housing for persons with disabilities and persons who are elderly.



Austin Public Forum held at the Stephen F. Austin Building on February 8<sup>th</sup>, 2010

Outreach for these forums was conducted in a number of ways. First, formal written invitations were mailed to over ninety organizations or individuals that had been recommended by Council members to give directed testimony. Second, a general email invitation was sent out to all individuals who had attended previous Council or Committee meetings or had verbalized interest in attending Council activities. Then, media outreach was conducted through a series of press releases circulated by TDHCA’s Department of Policy and Public Affairs. The forum series was also announced at several interagency meetings attended or coordinated by the TDHCA, such as the Promoting Independence Advisory Committee, Aging Texas Well Advisory Committee, Community Resource Coordination Group, Interagency Coordinating Commission for Building Health Families, Mental Health Planning Advisory Commission, Texas Supportive Housing Coalition, Disability Advisory Workgroup, and Austin/Travis County & Corporation for Supportive Housing’s Texas Re-Entry Initiative. Finally, an announcement of the public forums was posted on the Council’s webpage and a listserv announcement was submitted to all individuals who are signed up for TDHCA listserv emails.

The following is a rough breakdown of the types of stakeholders who gave testimony:

<b>LOCATIONS</b>	<b>Developers/Managers</b>	<b>Service Providers</b>	<b>Advocates</b>	<b>Totals</b>
<b>Houston</b>	2	8	5	<b>15</b>
<b>Austin</b>	5	10	11	<b>26</b>
<b>Fort Worth</b>	2	5	3	<b>10</b>
<b>El Paso</b>	0	4	3	<b>7</b>
<b>TOTALS</b>	9	27	22	<b>58</b>

**KEY TOPICS AND THEMES**

The following section of this chapter provides an overview of the key topics presented during the public forum series, summarizing those common themes and issues addressed throughout. This is by no means an exhaustive list of all the comments, issues, and recommendations presented in the

public testimony, rather a general representation of the testimony presented in the four public forums.

*Housing Affordability & Need*

Many presenters expressed the importance of affordable, accessible, integrated housing with optional services available. Particularly, several advocates who testified on behalf of persons with disabilities stated that housing affordability was the number one need of this population, followed closely by the necessity for housing units that are accessible. As is reflected in research from the previous chapter, one of the most frequent barriers described by presenters relating to housing affordability was the lack of financial resources need to pay for safe, adequate housing.<sup>27</sup>

Stakeholders expressed that for those persons whose sole income is their monthly Social Security check, living independently in community-based housing is incredibly challenging. Advocates clarified that although affordable housing is usually defined as 30 percent of the Area Median Family Income (AMFI) the reality is that most persons with disabilities are on Social Security which is about 16 percent AMFI. Thus, as presenters stated, a disproportionate number of persons with disabilities spend more than 30% of their monthly income on housing costs, and many spend more than 50% on housing costs, making residential living an extreme cost burden.

Furthermore, many stakeholders testified about the scarcity of subsidized housing throughout the state. One presenter quoted a finding stating that five out of six low income Texas families who qualify for government housing assistance do not receive it because of Texas's shortage of subsidized housing.<sup>28</sup> In particular, one housing provider stated that his supportive housing developments' longest waiting lists are for families with kids.<sup>29</sup>

Additionally, many members of the public told the Council that a gap exists between temporary transitional housing models and permanent housing models that provide linkages to services and supports for persons with disabilities and/or persons who are elderly. Several stakeholders emphasized the need to achieve this type of continuum of care.<sup>30</sup> Similarly, many who testified expressed the importance of individuals receiving housing that is appropriate to their age, gender, physical ability, cognitive ability, behavioral needs, medical needs, and skill status.

*Accessibility & Integration*

Many stakeholders expressed the need for state funds to be allocated towards the provision of accessibility modifications for persons with disabilities who could not afford to pay for them. One advocate stated that persons with disabilities are not lacking linkages to nearby services so much as they're unable to find accessible housing to meet their needs. They went onto to state that the Austin Tenants Council reported that two-thirds of the complaints that they received for tenant's rights violations are disability related, and oftentimes have to do with lack of accessibility modifications.<sup>31</sup>

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<sup>27</sup> Austin Forum Transcript, 2/8/2010. Housing and Health Services Coordination Council, TDHCA. P. 9

<sup>28</sup> Austin Forum Transcript, 2/8/2010. Housing and Health Services Coordination Council, TDHCA. P. 104

<sup>29</sup> Austin Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 36

<sup>30</sup> El Paso Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 42

<sup>31</sup> Austin Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 26

Thus, a sentiment echoed by many members of the public during their testimony was that linkages to community service and supports are meaningless if there are no accessible units to reside in. Finally, some stakeholders mentioned that the problem with some existing subsidized housing is the issue of segregation and needing housing units for persons with disabilities to be fully integrated, not only within a particular housing development but within the greater community.



Austin Public Forum held at the Stephen F. Austin Building on February 8<sup>th</sup>, 2010

### *Community Living & Independence*

Most stakeholders agreed that a top priority for persons with disabilities and persons who are elderly is to remain living in community based residential setting rather than have to relocate into an institutional setting. However, living independently for these populations may require the connection to long term services and supports that fit their unique needs. Several service providers emphasized that flexibility for individualized services and individualized housing is important.<sup>32</sup>

The range of residential housing options that facilitate independent living are diverse and testimony on preferable housing types varied widely, from assisted living facilities to group homes to intergenerational housing to permanent supportive housing properties and more. However, regardless of the type of residential housing model preferred, stakeholder emphasized that housing be easily accessible to community resources and amenities.

Additionally, an advocate for people who are homeless stated that research has shown that service-enriched housing options are cost efficient housing alternatives for this population. By utilizing service-enriched housing, research results find a 56 percent decline in emergency room use, 37 percent reduction in hospital inpatient stays, a near total elimination of residential mental healthcare outside of hospitals, an 89 percent reduction in days spent in residential alcohol and drug treatment, and a 44 percent reduction in days sentenced to incarceration.<sup>33</sup> Thus, the advocated stated that service-enriched housing has been shown in other cities to effectively lower the dependence of the homeless population on emergency services.

### *Service Coordination*

Many housing providers and advocates spoke about the necessity of consumer choice as a top priority when discussing service-enriched housing. Some gave personal testimony about living in properties where particular services were mandatory and yet did not meet the individual's needs.

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<sup>32</sup> Austin Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 59

<sup>33</sup> Austin Forum Transcript, 2/8/2010. Housing and Health Services Coordination Council, TDHCA. P. 96

One individual stated that people in those situations are told and to take those services whether they want them or not, which effectively devalues their autonomy.<sup>34</sup>

Furthermore, many advocates testified that directly tying affordable housing to on-site supportive services limits the ability of the consumer to make a choice about which service provider best meets their needs.<sup>35</sup> Therefore, these presenters preferred the creation of linkages to off-site services and supports. In this manner, housing would be enriched by offered services as something an individual can choose but not something that they're required to take. To this point, many presenters stated that the word "voluntary" be added to the Council's definition of service enriched housing.

Finally, when asked about the types of community service entities willing to provide the supports needed by persons with disabilities and persons who are elderly, several service providers recommended that the Council look into faith-based organizations as a possible source. One service provider stated that the combination of state services options supplemented by the services provided by faith-based organizations has made a huge difference to the lives of the men and women in their housing developments.<sup>36</sup>

#### *Housing Financing*

Many housing developers discussed the difficulty in accessing enough financing to subsidize housing units for extremely low income individuals, who many times are persons who are elderly or persons with disabilities. Many developers expressed the reality that deeply subsidized units do not generate rental income that is adequate to cover mortgage debt, meaning that developers must raise all the funding for capital costs upfront. Presenters went on to explain how this is incredibly difficult due to the fragmentation of funding between the federal, state, and local governments as well as the prohibitive rules and regulations attached to each sources of funding.

#### *Criminal Background*

Many housing developers and advocates mentioned the inability of persons with criminal backgrounds to access subsidized housing. This was a particular burden for persons with mental illness and/or persons who are homeless. One homeless advocate mentioned that those who are prevented from living in permanent housing options due to criminal history many times end up living in temporary housing options such as hotels and motels.<sup>37</sup> Another concern by presenters was that those with criminal histories are at high risk of recidivism unless they receive some type of crisis intervention services in a stable housing environment.

#### *Property Management*

Many service providers expressed the need to educate landlords and property owners regarding the special needs of their tenants. Some who testified stated that attempts to conduct outreach to property managers in order to reduce negative stereotypes have seen some progress, but others expressed frustration that constant turnover in management made it difficult to establish lasting

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<sup>34</sup> Austin Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 27

<sup>35</sup> Houston Forum Transcript, 1/2010. Housing and Health Services Coordination Council, TDHCA, p. 122

<sup>36</sup> Fort Worth Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 31

<sup>37</sup> Fort Worth Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. P. 35

connections. These connections were seen to be particularly important when placing individuals with behavioral health issues.

Additionally, presenters found that property owners many time are inflexible with rent payments for those persons with disabilities who receive Social Security Disability Insurance (SSDI). Many times SSDI checks are received at different times in the month and individuals cannot always pay their rent on the first of each month. Unfortunately, these individuals continue to incur late fees each month from their property manager.<sup>38</sup>

#### *Transportation Proximity*

Many advocates and service providers mentioned a key challenge of finding adequate housing for persons who are elderly and persons with disabilities that is easily accessible by public transportation. Testimony particularly highlighted that for individuals who are living in rural locations with minimal services in close proximity, limited transportation options in turn limit access to those health related and long term services and supports needed to remain living independently.<sup>39</sup> Additionally, many stakeholders testified that transportation laws and regulation impede the ability for many persons with disabilities to access paratransit services.

#### *The Aging Population*

Many presenters discussed the demographic changes occurring in Texas, with the aging of the Baby Boomers generation. Additionally, these individuals are living longer than ever before. One presenter quoted a statistic, stating that fifty percent of the population who turn 50 this year will probably reach the age of 85.<sup>40</sup> Furthermore, presenters explained that as this large population ages, they are more dependent upon health-related and long term services and supports.

The majority of advocates for persons who are elderly agreed that older Texans want to age in place, preferably staying in their own homes or as an alternative, in unrestrictive housing environments that provide choice and independence.

#### *Rural versus Urban*

A significant concern for a number of advocates was the ability for rural Texans to access the types of services and supports that would allow them to remain living independently in community-based settings. Many presenters discussed the lack of capacity in many areas, particularly dealing with health and medial service providers. Additionally, advocates stated that in order to develop successful models of service-enriched housing, rural housing developers as well as local policymakers must take an active leadership role in undertaking regional and community capacity-building efforts and increasing local residential housing options.<sup>41</sup>

Additionally, rural advocates expressed the need to consider the use different housing models for service-enriched housing than might be utilized in urban areas. While urban areas may utilize

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<sup>38</sup> Houston Forum Transcript, 1/2010. Housing and Health Services Coordination Council, TDHCA, pp 64, 65.

<sup>39</sup> Houston Forum Transcript, 1/2010. Housing and Health Services Coordination Council, TDHCA, pp. 174, 175.

<sup>40</sup> Houston Forum Transcript, 1/2010. Housing and Health Services Coordination Council, TDHCA, p. 184

<sup>41</sup> Austin Forum Transcript, 2/2010. Housing and Health Services Coordination Council, TDHCA. PP. 17-19

multifamily properties to connect persons with disabilities and persons who are elderly to services and supports, rural advocates see single family property rehabilitation and modification activities as necessary for persons with disabilities and persons who are elderly to remain living independently. Providing service connections to naturally occurring retirement communities was also mentioned.

### CHAPTER 3: DEFINING SERVICE-ENRICHED HOUSING AND SUPPORTING TERMINOLOGY

According to statutory directive SB1878, found in Texas Government Code, Chapter 2306, Subchapter NN, “With the advice and assistance of the council, the department by rule shall define “service-enriched housing” for the purposes of this subchapter.” The draft definition of service enriched housing proposed by the Policy and Barriers Committee was approved by the full Council at its March 2, 2010 meeting. Then, after a requisite public comment period, the Texas Department of Housing and Community Affairs Governing Board adopted the final rule on May 12, 2010. This rule can be found in Texas Administrative Code, Title 10, Chapter 1, Subchapter A, §1.11.



Clarence Hoodye of Corpus Christi, TX

This chapter of the Biennial Plan will first provide some background on the deliberation of the Council on the definition, including description of comments received by stakeholders during the public forum series regarding the definition. Then, based on Council deliberation and public feedback, this chapter concludes by expanding upon the key words and phrases used in the definition of service-enriched housing, to further clarify the vision and direction of Council.

### DEFINITION OF SERVICE ENRICHED HOUSING

*Texas Administrative Code, Title 10, Chapter 1, Subchapter A, §1.11, Definition of Service-Enriched Housing:*

For the purpose of directing the work of the Housing and Health Services Coordination Council and its work products, including the biennial plan, Service-Enriched Housing is defined as integrated, affordable, and accessible housing that provides residents with the opportunity to receive on-site or off-site health-related and other services and supports that foster independence in living and decision-making for individuals with disabilities and persons who are elderly.

### STAKEHOLDER FEEDBACK

On the January 12<sup>th</sup>, 2010 first meeting of the Policy and Barriers Committee, the Committee created a draft definition of service-enriched housing. The draft definition was: “*Integrated, affordable, and accessible housing models that offer the opportunity to link residents with on-site or off-site services and supports that fosters independence for individuals with disabilities and persons who are elderly.*” This definition was brought before stakeholders at four statewide public forums in Austin, Houston, Dallas/Fort Worth, and El Paso, in order to receive additional opinions and feedback.

The Council received a variety of oral and written testimony regarding the draft definition of service-enriched housing. Those who gave feedback included consumers, family members of consumers, community and statewide advocacy organizations, non-profit developers, and service providers. The responses were compiled and discussed at the follow-up meeting of the Policy and Barriers Committee and ultimately assisted in the formation of the final definition approved by the Council. Excerpts from the transcripts of these forums are provided below, categorized by which piece of the definition was commented upon.

Choice:

*Tony Koosis, Houston Center for Independent Living:*

“When I first read the charge of the Council, I was thinking that the major focus would be how to tie the services together and how that limits the ability of the consumer to make a choice. So I’m very glad that you are also mentioning off-site services in your definition.”

*David Wittie, ADAPT Texas:*

“I’m really interested and intrigued by the draft definition that the council has put forth. I think that their approach towards separating services from housing is inspirational because the words “offer the opportunity” seem to be the strongest effort to separate those services from the housing that people low income and people with disabilities and elderly and children coming out of foster care and people who are being de-institutionalized are facing. But I don’t think that offering the opportunity to link residents with services that are onsite or offsite goes far enough...the definition that you provided doesn’t really serve strongly enough to de-link the requirements of housing and provision of services. As the Council Member was suggesting, it’s not really a one-size-fits-all type of opportunity for people.”

*Linda Litzinger, Manager, Texas Parent Advocates Consortium:*

“I’ve been learning a lot today and evaluating this definition and something said about how you only want what you want and not anything more rings true.”

*Belinda Carlton, Public Policy Specialist, Texas Council for Developmental Disabilities:*

“We want housing separate from the services, we want consumers to be able to have choice and control over where they live, where they get their services. So we do support your definition up there, integrated, affordable and accessible housing models.”

Types of Disability:

*Cynthia Humphrey, Association of Substance Abuse Programs:*

“As we look at the definition or we start considering the definition, I just wanted to bring to your attention that the disability piece may need to be looked at a little bit more as it relates to addiction because what happens with addiction, especially in the service area, is if you’re trying to look for other service supports, you typically can’t gain access to them on a diagnosis of addiction alone. I would like for the Council to make it really clear that addiction in and of itself is considered a disability in terms of the housing needs...Looking at that definition, I would like to make the recommendation that we...add in something that might say individuals with disabilities and rehabilitative needs or something that might expand that to certainly indicate that we are talking about people with substance abuse problems and addictions.”

Transitional vs. Permanent Housing:

*Frank Fernandez, Executive Director, Green Doors:*

“I think what we try to do is provide the housing that fits the needs and is appropriate for our residents. So part of our mission is to make our residents as independent as is appropriate for their situation which means for some they’re going to be with us for six months, get themselves together, get a job, be able to move up to subsidized housing or market rate housing, that’s a wonderful thing. And for others who struggle with more challenges, they may be with us for the rest of their life. It just depends on their situation.

So I get kind of frustrated with this distinction between transitional and permanent because what we’re really trying to do is if you are someone who has been able to get yourself back up and you can live in whether it’s affordable housing or market rate housing, we want you to do that because the need is so huge so we do want you to transition from that perspective. But if you don’t need to, we want to help you become as independent as you can, and if you need to be here for the duration, that works as well. It’s just kind of how do you tailor to that individual resident’s and how do we maximize the resources we have given the need.”

Accessibility:

*Sarah Mills, Public Policy Specialist, Advocacy Inc.:*

“I do like the definition that you all have drafted. I think it is very broad, it’s well rounded, and it has the three things in it that, as an advocate for people with disabilities, which is kind of our mantra which is affordable, accessible and integrated...For the constituents that I serve accessibility is being able to get -- and if you use a wheelchair -- getting in and out of, it’s the physical access.”

Integration:

*Frank Fernandez, Executive Director, Green Doors:*

“To me integration needs to be thought of a little more broadly. For example, we’re looking at a property right now for our next development that’s a little bit west of Austin in a good neighborhood, X number of units, and we’ll probably do a mix of some supportive housing with some affordable housing. Now, say it’s 50 units, say we want to do about 25 supportive housing, 25 affordable housing, now, technically if we were to go after state funding, that potentially could run afoul of the integration [rule], but from my perspective, you are integrating within a kind of middle class neighborhood with a bus stop right there and a Randall’s not too far down the street -- you’re embedded in the community. And I don’t have what the right answer is because it’s a very tough issue, but I think when we look at it, we need to really be open to kind of thinking about integration, not just about that particular development, think of it in the context of where it’s at.”

Method of Service Provision:

*Donna Chatham, Executive Director, Association of Rural Communities in Texas:*

“[Serviced-enriched housing means] onsite visits if you had cluster homes, maybe onsite visits for a healthcare nurse that would go two or three times a week. Same thing with Meals on Wheels and things like that.”

*Joy Horak-Brown, Executive Director, New Hope Housing, Inc.:*

“[Service-enriched housing means] there are services that are needed by the specific population available to residents either on-site or off-site and that someone in that housing component is knowledgeable to either provide those services, to bring those services in, or to refer residents out to the community for the services that they need.”

*Maria Perez, Support Services Coordinator, Volar Center for Independent Living:*

“Ideally, service-enriched housing would be something of a case-management component that would follow the individual from a certain situation, being elderly, being a person with a disability, that would follow the individual, more specifically, into permanency planning in the community.”

*Mari Okabayashi, Chairman, Advisory Council for Harris County Area Agency on Aging:*

“And the other thing is wrap-around services. I’m glad in your definition of service-enriched housing, that you’re covering this. This is very important because...we’re looking to make sure that we cover the resident’s whole environment.”

*Frank Fernandez, Executive Director, Green Doors:*

“From my perspective, I think you’re capturing a lot of the richness of what is there. As several people have said, there are a lot of different models...And I think what you have there is something that allows folks to have different models. We have some scattered site housing as well as more concentrated housing where you have apartments all together, and for some people, scattered site housing really works well in terms of they’re a little more independent, they don’t have as many challenges, struggling with their mental health or substance abuse. Whereas, for others they need a more supervised environment, at least initially, to help them get past that period to where they’re more stable on their own...So to me, its having that flexibility to tailor to the needs of the individuals that you’re trying to serve.”

## **EXPANSION ON DEFINITIONS**

Given the initial deliberation on the issue of service-enriched housing as well as the feedback received during the public forum series, the Council chose to use the Biennial Plan to expand upon the key words and phrases used in the definition, in order to further clarify the vision and direction of Council moving forward.

### Elderly

The Council would like to promote a broad, inclusive definition of “elderly.” The definition of the term “elderly” used by the Council was created based on the definition of an “older individual” found in the Older Americans Act (amended 2006). This definition has been adopted by the federal Administration on Aging and is part of the Texas Human Resources Code (§ 102.001). Thus, for the purposes of directing the work of this Council, the term “elderly” shall mean “an individual who is 60 years of age or older.”<sup>42</sup>

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<sup>42</sup> US Department of Health and Human Services, Administration on Aging, Older Americans Act, Section 102 (40), [http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/)

### Disability

Likewise, it is also the Council's intent to promote an inclusive definition of "disability." The definition of the term "disability" used by the Council was created by using the definition found in the Americans with Disabilities Act (amended 2008) as a foundation. According to the ADA, the term "disability" means, with respect to an individual: (A) a physical or mental impairment that substantially limits one or more "major life activities" of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.<sup>43</sup> Additionally, for the purpose of directing this Council, the definition of disability shall include persons with severe mental illness and persons with substance abuse disorders.

### Accessible

The definition of the term "accessible" used by the Council was created based on a number of state government regulations. First, the Council adopts the Texas Department of Licensing and Regulation's Texas Accessibility Standards (TAS), which can be found at: <http://www.license.state.tx.us/ab/abtass.htm>. These standards closely follow the Americans with Disabilities Act Accessibility Guidelines and are intended to facilitate the elimination of architectural barriers.

Secondly, the Council adopts the construction requirements for single family affordable housing as stated in Texas Government Code, Chapter 2306.514, which can be found at: <http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.2306.htm>. This rule sets accessibility requirements for anyone awarded state or federal funds by the TDHCA to construct affordable housing for low and very low income individuals and families.

### Integration

The Council adopts the definition of the term "integrated housing" that is present in the Integrated Housing Rule, Texas Administrative Code, Title 10, Part 1, Chapter 1, Subchapter A. For the purposes of directing the work of this Council, the term "integrated housing" is defined as "Normal, ordinary living arrangements typical of the general population. Integration is achieved when individuals with disabilities choose ordinary, typical housing units that are located among individuals who do not have disabilities or other special needs. Regular, integrated housing is distinctly different from assisted living facilities/arrangements."<sup>44</sup>

### Affordable Housing

The Council adopts the definition of the term "affordable housing" that was created by the US Department of Housing and Urban Development, which states that affordable housing means "housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for

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<sup>43</sup> U.S. Department of Justice, Americans with Disabilities Act, "Americans with Disabilities Act of 1990, As Amended" <http://www.ada.gov/pubs/adastatute08.htm#12102>

<sup>44</sup> Office of the Secretary of State, Texas Administrative Code, [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=10&pt=1&ch=1&rl=15](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=1&rl=15)

gross housing costs, including utilities.”<sup>45</sup> This definition has been adopted by the TDHCA for many of its programs.

### Service Types

The Council chose to generally define the broad categories of services currently available through state agencies and local providers. These definitions were created by the Council using the Department of Aging and Disability Services’ 2010 Reference Guide.<sup>46</sup> It is important to note that these service opportunities should be individualized, based on the needs of each person seeking assistance, in order to foster greater independence.

**Health Maintenance.** The provision of services, prescription drugs, and/or durable medical equipment to prevent, alleviate, or cure the onset of acute or chronic illness, increase awareness of special health needs, or improve the emotional well-being of a person. This includes the provision of services by a health professional other than health screening/monitoring or mental health services.

**Home Health Services.** One or more health services required by a person in a residence or independent living environment. Health services include nursing; physical, occupational, speech, or respiratory therapy; medical social services; intravenous therapies; dialysis; services by unlicensed personnel; medical equipment and supplies (excluding drugs); or nutritional counseling.

**Independent Living Supports.** Provision of such assistance as: transportation services, social and adaptive skills training, advocacy, legal assistance, and supported employment.

**Long-Term Services and Supports (LTSS).** Assistance and care for persons who are elderly or persons with disabilities. The goal of long-term services and supports is to help them remain as independent as possible. This care includes assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs are defined as activities essential to daily self-care, such as bathing, dressing, grooming, and toileting. IADLs include housekeeping, shopping and meal preparation.

**Personal Care Services.** Assistance with meals, dressing, movement, bathing, or other personal needs or maintenance; the administration of medication by a person licensed to administer medication or the assistance with or supervision of medication; or general supervision or oversight of the physical and mental well-being of a person who needs assistance to maintain a private and independent residence in an assisted living facility or who needs assistance to manage the person’s personal life, regardless of whether a guardian has been appointed for the person.

**Preventive Care.** Comprehensive care that emphasizes prevention and early detection and treatment of conditions, generally including physical examination, immunization and well-person care.

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<sup>45</sup> US Department of Housing and Urban Development, “Glossary of HUD,” Terms [http://www.huduser.org/portal/glossary/glossary\\_a.html](http://www.huduser.org/portal/glossary/glossary_a.html)

<sup>46</sup> Department of Aging and Disability Services, “Reference Guide 2010,” <http://cfoweb.dads.state.tx.us/ReferenceGuide/guides/FY10ReferenceGuide.pdf>

## CHAPTER 4: IDENTIFYING BARRIERS

*Statutory Directive: Identify barriers preventing or slowing service-enriched housing efforts, including barriers attributable to the following factors:*

This section includes an extensive list of barriers faced by persons with disabilities and persons who are elderly, as well as housing developers and service providers attempting to meet the needs of this population. Specifically, these barriers focus on potential impediments to implementing, encouraging, and/or funding service-enriched housing. The next four chapters will then address recommendations to either overcome or remove the barriers identified.



Rene Leos of Corpus Christi, TX

## REGULATORY REQUIREMENTS AND LIMITATIONS

### *MEDICAID & SERVICE ELIGIBILITY*

**Financial Eligibility.** The Council acknowledged that a major barrier to consumers receiving long term services and supports is strict federal Medicaid regulations. Specific financial and functional eligibility criteria limit the number of consumers who actually receive assistance. First, for services provided under the Texas State Medicaid Plan, income eligibility for persons who are elderly and people with disabilities is set at the federal SSI level (\$674 per month), which is 75% of the Federal Poverty Level (FPL). For 2010, to be eligible for services under the State Medicaid Plan, an individual must earn less than \$8,088 per year. The single exception to this income limit is the Community Attendant Services (CAS) program, which allows up to 300% SSI. Additionally, eligibility is also limited to single individuals with \$2,000 or less in resources or couples with \$3,000 or less in resources, such as personal savings or other assets.<sup>47</sup> These narrow limits exclude a substantial number of individuals at or slightly above FPL that need supportive services to remain living independently.

For its Medicaid 1915(c) waiver services, Texas has a separate income eligibility determination, where persons may have income up to 300% of the federal SSI level, which corresponds to \$2,022 per month or \$24,264 annually. However, the Council acknowledged that even using a limit of 300% of SSI, there are still individuals in need of assistance who are considered ineligible.

**Level of Need.** In order for a person with a physical disability to receive Medicaid 1915(c) waiver services, he/she must provide proof of “Medical Necessity.” Medical necessity (MN) is an eligibility criteria required by the Centers for Medicare and Medicaid Services (CMS) to determine an individual's ability to access certain programs funded through Medicaid Title XIX. MN is

<sup>47</sup> Kaiser Commission on Medicaid and the Uninsured, “Medicaid Financial Eligibility: Primary Pathways for the Elderly and People with Disabilities,” February 2010.

determined through assessment criteria and a physician's assessment of the medical necessity of the services being offered through the long-term services and supports system. MN functional criteria is established by each state and dependent on the level of services being requested. For the following Medicaid waiver programs, a determination of MN establishes that an individual meets Nursing Facility Level of Care and, therefore, is eligible to receive waiver services: Community Based Alternatives (CBA), STAR+PLUS, Medically Dependent Children Program (MDCP), Consolidated Waiver Program (CWP), and Program of All-inclusive Care for the Elderly (PACE). Thus, a person receiving services under a 1915(c) waiver must meet the same eligibility criteria (Medical Necessity) as a person who is residing in a nursing facility.

For persons with developmental disabilities, in order to receive Medicaid 1915(c) waiver services, they must be found to have a “primary diagnosis of mental retardation” through a functional needs assessment. The Council recognizes that in both situations, this burden of proof may exclude individuals whose needs may not qualify them for institutional care, but who still require assistance to maintain their independence and quality of life.

