

# **Texas Housing and Services Resource Guide**

**Housing and Services Partnership Academy**

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Prepared by the Texas Department of Housing and Community Affairs and CSH on behalf of the  
Housing and Health Services Coordination Council

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**For more information, please visit:  
<http://www.tdhca.state.tx.us/hhsc/index.htm>**

## 1.0 INTRODUCTION

### ***1.1 The Housing and Health Services Coordination Council***

The Housing and Health Services Coordination Council (HHSCC) or (Council) is codified in Texas Government Code §2306.1091. The purpose of the Council is to increase state efforts to offer Service-Enriched Housing (SEH) through increased coordination of housing and health services throughout the State of Texas. The Council seeks to improve interagency understanding and increase the number of staff in state housing and health services agencies that are conversant in both housing and services.

For the purpose of directing the work of the Council and its work products, including the biennial plan, SEH 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.

The HHSCC is composed of 17 members: eight members appointed by the Governor, eight state agency representatives, and the Executive Director of the Texas Department of Housing and Community Affairs (TDHCA). The latter serves as the Council Chair. TDHCA staff supports Council activities.

Council members meet quarterly and provide direction to staff to prepare a Biennial Plan that is submitted to the Office of the Governor and the Legislative Budget Board on August 1 each even numbered year. Meetings are open to the public and notices are posted on the TDHCA HHSCC web page: <http://www.tdhca.state.tx.us/hhsc/council-meetings.htm>.

In addition, interested individuals can subscribe to the HHSCC email list to receive notifications by signing up at:

<http://maillist.tdhca.state.tx.us/list/subscribe.html?lui=f9mu0g2g&mContainer=4&mOwner=G2w2w372r2r&mListId=HL%238>.



## **1.2 Housing and Services Resources Guide**

This Resource Guide is designed to provide a current overview of the most pertinent housing and services programs, and also serve as a supplement to the Local Resource Guide developed by organizations participating in the 2016 Housing and Services Partnership Academy.

## **1.3 Housing and Services Needs**

In 2010, one in eight Americans was 65 years of age or older. It is projected that by 2030, one in five persons will be 65 years of age or older. Right now, there are 63 million adults 60 or over with only 11 million accessing aging services. During the period between 1980 and 2015, the population of adults 65 and over increased 86% while the U.S. Administration of Aging funding was reduced by 64%.<sup>1</sup> For the purposes of this Resource Guide, “older Texans” refers to Texans aged sixty years and older.

The housing challenges facing persons with disabilities and older adults are well documented. Each year, the NLIHC analyzes data from U.S. Housing and Urban Development (HUD), the U.S. Census Bureau, the Bureau of Labor Statistics, the Department of Labor, and the Social Security Administration to compare renters’ wages to the cost of housing across the country. The *Out of Reach 2015* report shows that the average hourly wage among renters is \$15.16. But the “housing wage” (the estimated hourly wage that a household must earn in order to afford the FMR of a two-bedroom unit, without paying more than 30% of their monthly income toward rent and utilities) is \$19.35, making affordable housing for low-income renters out of reach.<sup>2</sup>

The State of Texas ranks 24<sup>th</sup> most expensive out of 52 jurisdictions (50 states plus the District of Columbia and Puerto Rico). Texas’s housing wage is \$16.62/hour. That means that a minimum wage worker would need to work 92 hours a week in order to afford a two-bedroom unit at Fair Market Rent.<sup>3</sup>

As reported by the National Low Income Housing Coalition (NLIHC):

*Today, one out of every four renter households is an Extremely Low Income (ELI) (0-30% Area Median Income) household. There are 10.3 million ELI renter households in the U.S., many of whom lack affordable, safe, and well-maintained housing. Three in four (75%) ELI renters spend more than 50% of their income on housing costs, leaving these 7.8 million households with little left over to meet other basic needs. And the need for affordable housing among ELI households keeps growing. In 2010, there was a need for 6.8 million units both affordable and available to ELI households; this figure rose to 7.1 million by 2013.*

*ELI households have incomes of no more than \$20,357 a year. At this income level, ELI households can afford to spend no more than \$509 per month on rent. This year, the*

<sup>1</sup> National Association of States United for Aging and Disabilities (NASUAD).