**Housing.** The Council also discussed that the strict income and resource qualifications for Medicaid cause many consumers to decrease their income or spend down their savings to become eligible. However, federal regulation prohibits Medicaid dollars from being used to pay for rent or utilities. Additionally, Medicaid laws do not allow States to pay for “room and board” under the Medicaid waiver except in limited circumstances.<sup>48</sup> Therefore, once consumers have limited their income and savings to become eligible for Medicaid waiver services, they must then find a way to pay for housing. Unfortunately, with considerably reduced income, most consumers are unable to qualify for a number of affordable housing programs, which focus on serving those households earning between 50% and 80% of area median income. Therefore, many consumers face the difficult tradeoff of becoming eligible for long term services and supports while at the same time becoming unable to afford community based housing options.

**Ineligible Populations.** Finally, the Council highlighted the fact that currently non-elderly adults with mental illness or persons with substance abuse disorders are not eligible for home and community-based waiver services, which provide long term services and supports, unless the individual has a co-occurring condition which allows him/her to meet the institutional admission criteria for nursing facilities or Intermediate Care Facilities for persons with Mental Retardation (ICF-MR). In addition, an individual cannot be discharged directly from a psychiatric facility and receive demonstration services funded with federal matching dollars under the Money Follows the Person demonstration. These restrictions are at the federal level and present a barrier for adults with behavioral health conditions to attain and maintain independence in the community.

#### *SOCIAL SECURITY & EMPLOYMENT*

The Council discussed how persons with disabilities are many times placed in a catch-22 situation as it relates to receiving disability benefits while also being employed. To be eligible for disability benefits through the Social Security Disability Insurance Program (SSDI), a person must be unable

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<sup>48</sup> Mollica, Robert, Community Living Exchange, Rutgers Center for State Health Policy & National Academy for State Health Policy, “A Medicaid Primer for Housing Officials,” (2007).

to engage in what is known as substantial gainful activity (SGA).<sup>49</sup> A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA and the Social Security Administration specifies separate amounts for statutorily blind individuals versus non-blind individuals. For 2010, the monthly SGA amount for statutorily blind individuals is \$1640; for non-blind individuals, the monthly amount is \$1000.<sup>50</sup> SGA for the blind does not apply to SSDI benefits, while SGA for the non-blind disabled applies to Social Security and SSDI benefits. Thus, a large swath of the population with non-blind disabilities are trapped in a position where they earn too much money to receive SSDI benefits such as long term services and supports, but do not earn enough money to pay for those services and supports in the private marketplace.

### *SUBSIDIZED HOUSING & CRIMINAL HISTORY*

The Council heard many comments during the public forum series regarding the barriers to obtaining government subsidized housing faced by those with a criminal history. Research has shown that many currently and formerly incarcerated individuals that are attempting to re-enter into society have an occurrence of mental illness or substance abuse. For example, the Corporation for Supportive Housing recently published the findings of the Austin/Travis County Reentry Roundtable, which found that in the Travis County Jail alone, of 814 inmates screened for mental illness, 69% of those inmates were assessed as having a co-occurring substance abuse disorder.<sup>51</sup>

In HUD's Occupancy Handbook (4350.3 REV-1), Chapter 4 discusses the tenant selection criteria. HUD first explains those criteria that are required of all federally funded properties, which include prohibiting the admission of individuals who have engaged in drug-related criminal behavior or are individuals who abuse pattern or abuse of alcohol "interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents." This includes any person who was evicted in the last three years from federally assisted housing for drug-related criminal activity. The Handbook then states that owners are allowed to expand upon these requirements regarding prohibition of admission if the owners determine that the person has engaged in certain activities prior to the admission decision. Unfortunately, the restrictions created by HUD, combined with the additional prohibitions set by property owners, have caused persons with a criminal background, and thus some individuals with mental illness and substance abuse disorders, to be excluded from obtaining subsidized housing. Therefore, once released from a correctional facility, the vast majority of these individuals wind up living on the street, their tenuous and unstable living arrangements making them more likely to end up back in jail.

Testimony made at the public hearings regarding this barrier included:

*Ken Martin, Executive Director of the Texas Homeless Network:*

**"Formerly incarcerated individuals often find it very difficult to access the affordable housing** that we have available to us and many places in Austin and around the state will not

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<sup>49</sup> Social Security Administration, "2010 Red Book: A Summary Guide to Employment Supports for Persons with Disabilities under the Social Security Disability Insurance and Supplemental Security Income Programs,"

<http://www.socialsecurity.gov/redbook/2010/2010%20Red%20Bookpdf.pdf>

<sup>50</sup> Social Security Administration, Office of the Chief Actuary, "Substantial Gainful Activity,"

<http://www.ssa.gov/OACT/COLA/sga.html>

<sup>51</sup> Corporation for Supportive Housing, "Permanent Supportive Housing Program and Financial Model for Austin/Travis County, Texas, February 2010.

take people into their programs if they have a criminal record. So formerly incarcerated individuals are increasingly living on the street.”

*Cynthia Humphrey, Executive Director of the Association of Substance Abuse Programs:*

“Individuals suffering from addiction and the people that our association serves usually come with a criminal history. Lots of them have gotten in trouble with the law for drug possession, PIs, and even family drug convictions that could be just minor dealing of some sort, and so this creates a lot of difficulty in terms of housing...Some of the problems that counselors at treatment facilities face when they’re trying to discharge a patient who’s been in residential treatment is that there is no housing available in many instances. **The Section 8 housing and many of the housing authorities just put a ban across the board on anyone with a drug felony conviction.**”

*Ray Tullius, Executive Director of the Opportunity Center for the Homeless:*

“So barriers, yes, within the housing you’ll find some. I’m dealing with a program also of **how to integrate people that are on probation and parole.** That’s a trick because, you know, one part of the government wants them placed, and the other government says, ‘Not in my backyard and darn sure not next to me.’ And so, yes, that is a problem....But there is also a problem with the mentally ill. Those of you who work with mentally ill, some of the **apartment complexes, as much as they want to, if this person is extremely erratic, you know, they have problems with it.** They are not likely to tolerate this individual.”

*Marilyn Hartman, Member of the Austin affiliate of the National Alliance on Mental Illness:*

“**Convicted felons are shut out of Section 8 housing,** and even if there were safe, affordable permanent housing, the **government has not paid for care or many other supports** which are a crucial part of their treatment plan, thus they have not gotten what they need. So it’s not surprising that the mentally ill are cycling through and overcrowding our jails and prisons, ERs and mental hospitals, or that they’re homeless on our streets.”

*Joy Horak-Brown, Executive Director of New Hope Housing:*

“**Criminal history is a barrier to residents.** We do a criminal background check, and that check is designed to rule out individuals who have committed an assaultive crime. And so we have to have the approval of the neighborhood to build, and I can assure you we would not have neighborhood approval if we did not do a criminal background check.”

## **ADMINISTRATIVE LIMITATIONS & LIMITED COORDINATION**

After much discussion, the Council discovered that the main administrative limitations found amongst state agencies dealt with either ineffective or limited coordination between agencies or between agencies and local providers. Therefore, these two statutorily defined categories have been combined.

**Layering Funding Sources.** The Council discussed the barrier of coordination between agencies as to the administration of their programs, specifically regarding the lack of synchronization of when housing program funding is released and when service program funding is released. Many local providers who would like to layer these funding sources for the creation of service-enriched housing are hindered by this disjointedness. An additional challenge arises when State programs require that

they be the “payer of last resort,” meaning that the subrecipient is required to have all other funding sources committed before applying for the State program funding. For many programs, being the “payer of last resort” is a federal requirement tied to the funding source. If a local provider cannot get a guarantee on any one funding source because each source has this requirement, it can be very difficult, if not impossible to blend several state funding sources.

**Fragmentation of Funding.** The Council discussed how the fragmentation of federal housing funding makes it difficult for state service agencies to coordinate and collaborate on programs. First, there is no one federal agency that administers housing programs – the US Department of Agriculture, US Department of Health and Human Services, US Department of Treasury, US Department of Energy, and the US Department of Housing and Urban Development all allocate funding to state and local jurisdictions for housing related activities. Federal allocations of housing dollars are then further split between the TDHCA, TDRA, approximately 475 Public Housing Authorities (PHAs), 38 Participating Jurisdictions, hundreds of counties, and more. Thus, with no one statewide entity controlling all housing funding, confusion arises as to the jurisdictional limitations of specific programs and funding sources. This makes it difficult for local providers as well as fellow state agencies to form concrete partnerships.

**Standardized Program Application.** The Council also discussed the fact that each state agency, and even each program within one agency, has its own application materials and unique application process. Without a standardization of forms or commonality between state agency application processes, local providers have to spend unnecessary time and energy learning the intricate details and difference of each, which further discourages program utilization and layering multiple funding sources.

**Eligibility Requirements.** The Council acknowledges that different eligibility requirements between federal agencies make it difficult for local organizations to understand and reconcile with these agencies. For example, the US Department of Health and Human Services uses the federal poverty level to determine eligibility and need, while the US Department of Housing and Urban Development uses area median income. Additionally, for certain federal programs that administer long term service and supports, both the federal poverty level and the federal SSI level are used to determine eligibility. Additionally, on top of the regulations imposed by the federal government, many state agencies choose to layer additional restrictions and requirements on particular programs, which further inhibits the ability of local subrecipients to utilize that funding and truly benefit needy consumers.

The Council received a large amount of stakeholder feedback regarding the barrier of limited coordination between housing and health services entities and programs, including:

*Toni Jackson, Vice President of the Texas Affiliation of Affordable Housing Providers:*

“Most of the developers who are doing this are usually partnering with those social services that already exist on either the city, state or the federal level. And the **biggest problem that all of us have seen in this area is the issue of coordination.** And there's not a city that I've worked in that has not complained about this issue, tried to address it, but has been unable to address it as successfully as they would like. It is a very, very real issue in terms of the issue of coordination.”

*Margaret Shaw, Former Director of Neighborhood Housing and Community Development for the City of Austin:*

“There is a disconnect here, that it’s needed both for housing -- as I’ll say in my testimony -- from the Federal Government on down, governmental entities have been breaking apart the capital expenses required for housing and services in another one. Which **one of the fundamental challenges is for our providers and partners to be able to go back and to go to all these different entities from foundations to the state to the cities** to try and get monies that can both combine what’s needed for in services...**Most of our efforts are very ad hoc** because, again, the Health and Human Services Department gets service money from one side of the silo, I get housing money from another one. So I wouldn’t say that we directly interact with HHSC, the Health Department does. That’s **an example of that silo** - Medicaid programs are essential for the clients to have in order to afford the rents.”

*Ken Martin, Executive Director of the Texas Homeless Network:*

“Many people that have come up today have mentioned **funding in silos** and I really want to stress that it is difficult **when you have to go to two different agencies, one for housing and one for services, if you don’t get one or the other, then you don’t have a complete program.**”

*Scott Calley, Commercial Real Estate Developer and Board Member of the Freeman Center:*

“We can raise the capital, but we don’t know where to go to get the funding that’s also available, because **I have to go to this agency and this agency and this agency and this agency and this one, and everybody has a different rule, nobody can interface, nobody talks to each other.** And you want to talk about barriers, there’s the barrier.”

*Greg Gibson, Programs Manager for the Texas Homeless Network:*

“As you are aware, **federal and state housing service programs operate independently, often resulting in different eligibility requirements, funding mechanisms and regulations,** and there has not been any single entity until today that exists to coordinate and reduce barriers as a result of a number of entities involved in developing service-enriched housing.”

## **FUNDING LIMITATIONS**

*Staff considers this subsection to be related to the Regulatory and Administrative subsections. However, this section differs in that it refers specifically to the funding provided by either State or Federal sources.*

**Administrative Funding.** The Council discussed how the percentage of funding offered to cover administrative costs for federal housing programs often times does not cover the cost to the housing provider to run the program. For example, it is a HUD regulation for the HOME Investment Partnerships Program (HOME) that no more than 10% of program funding can go towards administrative costs, which then has to be further divided between the TDHCA and the subrecipient. Additionally, the state government does not supplement administrative funding for any affordable housing programs. A further concern is how administrative costs are defined. For example, within the requirements of the Tenant Based Rental Assistance (TBRA) program, an eligible activity under HOME, administrative expenses include direct consumer services, such as case management. Because these time consuming and costly services are classified as administrative, local providers find it difficult to feasibly meet all program requirements given the limited amount of program funding that is allowed to be spent on such costs.

**Federal Funding.** Over the past decade, reduced federal funding for many housing programs (including Section 202, Section 811, and Section 8) has minimized production of affordable housing properties and created waiting lists for rental assistance vouchers that are either perpetually closed or years long. Most recently, the downturn in the economy has created a spike in demand as well as made it even harder for housing providers to find matching funds for federal housing programs that require a local match, such as Section 811. Thus, even if persons in need of affordable community-based housing are found eligible to receive government assistance, many are finding it increasingly difficult to obtain. Demand continues to far exceed available funding.

**State Funding.** Problems in the economy reduce state receipts, making it more difficult to allocate scarce state funding to affordable housing and supportive services. The economic problems that create pressure on state budgets at the same time increase the number of persons eligible for housing and supportive services, and local subrecipients of state funding are finding themselves stretched thinner than ever. For the Fiscal Years (FY) 2010-2011 biennium, every state agency submitted a plan to reduced its general revenue allocation by 5%. The agencies will also include a schedule for an additional 10% reduction in their Legislative Appropriations Requests for the FY 2012-2013 biennium. Thus, at the same time that need for continued or increased funding is growing at the community level, state agency budgets are being scaled back.

**Medicaid State Plan.** The Council recognizes that the service funding provided through Medicaid waivers faces the same budgetary pressure, particularly since the Texas State Medicaid Plan does not include them. Funding for Medicaid waiver is not entitled. Where institutional funding for nursing home care is entitled, community based Medicaid waivers are dependent on annual state appropriations. Additionally, due to strict eligibility criteria, Medicaid funding has very limited flexibility. Given limited general revenue for long term services and supports, the Council finds that there are very few options for filling in the gaps in care and meeting unmet need.

**Time Limitations.** The Council discussed how time limitations on various state and federal programs create a gap between short term and long term assistance, both in the housing and service sectors. One example that was given was the Tenant Based Rental Assistance (TBRA) program. HUD limits the use of TBRA funding for any one consumer to 24 months. However, without an alternative housing subsidy available, many low income households could face homelessness or a return to institutional living arrangements once their assistance expires.

**Affordable Housing Development.** The Council acknowledges that a large challenge exists for affordable housing developers regarding the ability to acquire enough funding to both construct a property and then keep the cost to consumers reduced so that those with low and very low incomes can afford to live there. Developers face incredible obstacles in layering funding, many times due to the fragmentation of federal housing dollars that was mentioned earlier in this chapter. Additionally, when attempting to heavily subsidize rent costs to the level that very low income persons can afford, many developers find that they cannot support the cost of operations. It simply becomes financially infeasible. Testimony made at the public hearings regarding this challenge included:

*Walter Moreau, Executive Director of Foundation Communities:*

“I think the challenges largely are funding, both the development costs, the rental and operating costs, and the social service costs, and **trying to put all those together in the same time and place, it’s sort of like if you’re throwing a party for 100 folks, inviting them to your house,**

you want fresh ingredients for your meal and you have to go to 15 different stores that are only open one day a month to get your ingredients.”

*Toni Jackson, Vice President of the Texas Affiliation of Affordable Housing Providers:*

“First and foremost **the biggest barrier that we all see out there is the barrier of housing itself**, and being able to put the brick and mortar on the ground. First being able to try to get the housing on the ground, and then trying to deal with the issue of being able to push those rents down to that level of the low and the very low incomes. Housing authorities are able to address this, but a lot of other developers are not able to address this because **the biggest barrier, as it relates to being able to put lower income housing on the ground, is the soft funds, or the funding itself**. This becomes an even bigger problem when we start talking about those -- building housing in cities and places outside of the larger metropolitan cities. So when you get into the rural areas, and even the smaller cities, who want to address these concerns, the local jurisdictions just simply don't have the HOME funds or the other types of soft funds, to put towards these types of housing developments”

*Tom Langdon, Affordable Housing Developer:*

“The service-enriched housing is not financeable in America today. Period. And there are many reasons for that. If you want to do a service-enriched project under FHA financing, you have to have 25 percent cash equity. I can't make projects get a return on that equity, sufficient to attract it...**The biggest problem that we have in providing the housing is the rent levels**. I can make projects work in Dallas-Fort Worth and Austin, and that is it. I can't do it anywhere else in the state. I can't make those deals work, because the rent levels are too low. And why is that. **There are federal rules about how HUD computes the fair market rents that are payable**. And they are based on market rents. Well, I can't build any new housing if the comparables are old run down apartments and that is what they use for the comps. So that is one impediment.”

*Margaret Shaw, Former Director of Neighborhood Housing & Community Development for the City of Austin:*

“Some of **the difficulty is needing all these different sources of funding together**, but these **very low income units in properties, these 30 percent units, cannot support debt for the property**. So the rents on these apartments can't even support the operation, maintenance and utilities of the apartments themselves, let alone the services that the folks at that very low income level need. So I think one of the challenges we have as providers, governmental entities who are major providers for housing is we have to look at being very flexible on how we define these needs for our developers.”

**Healthcare Funding.** The Council heard many comments from stakeholders concerning the lack of funding for quality, affordable healthcare. This concern is especially acute for rural communities, where access to health-related services is a challenge, and for the growing elderly population, who are at an increased risk of having chronic health conditions. Testimony made at the public hearings regarding this funding barrier included:

*Theresa Cruz, Director of the State Office of Rural Health Division at the Texas Department of Rural Affairs:*

“A lot of funding is coming through from the federal government to federally qualified health centers, and while that is a much needed program, it falls more into urban areas than into rural areas. The safety nets in Texas are the **critical access hospitals and the rural health clinics and they just are not seeing an increase in funding that's comparable to what they need to get**...It would take a lot of money, quite frankly, to be able to provide the kind of service that

is needed out in rural areas to give them access to healthcare, either bringing someone out to them or bringing them somewhere or building a clinic close by, or having the facilities for them to do any kind of rehabilitation. There are some facilities out there but they're pretty few and far between."

*Diana McIver, President of Diana McIver & Associates:*

"The big challenge that I think we all face in this state, as it affects senior housing and the ability for people to age in place, is that **healthcare services and the health piece is expensive, it's very expensive.**"

**Transportation Funding**<sup>52</sup>. The Council discussed how funding limitations for public transportation options in both urban and rural areas create barriers for persons with disabilities and persons who are elderly to remain living independently in community based settings. From budget years 2006 to 2009, public transportation has barely accounted for 1% of the total budget for the Texas Department of Transportation. For budget year 2010, funding has decreased even further, to only 0.6% of the total budget. As a result, many public transportation providers have had to restrict the types of trips (i.e. – medical only) and the number of trips provided, effectively reducing potential riders' access to critical supports. Thus, such limited resource allocation to these transportation choices discourages community based living for those individuals who rely on public transit as their sole source of mobility.

## **CONSUMER BARRIERS**

Beyond the statutorily directed barrier categories, an additional barrier that came up during the public forum process, as well as during Council discussions, is surrounding barriers to consumers.

**Access to Transportation.** The Council heard many comments from stakeholders concerning the lack of accessible, available public transportation for persons with disabilities. In order for many persons with disabilities to remain living independently in community based housing, access to public transportation options is a necessity. For developers however, there is an incentive to build in exurban and rural areas where land is cheap. Thus, the Council sees a trend of affordable, accessible housing options being developed in areas without any public transportation options, impeding the ability for persons with disabilities to occupy these units.

Additionally, regulatory barriers regarding access to public transportation for persons with disabilities exist. First, according to 49 CFR, Section 37.121 states that, "each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities."<sup>53</sup> This means that for those municipalities that do not operate fixed route transit system, paratransit is not required to be provided, regardless of the need that may exist. Furthermore, the service criteria for paratransit require the local transit authority to "provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a

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<sup>52</sup> Texas Comptroller of Public Accounts, Window on State Government, Texas Transparency, "Spending by Agency: 2006-2010," [http://www.texas Transparency.org/moneygoes/spending\\_agency.php](http://www.texas Transparency.org/moneygoes/spending_agency.php)

<sup>53</sup> Code of Federal Regulations, Title 49, Volume 1, Subtitle A, PART 37\_TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (ADA), Subpart F -Paratransit as a Complement to Fixed Route Service Revised as of October 1, 2005.

mile on each side of each fixed route.”<sup>54</sup> However, as stakeholders explained to the Council, those persons with paratransit needs who live more than three-fourths of a mile away from a fixed route are excluded from this service. Finally, although the law goes on to define ADA paratransit eligibility (Sec. 37.123), it is up to the local transit authority to interpret this definition and decide who meets the eligibility criteria and is thus allowed use of paratransit. The lack of statewide standardization concerning paratransit eligibility can be confusing and frustrating for many persons with disabilities.

Testimony made at the public hearings regarding this barrier included:

*Linda Litzinger, Manager of the Texas Parent Advocates Consortium:*

“Mainly what **I’m here to talk to you about is transportation** because I don’t see much transportation representation here on this board, and **it’s a difficult problem**...The yellow school bus stops coming and it’s time for a job or a trade school or college and suddenly **the family finds out that they don’t live within three-fourths a mile of a bus line so therefore their child doesn’t qualify for special transit services**. That’s a federal guideline. Special transit services is what my daughter needs because of her depth perception issues, she needs a van to come to our house, and we live two blocks too far away.”

*Belinda Carlton, Public Policy Specialist with the Texas Council for Developmental Disabilities:*

“The second issue is location, location, location. The **lack of accessible transportation, available and accessible transportation has been identified by people with disabilities as one of the largest barriers to community integration**.”

*Marla Turner, Vice Chair of the Harris County Area Agency on Aging Area Planning Advisory Council:*

“One of the huge problems that we have in this area, which I’m sure is true in every urban community in the state, is that obviously the land is a lot cheaper the further out that you go, so developers are going in and building these wonderful retirement communities. People want to move out there to be close to their children, and here’s a perfect place, and **then they get out there and they are totally isolated. There are no wrap-around services, there is no transportation, they can’t get to the pharmacy, to the doctor, nothing is around them, and no way of getting there**, which puts a great burden on the family, as well as the older person who doesn’t want to be a burden on the family.”

*Dr. Elaine Parker Adams, Presiding Officer of the Texas Traumatic Brain Injury Advisory Council:*

“The housing should be easily accessible to schools, treatment centers, and community resources, and **we’ve heard several times the issue of transportation come in**. And public transportation is a good offer. Sometimes you have to go beyond just the bus, though.”

**Statewide Access to Services.** Although some state agencies such as TDHCA follow regional allocation formulas to guarantee that the amount of funding available to each service region is proportional to their population, services are not always evenly distributed throughout the state. Many small communities, typically in rural areas, have few local housing and service entities with the capacity to apply for and administer state funding. Also, due to the expansive geography of the state, many consumers must travel long distances to reach their nearest provider, which can be a daunting

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<sup>54</sup> US Department of Transportation, Federal Transit Administration, ADA Regulations, Guidance, and Procedures, “Part 37--Transportation Services for Individuals with Disabilities,” [http://www.fta.dot.gov/civilrights/ada/civil\\_rights\\_3906.html](http://www.fta.dot.gov/civilrights/ada/civil_rights_3906.html)

task for persons who are elderly and persons with disabilities. Thus, the vast geographic expanse of the state, limited capacity of local providers, and limited presence of state agencies are all obstacles preventing uniform statewide access to services, particularly in rural areas. Particularly, stakeholder feedback revolved around community health services and challenges for persons who are elderly in accessing that care:

*Donna Chatham, Executive Director of the Association of Rural Communities in Texas:*

“As it shows in many statistics, now we’ve got more elderly but **elderly are starting to leave rural Texas because there’s not any type of service-enriched housing**. The elderly are leaving rural Texas, a lot of them are, because they need healthcare services.”

*Diana McIver, President of Diana McIver & Associates:*

“**With the elderly, one of the key problems we have is isolation**, and some of that is from the death of a spouse or from limited mobility, but also vision losses and hearing losses, and so the population becomes very, very isolated.”

*Theresa Cruz, Director of the State Office of Rural Health Division at the Texas Department of Rural Affairs:*

“Rural, of course, is hurting at a greater percentage than the rest of the state which is urban. The **problems with rural areas are, number one, they just don’t have the services**. If they have the services, then they may have transportation problems, they may have the ability to pay problems, with mental health there may be a stigma. So there are several things that go on in rural areas that make it hard for them to be able to access services...As far as housing is concerned, a lot of older Texans don’t want to leave their homes, they want to be where they are, they feel as comfortable as they’re going to in that place. **Trying to get services out to them is a pretty big challenge.**”

*Mary Teeters, Vice President of Client Services at Meals on Wheels and More:*

“Older adults face many challenges. Oftentimes these challenges are related to changes in their lives, transitional changes, **issues of retirement, declining health, forced relocation, death of loved ones and support**. The health, longevity, quality of life and functioning of older adults are influenced by many factors. Providing service-enriched housing opportunities will be challenging.”

*Belinda Carlton, Public Policy Specialist with the Texas Council for Developmental Disabilities:*

“Then we have the urban/rural problem. We have **elderly flight from rural areas because the hospitals, the services aren’t there.**”

**Housing Affordability for Consumers.** Another barrier which stakeholders raised concerns affordability for those individuals in the lowest income bracket. Needs of persons and households at 30% of area median income is acute. However, as mentioned previously, the funding tools available to the TDHCA focus on households at 50% to 80% area median income. Additionally, federal and state housing funding sources are geared towards providing developers financing for the production of new affordable housing, rather than geared towards providing individuals rental assistance mechanisms, such as vouchers. Testimony made at the public hearings regarding this barrier included:

*John Meinkowsky, Policy Advisor, Austin Resource Center for Independent Living:*

**“It’s the affordability that’s the problem**, and until we have a place for people to live, we continue to have more and more people in institutions that don’t need to be and don’t want to be, we have people stuck in living arrangements where they are subjected to abuse and exploitation, and no option to get out of it.”

*Yvette Lugo, Director of the El Paso Area Agency on Aging:*

“And I think for our population, the barrier is funding. **Affordability really is the bottom line.** When persons can no longer afford to or can no longer live in the home, obviously moving into long-term care services is an option. But again, the obstacle is the affordability, if you will, to do that.”

*Belinda Carlton, Public Policy Specialist with the Texas Council for Developmental Disabilities:*

**“The biggest issue is affordability** -- a housing voucher you pay 30 percent of your income, but affordable housing, the deepest we really go is 30 percent of area median family income. So individuals with developmental disabilities on SSI are going to make around \$674 a month that affordable housing is not affordable to them. So **a first barrier for a service-enriched housing model is you’re going to have to address the affordability issue.**”

*Margaret Shaw, Former Director of Neighborhood Housing & Community Development for the City of Austin:*

“Possibly help all of the **Texans who live in a vulnerable situation, and the way I see it, a lot of that is determined by your income level.** In housing-speak we call it 30 percent and below, so in Austin that’s a single person earning about \$15,000 and a family of four, \$22,000 or below. **A lot of the same challenges you’ll see in the elderly community as well as the disabled community are factors of income.**”

**Program Complexity.** The Council recognizes that just as navigating the maze of state and federal programs can be daunting for local providers, the process is equally if not more confusing for the end-user, the consumer. Many persons seeking assistance with independent living are requiring multiple forms of assistance, but understanding the differing programmatic and eligibility requirements of each is so complex that many consumers simply give up.

**Communication & Outreach.** The Council also recognizes that communication barriers exist for consumers and local providers. Many times, individuals are not aware of existing housing and service assistance options that are available in their own community, which speaks to the challenge of conducting sufficient outreach and spreading the word to those in need. Additionally, the Council mentioned a further challenge of explaining to local providers and consumers the concept of service-enriched housing. The Council sees the need to actively correct misconceptions and limit the spread of incorrect information to ensure that the public can understand this concept. Stakeholder feedback concerning communication barriers included:

*Jeff Anderson, Executive Director of the Houston Mayor's Office for Persons with Disabilities:*

“Our citizens are often at a disadvantage when it comes to housing programs, and many times there are **communication barriers.** And if they do get housing, that it may require considerable improvements simply to make it liveable for the individual. Many of the individuals encounter **additional barriers such as cognitive** and otherwise that might require support or assistance that just isn't offered by the housing entity.”

*Joyce Handstrom-Parlin, Board Member of the Texas Association of Aging Programs and Assistant Executive Director of Senior Citizen Services:*

“There is a **lack of knowledge of the services available to seniors**. They are not familiar with the Congregate Meal Program. They are not familiar with the Aging and Disability Resource Centers, the ADRCs.”

*Maria Perez, Support Services Coordinator for the Volar Center for Independent Living:*

“A lot of people in this community take no for an answer, even if it's a wrongly stated no. So there can be a huge sense of disempowerment in this community because you're looking at a low-income community who feel disempowered. And, you know, a lot of people, for example, in nursing homes -- which I know is not what you're addressing, but they believe they're hospitalized. And **they don't realize that they're entitled to quality of life outside.**”

*Ken Martin, Executive Director of the Texas Homeless Network:*

“And especially in the case of tenant-based leasing assistance or even project-based in the communities, **there's the problem of NIMBY-ism, Not In My Back Yard, people don't want them**, or until they understand they don't want service-enriched housing in their community.”

## **ADDRESSING BARRIERS**

In the next four chapters, the Council seeks to address the barriers discussed in this chapter. Recommendations for state agencies as well as local providers are posed, with particular attention to how policies can be created and funding sources utilized in a way that increases the creation of service-enriched housing for persons who are elderly and persons with disabilities.

## **SECTION II: RESEARCH**

### **CHAPTER 5: IDENTIFYING EXISTING SOURCES OF FUNDING FOR SERVICE ENRICHED HOUSING**

*Statutory Directive: Identify sources of funding for integrated housing and health services.*

This section of the Plan will provide a summary of a number of key funding sources. First, this chapter discusses which state and federal resources are currently being used in Texas to fund existing models of service enriched housing. Secondly, this chapter looks at affordable housing programs and service programs that could possibly be used for service enriched housing. This includes possible funding resources not currently being utilized in Texas, as well as resources that are currently utilized, but not for the creation and/or operation of service-enriched housing.

#### **FUNDING EXISTING MODELS OF SERVICE ENRICHED HOUSING**

During the public forum series, the Council heard from a number of affordable housing providers, some of whom attempted to connect their properties with on-site or off-site services and supports. One of major challenges mentioned in the development and on-going operation of service enriched housing for low income households is the procurement of funding. Housing providers mentioned the difficulty in acquiring and layering multiple funding streams. They also referenced the wide variety of funding sources, utilizing local, state, and federal government funding; grants from private foundations; non-profit organizations, small businesses, and corporations; and private individual donations.

In order to highlight the process of funding service enriched housing, two organizations which have produced existing models of such housing are described in this section: Foundation Communities and New Hope Housing, Inc.

##### *Foundation Communities*

Foundation Communities is a nonprofit organization, founded in 1990, that has developed affordable apartments and duplexes for over 2,000 families in 14 housing communities primarily within the greater Austin area.<sup>55</sup> Of these, 345 efficiency apartments have been created for single adults facing homelessness and another 62 apartment units have been set aside for vulnerable families and include case management services.

Foundation Communities has developed a model of service enriched housing that enables families with low incomes to permanently improve their lives through financial literacy and money management classes, income tax preparation, recreational and academic programs for children, and guidance for individuals facing such challenges as chronic health issues, disability and low literacy.<sup>56</sup>

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<sup>55</sup> Foundation Communities, "Our Mission & Info Video," <http://www.foundcom.org/about-us/our-mission-and-video/>

<sup>56</sup> Foundation Communities, "Affordable Homes + Financial Stability: Creating housing where families succeed," <http://www.foundcom.org/documents/Foundation%20Communities%20Facts%202009.pdf>

As is the case with the development of deeply subsidized housing, none of Foundation Communities' supportive housing units generate rental income that is adequate to cover their mortgage debt. This means that they must raise all the money for capital costs upfront. In the past, Foundation Communities has used the following sources of capital funds:<sup>57</sup>

- **Local government funding:** City of Austin General Obligation Housing Bonds, which is sometimes combined with the City's federal allocation of HOME and/or Community Development Block Grant Program funding.

The HOME Investment Partnerships (HOME) Program receives funding from HUD and provides loans and grants for affordable housing development. Local governments that receive HOME funding, generally metropolitan areas, have great flexibility in designing their local HOME programs. At the local level, funds may be awarded to Community Housing Development Organizations (CHDOs) for construction of single and multifamily housing, home repair, rental or home purchase purposes. Targeted beneficiaries are low, very low, and extremely low-income households.<sup>58</sup>

The Community Development Block Grant Program (CDBG) is to ensure decent affordable housing. Entitlement cities and counties are awarded funds for a wide range of community development activities. Funding must benefit low and moderate-income households and activities may include the acquisition of real property, construction of public facilities and improvements, provision of public services, economic development activities, homeownership assistance and structural rehabilitation.<sup>59</sup>

- **State government funding:** TDHCA's federal allocation of Housing Tax Credits, which are again frequently combined with the State's allocation of HOME funds.

The Housing Tax Credit (HTC) Program receives authority from the U.S. Treasury Department to provide tax credits to non-profit organizations and for-profit developers. The targeted beneficiaries of the program are very low and extremely low-income families at or below 60% AMFI.<sup>60</sup>

At the state level, the HOME Program provides loans and grants to units of local government, public housing authorities (PHAs), Community Housing Development Organizations (CHDOs), non-profit organizations and for-profit entities. The purpose of TDHCA's HOME Program is to expand the supply of decent, safe and affordable housing for extremely low, very low, and low-income households. Additionally, by state law 95% of HOME funds must be distributed to communities, typically rural, that do not receive HOME funds directly from HUD; the remaining 5% must serve persons with disabilities and is available statewide.<sup>61</sup>

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<sup>57</sup> Conversation with Walter Moreau, Executive Director, Foundation Communities, June 25, 2010

<sup>58</sup> Texas Department of Housing and Community Affairs, Housing Resource Center Publications, "2010 Program Guide," <http://www.tdhca.state.tx.us/housing-center/pubs.htm>

<sup>59</sup> Ibid 42

<sup>60</sup> Ibid 42

<sup>61</sup> Ibid 42

- **Lending institution funding:** Grant funding from the Federal Home Loan Banks' (FHLB) Affordable Housing Program.

The Affordable Housing Program (AHP) was designed to “help member institutions develop affordable owner-occupied and rental housing for very low- to moderate-income families and individuals.”<sup>62</sup> The program provides direct grants and subsidized loans to assist FHLB members partner with local housing organizations to fund affordable housing. Grants are often used to fill a gap in available financing, but funds may also be used to construct or rehabilitate rental housing, provide homebuyer down payment or closing cost assistance, and cover the cost of homebuyer pre- or post-purchase counseling.

- **Affiliate funding:** Grant funding from NeighborWorks America.

NeighborWorks America is a national nonprofit organization created by Congress to provide financial support, technical assistance, and training for community-based revitalization efforts. NeighborWorks affiliates are provided capital grants to rehabilitate or finance the rehabilitation of affordable housing units, including necessary administrative expenses.<sup>63</sup>

- **Non-profit Funding:** TSAHC's Texas Foundations Fund.

TSAHC is a self-supporting, not-for-profit organization that provides a variety of affordable housing programs, ranging from homebuyer for individuals and families to assisting in the development of affordable multifamily housing. The mission of the Texas Foundations Fund is “to improve the living standards of Texas residents of very low and extremely low income”<sup>64</sup> and is used by Foundation Communities to provide supportive housing services for residents of multifamily rental units.

- **Miscellaneous:** Private foundation and corporation grants and individual donations.

In addition to the funding sources used to develop and operate their housing projects, Foundation Communities must also consider funding sources for the provision of services and supports. On-site services are paid for by a wide variety of private donations from corporations, foundations, and individuals. Additionally, partner agencies and volunteers will utilize on-site offices and community centers to provide services.

Finally, Foundation Communities has pursued federal grant funding to contract with off-site agencies for services and supports. The organization was recently awarded a five year grant from the Substance Abuse and Mental Health Services Administration (SAMSA) to provide substance abuse and mental health services to residents with behavioral health issues.

*New Hope Housing, Inc.*

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<sup>62</sup> Federal Home Loan Bank of Dallas, Community Investment, “Affordable Housing Program,” <https://www.fhfb.com/community/ahp/>

<sup>63</sup> NeighborWorks America, “About Us,” <http://www.nw.org/network/aboutUs/aboutUs.asp>

<sup>64</sup> Texas State Affordable Housing Corporation, “Texas Foundations Fund,” [http://www.tsahc.org/donations/foundations\\_fund.php](http://www.tsahc.org/donations/foundations_fund.php)

New Hope is a non-profit organization, incorporated in 1993 to develop and operate affordable single room occupancy (SRO) efficiency apartments with enhanced access to social services in Houston. Their mission is to stabilize lives through permanent single room occupancy (SRO) housing. Since inception, New Hope has developed supportive SRO housing for more than 5,500 people, many who ultimately transition to market-rate housing or reconnect with family.<sup>65</sup> New Hope is Houston's largest provider of SRO housing, with 634 units available at the end of 2010. The organization has a long-term goal of offering 1,000 units by the end of 2015.

Houston has a number of large social service agencies; thus, New Hope prefers to collaborate with certain agencies to provide services and rental supports rather than compete with existing agencies for funding. However, New Hope does raise private funds to fill in service gaps through the Resident Services Program, which includes case management assistance from on-site professional staff and Information and Referral Specialists who coordinate access to off-site services and supports. The Program also offers emergency assistance with basic necessities, and a life skills training program that includes seminars on applying for Social Security benefits and food stamps, health fairs, and financial literacy, and a variety of other educational and recreational programs.<sup>66</sup>

New Hope's supportive housing units cannot support debt, therefore the organization's financial structure is to not carry any. In the past, New Hope has used the following sources of capital funds:<sup>67</sup>

- **Local government funding:** City of Houston HOME funds; City of Houston Affordable Housing Bond funds.
- **State government funding:** TDHCA's federal allocation of Housing Tax Credits, which are frequently combined with the State's allocation of HOME funds.
- **Lending institution funding:** Grant funding from the Federal Home Loan Bank Affordable Housing Program.
- **Non-profit Funding:** TSAHC's Texas Foundations Fund is used to provide supportive housing services.
- **Miscellaneous:** Grants from private foundations, corporations and small businesses, and individual donations.

## **POSSIBLE FUNDING SOURCES FOR SERVICE ENRICHED HOUSING**

In addition to those sources already being used to fund existing models of service-enriched housing, there are many other available funding sources for the creation of affordable housing and the provision of community-based services and supports which have not been specifically utilized for the creation and/or operation of service-enriched housing. Several federal and state government funding sources are either currently administered by many of the state agencies represented on the Council or directly fund local organizations. Other federal funding sources may have been utilized by the state in the past, but are not currently part of the state's federal funding allocation. By tapping

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<sup>65</sup> New Hope Housing Inc., "About New Hope Housing," <http://www.newhopehousing.com/about.html>

<sup>66</sup> New Hope Housing Inc., "Resident Services," <http://www.newhopehousing.com/services.html>

<sup>67</sup> Conversation with Joy Horak-Brown, Executive Director, New Hope Housing, June 25, 2010

into these existing programs, housing developers and service providers can redirect these funding resources towards service-enriched housing.

*State Housing Resources – Texas Department of Housing & Community Affairs (TDHCA)*

In addition to the Housing Tax Credit and HOME Program resources detailed in the previous section, the following affordable housing funding sources have the potential for use in the creation of service-enriched housing models.

**Housing Trust Fund.**<sup>68</sup> The Housing Trust Fund (HTF), administered through the TDHCA, receives several sources of funding from the State of Texas including general appropriations, multifamily bond issuance fees, loan repayments, etc. It is the only State-authorized program for affordable housing. Funds are available to non-profit organizations, units of local government, public housing authorities, Community Housing Development Organizations (CHDOs) and income eligible individuals and families. Targeted beneficiaries are low-, very low-, and extremely low-income households. One advantage of the HTF is that it has more flexibility in the use of its funding than other TDHCA programs which are required to follow federal regulations. Every biennium, the HTF creates a Plan stating its intended funding priorities.

One program currently active under the HTF that could be utilized to help persons with disabilities remain in their homes is the Amy Young Barrier Removal Program. This Program provides financial assistance in the form of grants to low income (at or below 80% AMFI) persons with disabilities to make their homes (rental or owner) more accessible. The program is designed to provide one time grants for up to \$15,000 in home modifications specifically needed for accessibility, and up to an additional \$5,000 in other rehabilitation costs correlated with the barrier removal project. Funds are targeted to allow for reasonable accommodation or modification for rental tenants, homeowners or a member of their household with disabilities needing assistance to fully access their home.

**Section 8 Project Access Program.**<sup>69</sup> The Project Access program utilizes Section 8 Housing Choice Vouchers administered by TDHCA to assist low-income non-elderly persons with disabilities in transitioning from institutions into the community by providing access to affordable housing. Applicants must meet the following eligibility criteria: have a permanent disability or a physical, mental or behavioral disability that is expected to be of long-continued and indefinite duration that impedes one's ability to live independently; be less than 62 years of age; and either be a current resident of a nursing facility, intermediate care facility, or board and care facility or be a previous resident of these facilities and currently receiving Tenant-Based Rental Assistance from the Department's HOME Program.

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<sup>68</sup> Texas Department of Housing and Community Affairs, "Housing Trust Fund," <http://www.tdhca.state.tx.us/htf/index.htm>

<sup>69</sup> Texas Department of Housing and Community Affairs, "Project Access Program," <http://www.tdhca.state.tx.us/section-8/project-access/index.htm>

*State Service Resources – Texas State Affordable Housing Corporation (TSAHC)*

**Multifamily Direct Lending Program.**<sup>70</sup> The Multifamily Direct Lending Program is administered by TSAHC and targets both new construction and rehabilitation of affordable rental housing. These funds can be coupled with private activity bonds, housing tax credits and other financing to fill gaps in financing plans. One advantage of the Program is that it can be subordinated to other federal or state financing programs.

**Texas Foundations Fund.**<sup>71</sup> The Texas Foundations Fund is administered by TSAHC, with the purpose of improving the living standards of very low and extremely low income Texans by providing grants to build new single family homes, repair existing single family homes, enhance accessibility for the elderly and disabled, and provide supportive housing services for residents of multifamily rental units. The objective of the Fund is to provide grants to nonprofit organizations and rural governmental entities the construction, rehabilitation, and/or critical repair of single family homes for very low or extremely low income homeowners, with a particular emphasis on serving very low-income disabled and rural Texans. Additionally, resources can be used for the provision of additional supportive housing services for very low or extremely low income residents of multifamily rental units.

*Federal Housing Resources – US Department of Housing & Urban Development (HUD)*

While HUD provides many sources of funding to state housing agencies, there are also many funding resources available to local municipalities, public housing authorities, for-profit and nonprofit organizations, property owners, and resident associations. A number of these state and local programs could be used to facilitate the development of service-enriched housing models.

**Section 202 - Supportive Housing for the Elderly.**<sup>72</sup> HUD provides funding for the development and operation of supportive housing for very low income persons age 62 years and older through the Section 202 Program. Nonprofit organizations and nonprofit consumer cooperatives are eligible to receive funding towards the construction, rehabilitation, or acquisition of housing. Project rental assistance contract (PRAC) funds are also available through Section 202 to provide supportive services and/or hire a service coordinator in those projects serving frail elderly residents.

**Section 811 - Housing for Persons with Disabilities.**<sup>73</sup> HUD provides funding for the development and operation of supportive housing for very low income persons with physical disabilities, developmental disabilities, chronic mental illness or any combination of the three. Nonprofit organizations are eligible to receive funding for new construction, rehabilitation, or

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<sup>70</sup> Texas State Affordable Housing Corporation, “Multifamily Direct Lending Program Facts,” [http://www.tsahc.org/multi/multi\\_directlend.php](http://www.tsahc.org/multi/multi_directlend.php)

<sup>71</sup> Texas State Affordable Housing Corporation, “Texas Foundations Fund,” [http://www.tsahc.org/donations/foundations\\_fund.php](http://www.tsahc.org/donations/foundations_fund.php)

<sup>72</sup> US Department of Housing and Urban Development, Multifamily Housing, “Section 202 Supportive Housing for the Elderly Program,” <http://www.hud.gov/offices/hsg/mfh/progdsc/eld202.cfm>

<sup>73</sup> US Department of Housing and Urban Development, Multifamily Housing, “Section 811 - Housing for Persons with Disabilities,” <http://www.hud.gov/offices/hsg/mfh/progdsc/disab811.cfm>

acquisition of housing. In FY2009, approximately \$90.6 million was made available through the Section 811 Program.

**Service Coordinators in Multifamily Housing.**<sup>74</sup> This HUD program allows multifamily housing owners to assist persons who are elderly and persons with disabilities living in HUD-assisted housing to obtain needed supportive services from the community, so to enable them to continue living as independently as possible. Owners of multifamily developments, assisted under the Section 202 Direct Loan, Project-based Section 8, Section 221(d)(3) and Section 236 programs are eligible to receive funding for the employment of Service Coordinators.

Service Coordinators' responsibilities include: service referral to off-site providers of case management, personal assistance, housekeeping, meals-on-wheels, transportation, counseling, occasional nurse visits, preventive health measures, and legal aid; education of residents on service availability; communication with local service providers; monitoring of service provision by local providers; creation of a directory of local providers; and education of property staff on residents' needs. In FY2009, approximately \$90 million was made available under the Service Coordinator Program. Of the amount appropriated, approximately \$20 million was for new Service Coordinator programs and the remaining \$70 million was for one-year extensions to expiring Service Coordinator grants.

**Continuum of Care Homeless Assistance Program.**<sup>75</sup> The purpose of this HUD program is to reduce the incidence of homelessness in Continuum of Care (CoC) communities by assisting homeless individuals and families more to self-sufficiency and permanent housing.

Funds can be used for the following categories of assistance:

- (1) Supportive Housing – funding for the development or operation of transitional housing, permanent supportive housing, safe havens, and services;
- (2) Shelter Plus Care – funding for rental assistance that require a dollar for dollar match in supportive services; and
- (3) Section 8 SRO – funding for rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings

Eligible Applicants for the CoC Program include:

- (1) Supportive Housing – states, local governments, PHAs, private nonprofit organizations, public nonprofit mental health centers
- (2) Shelter Plus Care – states, local governments, PHAs
- (3) Section 8 SRO – PHAs, private nonprofit organizations

Eligible Activities under the CoC Program include:

- (1) Supportive Housing – acquisition, rehabilitation, new construction, leasing, operating costs, supportive services, Homeless Management Information Systems (HMIS)
- (2) Shelter Plus Care – rental assistance
- (3) Section 8 SRO – rental assistance

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<sup>74</sup> US Department of Housing and Urban Development, Multifamily Housing, "Multifamily Housing Service Coordinators," <http://www.hud.gov/offices/hsg/mfh/progdesc/servicecoord.cfm>

<sup>75</sup> US Department of Housing and Urban Development, Community Planning & Development, "Homeless Assistance Programs," <http://www.hud.gov/offices/cpd/homeless/programs/>

In FY2009, approximately \$1.43 billion was made available through this program.

**Mortgage Insurance for Rental and Cooperative Housing - Section 221(d)(3) & (d)(4).**<sup>76</sup>

HUD created this program to insure mortgage loans to facilitate the new construction or substantial rehabilitation of multifamily rental or cooperative housing for moderate-income families, elderly, and persons with physical disabilities. Eligible mortgagors include public, profit-motivated sponsors, limited distribution nonprofit cooperatives, builder-seller, investor-sponsor, and general mortgagors. In FY2008, HUD insured mortgages for 88 projects with 13,784 units, totaling \$1 billion. The program did not receive funding for FY2009.

**Resident Opportunities & Self Sufficiency (ROSS) Service Coordinators Grant Program.**<sup>77</sup>

The purpose of this HUD program is to provide funding to hire and maintain Service Coordinators who will assess the needs of resident of conventional public housing and coordinate available resources in the community to meet those needs. The ROSS Program is a restructured combination of the Tenant Opportunities Program (TOP), Economic Development and Supportive Services Program (EDSS) and the Public Housing Service Coordinators Program. Since 2008, the ROSS grant combined the Family & Homeownership Program with the Elderly/Persons with Disabilities Program. PHAs, resident associations, and nonprofit organizations supported by residents or PHAs are eligible for funding the following activities:

- (1) Family Program: Services should enable families to increase earned income, reduce or eliminate the need for welfare assistance, and achieve economic independence and housing
- (2) Elderly/Persons with Disabilities Program: Improve living conditions and enable residents to age in place through working with local service providers to tailor service needs to the individual and establishing a system to monitor and evaluate the service delivery.

Funding for the ROSS Program was not made available during FY2009.

**Housing Choice Voucher Family Self-Sufficiency (FSS) Program.**<sup>78</sup>

HUD created the FSS program to encourage PHAs to work with welfare agencies, schools, businesses, and other local partners to develop a comprehensive program that gives participants the skills and experience to enable them to obtain employment that pays a living wage. In order for PHAs to receive funding to operate the FSS program they must establish a coordinating committee which develops an FSS action plan, creates program policies, obtains public and private supportive services funding, and implements the program. Program services include: child care, transportation, education, job training, substance abuse treatment, household skills training, and homeownership counseling.

Funding for the FSS Program was not made available during FY2009.

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<sup>76</sup> US Department of Housing and Urban Development, Multifamily Housing, "Mortgage Insurance for Rental and Cooperative Housing," <http://www.hud.gov/offices/hsg/mfh/progdsc/rentcoophsg221d3n4.cfm>

<sup>77</sup> US Department of Housing and Urban Development, Public and Indian Housing, "About the Resident Opportunities and Self Sufficiency (ROSS) Grant Program," <http://www.hud.gov/offices/pih/programs/ph/ross/about.cfm>

<sup>78</sup> US Department of Housing and Urban Development, Public and Indian Housing, "Housing Choice Voucher (HCV) Family Self-Sufficiency" <http://www.hud.gov/offices/pih/programs/hcv/fss.cfm>

**Housing Opportunities for Persons with AIDS (HOPWA).** The goals of the HOPWA program are to help low-income HIV-positive clients establish or maintain affordable and stable housing, to reduce the risk of homelessness, and to improve access to health care and supportive services. The Texas Department of State Health Services' HIV/STD Prevention and Care Branch is responsible for ensuring implementation of HOPWA services across the state. In order to do so, DSHS selects seven Administrative Agencies (AAs) across the state. These AAs act as an administrative arm for DSHS by selecting one or more local Project Sponsors who directly provide HOPWA services to eligible clients throughout the state's 26 HIV Service Delivery Areas (HSDA). The local Project Sponsors provide the following HOPWA services:

- Tenant-Based Rental Assistance program – Provides tenant-based rental assistance to eligible individuals until they are able to secure other affordable and stable housing.
- Short-Term Rent, Mortgage, and Utilities program – Provides short-term rent, mortgage, and utility payments to eligible individuals.
- Supportive Services program – Provides case management, basic telephone service and assistance to purchase smoke detectors to eligible individuals.
- Permanent Housing Placement Services – Provides assistance for housing placement costs.

The FY2010 HOPWA funding award is \$2,818,502.

*Federal Housing Resources – US Department of Agriculture (USDA)*

**Section 502 Rural Housing Direct Loans.**<sup>79</sup> Section 502 Direct Loans are primarily used to help low-income (80% AMI or below) individuals or households purchase homes in rural areas. Funds can be used to build, repair, renovate or relocate a home, or to purchase and prepare sites, including providing water and sewage facilities. The home must be located in a rural community with less than 10,000 populations, on a farm or in open country not closely associated with an urban area.

**Section 502 Guaranteed Loans.**<sup>80</sup> Section 502 Guaranteed Loans are loans made by approved mortgage lenders to qualified low and moderate income (115% AMI or below) individuals and families in rural areas. USDA is attempting to expand homeownership opportunities and affordability to homebuyers by providing lenders with loan guarantees that protect the lender from risk of loan loss.

**Section 502 Mutual Self-Help Housing Loan.**<sup>81</sup> The Section 502 Mutual Self-Help Housing Loan program is used primarily to help very low- and low-income households construct their own homes. The program is targeted to families who are unable to buy clean, safe housing through conventional methods and want to build equity in their home. Families participating in a

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<sup>79</sup> US Department of Agriculture, Rural Development - Housing & Community Facilities Programs, "Rural Housing Direct Loans," [http://www.rurdev.usda.gov/rhs/sfh/brief\\_rhdirect.htm](http://www.rurdev.usda.gov/rhs/sfh/brief_rhdirect.htm)

<sup>80</sup> US Department of Agriculture, "Rural Housing Programs," <http://www.rurdev.usda.gov/hi/rural%20housing%20programs.htm>

<sup>81</sup> US Department of Agriculture, "Rural Housing Programs," <http://www.rurdev.usda.gov/hi/rural%20housing%20programs.htm>

mutual self-help project perform approximately 65 percent of the construction labor on each other's homes under qualified supervision.

**Section 515 Guaranteed Rental Housing Program.**<sup>82</sup> The Section 515 program provides loans with interest rates as low as one percent to developers of affordable rural rental housing.

**Section 514/516 Farm Labor Housing Program.**<sup>83</sup> Section 514/516 provides low-interest loans and grants to public or non profit agencies or to individual farmers to build affordable rental housing for farm workers. USDA Rural Development is the only national source of construction funds dedicated to farm labor housing.

*State Service Resources – Texas Department of Aging & Disability Services (DADS)*

While DADS provides a number of service programs intended to serve persons who are elderly and persons with disabilities, the vast majority of its community-based programming is founded on Medicaid eligibility. Therefore, it is important to keep in mind that most of the following service programs, while providing important community-based services and supports that could be used under a service-enriched housing model, require the consumer to meet specific income and functional needs eligibility criteria. However, in addition to Medicaid programs, there are several DADS programs which utilize other federal funding sources, such as Title III, as well as state general revenue.

**Community Attendant Services (CAS) Program.**<sup>84</sup> CAS is a Medicaid funded, non-technical, medically related personal care service that is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living. The following services are provided by an attendant:

- Escort Services: Accompanying the client on trips to obtain medical diagnosis, treatment, or both.
- Home Management: Assistance with housekeeping activities that support the client's health and safety, including: changing bed linens, housekeeping, laundering, shopping, storing purchased items, and washing dishes.
- Personal Care: Assistance with activities related to the care of the client's physical health, including: bathing dressing, grooming, routine hair and skin care, preparing meals, feeding, exercising, helping with self-administered medication, toileting, and transferring/ambulating.

**Community Based Alternatives (CBA) Program.**<sup>85</sup> CBA is a Medicaid funded program that allows eligible people to receive services in their own homes, foster homes or assisted living

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<sup>82</sup> US Department of Agriculture, "Rural Rental Housing Program (Section 515),"

[http://www.rurdev.usda.gov/hi/rural%20housing%20programs.htm#Rural\\_Rental\\_Housing\\_Program\\_\(Section\\_515\)](http://www.rurdev.usda.gov/hi/rural%20housing%20programs.htm#Rural_Rental_Housing_Program_(Section_515))

<sup>83</sup> US Department of Agriculture, "Farm Labor Housing Program (Section 514/516),"

[http://www.rurdev.usda.gov/hi/rural%20housing%20programs.htm#Rural\\_Rental\\_Housing\\_Program\\_\(Section\\_515\)](http://www.rurdev.usda.gov/hi/rural%20housing%20programs.htm#Rural_Rental_Housing_Program_(Section_515))

<sup>84</sup> Texas Department of Aging and Disability Services, Help for Texans, "Community Attendant Services Program," <http://www.dads.state.tx.us/services/faqs-fact/cas.html>

<sup>85</sup> Texas Department of Aging and Disability Services, Help for Texans, "Community Based Alternatives (CBA) Program," <http://www.dads.state.tx.us/services/faqs-fact/cba.html>

settings. The CBA program is the last payor of services when other third-party resources, such as Medicare and Medicaid, are available. Services included in the CBA Program include: adaptive aids and medical supplies, adult foster care, assisted living/residential care services, emergency response services, home delivered meals, minor home modifications, nursing services, occupational therapy services, personal assistance services, respite care services, speech and/or language pathology services, dental services, prescription drugs if not covered through Medicare, and transition assistance services.