<sup>2</sup> National Low Income Housing Coalition. (2015). *Out of Reach 2015*, page 3. Retrieved from <http://nlihc.org/oor>.

<sup>3</sup> *Ibid.*, pages 17 - 21.

*national two-bedroom Fair Market Rent (FMR) edged up to \$1,006, and the one-bedroom FMR is \$806, far greater than the rent ELI households can afford.*

*About 8.3 million individuals receive Supplemental Security Income (SSI) because they are elderly, blind, or disabled, and are not fully covered by Social Security. They are among the nation's poorest citizens. The maximum federal monthly SSI payment for an individual is \$733 in 2015. On this income, an SSI recipient can afford rent of only \$220 per month. Nearly all SSI beneficiaries (86%) were eligible on the basis of disability in 2013. Among those reliant on SSI, there is not a single county in the U.S. where even a modest efficiency apartment, priced according to the FMR, is affordable.<sup>4</sup>*

### **1.3.1 Older Texans**

Similarly in Texas, according to the State of Texas Low Income Housing Plan and Annual Report (SLIHP), produced by TDHCA,

*Older Texans face unique housing challenges that will become more prevalent as the population ages. The incidences of disability increase with age. According to 2009-2013 American Community Survey (ACS), 9.9% of persons between 18-64 years old have a disability, while 40.2% of persons 65 and older have a disability. In addition, older households tend to live in older homes: according to 2009-2013 ACS, 38.0% of households aged 65 years and older lived in housing stock built before 1970. These factors may increase the need for housing modifications for accessibility and home repair.<sup>5</sup>*

*HUD defines an "Elderly Person Household" as a household composed of one or more persons at least one of whom is 62 years of age or more at the time of initial occupancy and defines "frail elderly" as an elderly person who is unable to perform at least three "activities of daily living, comprising of eating, bathing, grooming, dressing or home management activities" (HUD, n.d).*

*According to a recently-released, long-term study of elderly persons in their last 24 months of life, the prevalence of disability increased from 28% two years before death to 56% in the last month of life. Those who died at the oldest ages were much more likely to have a disability 2 years before death (ages 50-69 years, 14%; 70-79 years, 21%; 80-89 years, 32%; 90 years or more, 50%). Disability was more common in women 2 years before death (32%) than men (21%), even after adjustment for older age at death. (Smith et al., 2013).*

*The growing rate of disabilities leads to the need for barrier removal, such as ramps for wheelchairs. Of Texans aged 65 and older, approximately 86.8% live in urban areas. Texans aged 65 and older who live in rural areas may face difficulty accessing health and other services because they live at greater distances from health facilities,*

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<sup>4</sup> National Low Income Housing Coalition. (2015). *Out of Reach 2015*, pages 5-6. Retrieved from <http://nlihc.org/oor>.

<sup>5</sup> Texas Department of Housing and Community Affairs. (2016). *Draft 2016 State of Texas Low Income Housing Plan and Annual Report*, page 13. Retrieved from <http://www.tdhca.state.tx.us/housing-center/pubs-plans.htm>

*community centers, and other amenities. Additionally, the programs that serve them may not benefit from a concentration of an elderly population and the efficiencies that can be realized from serving older adults in a centralized location (Viveiros, 2014).<sup>6</sup>*

According to the National Association of States United for Aging and Disabilities (NASUAD), aging in place is cost effective. The organization compares the cost of Medicaid funded nursing homes to a Home and Community-Based Medicaid Waiver program, \$53,593 and \$24,675 respectively.