**Community Living Assistance and Support Services (CLASS) Program.**<sup>86</sup> CLASS is a Medicaid funded program that provides home- and community-based services to people with related conditions as a cost-effective alternative to placement in an intermediate care facility for persons with mental retardation or a related condition (ICF-MR/RC). A related condition is a disability, other than a developmental disability, that originated before age 22 and that affects the ability to function in daily life. Services provided under the CLASS Program include: adaptive aids and medical supplies, case management, consumer directed services, habilitation, minor home modifications, nursing services, occupational therapy, physical therapy, psychological and behavioral support services, respite care, specialized therapies, and speech pathology.

**Consolidated Waiver Program (CWP).**<sup>87</sup> The Consolidated Waiver Program is a Medicaid funded program that provides home and community-based services to people who are eligible for care in a nursing facility or intermediate care facility for persons with mental retardation or a related condition (ICF/MR-RC). Services available under CWP include: adaptive aids and medical supplies, adult foster care, assisted living/residential care, audiology, behavior communication specialist, child support services, consumer directed services, dental, dietary services, emergency response service, family surrogate services, habilitation (residential, day, supported employment and prevocational), home-delivered meals, independent advocacy, intervenor services, minor home modifications, nursing services, orientation and mobility services, personal assistance services, prescription drugs if not covered through Medicare, psychological, respite care, social work, therapies (physical, occupational and speech/language pathology), transportation, 24-Hour residential habilitation, and transition assistance services.

**Consumer Directed Services (CDS).**<sup>88</sup> Consumer Directed Services is a Medicaid funded program that allows DADS consumers to hire and manage the persons who provide their services. The program allows a voucher payment option that empowers consumers to make personal decisions related to the delivery of personal assistance and respite services within their current home and community-based program. Services that can be self-directed through CDS include the CBA Program, CLASS Program, CWP, Consumer Managed Personal Attendant Services (CMPAS) Program, Deaf-Blind with Multiple Disabilities (DBMD) Program, Home and Community-based Services (HCS) Program, Integrated Care Management (ICM) Program, Primary Home Care (PHC) Program, Family Care (FC) Program, Community Attendant Services (CAS) Program, and the Texas Home Living (TxHmL).

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<sup>86</sup> Texas Department of Aging and Disability Services, Help for Texans, “Community Living Assistance and Support Services (CLASS) Program,” <http://www.dads.state.tx.us/services/faqs-fact/class.html>

<sup>87</sup> Texas Department of Aging and Disability Services, Help for Texans, “Consolidated Waiver Program,” <http://www.dads.state.tx.us/services/faqs-fact/cwp.html>

<sup>88</sup> Texas Department of Aging and Disability Services, Resources for DADS Service Providers, “Consumer Directed Services,” <http://www.dads.state.tx.us/providers/CDS/index.cfm>

**Day Activity and Health Services (DAHS) Program.**<sup>89</sup> DAHS is a Medicaid funded program by which DAHS facilities provide daytime services, up to 10 hours per day, Monday through Friday, to people residing in the community. Services address physical, mental, medical and social needs. Individuals may attend up to five days per week, depending on their eligibility. Services at DAHS facilities include nursing and personal care, physical rehabilitation, noon meal and snacks, social, educational and recreational activities, and transportation.

**Deaf-Blind Multiple Disabilities (DB-MD) Program.**<sup>90</sup> DB-MD is a Medicaid funded program that provides home and community-based services to people who are deaf-blind with multiple disabilities as a cost-effective alternative to institutional placement. The program focuses on increasing opportunities for consumers to communicate and interact with their environment. Services available under the DB-MD Program include adaptive aids and medical supplies, behavior support services, case management, chore provision, consumer directed services, employment assistance, environmental accessibility/minor home modifications, habilitation, intervenor services, nursing services, occupational therapy, orientation and mobility, physical therapy, prescription drugs if not covered through Medicare, respite care, specialized nursing services, speech, hearing and language therapy, supported employment, and transition assistance services.

**Home and Community-based Services (HCS) Program.**<sup>91</sup> HCS is a Medicaid funded program that provides individualized services and supports to persons with mental retardation who are living with their family, in their own home or in other community settings. Services available under the HCS Program include: case management, adaptive aids, minor home modifications, counseling and therapies (includes audiology; speech/language pathology, occupational or physical therapy; dietary services; social work; and psychology), dental treatment, nursing, residential assistance, supported home living, foster/companion care, supervised living, residential support, respite, day habilitation, and supported employment.

**In-Home and Family Support (IHFS) Program.**<sup>92</sup> The IHFS and IHFS-Mental Retardation program are both funded by state general revenue appropriations. They provides direct grant benefits to people who have physical disabilities and people who have developmental disabilities to help them purchase services that enable them live in the community. Eligible people choose and purchase services that help them to remain in their own homes. Services include: attendant care, home health services, home health aide services, homemaker services, chore services, counseling and training programs, health services, purchase or lease of special equipment or architectural modifications, respite care, and transportation services.

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<sup>89</sup> Texas Department of Aging and Disability Services, Help for Texans, “Day Activity and Health Services (DAHS) Program,” <http://www.dads.state.tx.us/services/faqs-fact/dahs.html>

<sup>90</sup> Texas Department of Aging and Disability Services, Help for Texans, “Deaf-Blind Multiple Disabilities (DB-MD) Program,” <http://www.dads.state.tx.us/services/faqs-fact/dbmd.html>

<sup>91</sup> Texas Department of Aging and Disability Services, Help for Texans, “Home and Community-based Services (HCS) Program,” <http://www.dads.state.tx.us/services/faqs-fact/hcs.html>

<sup>92</sup> Texas Department of Aging and Disability Services, Help for Texans, “In-Home and Family Support (IHFS) Program,” <http://www.dads.state.tx.us/services/faqs-fact/ifs.html>

**Primary Home Care (PHC) Program.**<sup>93</sup> PHC is a Medicaid funded, nontechnical, medically related personal care service provided to adults whose health problems cause them to be functionally limited in performing activities of daily living. The following services are provided by an attendant:

- Escort Services: Accompanying the client on trips to obtain medical diagnosis, treatment, or both.
- Home Management: Assistance with housekeeping activities that support the client's health and safety, including: changing bed linens, housekeeping, laundering, shopping, storing purchased items, and washing dishes.
- Personal Care: Assistance with activities related to the care of the client's physical health, including: bathing dressing, grooming, routine hair and skin care, preparing meals, feeding, exercising, helping with self-administered medication, toileting, and transferring/ambulating.

**Program of All-Inclusive Care for the Elderly (PACE).**<sup>94</sup> PACE, which is funded through a combination of Medicaid and Medicare, provides community-based services to frail elderly people who qualify for nursing facility placement, in order for them to remain living in a community-based setting. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee that is below the cost of comparable nursing facility care. Services provided by PACE facilities include: inpatient and outpatient medical care, specialty health services such as dentistry and podiatry, social services, in-home care, meals, transportation, day activity, and housing assistance. PACE is currently only provided in the El Paso and Amarillo/Canyon areas.

**Texas Home Living (TxHmL) Program.**<sup>95</sup> TxHmL is a Medicaid funded program that provides selected essential services and supports to people with mental retardation who live in their family homes or their own homes. Services available under TxHmL include: adaptive aids, minor home modifications, specialized therapies (audiology, speech/language pathology, occupational therapy, physical therapy, and dietary services), behavioral support, dental treatment, nursing care, community support, respite, day habilitation, employment assistance, and supported employment.

**Transition Assistance Services (TAS).**<sup>96</sup> Transition Assistance Services (TAS) is a Medicaid funded program to help people who reside a nursing facility and who are Medicaid-eligible to set up a household in the community, if the person will be enrolling in one of the following Medicaid waiver programs upon discharge from the nursing facility: CBA, CLASS, CWP, DB-MD, or Medically Dependent Children Program.

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<sup>93</sup> Texas Department of Aging and Disability Services, Help for Texans, "Primary Home Care (PHC) Program," <http://www.dads.state.tx.us/services/faqs-fact/phc.html>

<sup>94</sup> Texas Department of Aging and Disability Services, Help for Texans, "Program of All-Inclusive Care for the Elderly (PACE)," <http://www.dads.state.tx.us/services/faqs-fact/pace.html>

<sup>95</sup> Texas Department of Aging and Disability Services, Help for Texans, "Texas Home Living (TxHmL) Program," <http://www.dads.state.tx.us/services/faqs-fact/txhtml.html>

<sup>96</sup> Texas Department of Aging and Disability Services, Help for Texans, "Transition Assistance Services (TAS)," <http://www.dads.state.tx.us/providers/TAS/index.cfm>

**Area Agencies on Aging.**<sup>97</sup> The 28 Area Agencies on Aging (AAA) provide services to help older Texans, their family members and caregivers receive the information and assistance they need in locating and accessing community services. Services provided by AAAs include: information, referral and assistance, benefits counseling and legal assistance, care coordination, caregiver support services, in-home support services, legal awareness, nutrition services, and ombudsman program. Services are provided to people age 60 and older and are targeted to those with greatest economic and social need. Particular attention is paid to people with low-incomes, older people who belong to minority groups and older people residing in rural areas.

*State Service Resources – Texas Department of State Health Services (DSHS)*

Community-based services funded by state general revenue and Medicaid through DSHS are provided almost exclusively by Local Mental Health Authorities (LMHAs). Services are provided to individuals under the Resiliency and Disease Management (RDM) Program. RDM is intended to better match services to an individual's needs, and to use limited resources most effectively. Once an individual is assessed and is determined to have a severe and persistent mental illness, the individual is assigned to a "service package", and will receive those service tailored to meet their resiliency and recovery goals. The following community mental health services are provided through RDM:

**Adult Service Package 1**<sup>98</sup>

Target Diagnosis: Major Depressive Disorder, Bipolar Disorder, or Schizophrenia (and related disorders)

Objective: To reduce or stabilize symptoms, improve the level of functioning, and/or prevent deterioration of the person's condition.

Core Services Include: Pharmacological Management, Routine Case Management (linkage and referral to community resources), Medication Training & Support Services, Engagement Activity, and Crisis Services.

Add-on Services May Include\*: Skills Training & Development, Supported Employment, and Supported Housing Services & Supports.

**Adult Service Package 2**

Target Diagnosis: Major Depressive Disorder

Objective: To improve level of functioning and/or prevent deterioration for individuals with residual symptoms of Major Depressive Disorder.

Core Services Include: Pharmacological Management, Routine Case Management (linkage and referral to community resources), Medication Training & Support Services, Counseling (Cognitive Behavioral Therapy) and Crisis Services.

Add-on Services May Include\*: Skills Training & Development and Supported Employment.

**Adult Service Package 3**

Target Diagnosis: Bipolar Disorder, Schizophrenia (or related disorder), or Major Depressive Disorder.

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<sup>97</sup> Texas Department of Aging and Disability Services, Resources for DADS Service Providers, "Area Agencies on Aging," <http://www.dads.state.tx.us/providers/AAA/index.html>

<sup>98</sup> Texas Department of State Health Services, "Resiliency and Disease Management (RDM) Utilization Management Guidelines - Adult Services" January 2010. [http://www.dshs.state.tx.us/mhsa/umguidelines/Adult\\_UM\\_Guidelines\\_REVISED\\_2010\\_FINAL-1.pdf](http://www.dshs.state.tx.us/mhsa/umguidelines/Adult_UM_Guidelines_REVISED_2010_FINAL-1.pdf)

Objective: To stabilize symptoms, improve functioning, develop self-advocacy skills, and increase utilization of community based natural supports for consumers with moderate to severe levels of need. Additionally, consumers will maintain improvements made in more intensive service packages.

Core Services Include: Pharmacological Management, Medication Training & Support Services, Psychosocial Rehabilitative Services, Supported Employment, Supported Housing Services & Supports, and Crisis Services.

Add-on Services May Include\*: Flexible Funds (to access community supports), and Flexible Community Supports (includes transportation services, educational training, job development, and temporary child care).

#### **Adult Service Package 4 – (Assertive Community Treatment, or ACT)**

Target Diagnosis: Bipolar Disorder, Schizophrenia (or related disorder), or Major Depressive Disorder

Objective: To stabilize symptoms and improve functioning through the use of a team-based approach. The typical consumer of this level of care has a diagnosis of schizophrenia or another serious mental illness such as bipolar disorder. This service package is based on the Assertive Community Treatment (ACT) model of service delivery. It is designed to provide the necessary supports that “wrap around” individuals who have a history of multiple hospitalizations in an effort to keep them living in the community and move them towards their personal recovery.

Core Services Include: Pharmacological Management, Medication Training & Support Services, Psychosocial Rehabilitative Services, Supported Employment, Supported Housing Services & Supports, and Crisis Services.

Add-on Services May Include\*: Flexible Funds (to access community supports), and Flexible Community Supports (includes transportation services, educational training, job development, and temporary child care).

\*Access to these services is contingent upon clinical need

**Crisis Services.** In addition to service packages, DSHS also provides crisis intervention services through a number of resources. Every community is covered by a crisis hotline and every LMHA ensures access to screenings for persons in crisis. Additionally, each LMHA operates a mobile crisis outreach team. For FY 2008-2009 the Texas Legislature appropriated \$82 million to enhance the crisis delivery system, a third of which was competitively bid to LMHAs to provide short-term residential psychiatric emergency service centers (PESCs). The following additional service options may be made available through PESCs to divert persons with mental illness from hospitalization: Crisis Transportation, Safety Monitoring, Extended Observation Units, Crisis Stabilization Units, Crisis Residential Units, Crisis Respite Services, Day Programs for Acute Needs, Crisis Flexible Benefits, Crisis Follow-up and Relapse Prevention.

#### *State Service Resources – Texas Health and Human Services Commission (HHSC)*

**Combined 1915(b)/(c) Waivers Demonstration.**<sup>99</sup> The Texas STAR+PLUS program, approved in January 1998, was the first concurrent 1915(b)/(c) program to be implemented.

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<sup>99</sup> US Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicaid State Waiver Program Demonstration Projects - General Information, “Combined 1915(b)/(c) Waivers,” [http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/06\\_Combined1915bc.asp](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/06_Combined1915bc.asp)

This mandatory program serves persons with disabilities and persons who are elderly in Harris County and integrates acute and long-term care services through a managed care delivery system, consisting of three managed care organizations (MCOs) and a primary care case management system (PCCM.) The majority of STAR+PLUS enrollees are dually eligible for Medicaid and Medicare.

States may opt to simultaneously utilize section 1915(b) and 1915(c) program authorities to provide a continuum of services to persons with disabilities and persons who are elderly. In essence, states use the 1915(b) authority to limit freedom of choice, and 1915(c) authority to target eligibility for the program and provide home and community-based services.

Eligible Activities through STAR+PLUS include the provision of traditional long-term care state plan services such as home health, personal care, and institutional services, as well as the provision of non-traditional home and community-based services such as homemaker services, adult day health services, and respite care.

### *Federal Service Resources - Centers for Medicare and Medicaid Services*

**Money Follows the Person (MFP) Rebalancing Demonstration.**<sup>100</sup> Congress passed the Deficit Reduction Act of 2005 that created the "Money Follows the Person Rebalancing Demonstration (Demonstration)" Program. The goal of the federal Demonstration is for states to have the opportunity to "rebalance" their long-term services and supports system by provide increased community-based options for individuals in order for them to have a choice on where they want to live and receive their services. In 2007, CMS awarded \$1,435,709,479 in Demonstration grants to States proposing to transition over 34,000 individuals out of institutional settings over the five-year period. Thirty States and the District of Columbia were awarded grants.

The state of Texas was awarded a Demonstration Program in January 2007 worth over \$25 million in enhanced federal funding over a five-year period. The Texas program focuses on the relocation of individuals who are current residents of: nursing facilities; intermediate care facilities for persons with mental retardation (ICF/MR); or of state supported living centers (SSLC).<sup>101</sup> The Texas Demonstration's original benchmarks were set to relocate 1,400 individuals from nursing facilities and 1,599 individuals from private ICFs/MR and SSLC; the five-year benchmarks were all met within two and a half year period.<sup>102</sup> With the Affordable Care Act, the federal Demonstration timeframe has been extended through 2016. Therefore, Texas will be requesting to almost doubling its benchmarks in order to continue to receive enhanced funding through calendar year 2016.

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<sup>100</sup>US Department of Health and Human Services, Centers for Medicare and Medicaid Services, Community Services and Long Term Supports, "Money Follows the Person," [http://www.cms.hhs.gov/CommunityServices/20\\_MFP.asp#TopOfPage](http://www.cms.hhs.gov/CommunityServices/20_MFP.asp#TopOfPage)

<sup>101</sup> Texas Department of Aging and Disabilities Services, Resources for DADS Service Providers, "Money Follows the Person Demonstration Project" [http://www.dads.state.tx.us/providers/pi/mfp\\_demonstration/](http://www.dads.state.tx.us/providers/pi/mfp_demonstration/)

<sup>102</sup> Texas Department of Aging and Disabilities Services, Resources for DADS Service Providers, "Promoting Independence Advisory Committee (PIAC) Stakeholder Reports" [http://www.dads.state.tx.us/providers/pi/piac\\_reports/index.html](http://www.dads.state.tx.us/providers/pi/piac_reports/index.html)

Additionally, DSHS administers a Behavioral Health Pilot as part of the Demonstration. The Behavioral Health Pilot in Bexar County provides specialized behavioral health services to help individuals with severe mental illness and/ or substance use disorders transition from nursing facilities and live in the community. These services include adult substance abuse treatment and Cognitive Adaptation Training (CAT), a rehabilitative service designed to help the individual establish daily routines, organize their environment, and build social skills. The Pilot will continue until December 2016. If the Pilot continues to be successful, Pilot services will be considered for inclusion in the State's Medicaid-funded long term services and supports system. Currently these services are generally not included in the system outside of the Pilot.

*Federal Service Resources - Administration on Aging (AoA)*

**Eldercare Locator**<sup>103</sup>. The Eldercare Locator Program assists older adults, their families and caregivers find their way through the maze of services for seniors by identifying trustworthy local support resources. The goal is to provide users with the information and resources they need that will help older persons live independently and safely in their homes for as long as possible. The Locator is a call center where live information specialists assess the caller's needs and direct the caller to the appropriate resources at the local level, giving the caller the knowledge and preparation for the next call/resource. Public or private nonprofit organizations, including state and local governments, faith-based organizations, community-based organizations, and hospitals are eligible to become Locators.

For FY2010, \$1.45 million was made available through the Eldercare Locator Program to one recipient for a 36 month contract.

**The Aging and Disability Resource Centers.**<sup>104</sup> Since 2006, DADS has received funding through the ADRC grant to create nine centers statewide. Under the original grant, awarded in 2006, communities in Bexar County, Central Texas, and Tarrant County received funding to establish the first ADRCs. In 2008, DADS used unexpended administrative funds to expand the ADRCs into Dallas County, East Texas, Lubbock County, Houston and North Central Texas. For FY2010, DADS received \$229,000 from the Administration on Aging (AoA) for the first year of a three-year grant to expand and enhance its current ADRC network. With the additional 2010 funds from AoA, the agency plans to: establish one additional ADRC; create a policy and procedures manual for ADRC operations; improve relationships with hospital discharge planning departments to reduce hospital readmissions; and develop a five-year plan to expand ADRCs statewide.<sup>105</sup>

The purpose of this AoA grant is to establish new or significantly strengthen existing ADRC programs. As part of the FY2009 program announcement, states are encouraged to serve Medicare beneficiaries or individuals with chronic conditions at risk of unnecessary readmission to hospitals by strengthening ADRC coordination with hospital discharge planning programs.

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<sup>103</sup> US Department of Health and Human Services, Administration on Aging, "Funding Opportunities," <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>

<sup>104</sup> US Department of Health and Human Services, Administration on Aging, "2009 Funding Opportunities," <http://www.aoa.gov/AoARoot/Grants/Funding/2009.aspx>

<sup>105</sup> Texas Department of Aging and Disabilities Services, "DADS awarded \$1 million in grants to improve access to services and supports," <http://www.dads.state.tx.us/homepage/index.cfm?storyid=77>

ADRCs are authorized to:

1. Serve as a source of information on long-term care options available in the community
2. Provide personalized, consumer friendly assistance
3. Provide coordinated, streamlined access to all publicly supported long-term care options
4. Help people plan ahead for their future long-term care needs
5. Assist Medicare beneficiaries understand and access prescription drug and prevention health benefits

For FY2009, \$10 million was made available for 36 months to approximately 50 applicants. Awards range from \$600,000-\$750,000 over a three year period (\$200,000-\$250,000 a year).

**The Community Living Program (CLP).**<sup>106</sup> For FY2010, DADS was awarded \$396,600 for the first year of a two-year grant for the Community Living Program to help people who are at risk of nursing home admission to remain at home by providing home and community-based services and supports. For FY2011, AoA and the Veterans Health Administration will offer services to veterans through the CLP. This is the second time that DADS has received this grant. In 2008, DADS used a CLP grant to fund a collaboration between the Central Texas ADRC and Scott and White Healthcare. With the current 2010 funding, DADS will collaborate with the Area Agency on Aging of Tarrant County and the ADRC of Tarrant County for its project.<sup>107</sup>

The CLP grant provides an opportunity for the Aging Network to modernize its approach to service delivery and to prioritize helping individuals who are at imminent risk of nursing home placement but not eligible for Medicaid to avoid nursing home placement and spend-down to Medicaid. State agencies apply for the grant, but carry out activities in partnership with the Area Agencies on Aging, Aging and Disability Resource Centers, community-based service providers, and long-term care stakeholders

Projects created with this funding must:

1. Use an ADRC or ADRC-type program to identify individuals who are not eligible for Medicaid but are at imminent risk of nursing home placement
2. Have formal protocol in place for use by stakeholder organizations for making client referrals, prioritizing clients, authorizing services, and following-up with clients to ensure home and community based service provision
3. Provide Financial Management Services to facilitate delivery of consumer directed services by providing necessary supports including payment for goods and services

In FY2008, 14 states were awarded \$750,000 each. In FY2009, up to 20 states were eligible to receive between \$600,000 and \$1 million each for a 24 month period.

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<sup>106</sup> US Department of Health and Human Services, Administration on Aging, "2009 Funding Opportunities," <http://www.aoa.gov/AoARoot/Grants/Funding/2009.aspx>

<sup>107</sup> Texas Department of Aging and Disabilities Services, "DADS awarded \$1 million in grants to improve access to services and supports," <http://www.dads.state.tx.us/homepage/index.cfm?storyid=77>

**Community Innovations for Aging in Place (CIAP).**<sup>108</sup> The purpose of the CIAP grant is to develop and carry out model aging in place projects. These projects will promote aging in place for persons who are elderly, in order to sustain their independence. Any nonprofit health or social service organization, faith based community organization, community-based nonprofit organization, Area Agency on Aging, or local government agency is eligible to receive funding.

Eligible Activities under the CIAP grant include:

1. Ensure access by older individuals to community-based health and social services
2. Conduct outreach to older individuals
3. Develop and implement innovative, comprehensive, and cost-effective approaches for delivery and coordination of community-based health and social services

The CIAP grant also includes a partner Technical Assistance Grant available to any nonprofit organization for the following activities:

1. Identify innovative strategies for providing and linking older individuals to programs and services that provide comprehensive and coordinated health and social services
2. Provide a monthly forum for work sessions with CIAP grantees
3. Identify potential strategies for quantifying program impacts

For FY2009, up to 16 CIAP grants were awarded, ranging from \$250,000 to \$500,000 per year for a period of three years. A total of \$4.5 million was made available. For the Technical Assistance Grant, up to \$500,000 was made available to fund one grant for FY2009.

**Medicare Beneficiary Outreach and Assistance Program.**<sup>109</sup> This program seeks to provide valuable support at both the state and community levels for organizations involved in reach people likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), and Medicare Part D. Funds will be used to enhance these efforts through statewide and local coalition building focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits.

State Health Insurance Assistance Programs (SHIPs) and State Agencies on Aging are funded by AoA to provide the following activities:

- SHIPs: Provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits and enhanced outreach to individuals who may be eligible for the LIS or the MSP.
- AAAs: Provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits and enhanced outreach to individuals who may be eligible for the LIS, MSP, and Part D.
- ADRCs: Provide outreach to individuals regarding the benefits available under MSP and Part D.

Available Funding:

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<sup>108</sup> US Department of Health and Human Services, Administration on Aging, "2009 Funding Opportunities," <http://www.aoa.gov/AoARoot/Grants/Funding/2009.aspx>

<sup>109</sup> US Department of Health and Human Services, Administration on Aging, "2009 Funding Opportunities," <http://www.aoa.gov/AoARoot/Grants/Funding/2009.aspx>

- SHIPs: For FY2009, \$7.5 million is available; two-third of funding based on number of state Medicare beneficiaries eligible for LIS and one-third based on number of beneficiaries eligible for Part D.
- AAAs: For FY2009, \$9.75 million is available.
- ADRCs: For FY2009, \$5 million is available.

*Federal Service Resources - Substance Abuse & Mental Health Services Administration*

**Mental Health Transformation Grants (MHTG).**<sup>110</sup> SAMHSA awarded DSHS a five year MHTG for \$2.73 million in October of 2005. The Texas Transformation Work Group (TWG) was formed by DSHS to produce the deliverables of the grant, which expires October 2010.<sup>111</sup>

The purpose of MHTGs are to foster the adoption and implementation of permanent transformative changes in how public mental health services are organized, managed, and delivered so that they are consumer-driven, recovery-oriented, and supported through evidence-based and best practices.

State and local governments are tasked with creating or expanding capacity to address one or more of the five strategic initiatives:

1. Prevent mental illness through outreach, screening, and early intervention.
2. Implement Trauma-Informed Care as the framework for the practice/service chosen and implement trauma screening, assessment, and recovery support.
3. Create or expand the delivery of screening, treatment, and support of active duty, guard, and reserve members to recover from mental illness.
4. Increase the availability of services linked to safe and affordable permanent housing for individuals who are homeless or at risk of homelessness due to mental illness.
5. Increase employment and education for adults diagnosed with mental illness to address high rates of unemployment among this population.

For FY2010, \$16.5 million has been made available for MHTGs. Up to 22 awards can be made, with up to \$750,000 awarded per project per year, for up to 5 years.

**Projects for Assistance in Transition from Homelessness (PATH).**<sup>112</sup> PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. Virtually all states use PATH funds to provide outreach services to contact and engage people who are disconnected from mainstream resources. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

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<sup>110</sup> US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, "FY 2010 Funding Opportunities," <http://www.samhsa.gov/grants/>

<sup>111</sup> Texas Department of Aging and Disabilities Services, Resources for DADS Service Providers, "Promoting Independence Advisory Committee (PIAC) Stakeholder Reports" [http://www.dads.state.tx.us/providers/pi/piac\\_reports/index.html](http://www.dads.state.tx.us/providers/pi/piac_reports/index.html)

<sup>112</sup> US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, "About PATH," <http://pathprogram.samhsa.gov/Super/Path/About.aspx>

For FY2008, DSHS received a PATH allocation of \$3,595,000, which was matched with approximately \$1,385,800 in state general revenue.<sup>113</sup>

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<sup>113</sup> US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, “Projects for Assistance in Transition from Homelessness: 2008 State Profile – TEXAS,” <http://pathprogram.samhsa.gov/Path/Reports09/ViewReports.aspx?slId=st1048&rYear=2008&rpts=StateProfile>

## CHAPTER 6: RESEARCH ON BEST PRACTICES & IDENTIFICATION OF POSSIBLE MODELS OF SERVICE-ENRICHED HOUSING

*Statutory Directive: Research best practices regarding service-enriched housing projects.*

At the first Council meeting in November of 2009, staff prepared a research document that included a section of best practice examples from other states. The purpose of this section is to offer some comparative research to provide a relevant background for understanding how service-enriched housing could be achieved. Based on an additional research request from the Council, these states were re-examined in order to determine the results of their programs; and the end product achieved, given the original policies and programs enacted. This chapter combines the initial research with additional information regarding the implementation of these best practice programs, from the first steps of policy creation and development of program guidelines, to the achieved assistance to program participants.

### ILLINOIS

**Program Name(s):** Supportive Living Program

**State Agency:** Illinois Department of Public Aid (IDPA)

**Program Overview:** Illinois developed the Supportive Living Program (SLP) as an alternative to nursing home care for low-income older persons and persons with disabilities under Medicaid. By combining apartment-style housing with personal care and other services, residents can live independently and take part in decision-making. Personal choice, dignity, privacy and individuality are emphasized. The Department of Healthcare and Family Services has obtained a "waiver" to allow payment for services that are not routinely covered by Medicaid. These include personal care, homemaking, laundry, medication supervision, social activities, recreation and 24-hour staff to meet residents' scheduled and unscheduled needs. The resident is responsible for paying the cost of room and board at their residence.<sup>114</sup>

**Definition:** "A Supportive Living Facility is a residential setting in Illinois that provides or coordinates flexible personal care services, 24 hour supervision and assistance, activities, and health related services with a service program and physical environment designed to minimize the need for residents to move within or from the setting to accommodate changing needs and preferences; has an organizational mission and programs and a physical environment designed to maximize residents' dignity, autonomy, privacy, and independence; and encourages family and community involvement."<sup>115</sup>

**Eligible Populations:** The Supportive Living Program is open to any resident who: undergoes preadmission screening; is without a primary or secondary diagnosis of developmental disability or serious and persistent mental illness; has income no less than the current maximum allowable

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<sup>114</sup> Illinois Supportive Living Program, "Resident Fact Sheet," <http://www.slfillinois.com/factsheetresident.html>

<sup>115</sup> Illinois Administrative Code, Specialized Health Care Delivery Systems, "Subpart B: Supportive Living Facilities," <http://www.hfs.illinois.gov/assets/146.pdf>

amount of Supplemental Security Income (SSI) (SSI amounts for 2008 - \$637 for a single person; \$956 for a couple); has had a tuberculosis test that indicates the absence of active tuberculosis; and is not participating in the Department on Aging's Community Care Program (CCP) or the Department of Human Services Home Services Program.

**Services Included:** Residents choose from the following menu of services that are provided by the facility: temporary nursing care, social/recreational programming, health promotion and exercise programs, medication oversight, ancillary services, 24-hour response, personal care, laundry, housekeeping, and maintenance.

**Funding Mechanism:** Initially, the Supportive Living Program received a grant from the Coming Home project, which was funded by the Robert Wood Johnson Foundation. As of 2009, it is funded by general revenue. Funds are supported by the federal Medicaid match (HCBS waiver match).

**Program Highlights:** Since 2000, over 9,380 units in 119 sites have been developed through the SLP, 95% of which are designed exclusively for persons age 65 and over. Many developments have been constructed by a single developer, such as Supportive Living Facilities LLC, which has built six developments between 2002 and 2006.<sup>116</sup> Each development has roughly 130 studio apartments and offers community amenities, health programs and person services such as 24 hour nursing staff, medication management, housekeeping, transportation, and short-term respite care. The state's Medicaid program pays for a portion or all of the medical care for eligible residents. Residents are responsible for paying for their housing with Social Security or other personal funds.

In 2004, the Chief of the Bureau of Long-Term Care at the IDPA, Wayne Smallwood, was interviewed by the Chicago Tribune about the SLP. Smallwood said about 31 percent of residents in supportive-living buildings came out of nursing homes. Additionally, although seniors don't need low incomes to reside in a supportive-living facility, about 65 percent of residents rely on Medicaid payments. Occupancies at the state's supportive-living buildings open for six months or longer have an occupancy rate of about 90 percent.<sup>117</sup>

**Limitations:** The Supportive Living Program is not open to persons with a primary or secondary diagnosis of developmental disability or serious and persistent mental illness. Additionally, tenants must have an income no less than the current maximum allowable amount of Supplemental Security Income (SSI) (SSI amounts for 2009 - \$674 for a single person; \$1011 for a couple).<sup>118</sup>

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<sup>116</sup> Illinois Supportive Living Program, "Supportive Living Program Operational Facilities," <http://www.sfillinois.com/operational.html>

<sup>117</sup> Chicago Tribune, "Assisted living for the less well-off," October 2004, <http://www.chicagotribune.com/classified/realestate/chi-0410170481oct17.0.5041699.story>

<sup>118</sup> Ibid 117

## IOWA

**Program Name:** Senior Living Revolving Loan Fund

**State Agency:** Iowa Finance Authority (IFA)

**Definition:** IFA defines “service-enriched housing” as “integrated, affordable and accessible housing coordinated with, but separate from, personal assistance and supportive services for seniors and persons with disabilities.”

**Program Overview:** The Senior Living Revolving Loan Fund was created to provide grants and loans for conversion of beds and assistance in the development and expansion of facilities, assisted living, and respite services. Iowa’s goal is to assist facility operators and developers establish affordable assisted living and service enriched housing for seniors and persons with disabilities. In coordination with this program, the IFA revised its Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan (QAP) to award up to 30 points for projects providing service enriched housing in which 25%+ of units give preference to special needs populations. The IFA also established a joint application process for facility providers to simultaneously access funding from the Senior Living Revolving Loan and the LIHTC program.<sup>119</sup>

### **Eligible Populations:**

*Targeted tenants:* Medicaid eligible people who reside in or are at risk of residing in a nursing home. These are loans to build primarily affordable assisted living for low income seniors; secondarily for service-enriched housing for low income people with disabilities.

*Targeted Housing Providers:* For profit and non-profit sponsors are eligible if project uses LIHTCs and serves Medicaid eligible people, restricts income of eligible tenants, and implements supportive services plan in partnership with service provider.

**Services Included:** Specific services are not established; however the Low Income Housing Tax Credit QAP requires facility providers to include a comprehensive supportive services plan, service budget that supports this plan, and contracts with local service providers in order to be eligible for the service-enriched housing points.

**Funding Mechanism:** IFA offers below market rate loans to be used to purchase an existing building and convert the property into either an assisted living facility or service-enriched affordable housing. Loans can also be used for reconstruction and permanent financing. Approximately 80% of available funds are allocated for affordable assisted living, with the remaining 20% is allocated towards service-enriched housing. The minimum loan amount is \$100,000, with a maximum of \$2 million. Loans will be fully amortizing for a term of up to 30 years, at or below 5% interest rate.

Developers usually layer funding received from the Senior Living Revolving Loan with additional sources of state and federal funding. Many developers have taken advantage of the Revolving

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<sup>119</sup> Iowa Finance Authority, “Senior Living Revolving Loan Fund,” [http://www.iowafinanceauthority.org/en/for\\_developers\\_managers/affordable\\_rental\\_production/senior\\_living\\_revolving\\_loan\\_fund/](http://www.iowafinanceauthority.org/en/for_developers_managers/affordable_rental_production/senior_living_revolving_loan_fund/)

Loan/LIHTC joint application opportunity. Other public funding utilized in combination with IFA loans included: HOME funds, USDA Community Facilities Direct & Guaranteed Loans, and HUD 202 Assisted Living Conversion funds.

**Program Catalyst:** The Emerson Point apartment complex was Iowa's first affordable assisted living demonstration project. In 2001, NCB Development and the Robert Wood Johnson Foundation provided technical assistance to the IFA to craft an RFP for the creation of a development that could bring together subsidized housing and supportive services under one roof. Burns & Burns L.C., an affordable housing developer with over 40 years of experience and a history of supportive services coordination teamed up with Mercy Home Health Care and the Heritage Area Agency on Aging to take on the project. Awarded housing tax credits in 2002, the project was fully constructed by the summer of 2003 and opened in the fall on 2003.

Emerson Point features 54 one-bedroom apartments, 100% of which are accessible to persons with mobility impairments. Medicaid, Medicare, and the state's Medicaid Elderly Waiver are accepted, paying for a range of services including: personal care assistance, rehab services, housekeeping, medication management, meals, transportation coordination, nurse oversight, individualized support services plans, support service coordination, etc. Eligibility is limited to those persons aged 65 or older with an annual income at or below \$30,480 (based on 2008 income limits).<sup>120</sup>

**Program Highlights:** In March of 2005, the Senior Revolving Loan Fund made its first allocations to three projects. Welch Apartments in Muscatine, IA and Hurst Apartments in Maquoketa, IA were historic downtown hotels that were rehabilitated by Signature Developments using a combination of housing tax credits and Fund loans (\$500,000 and \$400,000 respectively). The third, Prime Living Apartments in Sioux City, IA was developed by Prime Agency, again using housing tax credits and a \$1.67 million loan.<sup>121</sup>

**Example Development:** Prime Living Apartments accepts a variety of third-party financial subsidies for rent and supportive services including Medicaid, Medicaid Elderly Waiver, Assisted Living/Long Term Care Insurance and Section 8 Rental Assistance. Affordable units range from \$441 to \$613 per month. Eligibility is limited to persons with an annual income at or below \$24,720.<sup>122</sup> Optional services mirror those offered at Emerson Point, including: individual service plans, meals, medication management, personal care assistance (ADLs), housekeeping, transportation coordination, supportive service coordination, nurse oversight, etc.

**Limitations:** Although Prime Living sets rent limits based on maximum income guidelines in order to ensure housing affordability, services are not provided using the same income based scale. Rather all tenants must pay the same service fee according to the number of minutes utilized per month.<sup>123</sup>

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<sup>120</sup> Iowa Finance Authority, "Emerson Point: Affordable Assisted Living – A Demonstration Project," <http://www.iowafinanceauthority1.com/docs/AAL/DevelopersToolkit/CaseStudies/EmersonPointCaseStudyIowaCity.pdf>

<sup>121</sup> Office of the Governor, "Pederson announces Senior Living Loans," March 2005, [http://www.iowafinanceauthority.org/documents/news/u\\_senior\\_living\\_press\\_release.pdf](http://www.iowafinanceauthority.org/documents/news/u_senior_living_press_release.pdf)

<sup>122</sup> Prime Living Apartments Affordable Assisted Living, "Fee & Income Limits," [http://www.primeassistedliving.com/Fees\\_Income\\_Limits.html](http://www.primeassistedliving.com/Fees_Income_Limits.html)

<sup>123</sup> Prime Living Apartments Affordable Assisted Living, "Services," <http://www.primeassistedliving.com/Services.html>

## NEW JERSEY

**Program Name:** Special Needs Housing Trust Fund

**State Agency:** Department of Health and Senior Services (DHSS)  
Housing and Mortgage Finance Agency (HMFA)

**Program Overview:** The Special Needs Housing Trust Fund provides capital financing to create permanent supportive housing and community residences for individuals with special needs, with priority given to individuals with mental illness. The purpose of this revolving fund is to develop special needs housing and residential opportunities as alternatives to institutionalization or homelessness and to ensure the long-term viability of such housing.<sup>124</sup>

**Definition:** “Permanent supportive housing” means a range of permanent housing options such as apartments, condominiums, townhouses, single and multi-family homes, single room occupancy housing, shared living and supportive living arrangements that provide access to on-site or off-site supportive services for individuals and families who can benefit from housing with services. Permanent supportive housing has as its primary purpose assisting the individual or family to live independently in the community and meet the obligations of tenancy.<sup>125</sup>

### Eligible Populations:

*Targeted Tenants:* Individual identified as clinically and financially eligible for Medicaid nursing facility level of care. Applicant must be 65 and over or between 21 and 64 with a special need, primarily individuals with mental illness, individuals with physical or developmental disabilities, and individuals in other emerging special needs groups identified by State agencies.

HMFA acknowledged special needs populations also include: victims of domestic violence, ex-offenders and youth offenders, youth aging out of foster care, runaway and homeless youth, individuals and families who are homeless, disabled and homeless veterans, and individuals with HIV/AIDS.

*Targeted Housing Providers:* Eligible non-profit and for-profit developers and government entities, at the state, county, and municipal levels. Priorities for funding are given to housing projects that address the needs of the very low-income people with special needs (gross income does not exceed 30% of AMI), meet locally determined priorities in the Continuum of Care Plan, meet the state’s priorities for underserved populations in the State Consolidated Plan, and maximize long-term affordability.

**Services Included:** GO participants are eligible for all New Jersey Title XIX Medicaid State Plan services authorized in a Plan of Care, which may include: adult daycare, nurse visits, home health

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<sup>124</sup> New Jersey Housing and Mortgage Finance Agency, Special Needs Housing Trust Fund, “Guidelines & Financing Policy,” <http://www.state.nj.us/dca/hmfa/biz/devel/specneed/guidlines.pdf>

<sup>125</sup> New Jersey Housing and Mortgage Finance Agency, “Special Needs Housing Trust Fund Act - Chapter 163,” <http://www.state.nj.us/dca/hmfa/biz/devel/specneed/pdf/TrustFundAct.pdf>

services, hospital outpatient services (ie - medical supplies & equipment), personal care assistance, rehabilitation therapies, and Transportation.

GO enrollees are also guaranteed to receive Care Management services and at least one additional waiver service. Based upon the person's assessed level of service needs, the participant can choose among a wide selection of waiver services, which may include: adult family care, attendant care, caregiver/participant training, chore service, environmental accessibility adaptations, home-based supportive care, home-delivered meal service, Personal Emergency Response Systems (PERS), respite care, medical equipment and supplies, adult daycare, transitional services and transportation.

**Funding Mechanism:**

*GO Waiver:* Three Medicaid-supported home and community-based service programs operated by the Department of Health and Senior Services.

*Housing Trust Fund:* Provides capital financing in the form of loans and grants to eligible non-profit and for-profit developers and government entities, for new housing units.

**Program Highlights:** Authorization of the Special Needs Housing Trust Fund was enacted in August 2005 and the HMFA began funding developers in early 2006. Since that time, the Trust Fund has financed the construction of more than 1,100 permanent supportive housing units for people with mental illness, individuals with physical or developmental disabilities, survivors of domestic violence, ex-offenders, youth aging out of the foster care system, homeless youth and veterans, and individuals with HIV/AIDS. The HMFA works with non-profit, for-profit, and government entities and will provide up to 80% of the capital funding for a special needs housing project. In 2009, the National Council of State Housing Agencies (NCSHA) awarded the Trust Fund with the 2009 Award for Program Excellence.<sup>126</sup> Two examples of projects financed by the Trust Fund that were recognized by the NCSHA were The Meadows at Oldwick and Irayna Court.

**Example Development:** The Meadows at Oldwick was developed by United Cerebral Palsy of New Jersey and consists of an 18 unit congregate living facility intended to serve low income families in which at least one member has a disability. Additionally, five units are set-aside for clients forwarded by the New Jersey Division of Developmental Disabilities. All 100% of the units are accessible and the facility's design offers residents the choice of living fully independently or sharing household tasks and social activities. The Meadows was strategically built within a one-mile radius of a variety of amenities including: three types of public transportation, a community college, a medical center, a post office, a bank, a grocery store, and a mall. The project received \$800,000 from the Trust Fund, \$3 million in housing tax credits, \$635,000 in HMFA Home Express Funds, and various other government and non-profit grants. Tenants' incomes must fall below 60% of area median income and for 5 of the 18 units incomes must be below 50% AMI.<sup>127</sup>

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<sup>126</sup> Real Estate Rama, "New Jersey's Special Needs Housing Trust Fund Wins National Award," October 2009 <http://newjersey.realestaterama.com/2009/10/19/new-jerseys-special-needs-housing-trust-fund-wins-national-award-ID0313.html>

<sup>127</sup> Green Communities, "Tewksbury Supportive Housing," [http://www.greencommunitiesonline.org/projects/profiles/tewksbury\\_supportive\\_housing.pdf](http://www.greencommunitiesonline.org/projects/profiles/tewksbury_supportive_housing.pdf)

**Example Development:** Irayna Court was created by a partnership between the Affordable Housing Corporation of the Reformed Church of Highland Park and a non-profit homeless services provider called MIPH (Making it Possible to End Homelessness). Irayna Court is a permanent housing facility for women ages 18-21 who are aging out of the foster care system. MIPH staff provides services including: life skills planning, mental health and substance abuse support, financial literacy, education and career planning, mentoring, etc.<sup>128</sup>

## **NORTH CAROLINA**

**Program:** Supportive Housing Development Program & Housing 400 Initiative

**Departments:** The Department of Health and Human Services (DHHS)  
The North Carolina Housing Finance Agency (NCHFA)

### **Program Overview:**

*Supportive Housing Development Program:* The North Carolina Housing Finance Agency's Supportive Housing Development Program (SHDP) helps nonprofits, local governments, and lead regional organizations develop emergency, transitional and permanent housing for persons who are homeless and/or have disabilities (including mental illness and substance abuse). The program provides interest-free 20 and 30 year loans up to \$500,000 per development (75% of total development cost). To qualify, projects must include or make available appropriate support services for the residents. In addition, the housing must serve individuals and families who earn below 50% of area median income.<sup>129</sup>

*Housing 400 Initiative:* The Housing 400 Initiative was created by the North Carolina legislature in 2006 to finance independent supportive units for persons with disabilities, specifically those with incomes at or below 30% AMI. The legislature appropriated \$10.9 million to the state's Housing Trust Fund to develop the apartments and \$1.2 million in recurring fund to DHHS for operating subsidies. These funds are available through three programs: The Housing 400 Initiative Supportive Housing Development Program (capital funding for new construction), the Housing 400 Initiative Preservation Loan Program (rehabilitating existing affordable housing stock), and the Key Program (housing tax credit targeting partnership). DHHS also oversees local lead agencies to facilitate referrals and service provision for residents.<sup>130</sup>

**Definition:** *Permanent supportive housing* - "allows persons with disabilities to access and maintain decent, safe, and affordable community housing that is linked to a variety of individualized supports and services."

"In some permanent supported housing models, services and/or service coordination is offered at the housing site, and in others models services are accessed off site; but in all cases the services and

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<sup>128</sup> Making It Possible to end Homelessness, "Irayna Court," <http://www.miphnj.org/Iraynacourt.html>

<sup>129</sup> North Carolina Housing Finance Agency, "Supportive Housing Development Program," <http://www.nchfa.com/Nonprofits/SHDsupportivehousing.aspx>

<sup>130</sup> North Carolina Housing Finance Agency, "Housing 400 Initiative," <http://www.nchfa.com/About/housing400.aspx>

supports are voluntary, person-centered, flexible, and designed to meet the needs of the individual. The occupant has the rights and responsibilities of tenancy ‘unbundled’ from services. Tenants can live there as long as they fulfill their obligations as a tenant; neither service compliance nor following treatment plans are conditions of tenancy.”<sup>131</sup>

**Services:** Three necessary components in developing supportive housing for persons with disabilities with extremely low incomes are required:

*Capital* – there must be a housing unit designed to meet the physical needs of the tenant.

*Operating subsidy* – there must be a mechanism, either to the tenant or to the property to make up the difference between what the person can afford to pay toward their housing expense and the owner’s cost of operation.

*Access to services and supports* – links the persons with disabilities to services and supports that they may need to be successful in the community. (Interim Plan, p. 5)

**Eligible Populations:** Populations eligible for the Supportive Housing Development Program and Housing 400 Initiative include: homeless persons, survivors of domestic violence, ex-offenders, persons with mental, physical or developmental disability, persons with autism, persons with traumatic brain injury, persons with substance use disorders, and persons with HIV/AIDS.

**Funding Mechanism:** The North Carolina Housing Trust Fund, using state general revenue, has been the primary source of funds for the NCHFA Supportive Housing Development Program (SHDP).

**Program Highlights - Supportive Housing Development Program:** From 1994 to 2007, 137 projects with over 2,050 units were funded through the SHDP. A total of \$33.7 million was invested in projects worth \$109 million.<sup>132</sup>

**Example Developments:** Example properties utilizing SHDP include: Glenwood House and Servant House in Greensboro, Club Nova Apartments in Carboro, and Shirley Stroebel Apartments in Durham. Glenwood Housing provides 8 permanent studio apartments with supportive services for disabled individuals. Servant House is a 2-year transitional housing program offering shelter, respite, medical care and case management to 21 homeless, disabled men.

Club Nova Apartments offers 24 efficiency apartments for persons with a serious mental illness and offers optional services including employment opportunities, supported education, evening and weekend social/recreation programs, 13 affordable meals each week, and community support services (includes assistance in finding quality medical, psychiatric, pharmacological, and substance abuse services in the community). Club Nova follows the successful Clubhouse Model pioneered by Fountain House in New York City.<sup>133</sup>

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<sup>131</sup> North Carolina Housing Finance Agency, “Interim Plan For Efficient and Effective Use of State Resources In the Financing and Development of Independent and Supportive-living Apartments for Persons with Disabilities,” March 2008, <http://www.nchfa.com/Forms/Forms/DHHSNCHFAInterimPlan.pdf>

<sup>132</sup> North Carolina Housing Finance Agency, Presentation to the NC Department of Correction Statewide Conference on Offender Reentry: Shaping the Future of Transition, May 2007, <http://www.doc.state.nc.us/rap/OTS-Presentations/SupportiveHousingDevelopmentProgram.ppt>

<sup>133</sup> Club Nova, <http://www.clubnova.org/about.html>

Finally, the Shirley Strobel Apartments are 12 efficiency apartments for persons with mental illness, created through the assistance of the local chapter of the National Alliance of Mental Illness (NAMI). This chapter founded the non-profit Threshold, also based on the Clubhouse Model.<sup>134</sup>

**Program Highlights – Housing 400 Initiative:** With the first appropriation, the Housing 400 Initiative financed 425 rental units in 64 developments for persons with disabilities with incomes at or below 30% AMI. Of the 425 units, 120 are supportive units in 13 properties where enhanced service coordination is provided for all residents. Local service entities, such as Independent Living Centers, coordinate referrals for these developments. Another 278 units in 46 properties were developed using federal and state Housing Tax Credits, with rental assistance and off-site service coordination provided to persons with disabilities. The final 27 units in 5 properties were created through the rehabilitation of older, federally-subsidized apartments. Once again, rental assistance and off-site service coordination is provided to persons with disabilities.<sup>135</sup>

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<sup>134</sup> Threshold, <http://www.thresholdclubhouse.org/who-we-are>

<sup>135</sup> General Assembly of North Carolina, “Housing 400 Initiative: Summary of Results,” September 2007  
<http://www.ncleg.net/documentsites/committees/JLOCMH-DD-SAS/LOC%20Minutes%20and%20Handouts/Minutes%20for%202007/LOC%20Meeting%20September%2025,%202007/Housing%20400%20Initiative%20Amend-Bick%20-%20Attach.%2012A.pdf>

## **SECTION III: RECOMMENDATIONS**

### **CHAPTER 7: RECOMMENDATIONS FOR CROSS-EDUCATING STATE AGENCIES**

*Statutory Directive: Develop a system to cross-educate selected staff in state housing and health services agencies, to increase the number of staff with expertise in both areas, and to coordinate relevant staff activities of those agencies.*

State government agencies have often been criticized for conducting business in isolation, with little to no communication between agencies. Existing in these so-called “silos” hampers the ability for agencies to share information and establish linkages between their staff in a way that maximizes the benefits of state and federal resources available to eligible clients. This critique was echoed in the Council’s public hearing testimony:

*Mandy De Mayo, Principal of De Mayo Associates:*

“Basically, in the State of North Carolina in the early 2000s, the North Carolina Housing Finance Agency and the state’s Department of Health and Human Services came together to brainstorm -- much like you all are doing -- about how to have greater collaboration between the two organizations. They were working in silos, the housing department was doing the housing stuff and the health and human services was doing the health and human services stuff, and they didn’t speak the same language and they thought they were doing kind of their mission but there was so much crossover in their mission because they were serving much of the same needs.”

*George Linial, President & CEO of Texas Association of Homes & Services for the Aging:*

Historically there has been this silo effect, not just at the state level but certainly at the federal level. I think that up until a couple of years ago, CMS and HUD didn’t even converse with each other about a lot of these issues.

Although the Cross-Agency Education and Training Committee received minimal stakeholder feedback regarding recommendations for the cross-education of State agency staff, State agency representatives on the Council were able to speak firsthand about the lack of communication and information dissemination from one State agency to the next. It was out of these conversations that recommendations were garnered.

## **CROSS-AGENCY EDUCATION & TRAINING RESOURCES**

### *FINDINGS:*

The Cross Agency Education & Training Committee discussed the need for standardized educational opportunities or educational resource materials that could be created and shared amongst State housing and health services agencies, to train those agency staff members who administer housing and supportive services programs as well as those who communicate directly with subrecipients and consumers. One of the important advantages of developing a uniform, streamlined educational component within each State agency is effectively minimizing the negative

consequences of staff turnover. Specifically, education and training serves to mitigate the loss of knowledge and experience when there is staff turnover, filling a void which may otherwise exist. And consequently, avoiding gaps in knowledge ultimately means avoiding gaps in service and assistance to subrecipients and consumers.

*RECOMMENDATIONS:*

**(1) Create a user-friendly reference guide in multiple formats, for relevant State agency staff.**

The Council recommends the creation of a simple reference guide consisting of a broad overview of the structure and make-up of each state agency represented on the Council and the programs they administer. This ready reference tool would focus on three key aspects of each agency program: the scope of services provided, the application procedures for subrecipients and consumers, and the contact information for the program administrator (many times a local subgrantee/contractor).

This provider reference guide would be updated at least annually by each state agency represented on the Council. The reference guide would be provided electronically as well as in paper format and would be made available in the offices and on the websites of each state agency represented on the Council.

**(2) Create a simple series of training modules, in multiple formats, for relevant State agency staff.**

The Council recommends that each State agency represented on the Council create a series of agency-to-agency training sessions, which consist of multiple modules to be utilized either separately, as stand alone trainings, or combined as a sequence of trainings. The first module would be an Agency Overview, giving a broad overview of the structure and make-up of an agency at the macro level. The subsequent trainings would then be broken down by division or department within the agency and discuss the relevant programs administered by that department.

The content of these departmental trainings focuses on three main aspects of each program: the targeted population (eligibility of the applicant as well as the consumer, if they are different), the type of assistance (federal vs. state funding, general revenue vs. entitlement, loans vs. grants, etc.) and program administration (how consumers access the program, timeline for release of funding, responsibilities of state agency staff, and relevant rules and regulations governing program/funding). Ultimately, the intent of these training modules is to catalyze a realization by State agency staff of the possible connections between the program they administer and the programs that they are learning about and the opportunities for partnership and collaboration.

These training modules could be made available on the websites of each State agency represented on the Council. In order to reach the widest number of participants, trainings would be provided in multiple formats, including in-person presentations, webinars, and conference calls. Trainings could be administered through the External Affairs or Public Affairs division of each state agency and should be updated at least annually.

## **CROSS-AGENCY UTILIZATION OF INFORMATION TECHNOLOGY**

### *FINDINGS:*

One of the main discussion points of the Cross-Agency Committee was the need for greater utilization of information technology to facilitate communication between State agencies and their staff. When administered correctly, web-based resources have many advantages over material resources. First, most web-based resources are created in a user friendly format, with search functions for quick and easy access to vast amounts of information. Additionally, while paper resources are quickly dated, online resources can be quickly and continuously updated. Finally, online resources allow for instant access to information, making it easier for State agencies to provide consumers and subrecipients immediate answers to their housing and service requests.

### *RECOMMENDATIONS:*

- (1) Partner with Texas Information and Referral Network (TIRN) to create a resource directory geared towards State agency employees, subrecipients, and other professionals.**

The Council recommends partnering with TIRN, the association for 2-1-1 providers, to create a general resource directory with State level entries that could be posted on the 2-1-1 website. The content of this directory would be geared toward a broad audience, that includes housing and health and human service agency staff, local agency subrecipients and contractors, and other professionals. Such a directory would allow State agencies to easily access and find out information pertaining to their fellow State agencies, including agency programs, staff members, and contact information. The directory would be updated at least annually.

- (2) Create a standardized “Quick Facts” webpage within each State agency’s website.**

Each State agency represented on the Council has its own unique website and the lack of consistency has its consequences. Frequently agency staff have difficulty navigating another agency’s website when attempting to answer very basic questions, such as: what are the agency’s main programs, what types of funding are currently available, and who are the eligible recipients. Therefore, the Council recommends that each State agency create a “Quick Facts” webpage, which ideally would be visibly linked to the agency’s homepage through a tab or dropdown menu, and could highlight agency programs and relevant contact information for each. Additionally, all agencies would adopt a single webpage format for their “Quick Facts” page, to maintain uniformity and make the information easily searchable.