### **1.3.2 Persons with Alcohol or Substance Use Disorders**

*Alcohol or substance use disorders can lead to homelessness or can be a result of homelessness. Statewide, of the 23,678 people who were homeless on a single night in January 2015, 18.7% had a serious mental illness, and 15.7% had a chronic substance use problem (Continuum of Care Point in Time Counts, 2015). Furthermore, it is estimated that nearly one half of all individuals experiencing homelessness and 70% of veterans experiencing homelessness, suffer from substance use disorders. A majority of those with substance use disorders also suffer from moderate to severe mental illness (United States Interagency Council on Homelessness (USICH), 2014).*

*There are types of housing, such as Housing First or Permanent Supportive Housing, that are tailored for hard-to-serve populations such as persons with alcohol and substance use disorders. Without secure housing, persons with alcohol or substance use disorders can cycle through more costly options such as emergency room care, the criminal justice system and other service providers (HUD, 2011a). Supportive housing programs needed for persons with alcohol and/or other substance use issues range from short-term, in-patient services to long-term, drug-free residential housing environments for recovering addicts. Better recovery results may be obtained by placing individuals in stable living environments.<sup>7</sup>*

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<sup>6</sup> Ibid, page 15.

<sup>7</sup> Ibid, pages 16-17.

### **1.3.3 Persons with Disabilities**

HUD issued the most recent “Worst Case Housing Needs” report to Congress in April 2015.<sup>8</sup> The report shows that while access to affordable housing has improved broadly since 2011, over 41% of very-low income renters face severe rent burdens, severely inadequate housing or both in 2013, the most recent data analyzed. Severe rent burden because of extremely low-income for renters was the main cause of worst case needs for families.

Persons with disabilities are disproportionately represented among renters with worst case needs. About 14% of people categorized as having worst case needs (severely inadequate housing or severe rent burden) are in households with a person with a disability who is non-elderly. Persons with disabilities are over represented in extremely low income households and those with worst case housing needs, as 28.6% of households with a person who is non-elderly and has a disability, are living in poverty compared to 14.3% of persons without disabilities, according to recent Census data<sup>9</sup>.

The full *Out of Reach 2015* report, which includes both state and county-level data can be downloaded here: <http://nlihc.org/oor>.

A significant number of persons with disabilities face extreme housing needs. According to the NASUAD, one in three children with a disability live in poverty. In addition, the poverty rate for persons age 18-64 with a disability 29% compared to 14% for those without a disability.

*The 2009-2013 ACS data shows that 17.7% of individuals that live below the poverty level in Texas have a disability, while 8.8% of individuals that live at or above the poverty level have a disability. 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 (Hartman et al., 2010).*

*Of those Texans with disabilities, approximately 81.3% live in urban areas. Persons with disabilities are more likely to be living in urban areas due to the ability to access transportation and the close proximity to health related and other services and supports (Cruz, 2010).<sup>10</sup>*

### **1.3.4 Veterans**

*According to the Texas Veterans Commission, the two key factors which continue to increase the demand for veterans’ services in Texas are military force reductions, which produce a surge of service members departing the military, and a large aging population of veterans, specifically from the WWII, Korea, and Vietnam eras. As these generations of veterans age and their health deteriorates, their need for services grows (2014).*

<sup>8</sup> U.S. Department of Housing and Urban Development. (2015, April). *Worst Case Housing Needs: 2015 Report to Congress*. Retrieved from [https://www.huduser.gov/portal/Publications/pdf/WorstCaseNeeds\\_2015.pdf](https://www.huduser.gov/portal/Publications/pdf/WorstCaseNeeds_2015.pdf).

<sup>9</sup> U.S. Census Bureau, (2012, July). *Americans With Disabilities: 2010*. Retrieved from <http://www.census.gov/prod/2012pubs/p70-131.pdf>.