- (3) Create a monthly listserv email specifically geared towards State employees.**

Most State agencies have a listserv email system which they use to communicate upcoming events, changes in program procedures, and release of funding to subrecipients and consumers. However, a large amount of this information would also be valuable for other State agency employees, to keep up-to-date on programs and activities that are relevant to

their own work. The Council recommends that the listserv administrator from each state agency submit monthly updates about its agency's programmatic activities to one staff member, who compiles and sends out an interagency email announcement. For those State agencies that utilize outside contractors for program administration, those contractors should also be connected to such listserv announcements.

## **INTRA-AGENCY COMMUNICATION**

### *FINDINGS:*

The Cross-Agency Committee discussed that, for some of the larger State agencies, employees have little knowledge about other programs within their own agency. This can cause miscommunication, duplication of efforts, and spread of misinformation within the agency as well as from agency staff to consumers. More effective intra-agency communication improves staff efficiency and helps to streamline coordination efforts with local service providers.

### *RECOMMENDATIONS:*

**(1) Utilize the intranet for information dissemination amongst agency staff.**

The Council recognizes the intranet as an informative tool that every State agency employee can access. If a basic agency overview, in the form of a reference guide or PowerPoint presentation, is included on each agency's main intranet page, it could be accessed at any time by any employee. This agency overview would allow employees to become knowledgeable about the other programs in existence within their agency, a basic overview of those programs, and the staff members responsible for those programs. This overview could even be taken from the training modules recommended in the 'Education & Training' section of this chapter.

**(2) Create a periodic program update for each agency that highlights programs and program staff.**

The Council recommends the dissemination of a periodic program update to increase awareness of agency activities. Within each update, a single agency program could be highlighted, with descriptions of the work accomplished by staff of that program or division.

## **OUTREACH & LEADERSHIP**

### *FINDINGS:*

Although the Cross-Agency Committee proposed many different opportunities for establishing interagency education and training, they acknowledged the difficulty in encouraging and ensuring that agency staff will in fact participate in these opportunities. If cross-agency education is not a required duty for employees, and there is no obvious incentive for participating, agencies will find it difficult to make it a priority. However, as a solution, the Committee discussed ways of

incorporating information sharing and training into the current activities of agency staff as well as using executive leadership to promote the utilization of interagency learning opportunities.

*RECOMMENDATIONS:*

**(1) Utilize existing interagency groups as conduits for creating stronger connections between housing and health services agencies.**

Many state agencies house or have representatives serving on interagency councils, committees, taskforces, and advisory commissions. Some of these interagency groups have been established by federal or state legislative mandate; others are affiliated with a particular funding stream; while still others are created by an agency's governing commission/board or by Executive Order. By their nature, these groups bring multiple State agencies together at one time and can be effective at promoting cross-agency communication and information sharing. The Council recommends utilizing existing interagency groups in the effort to create stronger connections between housing and health services agencies. The Council is particularly interested in those interagency groups whose efforts are related to service-enriched housing, such as the Promoting Independence Advisory Committee, the Aging Texas Well Advisory Committee, and the Mental Health Planning Advisory Committee.

There are a few best practices that the Council recommends for existing interagency groups to adopt that would facilitate greater information sharing. One is to incorporate language promoting cross-agency information sharing into the goals, mission, and purpose of the group. A second practice is to create an informal atmosphere, where State agency representatives feel comfortable sharing updates about their programs. Another practice is to set aside time in each meeting agenda where each agency participant has the opportunity to present updates.

Two groups which have been identified as exemplary in their role as interagency information sharing bodies are the state Community Resource Coordination Group and the Texas Integrated Funding Initiative (TIFI). Both have been effective in allowing many varied State agencies to come together, share information, and communicate about common efforts to assist needy Texans.

**(2) Encourage staff to partake in agency-to-agency training and information sharing opportunities through the direction of and prioritization by executive management.**

The Council recommends that respective agency's executive management take the lead in promoting cross-agency communication efforts and persuading their own agency staff to participate in formal education opportunities. For example, management can send out monthly or quarterly reminders about available trainings through mass emails. Another opportunity would be to have a "commissioner's corner" section of the agency's intranet where management can highlight the importance of cross-agency efforts.

## **NEXT STEPS**

With a firm foundation of cross-agency communication and collaboration, State agencies can move forward in providing better assistance, information dissemination, and training for local service entities and consumers. The next chapter of the Biennial Plan addresses recommendations towards this goal.

## CHAPTER 8: RECOMMENDATIONS FOR ASSISTING & TRAINING LOCAL ENTITIES

*Statutory Directive: Identify opportunities for state housing and health service agencies to provide technical assistance and training to local housing and health services entities*

For the average consumer, the traditional means of accessing housing and supportive services requires contacting multiple local entities, and can be both confusing and time-consuming. The Housing and Health Services Coordination Council (HHSCC) is tasked with identifying opportunities for state housing and health services agencies to provide technical assistance and training to local housing and health services entities about the cross-education and coordination of staff. Expanding the knowledge base amongst local providers while creating stronger referral processes enhances their collaborative efforts and serves to streamline service provision into a single point of entry, essentially ensuring that there is “no wrong door” when it comes to clients accessing needed services and supports.

In order to create recommendations for this chapter of the plan, the Cross Agency Education & Training Committee first analyzed the responses received during the statewide public forum series for recommendations regarding assistance and training for local entities. Next, the Committee conducted an outreach meeting on April 6, 2010 where local housing and health services entities were invited to speak about what kind of training and technical assistance they currently receive from state housing and health services agencies, as well as discuss how information is currently disseminated to the public regarding housing and supportive services. A list of these participants is included in the appendix.

Given these two valuable sources of information, the Committee then sought to identify opportunities for training and assistance.

### EDUCATION & TRAINING RESOURCES

#### *FINDINGS: STATE TO LOCAL*

The Cross Agency Education & Training Committee received a large amount of feedback in regards to the need for educational opportunities or educational resource materials that could be used by local policymakers, municipal governments, and service providers to train those staff members who operate and administer housing and supportive services programs using state agency funding. These “front line” staff or “agency navigators” include case managers, service coordinators, and anyone else who assists in connecting state funding to the end user. Some of the feedback the Council received regarding education and training includes:

*Donna Chatham, Executive Director of the Association of Rural Communities in Texas:*

“The development of local housing tools to develop senior enriched affordable housing should be accomplished through **educational seminars**. In other words, we’re very thankful at ARCIT [Association of Rural Communities in Texas], just within the last year we have now obtained the database for all e-mails of all 1,100 rural cities and counties. We ourselves are going to start putting on **webinars** and hopefully be able to partner with TDHCA, TDRA, and TDA. In fact,

I'm going to a seminar this afternoon to do that very thing, to start partnering more and more with state agencies to start empowering these local governments of what resources are out there.”

*Lee Ann Hubanks, Executive Director of Plano Community Homes:*

“This service coordination department is a program that can be replicated easily in all parts of the state. We can **provide training to any group that wanted to establish this in their own area**, if the funds were available to cover the costs of staffing and materials. It is much less expensive to replicate this kind of program, than to pay for Medicaid for people in the nursing home. It is the cost is just so much less expensive.”

*Norman Kieke, Chair of the Austin Mayor's Committee for People with Disabilities:*

“I was an active player with the Developmental Disabilities Group, a coalition of local agencies, ARC of the Capital Area, Easter Seals, United Cerebral Palsy, MHMR, and we **developed a community guide to describe the types of services that we had and which agency offered them** so that we could give these to these apartment complexes to, if they could, help the residents when they needed these services. So it was just a very basic guide, and unfortunately, within about a year that guide was out of date and needed to be updated, and all of the players in that group have moved, and that was my last recommendation to that group was to **update that guide and keep it current**. My advice is to give people the tools to find these resources that their residents with disabilities are looking for, make it as easy as possible and keep it updated.”

*Lynda Ender, AGE Director of The Senior Source and Member of the Texas Senior Advocacy Coalition:*

“And the Council will get the word out on those successes to the aging and disability communities and others who are interested. And I think that could be a real service right there, **just to take what you learn in the models and then to spread that information around. Because there could be a model that is working somewhere that could be replicated...**They would love to hear of some other models, you know, that have worked and that might work in the Dallas area. We need a lot of different models I think, not just one or two.”

*Maria Perez, Support Services Coordinator for the Volar Center for Independent Living:*

“Our recommendation would **be some specific practice model** and funding to support those of us that are involved, because you might be reinventing the wheel when, you know, Opportunity Center, Volar, and Area Agency on Aging and DADS are in place. Maybe it could even be just conceptualizing the whole thing differently and providing more services.”

*Christy Fair, Special Projects Manager, DADS:*

“The Council has to find ways of **making education and training effective for both the professional and their clients.**”

*Maria Perez, Support Services Coordinator for the Volar Center for Independent Living:*

“There are lots and lots of policies in place, and **sometimes the funding and the education is not available for the individuals to take advantage of everything.**”

*Scott Calley, Commercial Real Estate Developer and Board Member of the Freeman Center:*

“More important is, I don't have any staff people that I can afford to send and educate for two years to learn how to do that. If you guys as a group, as a Council could **put together a training**

for EOs, executive officers, for board of director members that could come down and understand the intertwining of all this Council's individual agencies, I will tell you, you will get a huge amount of people applying that are quality, competent and capable of offering the integrated housing, of offering the services to go with it."

*RECOMMENDATIONS: STATE TO LOCAL*

**(1) Create a simple training module in multiple formats for local providers.**

The Council recommends the creation of a service-enriched housing (SEH) training module, consisting of a breakdown of each program relevant to service-enriched housing within those state housing and health service agencies represented on the Council. This basic overview focuses on two main aspects of each program: the eligibility criteria (eligibility of the applicant as well as the consumer, if they are different) and the application procedures (timeline for release of funding, required application materials, and deadlines for application submission). The Council also recommends organizing an advisory body, made up of the directors from various state funding sub-recipient organizations, to evaluate, critique, and test this training before it is made available to local communities.

This training could be made available through a state agency or could be contracted out to an established training provider. Organizations that already have recognized training and technical assistance programs for service providers in local communities throughout the state include the Texas Homeless Network and the Independent Living Research Utilization. Additional organizations identified by the Council as potential conduits for conducting training include the Community Resource Coordination Groups and the Aging and Disability Resource Centers. In order to reach the widest number of participants, trainings would be provided in multiple formats, including in-person presentations, webinars, and conference calls.

In order to garner interest in this training, the Council recommends creating partnerships with professional associations, such as the Texas Association of Social Workers and the Texas Apartment Association, and ask these groups to award continuing education units or certification maintenance credits for SEH training attendance. Alternatively, state program contracts could be modified to include an SEH training requirement for all sub-recipients.

**(2) Create an easy to use provider reference guide in multiple formats.**

The Council also recommends the creation of a reference guide with content mirroring the information given in the training module. This guide should be updated at least annually by each state agency represented on the Council. As with the trainings, the reference guide would be provided electronically as well as in paper format and would be made available in the offices and on the websites of each state agency represented on the Council. In rural communities which may not have many non-profit and for-profit service organizations, reference guides should be disseminated to the City Mayors, County Judges, County Clerks, and County Commissioners. The Texas Association of Counties, Texas Municipal League, Texas Association of Regional Councils, the Texas Information and Referral Network and Community Action Agencies would all be valuable groups to partner with to accomplish a statewide dissemination of materials.

**(3) Create a Service Enriched Housing Specialist training and certification program for local providers.**

The Council recommends creating a Service Enriched Housing Specialist Certification mirroring the Texas Benefits Counseling Program already in existence. The Benefits Counseling Training program is a partnership between DADS, the Texas Department of Insurance, and Texas Legal Services Center. Benefits Counselors receive training through the state's Area Agencies on Aging and must participate in a series of classroom trainings, prepared by the state, pass a test, and serve a set amount of volunteer hours before becoming certified. This program has been successful at creating incentives for local provider staff as well as volunteers to become educated on the existing health and human service programs and opportunities for consumers. The Council sees a need for a similar certification geared towards educating local providers on available housing programs and funding, in order to bridge the knowledge gap that exists between housing and health entities.

Currently, several organizations, including NeighborWorks America, offer an extensive number of trainings and certifications regarding affordable housing, including classes on supportive housing.<sup>136</sup> The Council recommends that TDHCA look to these organizations to develop a series training modules specific to service enriched housing. Then, these modules would be administered and participants would be tested by local organizations, such as the Centers for Independent Living, the Area Agencies on Aging, or the Aging and Disability Resource Centers.

## **LOCAL TO LOCAL NETWORKS**

### *FINDINGS: LOCAL TO LOCAL*

The Cross Agency Education & Training Committee also received feedback regarding the need for increased, efficient information dissemination from local organization to local organization. Creating a network of housing and service providers that all consistently communicate with one another will breakdown silos, help consumers quickly find the correct provider and the correct assistance, and lessen the probability of miscommunication, misinformation, and duplication of efforts. Some of the feedback the Council received regarding local networking includes:

*Pat Cheong, Assistant Vice President for Advocacy, Research and Education at the United Way of Tarrant County:*

“We have a model called neighbor helping neighbor, where we **work with communities and neighborhoods to pull together people who would form coordination groups, NRCGs - neighborhood resource coordination groups**, where they would identify isolated older people and then pull together a team to provide them with services. And so a recent partnership has been to get the labor unions matched up with the neighbor helping neighbor groups, so that they can do the plumbing repairs and some of the housing repairs, to help people stay in their own home.”

*Christy Fair, Special Projects Manager, DADS:*

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<sup>136</sup> NeighborWorks America, NeighborWorks Training and Certification, “Professional Certificate Program - Affordable Housing,” <http://www.nw.org/network/training/programs/ah.asp>

“Don’t underestimate the **power of social networking**. A great way for local providers to market their programs is through communication with other local providers. There is “Constant Contact” software, which can be used by a network of local partners to notify each other when one receives new funding or starts a new program. Another option is Gather Path, which is like a professional Facebook for local providers to give background about themselves and learn about each other...In the end, **joint information dissemination is heavily relied upon to make a program successful.**”

*Sherri Hammack, Manager, Community Resource Coordination Groups:*

““The CRCGs [Community Resource Coordination Groups] are all about **local coordination and a grassroots approach**. The organizations that make up a local CRCG meet once a month, so they are very familiar with one another and by all coming together, they can clearly see the service gaps that exist in their community...The local CRCGs have asked **for more face-to-face training**. We’ve tried webinars and conference calls, but it is always the travel and training money that’s the first to get cut. We used to do annual regional conferences that brought local CRCGs together. People developed peer-to-peer relationships and became engaged with like-minded individuals. They also identified best practices in their locales.”

*Lee Ann Hubanks, Executive Director of Plano Community Homes:*

“Our service coordination department has developed a **peer review system to evaluate each other**. It can be replicated to oversee new service coordination departments and report back to a parent corporation, an Area Agency on Aging, even a task force to measure outcomes. Our service coordination department is something that could be expanded to **meet the needs of the community at large with agency partnerships**. For example, we could partner with the Area Agency on Aging or Plano Housing Authority to meet the needs of the residents in the City of Plano. We could work with the geriatric wellness center, or the assistance center, to find the individuals that need assistance if there was funding to pay for collaboration and the salary costs of the expansion.”

*Donna Chatham, Executive Director of the Association of Rural Communities in Texas:*

“Going on quickly to our recommendations, they are fivefold. Number one is regional capacity-building. We would encourage you to look at developing state initiatives to **encourage regional capacity-building** for senior housing with enriched services through community development centers, local housing finance agencies, public housing authorities, and other non-profit groups and private independent sectors to help coordinate the community development efforts. You can only imagine with 723 cities that have an average population of 2,190, they don’t exactly have the capacity individually to do it, and that’s why we’re encouraging to look at regional capacity-building. Number two is rural housing leadership development. **Foster local and regional leaders in rural areas of the state** throughout the development of regional such things we just got through talking about in order to encourage service-enriched elderly housing. Number three is **community capacity-building. Go down to that more local level, encourage the development of some cities.**”

*RECOMMENDATIONS: LOCAL TO LOCAL*

- (1) Encourage Aging and Disability Resource Centers (ADRCs) to invite their local housing organizations, including public housing authorities, to become members.**

Although ADRCs are not yet available statewide, they serve as a best practice for coordinating information and access to public long-term services and support programs and benefits for persons with disabilities and persons who are elderly. ADRCs are comprised of a network of local service agencies collaborating to make access to public and private long-term care programs, resources, options, and opportunities possible for each individual consumer and his/her caregiver.

However, very few housing organizations have become ADRC members, leaving a substantial gap in the ability to service all consumer needs in one location. This disconnect is also manifested in the larger context of establishing relationships between housing organizations and health and human service organizations. Without concrete ties between the two, the lack of networking and information sharing becomes a barrier when attempting to connect consumers with both housing and services. Therefore the Council recommends that the ADRCs conduct outreach to their local affordable housing entities, including recognized affordable housing developers and consultants.

- (2) Increase rural capacity building efforts through annual community roundtables.**

Coordinating community development efforts in rural communities remains difficult. The Council recommends utilizing the field offices of those state agencies represented on the Council to host annual community roundtables in rural Texas. These roundtables should invite consumers, civic leaders (County Commissioners, County Clerks), Community Action Agencies, public housing authorities, service providers and other non-profit and private sectors leaders. These community roundtables should be opportunities for local entities to network, learn about one another, and build relationships. They should also be venues for the state to share information regarding upcoming state and federal funding opportunities that target rural communities or that rural communities could compete for.

## **OUTREACH TO CONSUMERS**

*FINDINGS: STATE TO CONSUMER & LOCAL TO CONSUMER*

The Cross Agency Education & Training Committee also received a large amount of feedback in regards to the need for the dissemination of outreach materials from state agencies as well as local service providers to consumers, in order to raise awareness about housing and supportive services programs currently available to them. Some of the feedback the Council received regarding outreach includes:

*Greg Gibson, Programs Manager for the Texas Homeless Network:*

“These services must include: **outreach activities provided to reach and link services to individuals** who have difficulty obtaining appropriate behavioral health services due to such factors such as...unfamiliarity with and difficulty in accessing community healthcare services.

This service must be provided in a variety of settings including homes, schools, jails, streets, shelters, public areas, or wherever the person must be found.”

*Marla Turner, Vice Chair of the Harris County Area Agency on Aging Area Planning Advisory Council:*

“One idea which I think is wonderful, is a **website with housing options and education** in terms of what exactly is assisted living versus a personal care home versus independent living, and the whole continuum of care, because so many times people refer residents to places without knowing what they really are or without even explaining to the families where they're sending them, and there's like shock.”

*Ken Martin, Executive Director of the Texas Homeless Network:*

“So what are the crucial needs for these special populations? **We need outreach, we need to be able to go out and find them where they're at and engage them in services.**”

*Betty Nunnally, Vice President of Programs for Star of Hope Mission:*

“We also have an outreach van that goes in the community for this guy like in my neighborhood where we **try to build a relationship with these folks** to get them, at some point, to come in for help.”

Additionally, the Committee noticed that outreach efforts were also needed for educating apartment managers and property owners. These individuals become influential gatekeepers in the effort to provide community based housing options to special needs populations.

*Artie Williams, Director of Mental Health for MHMR of Tarrant County:*

“What we have done with our little programs is to work with landlords that we have worked with in the past. And what we have found is, is that there are -- there is four or five big landowners or property owners that own a whole lot of properties. And so what we have done is not so much working with the apartment manager, because that is not where the power lies. It is with the owner of the property. But **we send outreach people out to talk to these people.** Because one of the things that we know is if we can make sure that they understand what they are about to embark on and if they are more aware up front, then we tend to have a better outcome.”

*Norman Kieke, Chair of the Austin Mayor's Committee for People with Disabilities:*

“So we found ourselves for a little bit of time doing **repeated orientations** for these apartment complex managers that we were hoping were going to help our folks. So just **basic education** is really important for the people in these apartment complexes that might be willing to help.”

#### *RECOMMENDATIONS: STATE TO CONSUMER & LOCAL TO CONSUMER*

- (1) Modify HHSC's Your Texas Benefits website to serve as an information clearinghouse for both housing and health and human service assistance.**

The Council recommends the creation of a website where a consumer can go to find answers to the following questions:

- What kind of housing, health, and/or human service assistance is offered by the state of Texas?
- Do I qualify for this assistance?
- Where do I go to apply for assistance?
- Who are the local providers of this assistance in my area? How do I contact them?

As an alternative to the creation of an entirely new website, modifications could be made to the Your Texas Benefits website, run by the HHSC. This website allows for consumers to conduct an online screening to find out what HHSC benefits they may qualify to receive, allows a consumer to request an application for assistance, and shows a consumer where to find a the local HHSC field office. Thus, expanding Your Texas Benefits to include programs from the rest of the state housing and services could reduce the time and energy of building a new site from scratch.

This website would act as a one-stop information center for consumers, explaining in simple terms the vast array of housing, health and human services programs that the state of Texas has to offer. Then, once a consumer knows what is available to them and wants to find out how to apply for assistance or where they can go in their own community for help, this website would then send that consumer to the state agency that corresponds to the help being sought. For example, the consumer could be linked to the ‘Help for Texans’ search features on the TDHCA and DADS websites, or the ‘Find Services’ search feature on the DARS and DSHS websites.

The Council recommends utilizing best practices from other states when formatting this clearinghouse. Particularly, Pennsylvania’s COMPASS website, which serves as a single access point for social programs administered by eight different state agencies, serves as an example of a “one-stop shop” for consumers to access information about services offered, qualification criteria, and application procedures.

**(2) Create a cross-agency informational pamphlet/brochure geared towards persons with disabilities and persons who are elderly.**

The Council recommends that a brochure be created which gives a snapshot of the assistance provided by those state agencies represented on the Council that is available to persons with disabilities and persons who are elderly. This brochure combines the basic programmatic information typically provided by each individual agency into one resource and includes a contact phone number and website listed for each program. Like the provider reference guide, this brochure should be updated annually by each state agency represented on the Council.

This brochure should be disseminated to as wide an audience as possible. Not only is it important for all of the state agency sub-recipients to have this brochure on hand, but those local organizations should be encouraged to pass along this information to those providers that don’t have any direct relationship with the state. Organizations which could assist in the dissemination of these brochures include area Councils of Government (COGs), Community Action Agencies (CAAs), Texas Municipal League, Texas Information and Referral Network, and the Texas Association of Counties.

**(3) Utilize the HHSCC website for state agencies and local providers to access consumer-based materials.**

The Council recommends that the HHSCC website be utilized as an information hub for state agencies as well as local providers to visit when attempting to disseminate consumer resources or create their own. The HHSCC website should have electronic versions of all paper resources, as well as templates for the creation of informational brochures regarding housing and health services. Additionally, the site should include links to each state agency that provides housing and human services.

**(4) Create a landlord orientation presentation.**

The Council recommends that a standardized presentation be provided to landlords, to explain the unique needs of tenants with disabilities or tenants who are elderly. These presentations have already been conducted on a smaller scale by Local Mental Health Authorities and non-profit advocacy groups, with the intent of ensuring greater housing stability for tenants with special needs through the provision of landlord education in advance of residency. The Council recommends that this orientation be presented to statewide housing professional associations, particularly the Texas Apartment Association (TAA), Texas Affiliation of Affordable Housing Providers (TAAHP), Texas Association of Realtors, and the Southwestern Affordable Housing Management Association (SAHMA).

The Council further recommends that this practice be adopted by any local organization that assists in the relocation of persons with disabilities or persons who are elderly from institutions to community based settings. An example would be relocation contractors procured by DADS for the Money Follows the Person program. These contractors hire relocation specialists to perform activities related to community transition and a landlord orientation could be a required responsibility of the specialists. Additionally, partnering with the state's Centers for Independent Living (CILs) can facilitate the dissemination of this orientation information.

## CHAPTER 9: POLICY RECOMMENDATIONS TO INCREASE / PROMOTE PRODUCTION OF SERVICE ENRICHED HOUSING

*Statutory Directive: Develop and implement policies to coordinate and increase state efforts to offer service-enriched housing*

### HOUSING RECOMMENDATIONS

NOTE: Many of these policy recommendations require additional funding beyond the current allocation provided by state and federal funding resources.

*Administrative or Regulatory Recommendations*

**1. Establish a targeting plan which requires affordable housing applicants to create a set-aside of housing units for persons with disabilities or persons who are elderly.**

The Council recommends that state multifamily rental programs establish programs regulations which require applicants to target a percentage of units in each development for service-enriched housing for persons with disabilities or persons who are elderly. These targeted units could be held for specific length of time before being open to the general population. Applicants would be required to develop policies and procedures for conducting marketing outreach to persons who are elderly and persons with disabilities. Additionally, applicants would be required to create a supportive services plan for those targeted units.

For a best practice in targeting units within each development, the Council references the North Carolina Housing Finance Agency, which has a “Targeting Plan” within their Qualified Allocation Plan stating that, “All projects will be required to target ten percent (10%) of the total units to persons with disabilities or homeless populations. Projects with federal project-based rental assistance must target at least five units regardless of size.”<sup>137</sup> These units are held for persons with disabilities for 90 days after certificate of occupancy before becoming open to the general population. Under this requirement applicants are not required to provide onsite supportive services or a service coordinator; rather, owners must demonstrate a partnership with a local lead service agency and submit a Targeting Plan to the state’s Department of Health and Human Services.

The Housing Tax Credit, Housing Trust Fund, and HOME programs within TDHCA and the Multifamily Direct Lending Program within TSAHC allocate resources towards the production of multifamily rental housing and are possible avenues to explore implementation of such a set-aside. Finally, it is important to state that a partnership plan or Memorandum of Understanding would have to be established between the housing provider and one or more local service organizations in order to meet the supportive services requirement of the set-aside. This partnership is further discussed in Recommendation #4.

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<sup>137</sup>North Carolina Housing Finance Agency, “The 2010 Low-Income Housing Tax Credit Qualified Allocation Plan For the State of North Carolina” <http://www.nchfa.com/Forms/QAP/2010/10QAPfinal.pdf>

**2. Establish a targeting plan which requires affordable housing applicants to create a set-aside of housing units for persons at or below 30% of area median income (AMI).**

As has been discussed in previous chapters and by a number of stakeholders testifying at the public forum series, a disproportionate percentage of households that qualify as very low income are persons with disabilities and persons who are elderly. Although the needs of this population are acute, the majority of state affordable housing programs focus on the needs of households earning between 50% and 80% AMI. The Council recommends that state multifamily rental programs establish program regulations which incentivize applicants to target a percentage of units in each development for persons at or below 30% AMI and develop appropriate partnerships for the provision of rental assistance. These targeted units could be held for specific length of time before being open to the general population. Applicants would be required to develop policies and procedures for conducting marketing outreach to persons who are elderly and persons with disabilities.

The Housing Tax Credit, Housing Trust Fund, and HOME programs within TDHCA and the Multifamily Direct Lending Program within TSAHC allocate resources towards the production of multifamily rental housing and are possible avenues to explore for implementation of such a set-aside. Additionally, it is important to note that in order to remain financially feasible, proposed developments would require additional subsidy so to provide units to persons at or below 30% AMI.

**3. Modify TDHCA's Low Income Housing Tax Credit Qualified Allocation Plan to provide incentives for linkages to local providers of long term services and supports.**

Currently, within the scoring criteria of the Housing Tax Credit QAP, an applicant can receive up to 8 points for the provision of the following services: joint use library center; child care; transportation; basic adult education; legal assistance; counseling services; GED preparation; English as a second language classes; vocational training; home buyer education; credit counseling; financial planning assistance or courses; health screening services; nutritional courses; organized team sports programs or youth programs; and scholastic tutoring.<sup>138</sup> While these services are indeed valuable to low income households in general, they do not meet the unique needs of persons who are elderly and persons with disabilities who require long-term service and supports to remain living independently in the community.

The Council recommends adding language to the QAP which incentivizes the production of service-enriched housing, meaning housing that establishes linkages to off-site service organizations for the provision of health-related and other services and supports for persons with disabilities and persons who are elderly. Examples of such services may include: attendant care, caregiver/participant training, medication management, home health services, housekeeping services, home-delivered meal service, medical equipment and supplies, transitional services, etc.

An incentive for the creation of service-enriched housing could take many forms. One option is to award points through the scoring criteria for service-enriched housing.

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<sup>138</sup> Texas Department of Housing and Community Affairs, Multifamily Finance Division, "2010 Housing Tax Credit Program Qualified Allocation Plan and Rules," <http://www.tdhca.state.tx.us/multifamily/htc/docs/10-QAP.pdf>

**4. Establish specific criteria within TDHCA’s Low Income Housing Tax Credit Qualified Allocation Plan to measure the partnership between an applicant developer and the service organizations they plan to work with.**

Throughout the public forum process, stakeholders expressed concerns regarding the lack of collaboration between housing providers and service entities, even when developing properties that are identified as supportive housing. The Council has identified the need for TDHCA to have a way of judging the extent to which those applicants who have identified their proposed development as supportive housing have communicated and connected with service providers.

Currently, the QAP states that applicants “must provide an executed agreement with a qualified service provider for the provision of special supportive services.”<sup>139</sup> However, the Council sees the need to expand the criteria to include additional requirements, such as letters of support from local service entities, stating their willingness to play a role in the service provision. HUD uses this requirement for its Section 811 properties. Another option could be the requirement that a partnership plan or Memorandum of Understanding be established with one or more local service organizations.

The Council again points to the North Carolina Housing Finance Agency as a best practice in this regard. Within their QAP, the agency requires that developers submit a “Targeting Plan” which includes, “A Memorandum of Understanding (MOU) between the developer(s), management agent and the lead local agency.” The MOU includes:

- A commitment from the local lead agency to provide, coordinate and/or act as a referral agent to assure that supportive services will be available to the targeted tenants.
- The referral and screening process that will be used to refer tenants to the project, the screening criteria that will be used, and the willingness of all parties to negotiate reasonable accommodations to facilitate the admittance of persons with disabilities into the project.
- A communications plan between the project management and the local lead agency that will accommodate staff turnover and assure continuing linkages between the project and the local lead agency for the duration of the compliance period.

**5. Include language in TDHCA’s Housing Trust Fund Plan which assigns an additional priority to the development of service-enriched housing.**

The Council recommends adding language to the 2012-2013 Housing Trust Fund Plan which assigns an additional priority to using future funding towards the production of service-enriched housing. This language would promote the creation of affordable housing that establishes linkages to off-site service organizations for the provision of health-related and other services and supports for persons with disabilities and persons who are elderly.

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<sup>139</sup> Ibid 1

**6. Modify TDHCA and TSAHC's multifamily bond program rules, and encourage local housing finance agencies to utilize bond allocations, to support the development of service-enriched housing.**

Similar to the Housing Tax Credit QAP, TDHCA's Multifamily Housing Revenue Bond Program and TSAHC's Multifamily Private Activity Bond Program each has an application scoring criteria that awards points to applicants who provide specific amenities within their proposed development. The Council recommends adding points to the scoring criteria for applicants who set aside a number of units as service-enriched housing. This language would promote the creation of affordable housing that establishes linkages to off-site service organizations for the provision of health-related and other services and supports for persons with disabilities and persons who are elderly. Additionally, the Council recommends encouraging local housing finance agencies to prioritize their state bond allocation for service-enriched housing developments.

**7. Establish a Housing Navigator Program to assist those persons with disabilities and persons who are elderly with available affordable housing.**

The Council recommends the Legislature establish a Housing Navigator Program, administered through contracts between the TDHCA and local service organizations, whose purpose is to locate affordable housing that meets the needs of those persons seeking community-based residential housing. This program could mirror DADS Money Follows the Person program, which contracts with relocation specialists to assist persons transitioning from nursing homes into a residential setting. In particular, the TDHCA could contract with those organizations that already possess established links to local housing providers, such as Centers for Independent Living and Area Agencies on Aging.

**8. Establish outreach efforts to private sector housing developers and property owners.**

Currently, mainstream housing providers do not partner with local service organizations to produce housing with established linkages to off-site service organizations for the provision of services and supports for persons with disabilities and persons who are elderly. The Council sees an unfulfilled need for to educate mainstream housing developers and property owners about service-enriched housing and gain their participation in the development of such housing or use of current housing stock for this purpose. The possibility of connecting services and supports with new or currently available general housing stock has the potential to quickly expand the supply of community-based housing options for persons with disabilities and persons who are elderly.

Expanding the idea of service-enriched housing to those developers and property managers who have not attempted it before requires that time be devoted to outreach and training efforts. The Council recommends that TDHCA and TSAHC undertake such efforts, including networking with builders associations and apartment associations, through annual housing conferences and other training opportunities. Alternatively, TDHCA and TSAHC could partner with well known realtors, developers who already work with TDHCA and TSAHC through other programs, as well as city and county Housing Finance Agencies (HFAs) who have knowledge about and connections to potentially interested developers. Then, once contacts are made with initial developers and managers, those organizations can help attract others. Additionally, the Council

recognizes the need to educate mainstream housing developers as to the possible financial incentives available to those who set aside units for service-enriched housing.

*Funding Recommendations*

**9. Explore how TDHCA and TSAHC can collaborate with the national Disability Opportunity Fund to bring funding opportunities to Texas.**

The Disability Opportunity Fund (DOF) is the first and only national 501(c)(3) organization and certified community development finance institution solely committed to increasing the amount of quality, affordable, and suitable housing for people with disabilities. DOF's mission is for "people with disabilities and their families to be able to obtain affordable, accessible and supportive housing through a seamless and rewarding process."<sup>140</sup> DOF provides an array of specific financial services through targeted lending and investments, such as bridge and term loans, gap financing, predevelopment, acquisition, and rehabilitation financing. The Council recommends that TDHCA and TSAHC actively pursue opportunities for partnership with DOF, to expand the available housing opportunities for persons with disabilities.

**10. Explore how TSAHC can partner with private foundations and pursue new avenues of funding for the Texas Foundations Fund, to be utilized for service-enriched housing.**

The mission of the Texas Foundations Fund (TFF) is "to improve the living standards of Texas residents of very low and extremely low income by providing grants to build new single family homes, repair existing owner-occupied single family homes, enhance accessibility for the elderly and disabled, and provide supportive housing services for residents of multifamily rental units."<sup>141</sup> However, the TSAHC lacks the continual funding needed to increase activities through TFF (TSAHC is legally separate from the State and receives no State appropriated funding). The Council recommends that TSAHC seek innovative ways to solicit funding for service-enriched housing, specifically through the pursuit of foundation funding.

**11. Explore how state Community Development Block Grant (CDBG) funding allocations can be used to address the service-enriched housing needs of rural communities.**

Every year, HUD provides federal Community Development Block Grant (CDBG) funds directly to the TDRA, which, in turn, provides the funds to small, rural cities with populations less than 50,000, and to counties that have a non-metropolitan population under 200,000 and are not eligible for direct funding from HUD. In FY2009, TDRA received \$73,017,739 from HUD for the administration of the state's CDBG non-entitlement program.<sup>142</sup> The primary objective of the CDBG program is to develop viable communities by providing decent housing and suitable living environments, and expanding economic opportunities principally for persons of low- to moderate-income.

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<sup>140</sup> The Disability Opportunity Fund, "The Vision & The Mission," <http://thedof.org/about-us/mission-vision/>

<sup>141</sup> Texas State Affordable Housing Corporation, "Texas Foundations Fund," [http://www.tsahc.org/donations/foundations\\_fund\\_how\\_to\\_apply.php](http://www.tsahc.org/donations/foundations_fund_how_to_apply.php)

<sup>142</sup> Texas Department of Rural Affairs, "Texas Community Development Block Grant Program," <http://www.orca.state.tx.us/index.php/Community+Development/CDBG+General+Info>

While TDRA has traditionally used CDBG funding for infrastructure improvements, the TDRA Governing Board has stated that a portion of the annual federal allocation can be used towards affordable housing development. The Council recommends that TDRA further explore opportunities for using CDBG allocations towards the creation of service-enriched housing for persons who are elderly and persons with disabilities.

## **SERVICE RECOMMENDATIONS**

### *Administrative or Regulatory Recommendations*

**1. Create an “at-risk” pool of waiver slots for individuals at imminent risk for nursing facility placement.**

The 81<sup>st</sup> Legislature took action to fund Home and Community-based Services (HCS) waiver slots for individuals with developmental disabilities at-risk of placement in an Intermediate Care Facilities For Persons With Mental Retardation (ICF/MR) (Rider 48).<sup>143</sup> Similarly, the Council recommends creating a similar provision of HCS waiver slots for individuals in danger of being placed in a nursing facility.

**2. Increase the number of nursing facility diversion programs statewide.**

DADS has received grants from the Administration on Aging to create nursing facility diversion projects in Central Texas & Tarrant County. These projects create intensive supports for individuals who are at greatest risk of nursing facility placement, to allow them to remain living in community based settings. The Council recommends expanding such diversion projects through funding for additional sites across the state.

**3. Include behavioral health services and supports as service options within all Medicaid 1915(c) waiver programs.**

Currently, Medicaid 1915(c) waiver services do not cover behavioral health services, leaving a substantial gap in the service array for those Medicaid eligible individuals with mental illness. DADS is currently conducting a pilot project in Bexar County to provide Cognitive Adaptation Training and Substance Abuse Services in addition to the STAR+PLUS program. The Council recommends that DADS allow all Medicaid 1915(c) waiver programs provide behavioral health service and supports as a service option available to all eligible participants.

### *Funding Recommendations*

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<sup>143</sup> The Arc of Texas, “81<sup>ST</sup> Texas Legislature: State Budget for Fiscal Years 2010 and 2011 Senate Bill 1 and House Bill 4586,” June 25, 2009.

[http://www.thearcoftexas.org/resources/81st%20Session%20Budget%20Wrap%20Up\\_June%202009.pdf](http://www.thearcoftexas.org/resources/81st%20Session%20Budget%20Wrap%20Up_June%202009.pdf)

**4. Increase wages for direct service and supports workers.**

Many direct service workers are currently being reimbursed at minimum wage, which impedes the state's ability to recruit and retain a high quality community-based workforce and maintain a high quality community-based service system.<sup>144</sup> The Council recommends that the 82<sup>nd</sup> Legislature increase funding for the reimbursement of direct service workers at a higher, competitive wage, which will aid in sustaining a stable service workforce.

**5. Seek Medicaid administrative match for the General Revenue appropriated for relocation services.**

Texas currently funds a successful relocation activity with state annual appropriations that are administered through DADS. The relocation activity funds relocation specialist to assist nursing facility residents who choose to transition back into the community. Many states with similar programs utilize Medicaid administrative matching funds from the Centers for Medicare and Medicaid Services (CMS) to enhance general revenue dollars. The Council recommends that DADS pursue the Medicaid administrative match, as it effectively doubles the current state general revenue appropriation and will ultimately lead to an increase in the number of relocation specialists available statewide.

**6. Support the expansion of Aging and Disability Resource Centers through funding for additional communities throughout the state.**

Through the public forum process, stakeholders praised the Aging and Disability Resource Centers (ADRCs) as key resource within their local community, expediting consumers' access to long-term service and supports by creating partnerships amongst community service providers. Additionally, the Patient Protection and Affordable Care Act amended 42 U.S.C. 1395w-23(f) to increase federal funding for ADRCs through fiscal year 2012.<sup>145</sup> The Council recommends that DADS apply for additional federal funding to increase the number of ADRCs statewide.

**7. Increase the funding of all existing Medicaid 1915(c) waiver programs.**

One of the main obstacles keeping persons who are elderly and persons with disabilities from remaining in community based residential settings is access to community based services. Currently, DADS has almost 100,000 unduplicated individuals on waiver interest lists, but has not received the funding to provide assistance to those individuals. Therefore, the Council recommends that the 82<sup>nd</sup> Legislature increase funding for community-based waiver programs in order to better meet the needs of those seeking to live independently and age in place.

**8. Increase funding to the Assertive Community Treatment (ACT) service packages as part of the Resiliency and Disease Management (RDM) Program.**

DSHS's RDM Program allows for supportive community-based services to be provided to persons with two or more hospitalizations in order to help prevent future hospitalization.

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<sup>144</sup> Texas Health and Human Service Commission, "Consolidated Budget 2010-2011," [http://www.hhsc.state.tx.us/ConsolidatedBudget\\_2010-2011.pdf](http://www.hhsc.state.tx.us/ConsolidatedBudget_2010-2011.pdf)

<sup>145</sup> HR 3590, [http://docs.house.gov/rules/hr4872/111\\_hr3590\\_engrossed.pdf](http://docs.house.gov/rules/hr4872/111_hr3590_engrossed.pdf)

However, only one-fourth of 467,226 persons in Texas estimated to have the greatest need received mental health services from DSHS in 2009. Integrated, community-based housing for this population is extremely difficult to obtain and keep. Local Mental Health Authorities (LMHAs) are currently not funded to provide housing subsidies for their clients.

The Council recommends that the 82nd Legislature increase funding for supported housing services within the more intensive service packages in RDM (Adult Service Packages 3 and 4 and Child & Adolescent "2" Service Packages) and for individuals who have co-occurring mental health and substance abuse disorders to ensure that this population is able to access services and avoid future hospitalizations.

**9. Provide community based services and supports for individuals who have high functioning needs or who are leaving the state mental health facility (state hospital) system.**

For those individuals exiting the state hospital system, reintegration into community living is a challenge due to the lack of available transitional services. Many end up being discharged into a nursing facility. Additionally, many individuals receiving community-based mental health and/or substance abuse services who also experience housing instability continue to have difficulties in dealing with everyday life. These difficulties result in increased crises and potential visits to emergency rooms or involvement in the criminal justice system. To optimize the individual's opportunity for successful relocation and lower the risk of recidivism, the Council recommends that DSHS allocate additional funding to community services and supports. Additional funding would serve to increase housing stability and level of functioning for consumers.

Specific services that are particularly helpful in stabilizing consumers in their homes include: Co-occurring mental health and substance abuse treatment; therapeutic communities (staff and peers working together with consumers); advocacy (working with landlords or property owners to address tenant disputes and avoid eviction); benefits coordination; and skills training. Funding would also support the technical assistance to providers engaging in evidence-based and promising supportive housing practices.

**10. Expand the Peer Specialist Program to Local Mental Health Authorities statewide.**

Currently, DSHS has contracted for the implementation of a Certified Peer Specialist Learning Community, which focuses on supporting 11 Local Mental Health Authorities (LMHA), over a nine month period, in the integration of peer support services into regular mental health services. This initiative builds on a peer specialist training and certification program that began in the spring of 2010. Certified Peer Specialists will be employed by their Local Mental Health Authority and will assist consumers in developing skills for coping with and managing psychiatric symptoms and provide an opportunity for consumers to support each other in developing skills and strategies to progress in their recovery. When peer support specialists can engage with these consumers and develop relationships to support a consumer's new responsibilities of maintaining an apartment or paying rent, for example, consumers will feel more socially connected and outcomes are improved.

The Council recommends that DSHS expand the Peer Specialist Program, so that this model of community assistance can be integrated into LMHAs statewide, thus increasing the availability of services and supports for persons with mental illness. While the Peer Specialist Pilot Program is currently funded through a combination of Mental Health Transformation Grant, Mental Health Block Grant, and state general revenue funds, additional funding sources must be pursued to expand and maintain the program.

## **SECTION IV: MOVING FORWARD**

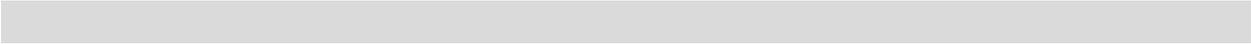
### **CHAPTER 10: DEVELOPING PERFORMANCE MEASURES**

As the Council is an advisory body to the Governor and the Legislative Budget Board, it has no authority to implement the recommendations found within the Biennial Plan. The application of such recommendations would either be accomplished through the passage of legislation by the Texas Legislature or through the adoption of administrative changes by the governing bodies of each respective state agency. Additionally, the decision to allocate or redistribute funding towards any recommendation given by the Council would again be under the jurisdiction of state policymakers. If recommendations found with the Plan are enacted or adopted, those state agencies which are given the responsibility to administer these recommendations may then undertake the task of creating performance measures that are realistic and appropriate, given the amount of resources allocated.

In future years, the Council may be able to take a more active role in evaluating and critiquing the successful implementation of its recommendations and any corresponding performance measures. However at this time, with the publication of the first Biennial Plan, the Council sees its role as establishing a number of broad goals and objectives that the Council hopes will be achieved through the future implementation of its recommendations.

#### **GOALS FOR RECOMMENDATION IMPLEMENTATION**

- To increase state efforts to develop service-enriched housing.
- To expand the number of state-level resources that allow persons who are elderly and persons with disabilities to live in an accessible, affordable, and integrated housing environment.
- To encourage a prioritization of service-enriched housing in housing program regulations through the provision of incentives, adjustment of program requirements, or inclusion in the planning process.
- To actively pursue untapped federal resources to enhance and expand current programs which have proven successful in assisting persons who are elderly and persons with disabilities receive affordable housing and supportive services in a community-based setting.
- To expand the eligibility for health-related and other services and supports provided in a residential setting to all persons with disabilities, regardless of disability type.
- To focus resources on those persons who are elderly or persons with disabilities that are either at imminent risk of institutional placement or are attempting to transition from an institution back into the community.

- To enhance the ability of persons who are elderly and persons with disabilities to access home health care and long term service and supports which are currently available by removing state administrative barriers and streamlining program implementation.
  - To facilitate greater communication and information sharing between state housing and health services agencies through institutionalized training programs and a greater utilization of information technology.
  - To expand training and outreach from state agencies to local providers through the utilization of existing partnerships with statewide resource organizations.
  - To improve information dissemination from state agencies to local providers through the adoption of innovative methods of producing and distributing educational and informative materials regarding assistance opportunities.
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## CHAPTER 11: CONCLUSION AND NEXT STEPS

This chapter of the plan discusses those responsibilities of the Council that have not yet been completed at the time of Biennial Plan publication and looks forward to the possible next steps that the Council can take.

### *OUTSTANDING TASKS*

Given the statutory directives which guide the activities of the Council, the following outstanding tasks will guide the future actions of the Council and be incorporated into future Biennial Plans.

**Funding Requirements.** In this first Biennial Plan, the Council was able to identify sources of state and federal funding that may be used to provide integrated housing and health services. Future plans will further this work by determining the requirements and application guidelines to obtain those funds.

**Training Materials.** In this first Biennial Plan, the Council made recommendations pertaining to the type and content of training modules for state agency staff as well as local provider organizations. Upcoming tasks for Council staff involve using Council recommendations to create such training materials and disseminate them, so to assist in the future development and financing of service-enriched housing.

**Financial Feasibility Model.** Another upcoming task for the Council and Council staff is to create a financial feasibility model that assists in making a preliminary determination of the financial viability of proposed service-enriched housing projects. Further communication and coordination with identified best practice organizations will aid in the completion of this task.

**Tracking Database.** In this first Biennial Plan, the Council identified a number of current service-enriched housing projects underway in Texas, as well as in other states. A future task for the Council and Council staff will be to develop a database that identifies, describes, monitors and tracks the progress of service-enriched housing projects developed in Texas.

**Capacity Evaluation.** A barrier to service-enriched housing mentioned during the public forum series dealt with the lack of capacity by local provider organizations. In order to delve further into this issue, Council staff will conduct an evaluation regarding capacity of statewide long-term care providers and interest by housing developers in investing in service-enriched housing.

**Information Clearinghouse.** In this first Biennial Plan, the Council made recommendations pertaining to the creation of central online resource for information regarding service-enriched housing. Council staff will build upon these recommendations to craft and maintain a clearinghouse of information that contains tools and resources for entities seeking to create or finance service-enriched housing projects.

Finally, it should be noted that although the statute indicates the Council should “develop and implement policies,” implementation can only be accomplished through actions taken by the legislature or respective state agency. The Council does not have the authority to undertake such action.

*NEXT STEPS*

**Plan Dissemination.** The most immediate priority of the Council is to disseminate the Biennial Plan to all relevant agency officials, policymakers, and advocacy organizations. Although this information is required to be submitted to the Governor and Legislators, conducting follow-up conversations with policymakers will ensure that the Plan's recommendations are known. Additionally, the Council would like to present the Biennial Plan to the governing boards/commissions of each state agency represented on the Council, in order to educate these important decision makers as to the policy recommendations found within the Plan. TDHCA staff will submit a report on the Biennial Plan to their Governing Board at its September 9<sup>th</sup>, 2010 meeting.

**Outreach.** Second, the Council would like to present the Plan to relevant advocacy organizations to get further feedback as to those recommendations which are most pressing to community stakeholders. Ongoing conversations with the public will help the Council remain abreast of the current needs of consumers as well as provide the opportunity for the Council to share its current activities and next steps. Furthermore, as many advocacy organizations are preparing their agendas for next legislative session, they may seek to promote particular Council recommendations.

**Collaboration.** Over the course of the past year, the Council has made many connections with other state agency committees, work groups, and task forces. For example, at the May 10<sup>th</sup> meeting of the Council, members received a presentation by the coordinator of the DSHS Continuity of Care Task Force on the recommendations that the Task Force will make regarding transitioning persons with mental illness into community-based housing. The Council sees its efforts as tangential to the work of this and other groups and would like to maintain continual communication with these groups, so to consolidate research and ideas as well as incorporate the findings of others into future Biennial Plans. Council staff will work with the staff of other groups to provide up-to-date presentations on the on-going activities and accomplishments of these groups.

**Identification of Best Practices.** Throughout the stakeholder feedback process, the Council heard many comments about best practices around the state that could be utilized as service-enriched housing models. After the El Paso public forum, the Council was able to visit one of the organizations heralded as a local best practice, the Bienvivir Senior Health Center. Moving forward, the Council looks forward to visiting more of these best practice organizations or properties, to get a firsthand look at the implementation of affordable housing with connections to on-site or off-site health related or other services and supports for persons who are elderly or persons with disabilities.

## SECTION V: APPENDICES

### APPENDIX A: PERSONAL STORIES FROM THE PUBLIC FORUM SERIES

--HOUSTON FORUM--

**Dr. Elaine Parker Adams,  
Presiding Officer, Texas  
Traumatic Brain Injury  
Advisory Council  
Mother of a 34 year old  
child who has a traumatic brain injury (TBI)**



Austin Public Forum held at the Stephen F. Austin Building on  
February 8<sup>th</sup>, 2010

“In my case, we have children who now have lived longer lives since their injuries than they lived before the injury. My 16 year old was injured and is now 34 years old, and I actually even have a neighbor who has a similar situation. An example of a difference in the impact of a traumatic brain injury would be my son who works, he holds a job while my neighbor's son is still at home and he spends most of his time with his family. But like me, his family is getting to an age where they will not be able to take care of children who are bigger than they are, weigh more than they do, and as they kind of get fragile and start to break down, this is when there is a big need for transition into housing.

A lot of times you have TBIs with C5 spinal cord injuries that get headaches, vision, seizures, muscle spasticity, and fatigue. My son, for example, holds a job, he works until 5:30 and then he comes home and at six o'clock he's in bed. He simply can do no more until he has had about three or four hours of sleep. There are also behavioral and emotional issues, anxiety, and self-esteem. The person may not be the person they were before the accident. That's one of the effects that my son, for example, has. And this is very hard because the 16 year old knows who he is, and then now he's a new person and he remembers what that old person was all about and the kinds of pathways that person would have been able to follow, and that they now have a different pathway that may not be exactly what they have always wanted. So the physical, the cognitive, and the behavioral are some of the issues that a person who's offering housing is going to have to address.

And public transportation is a good offer. Sometimes you have to go beyond just the bus, though. Again, I'm going to use my son as an example: He got a job in the city working for the police department, but it was a shift job. And as the latecomer on the force, as a clerical person, he got a shift that was ending in the middle of the night. Well, I don't think most of us would stand out on the street corner waiting for a bus that's going to take about an hour or more to come. So essentially he was able to get vouchers to help pay -- he pays for his own voucher, his half, but it is going to get

matched by the county for transportation, so he can then keep working and paying taxes and being a person that contributes to the community.

One of the things, my son has been at home, he lives at home, and any time he lived off of our home, he lived in places that were just regular locations like apartment complexes without services. He could have used services. For example, a person with TBI is often naive, they're vulnerable to being exploited, and so I can recall when he went to college he had an apartment, and I think half of the campus moved in, and then I had to go and move half of the campus back out. The kids didn't want to go all the way home that night, so they would just camp out at this place.

In terms of services, I would think DADS would be a very good example. My son has a full-time job and this was something where DADS was one of the state support agencies that helped him. They provide a counselor, if you are going to need counseling. And one thing that often haunts TBIs is depression, so he has a counselor. He also has a person who is a workforce, a work place counselor. When he took on the job, this individual monitored his work for a period for time to be sure that he was able to do the job well and to give him advice on how to improve his work. He has various kinds of testing. This was excellent, because testing -- psychological testing, preparation for workforce could be very expensive if you go about it on your own. They provide this as part of their service, so he was tested to find out where he was psychologically. He had been given tests before by TIER [phonetic], so there was a pattern that we could establish in terms of his progress.

Housing models I think are going to become vital. There are places that have served TBIs, but in some cases -- in fact, my neighbor, for example, has a son who's lived at home, and he's now at a stage where they need to find a place for him to live. And they brought him to long-term housing locations, but he has felt that the services were lacking. The brochures look great and they promise a lot of things. I don't know how much the influence of having lived at home where things are always focused on you -- you know, this child had 17 years of being at home, so he has had a lot of personal attention and may not be so aware that that's not necessarily what he'll get in long-term housing.”

**Betty Nunnally, Vice President of Programs for Star of Hope Mission**

“Let me start by telling you about a man in my neighborhood. You may know somebody like this in your neighborhood, or you may have some on the street. People refer to him as The Crazy Man, or The Homeless Guy. He's about 50 years old, he wears several tattered, worn, dirty coats in winter and in summer, he has a collection of things he keeps at the door of the old bank that closed up about a year ago, he has a satellite dish, a TV that sits on a chair that's not connected to anything, a grocery basket, and some other things. We see him standing on the corner by the light, sometimes at the gas station, sometimes in front of the grocery store. Sometimes sweeping the street at the light where he kind of steps out into the street and is sweeping it. Sometimes he paces at the bus stop, sometimes he's talking on a phone that we know doesn't work. He's smelly, he's dirty, he wears filthy and holey clothes. And he doesn't think he needs any help.

I'm here to talk about the part of the homeless population dealing with mental illness.

A typical homeless person who's mentally ill might be a 45 year old woman who's lived in many places over the last year after a long time of not getting along with family members. She has children, probably didn't raise them or hasn't seen them in a while. She has a long history of

physical, mental, and sexual abuse that starts back when she was a child. She receives a disability check, but her family cashes the check and she doesn't see any of the money. That's one of the types of clients that come in to our women and family shelter.

And the other might be a 55 year old male, Vietnam veteran, put his life on the line for his country, he uses drugs to cope with the horror that he saw in his two terms of duty the seven years when he was seeing action in Vietnam. He now lives under a bridge and he uses drugs to escape the demons that are in his head from the time he served. It just doesn't seem fair.”

**Ralph Fabrizio, Oxford Homes**

“My name is Ralph Fabrizio. I'm an addict in recovery who had the benefit of living in a group home for a little over four years. I opened up five group homes here in Texas, four of which are in Houston, and then the first one in Corpus Christi. Those group homes are known as Oxford Houses. I don't know if anybody has ever heard of the Oxford House, but that's the organization that I entered into when I returned to sobriety after trying to figure it out for about 10 years.

I guess the folks that I may be here to represent would be those that are not disabled physically or mentally but rather that they have drug and alcohol problems. A couple that folks that spoke mentioned parolees. You know, what happens to them when they get out was just barely touched on. One of the problems that most of us have when we're trying to get our lives reestablished is where to go. You know, we all agree on that, that housing is the big issue. What folks in my class of people need really is just somewhere to go and live among peers that have the same kind of a problem, and within a very small intimate setting.

I know that for me part of my return to health, emotionally, spiritually, what have you, was giving back to the community. Am I being required to either work full-time or do a minimum of 20 hours volunteer work; which I was employed full-time, that didn't apply. But part of -- I think what helps human beings in general, and addicts and alcoholics specifically in their participation with the community and in their return to health is by not just sitting back and waiting for a handout, sitting back and saying, you know, help me, poor me, but actually participating in their own recovery, whatever they're recovering from.

I'm so blessed. I celebrated five years of sobriety in October, and my family is actually entering into transitional home situations where we're buying a house actually on Monday and we're starting one up, it's a house for women that my mom is running; she's got 15 years in recovery.”