<sup>10</sup> Texas Department of Housing and Community Affairs. (2016). *Draft 2016 State of Texas Low Income Housing Plan and Annual Report*, page 17. Retrieved from <http://www.tdhca.state.tx.us/housing-center/pubs-plans.htm>

*Veterans face a host of challenges when transitioning back to civilian life. Nationwide, about 1.4 million veterans live in poverty. Veterans are often overrepresented in the homeless population.*

*In Texas, although about 8.5% of the Texas population consists of veterans, 10.1% of the homeless population consists of veterans (HUD, 2015). Their housing issues can be compounded by service-connected disabilities, such as traumatic brain injury, substance use and mental disorders (National Housing Conference and Center for Housing Policy, 2013).<sup>11</sup>*

### **1.3.5 Youth Aging Out of Foster Care**

Studies have found that youth aging out of foster care are less likely than their peers who have not been in foster care to graduate high school or a post-secondary school or be employed at a job that can support their basic necessities. Youth aging out of foster care are more likely to experience violence, homelessness, mental illness, incarceration, substance use disorder and early parenthood out of wedlock (Casey Family Programs, 2013).

These factors combine to make homelessness a real possibility for many youth that age out of foster care. Foster care alumni may most benefit from housing tied with other services, such as educational, financial literacy and services to facilitate connections for emotional support. The Department of Family and Protective Services (DFPS) has a program that may allow youth to stay in foster care until the age of 21 while they pursue an education or a job. DFPS provides various services to help these youth learn to live successfully on their own. Further, Texas provides healthcare to children in foster care and to youth who age out of care up to the month of their 26th birthday.<sup>12</sup>

### **1.4 Fair Housing**

TDHCA administers all of its programs and services in compliance with federal and state fair housing laws. The Texas Workforce Commission (TWC) is the state agency in Texas responsible for enforcing the Texas Fair Housing Act.

For more information about fair housing, visit TDHCA's Fair Housing 101 web page at: <http://www.tdhca.state.tx.us/fair-housing/index.htm>.

To file a Fair Housing complaint, visit: <http://www.twc.state.tx.us/partners/housing-discrimination>.

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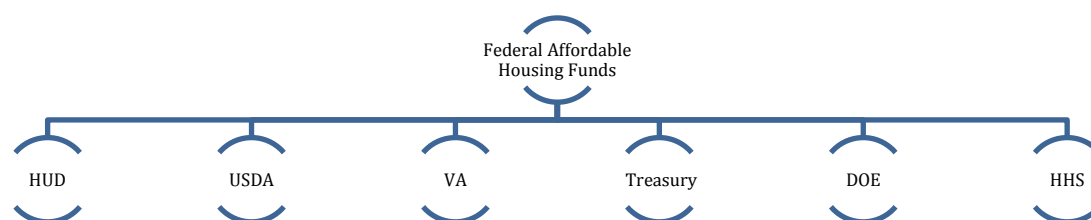
<sup>11</sup> Ibid, pages 19-20.

<sup>12</sup> Ibid, page 20.

## 2.0 FUNDING FOR AFFORDABLE HOUSING

### 2.1 Federal Funding

Affordable Housing funding is distributed through a variety of federal agencies, most notably the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Veterans Affairs (VA), the U.S. Department of Agriculture (USDA), U.S. Department of Treasury, U.S. Department of Energy (DOE), and U.S. Department of Health and Human Services (HHS). This funding is complex and often fragmented, with a multitude of programs, a myriad of agencies, and a long list of acronyms. Although many federal agencies manage affordable housing programs, HUD administers the largest amount of federal funds for affordable housing.



Creating affordable, accessible, and integrated housing opportunities for persons with disabilities, and those who are aging, requires both patience and persistence. The resources are comprehensive though not exhaustive, and are pertinent to the current funding climate. Changes in funding availability align when shifts in federal policy, such as those with the Affordable Care Act, impact and increase the availability of traditional resources for both housing and services.