**Marla Turner, Associate Director, AARP & Vice Chairperson, Harris County AAA Planning Advisory Council**

“One of the huge problems that we have in this area, which I'm sure is true in every urban community in the state, is that the land is a lot cheaper the further out that you go, so developers are going in and building these wonderful housing communities. Older adults want to move out there to be close to their children and here's a perfect place, and then they get out there and they are totally isolated. There are no wrap-around services, there is no transportation, they can't get to the pharmacy, to the doctor, nothing is around them, and no way of getting there, which puts a great burden on the family, as well as the older person who doesn't want to be a burden on the family, but

can't afford to take a cab from The Woodlands down to the medical center, or, you know, which a 50, \$60, \$70 cab trip here. So it's a huge problem.”

**Mari Okabayashi, Chairman for the Advisory Council for Harris County AAA**

“Several years ago one of my neighbors fell down and broke his hip. He wanted to stay at his house after he got out of the hospital and be taken care of there. But when I went to check his house out, when I went through his master bedroom into his bathroom, I got very claustrophobic. I had my husband measure the door frame, and it was only 20 inches wide. There was no way he could get his walker in there. And then if he could, the area in his master bathroom was very small. So visitability and making homes ADA compliant is extremely important.”

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**--AUSTIN FORUM --**

**David Wittie, ADAPT Texas**

“I don't think that offering the opportunity to link residents with services that are onsite or offsite goes far enough, because in my personal experience -- and I have lived in affordable housing for about six or seven years now -- and one experience I had was that services were not only offered but required at the housing that I was utilizing, and I didn't need the services. The services that were being offered were not appropriate for my needs and there was not an array of services to choose from that did meet my needs. So I was still required to go to a caseworker every month and report on what was going on in my life, so it was a mandate. And then after a year I found out well, not really, it wasn't really mandated, it was strongly encouraged. Well, I think that that's start of a slippery slope, what happens is they provide the caseworkers and the job opportunities for people to provide the services and supports, but really it's about the jobs, it's not about providing the appropriate services.”

**Walter Moreau, Director of Foundation Communities**

“There are a couple of stories that I wanted to share, success stories. The woman in the left picture, her name is Ann. She was a nurse here in Austin for about 30 years, nursing was her career, and it was how she gave back to the community. In 2005 she had a heart attack and the doctor told her you cannot continue to work. She was never married, didn't have kids, was paycheck to paycheck, and over the course of time, lost the housing that she was living in, lost her car, was on our waiting list, and eventually we were able to get her into housing. Didn't need a lot of support, did some help with getting her Social Security disability income started and now has that, and can't afford the housing that she had before but now has her own apartment and has really been a success.

The other gentleman on the right -- changed the names a little bit -- Gene was somebody who became homeless after a series of tragedies: had a son who died, went through a bitter divorce, his wife ultimately committed suicide, he was in a bad motorcycle accident, bad damage to his leg, after all of that became alcoholic and wound up on the street. Went to the Salvation Army in South Austin, 90-day rehab program, found God, turned his life around, and needed then, after he graduated from that program, a place to call home, and moved into Garden Terrace. He was an electrician before this whole series of events. During the two years that he lived with us, was able to

get his electrical license back again, went to work at the Dell Children's Hospital when they were building that at Mueller, and ultimately made too much money to continue to live at Garden Terrace and moved out. So that was a great success story.

Both Ann and Gene lived in three communities that we own here in Austin called -- we call it supportive housing, they're all called Terraces, Garden Terrace, Spring Terrace and Skyline Terrace.

The other piece of what we do is for families and kids and this is really where we have the highest waiting list. We get typically three to four phone calls a day from families in crisis situations; the waiting list is at least three months long. Kelly was a single mom, annual income when she moved in was about \$9,000 because it was part-time work. This is an 18-month program. Services in this program are required so you meet weekly with a case manager to work on education, employment, childcare and set different goals."

**Theresa Cruz, Director of the State Office of Rural Health Division, TDRA**

"Well, people with disabilities and persons who are elderly, they depend a lot on other people. There are some faith-based services out there that will maybe provide transportation to them. Several of them have to travel two or three hours just to get basic healthcare. So they have to depend on somebody, it's either a family member or a government agency or somebody to get there.

As far as housing is concerned, as it was noted earlier, a lot of them don't want to leave their homes, they want to be where they are, they feel as comfortable as they're going to in that place. Trying to get services out to them is a pretty big challenge. It would take a lot of money, quite frankly, to be able to provide the kind of service that is needed out in rural areas."

**Linda Litzinger, Texas Parent Advocates Consortium  
Mother of a 22 year old child who has a mobility impairment**

"I have a daughter who is 22 years old. She uses a power wheelchair, she has almost no use of her hands. She needs the biggest bathroom you can find for a Hoyer lift and a power wheelchair to fit in it; she needs a six-foot turning radius for both of those things; she needs a big bedroom too. She needs somebody to get her out of bed in the middle of the night if there's a fire because attendant care doesn't cover the sleeping hours.

So for service-enriched housing, she would want that arrangement and maybe nothing more. Maybe if there was a salad offered to her so she wouldn't have to cook, or maybe somebody to help her to the bathroom her in the middle of the day so that she didn't need an attendant at a middle hour. But she still needs to keep her class attendant care because she studies all the time, she's a college student, she takes 19 or 22 hours a semester and she doesn't write with her hands. From 6:00 p.m. to 2:00 a.m. she studies and she needs to hire her own attendants during that time because no agency really can find anybody for those hours. She's back up at 6:00 a.m. showering.

The silo thing is a real problem. She needs to keep what she has but she needs a couple of these other things that would make her life oh, so much easier. For example, she lives at college four nights a week and they will not allow a student to get her out of bed during a fire, so I do the homework shift from 6:00 p.m. to 2:00 a.m., sleep there for a couple of hours with her and get her ready in the morning.

Mainly what I'm here to talk to you about is transportation. And I'm also here to give you the perspective of not an elderly person with a disability, not an adult with a disability but a teen turning into an adult with a disability. The yellow school bus stops coming and it's time for a job or a trade school or college and suddenly the family finds out that they don't live within three-fourths a mile of a bus line so therefore their child doesn't qualify for special transit services. That's a federal guideline. Special transit services is what my daughter needs because of her depth perception issues, she needs a van to come to our house, and we live two blocks too far away.

So we looked at moving and we looked at negotiating with our local Capital Metro, and so we asked can we buy in, can we pay an annual fee or can we pay extra tickets per ride so that she could get to college or to whatever else she needs to do, and the answer was no. And she even got on their special access advisory board for two years just to try to help negotiate this problem.

Some of our friends in Texas Parent Advocates, they didn't have any more kids at home so they could move, so their son needed to try some jobs like working in a grocery store and various things. They moved to an apartment near the grocery store so that he could walk a half a block just because they didn't have transportation, and they moved several times. They had to take a capital gains loss on everything to do this because he was still waiting for attendant care and waiting for housing for himself and yet he couldn't even move there without them paying for the supports because he's got about eight more years on a waiting list for support services.

In our family's case, after we failed at trying the buy-in to Capital Metro, we looked at moving to some neighborhoods that are famous for being ranch neighborhoods, and the one I'm thinking of that I'd like to talk about is at Mesa and Spicewood Springs Road, just boocoo neighborhoods everywhere around there that are one-story. And so Capital Metro even discussed it in one of their meetings, they're not willing to remove their three-fourths mile rule for a neighborhood like that that they know has people with wheelchairs in it, nor are they willing to even work with us, even though we're the only one-story in our neighborhood and we're two blocks from the line which they redrew after we built this accessible house.

And to summarize, my daughter said, I don't think Texas really wants me. And she said that because there are so many different things she cannot make work right now."

### **Cynthia Humphrey, Association of Substance Abuse Programs**

"I am an individual actually in long-term recovery from addiction with 17 years clean and sober. So I'm coming here to provide some testimony from both of those perspectives. The reason why I bring that up is because addiction is kind of like the elephant in the room, it's not necessarily considered, under traditional disability terms, a disability, and yet certainly people who are early in recovery from addiction, they have basically very debilitated lives and it's a disabling disease. But ultimately, if you track right and you have the right support and you're given the right treatments, you can be fully integrated back into society as a fully productive and participating member.

Individuals suffering from addiction and the people that our association serves are usually those who are medically indigent, they have basically spun down all their resources, they've alienated all their family members, they are episodically homeless, they come with a myriad of problems, and they also usually come with a criminal history. Lots of them have gotten in trouble with the law for drug

possession, PIs, and even family drug convictions that could be just minor dealing of some sort, and so this creates a lot of difficulty in terms of housing.

And the individuals that I see in the communities, the ladies -- and I work predominantly with ladies and that's, in my opinion, a very difficult group because these ladies are very vulnerable -- a lot of times they are not professionals and they're only able to get minimum-wage types of jobs, and what happens to them, they get sober, they get in the community, they find out they cannot support themselves, and they end with another man to help support their needs. And so I think that ladies in recovery have a special need for housing to protect them in the vulnerable time before they can get self-supporting and self-sustaining."

**Mary Teeters, Vice President for Client Services at Meals on Wheels and More**

"I just wanted to give you all an anecdotal example too. There's a gentleman named Jack who was married for 40 years and went through a divorce, and basically after his divorce he said he didn't want to see anyone and didn't like anybody and he spent two years in his trailer alone, depressed. But now he comes to the Manor congregate site, he's socially engaged, he's active at the site, he volunteers at the site, he has a girlfriend at the site. He is back enjoying his life."

**Marilyn Hartman, NAMI Austin**

**Mother of a 35 year old child who has a chronic mental illness**

"My 35-year-old son has a chronic mental illness through no fault of his own. He's a wonderful person, bright, with an engineering degree from Yale, but ten years ago he was diagnosed with schizophrenia and he is highly disabled. For three years he was in and out of mental hospitals 13 times, at great cost to taxpayers and at great detriment to his long-term prognosis, and he was kept in three times for the maximum three months, the last time at Austin State Hospital. But a greatly impaired mind cannot see that it is impaired and he consistently failed at self-care.

Well, you've all heard from the Mary Lee Foundation, it's a wonderful place, and I can testify to that, he's been living there for the last seven years, he has not been hospitalized. He gets the care that he needs but he's only there because I can pay right now. We're fortunate because the administrator of his unit gets several calls a week from families desperate to get this kind of care for their loved ones, but they cannot pay and are turned away. Well, this is not right because my son -- and those like him -- are more disabled than the mentally retarded living in the same ICFMRU."

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**--DALLAS/FORT WORTH FORUM --**

**Mike Doyle, CEO of Cornerstone Assistance Network**

"When I think about services being provided to folks in housing, I can't help but think to go back to 1997 when we tried to work with MHMR on placing folks with disabilities in housing. At that time, I was Chairman of the Tarrant County Homeless Coalition. And we thought it was a great idea.

We didn't provide enough wraparound services because the faith-based organizations weren't in the service array program. And we kept seeing these folks we were putting in housing coming back to

the shelters. And when we began to question them about why are you coming back, their words haunted me and still do to this day, that the homelessness is preferred to the loneliness.

And so when they would get in the housing and not have constant contact with somebody, they got so lonely, they went back to the shelter on purpose, to be able to be around other people. So if nothing else the congregations can do, they can certainly come by and say how you are doing. And so including them in that array fits their mission and fits our mission, and everybody's mission of trying to get them comfortable in a community setting.

To give you an example, when we first opened that program, we had 18 slots, and we saw 40 men cycle through the program in the first few years that we were there. Annually, there would be 40 men, which means there were 22 turnovers. And one of the things that we found was a caseworker and a resident manager wasn't enough to move them along the continuum to independent living again.

When we decided that we would offer them the opportunity to go back to college, which we have, we found a whole different set of circumstances. Not only did they leave the setting itself to go to a setting where there were other people in college who were just like them, going to school, trying to get along with their lives. Their histories had been left back and the building, and they were just another college student.

But we surrounded them with support teams that we trained, made up of business owners and individuals and people that are attached into public private networks of employers and friends that they could take them to the ball game and take them out for coffee and have dinner with them. The inclusion of that array of services made a huge difference in the way that program operated.

We had a gentleman in our New Life center that had a tremendous criminal history, addiction, all of those kinds of things, co-occurring mental disorder, bipolar disorder. And through the support of these three business people is now head of security at one of their firms, is living independently, debt-free, caught up on his child support, and is just thriving in his new life. But it was only because those guys would go by every week, and pick him up and say, hey, how are you doing on your case plan. How are you doing on your school. They need that encouragement.”

**Lee Ann Hubanks, Executive Director of Plano Community Homes**

“One example of our success stories was Mary. Mary lived with us for almost ten years. Our service coordinator worked with our transportation staff. We took Mary to dialysis for about 3 ½ years, three times a week. When her kidneys finally gave out, she died in her own bed, in her apartment with a grateful family and a hospice team around her, not in a nursing home on Medicaid, costing the state thousands of dollars each month. She died on her own terms and while we did lose Mary, it really was a good outcome for her and her family. We couldn't stop losing her, but it was a good outcome.”

**Artie Williams, Director of Mental Health for MHMR of Tarrant County**

“We had a situation yesterday where a man tried to kill himself. And we called the family. And the family said, we just can't do anything else for him. And so that leaves him with us, trying to determine what we can do for him. One of the things that we know in this particular situation, he is

not ready to go into housing, because he still actively wants to kill himself. And so there has to be some other program or some other type of service.

And we rely real heavily on group homes. The problem is that they are not all licensed. And so that becomes an issue as well. So our case managers and our intensive case managers are there. And of course, we need more of this to provide assistance to that person learning how to live independently. Because as Mike said, once they have been in the shelter, and then you move them into their own place, you can't just drop them.

That becomes a very critical time at that point, because they don't know. It is noisy in the shelter. There is always some activity going on. And then you take them, and you put them in an apartment, and they might not even have a TV or radio. And they don't stay. And so we end up not being able to find the programs to pay for apartment units, and the person is not living there. Our PATH team, which is our homeless outreach team are real aware of this. And so when people get housed, they are like looking around the community to see, is he staying in his apartment, or what is he doing.”

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**--EL PASO FORUM--**

**Ray Tullius, Director of the Opportunity Center for the Homeless**

“Once again, we have mental health services within a central resource center tied to partners who are strong in substance abuse, in veteran’s services, in medical health, those sorts of things. And all that is necessary to be necessary to be wrapped around the homeless that we work with. You can't expect somebody to move forward if they don't have a transportation network or they're sick or they don't have daycare or on and on and on. And so we've built the transportation and the daycare and everything that a homeless person needs to give them that chance to move forward.

The problem happens is when we ask them to take the jump into an apartment complex, all of a sudden their daycare is gone. All of a sudden, after six months, their medical services; all of a sudden the wraparound services that we've created have not followed them to sustain them in that housing.”

**Maria Perez, Volar Center for Independent Living**

“One of the concerns that we have is that there are still many people in nursing homes or in their own homes that don't have quality of life and do not experience community integration. And I think that this is due to some of the antiquated ideas about being a senior citizen, being elderly, or being a person with a disability. I think that rather than maintaining and just being a place to be stored away, as many nursing homes appear to be, I think that it is time that we move on to more of a rehabilitation or habilitation model that would also include, as was mentioned earlier, a transitional component.

Tragically, for example, we were at a nursing home meeting this week where a person with traumatic brain injury was received in a vegetative state with no hope for survival. And four and a half to five years later, the gentleman has the capacity to put his wallet away in a little plastic bag in his drawer under his underwear and have it locked -- request a lock and then put the lock key in another little plastic bag in a certain shirt in his closet.

So this person obviously has a little bit of capacity and concerns that, for example, the nursing home is not evaluating. And it took a bunch of us to come in to say, Can this person please be reevaluated and not be identified just as a noncompliant troublemaker who was about to be evicted from the nursing home with no, you know -- and the sister did not realize that he could have specialists in the community. She thought the nursing home was all-encompassing, all-providing, all-omnipotent. And so we were able to help create a little bit of awareness.

I think case management is a top thing that an individual needs to get re-situated in the community or to keep them in the community from going into an institution; an available person that they can call and say, 'I don't have any food this week.' 'Oh, did you use up all your food stamps and X, Y, and Z?' 'Yes.' 'Okay. Let's budget. Let's do this, let's do that. And let's enroll you in this program or in that program.' And there's follow-through. It's not just, 'Here's a pamphlet.' There's follow-through that works with the idiosyncrasies of each individual and what keeps them from budgeting, for example.

For example, yesterday I met a young man that was recently divorced. He has paraplegia from a spinal cord injury, I believe. And he said that he got divorced and he got kicked out of his house. And he is -- he found an apartment, but he's sleeping on the floor. And, you know, which that can happen to anybody, whether you have a disability or not. And so, you know, my concern was, 'Well, why don't you get the bed through one of the durable medical equipment providers?' And he's like, 'Oh, well, then that's another story in itself. I can't get them to fix my wheelchair, because the bus messed up my wheelchair.' And so, you see, it goes from one need to the other. There's a lot of chain reaction and so a lot of domino effect.

So what I did is I gave the gentleman our phone number, and I said, 'Give us a holler, and we'll see what we can do as far as getting the durable medical equipment to come to place and see what the bus system did or didn't do about, you know, messing up your wheelchair and fixing it.' And so, you know, those are the daily-life things that we run into and that make a lot of people fall through the cracks, even if they don't have any mental or -- cognitive or mental health issue.

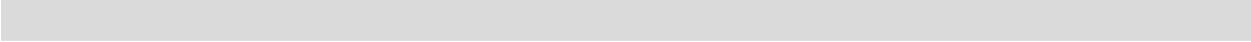
So compound that with elderly dementia or dealing with an elderly parent or with dealing with people in homelessness situations that have inappropriate behavior, according to a manager, according to a nursing home, and then they're getting ready to be booted out. For example, I wanted this individual to have a three-month plan, because they say he has looseness of ego boundaries, he has impulse-control issues, he has a low focus, and he has a low tolerance. So when they try to work with him, he gets frustrated. Well, you know, his augmentive communication device is on the floor, because, well, he doesn't want to work with it. Its like, has anybody tried to figure out how to get him to work with it? Well, we tried; he didn't. It's on the floor, hundreds of thousands of dollars of state money on the floor, collecting dust, because he doesn't want it. He's not complained. So those are the cases that most need that one-to-one."

**Michael Maillet, International AIDS Empowerment**

"The simple point I wanted to make today is that there are a lot of people out there who really, really need help and assistance. And it's not that the HIV-positive/full-blown AIDS individual is any more special than anyone else. You know, they're not. But they do need help like everyone else. And it struck me last Wednesday when I was there that these individuals, by being homeless, they really

don't have the opportunity to do what it takes to help themselves health-wise. They're just simply not taking their medications. They don't have a stable situation where they can go ahead and at least try to make it in this world.

And I do know, from a financial point of view, the HIV-positive individual, because if they're not able to take their medications, if they're not able to have a stable situation, then they will frequent the hospitals and the emergency rooms much, much more often than maybe someone else would. Not to say that other individuals don't struggle and don't need as much help, but this is a time bomb that is ticking right now.”



**APPENDIX B: LIST OF PUBLIC PARTICIPANTS**

*Houston Public Forum*

Dr. Elaine Parker Adams  
Jeff Anderson  
Ben Campbell  
Troy Carter  
Ralph Fabrizio  
Joy Horak-Brown  
Toni Jackson  
Daryl Jones  
Tony Koosis  
Betty Nunnally  
Mari Okabayashi  
Marla Turner  
Betty Streckfuss  
Eva Williams

*Austin Public Forum*

Scott Calley  
Belinda Carlton  
Nancy Case  
Donna Chatham  
Theresa Cruz  
Mandy De Mayo  
Rose Dunaway  
Larry Farrow  
Frank Fernandez  
Larry Flowers  
Greg Gibson  
Marilyn Hartman  
Cynthia Humphrey  
Norman Kieke  
George Linial  
Linda Litzinger  
Ken Martin  
Diana McIver  
Jennifer McPhail  
John Meinkowsky  
Sara Mills  
Walter Moreau  
Pat Pound  
Margaret Shaw  
Mary Teeters  
David Wittie

*Dallas/Fort Worth Public Forum*

Pat Cheong  
Mike Doyle  
Karis Durant  
Lynda Ender  
Joyce Handstrom-Parlin  
Lee Ann Hubanks  
Tom Langdon  
Kim Ogilvie  
Constance Smith  
Beverly Tobian  
Artie Williams

*El Paso Public Forum*

Michael Flores  
Rebecca Hall  
Yvette Lugo  
Michael Mailet  
Maria Perez  
Ray Tullius  
Susie Vargas

*Cross-Agency Education & Training Committee's April 6<sup>th</sup> Local Providers Meeting*

Paul Emerson  
Christy Fair  
Marc Gold on behalf of Betty Ford  
Sherri Hammack  
Ken Martin  
Jodi Park  
Tom Wilkinson

**APPENDIX C: LIST OF ABBREVIATIONS**

<b>Abbreviation</b>	<b>Description</b>
<b>AAA</b>	Area Agencies on Aging
<b>ADA</b>	Americans with Disabilities Act
<b>ADRC</b>	Aging and Disability Resource Center
<b>ADL</b>	Activities of Daily Living
<b>ACT</b>	Assertive Community Treatment
<b>AHP</b>	Affordable Housing Program
<b>AHNS</b>	Affordable Housing Needs Score
<b>AMFI</b>	Area Median Family Income
<b>AMGI</b>	Area Median Gross Income
<b>AMI</b>	Area Median Income
<b>AOA</b>	Administration on Aging
<b>ARRA</b>	American Recovery and Reinvestment Act of 2009
<b>ARCIT</b>	Association of Rural Communities in Texas
<b>CAA</b>	Community Action Agency
<b>CAP</b>	Community Action Program
<b>CAS</b>	Community Attendant Services
<b>CBA</b>	Community Based Alternatives
<b>CCP</b>	Community Care Program
<b>CFR</b>	Code of Federal Regulations
<b>CHDO</b>	Community Housing Development Organization
<b>CIAP</b>	Community Innovations for Aging in Place
<b>CIL</b>	Centers for Independent Living
<b>CPL</b>	Community Living Program
<b>CMS</b>	Center for Medicare and Medicaid Services
<b>CNFP</b>	Community Food and Nutrition
<b>CoC</b>	Continuum of Care
<b>COG</b>	Council of Governments
<b>CRCG</b>	Community Resource Coordination Groups
<b>CSBG</b>	Community Services Block Grant
<b>CWP</b>	Consolidated Waiver Program
<b>DADS</b>	Texas Department of Aging and Disability Services
<b>DARS</b>	Texas Department of Assistive and Rehabilitation Services
<b>DAW</b>	Disability Advisory Workgroup
<b>DFPS</b>	Department of Family & Protective Services
<b>DHHS</b>	U.S. Department of Health and Human Services
<b>DHSS</b>	New Jersey Department of Health and Senior Services
<b>DOE</b>	U.S. Department of Energy
<b>DOF</b>	Disability Opportunity Fund
<b>DOT</b>	U.S. Department of Transportation
<b>DSHS</b>	Texas Department of State Health Services
<b>EDSS</b>	Economic Development and Supportive Services Program

<b>Abbreviation</b>	<b>Description</b>
<b>EO</b>	Executive Officer
<b>ELI</b>	Extremely Low Income
<b>ESGP</b>	Emergency Shelter Grants Program
<b>FHLB</b>	Federal Home Loan Bank
<b>FPL</b>	Federal Poverty Level
<b>FSS</b>	Family Self-Sufficiency
<b>FTE</b>	Full Time Employee
<b>FTHB</b>	First Time Homebuyer Program
<b>FY</b>	Fiscal Year
<b>GED</b>	General Educational Development
<b>GR</b>	General Revenue
<b>HBA</b>	Homebuyer Assistance Program
<b>HBAR</b>	Homebuyer Assistance with Rehabilitation Program
<b>HERA</b>	Housing and Economic Recovery Act of 2008
<b>HMFA</b>	Housing and Mortgage Finance Agency
<b>HMIS</b>	Homeless Management Information Systems
<b>HOME</b>	HOME Investment Partnerships Program
<b>HCS</b>	Home and Community-based Services
<b>HQS</b>	Housing Quality Standards
<b>HRC</b>	Housing Resource Center
<b>HTF</b>	Housing Trust Fund
<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>IADL</b>	Instrumental Activities Of Daily Living
<b>ICF/MR</b>	Intermediate Care Facilities For Persons With Mental Retardation
<b>IDIS</b>	HUD's Integrated Disbursement and Information System
<b>IDPA</b>	Illinois Department of Public Aid
<b>IWA</b>	Iowa Finance Authority
<b>LAR</b>	Legislative Appropriation Request
<b>LBB</b>	Legislative Budget Board
<b>LI</b>	Low Income
<b>LIS</b>	Low Income Subsidy
<b>LLC</b>	Limited Liability Company
<b>LMHA</b>	Local Mental Health Authorities
<b>LTSS</b>	Long Term Services And Supports
<b>MBI</b>	Medicaid Buy-In
<b>MCO</b>	Managed Care Organizations
<b>MDCP</b>	Medically Dependent Children Program
<b>MFP</b>	Money Follows the Person
<b>MHTG</b>	Mental Health Transformation Grants
<b>MIPH</b>	Making it Possible to End Homelessness
<b>MMHR</b>	Texas Department of Mental Health and Mental Retardation
<b>MN</b>	Medical Necessity
<b>MOU</b>	Memorandum of Understanding
<b>MSP</b>	Medicare Savings Program
<b>NAMI</b>	National Alliance of Mental Illness

<b>Abbreviation</b>	<b>Description</b>
<b>NCD</b>	The National Council on Disability
<b>NCHFA</b>	North Carolina Housing Finance Agency
<b>NCSHA</b>	National Council of State Housing Agencies
<b>NIMBY</b>	Not In My Backyard
<b>NRCG</b>	Neighborhood Resource Coordination Groups
<b>PACE</b>	Program of All-inclusive Care for the Elderly
<b>PERS</b>	Personal Emergency Response Systems
<b>PHA</b>	Public Housing Agency
<b>PHC</b>	Primary Home Care
<b>PIAC</b>	Promoting Independence Advisory Committee
<b>PRAC</b>	Project Rental Assistance Contract
<b>QAP</b>	Qualified Allocation Plan
<b>RFP</b>	Request For Proposals
<b>ROSS</b>	Resident Opportunities & Self Sufficiency
<b>SAMHSA</b>	Substance Abuse & Mental Health Services Administration
<b>Section 8</b>	Statewide Housing Assistance Payments Program
<b>SEH</b>	Service-Enriched Housing
<b>SFY</b>	State Fiscal Year
<b>SGA</b>	Substantial Gainful Activity
<b>SHDP</b>	Supportive Housing Development Program
<b>SHIP</b>	State Health Insurance Assistance Programs
<b>SLP</b>	Supportive Living Program
<b>SRO</b>	Single Room Occupancy
<b>SSI</b>	Supplemental Security Income
<b>SSDI</b>	Social Security Disability Insurance
<b>TAS</b>	Texas Accessibility Standards
<b>TBI</b>	Traumatic Brain Injury
<b>TDA</b>	Texas Department of Agriculture
<b>TDHCA</b>	Texas Department of Housing and Community Affairs
<b>TDRA</b>	Texas Department of Rural Affairs
<b>TFF</b>	Texas Foundations Fund
<b>THN</b>	Texas Homeless Network
<b>TIFI</b>	Texas Integrated Funding Initiative
<b>TIRN</b>	Texas Information and Referral Network
<b>TOP</b>	Tenant Opportunities Program
<b>TSAHC</b>	Texas State Affordable Housing Corporation
<b>TWGS</b>	Texas Transformation Work Group

**APPENDIX D: PUBLIC COMMENT**

The Biennial Plan was published in the Texas Register for a 15-day public comment period. The public was encouraged to submit input toward the Plan in writing via email, fax, or email.

**1. Comment: Add private foundations to funding source for New Hope Housing.**

Commenter stated that New Hope Housing receives a substantial amount of funding from private foundations, so this source should be included in Chapter 5: Identifying Existing Sources of Funding for Service Enriched Housing.

Response: Council staff incorporated language regarding funding from private foundations into Chapter 5 of the document.