#### 2.1.1. U.S. Department of Housing and Urban Development

HUD was created as a cabinet-level agency in 1965 to create strong, sustainable, inclusive communities and quality affordable homes for all. With an annual budget of approximately \$50 billion, HUD administers a variety of programs through its core departments: Community Planning and Development (CPD), Office of Housing, which oversees the Federal Housing Administration (FHA), Public and Indian Housing (PIH), Fair Housing and Equal Opportunity (FHEO), Policy Development and Research (PDR), and Office of Sustainable Communities.<sup>13</sup>

The primary HUD programs that impact affordable housing include: Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Solutions Grant Program (ESG); Section 811; and Public Housing. Each of these programs is discussed below.

<sup>13</sup> HUD's proposed budget FY2016 is \$49.3 billion. For more information, visit <http://portal.hud.gov/hudportal/HUD?src=/budget>

HUD CPD distributes funds directly to designated municipalities, including state and local governments, through the following formula grants: CDBG, HOME, ESG, and Housing Opportunities for Persons with AIDS (HOPWA). Most large cities and highly populated counties receive one or more formula grants.

This distinction is important because it can determine the availability of resources at the local level. The Local Community Resource Guide should guide communities to identify if funding comes to the community through formula grants of local jurisdictions or is distributed through the State.

#### 2.1.1.a Community Development Block Grant Program

Authorized in 1975, the CDBG is a formula-based federal grant to states and localities for housing and community development activities that benefit low- and moderate-income households. Eligible activities include:

- Housing rehabilitation loans and grants;
- New construction for housing;
- Purchasing of land and buildings;
- Construction of public facilities;
- Construction of neighborhood centers;
- Accessibility modifications; and
- Public services.

CDBG funds are distributed by HUD to eligible entitlement communities. These include large and small cities, towns and States.

A full list of entitlement communities in Texas, including State contact information for CDBG funds, can be found online at:

<http://portal.hud.gov/hudportal/HUD?src=/states/texas/community/cdbg>.

The Texas Department of Agriculture (TDA) is the recipient of CDBG funds for rural communities in Texas that are not entitlement communities.

Information on eligibility and the application process can be found online at:

[http://texasagriculture.gov/GrantsServices/RuralEconomicDevelopment/RuralCommunityDevelopmentBlockGrant\(CDBG\)/About.aspx](http://texasagriculture.gov/GrantsServices/RuralEconomicDevelopment/RuralCommunityDevelopmentBlockGrant(CDBG)/About.aspx).

#### 2.1.1.b HOME Investment Partnerships Program

Authorized in 1990, HOME is a formula grant to states and local jurisdictions for affordable housing activities that benefit low- and very low-income households. Eligible activities include:

- Rental housing production;
- Rehabilitation loans and grants;
- First-time homebuyer assistance;
- Rehabilitation loans for homeowners; and



- Tenant-Based Rental Assistance.

HOME funds are distributed by HUD to participating jurisdictions. A full list of participating jurisdictions in Texas can be found online at:

<http://portal.hud.gov/hudportal/HUD?src=/states/texas/community/home>.

#### 2.1.1.c Housing Opportunities for Persons with AIDS Program

Authorized in 1990, HUD operates the HOPWA program which includes federal block grants to certain states and larger metropolitan areas. The formula grant is based on the documented incidence of AIDS in those areas. The program is designed to meet the housing needs of low-income persons with AIDS and related diseases. Eligible activities include:

- Housing information and service coordination;
- Acquisition, rehabilitation, leasing of property;
- Project-based or tenant-based rental assistance;
- Homeless prevention activities;
- Supportive services; and
- Housing operating costs.

The Texas Department of State Health Services (DSHS) is the recipient of HOPWA funds for rural communities in Texas that are not entitlement communities.

HOPWA funds are distributed to communities throughout Texas. More information can be found online at:

<http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=34561&id=5401&terms=hopwa>  
[a.](#)

#### **2.1.2 U.S. Department of Agriculture**

USDA's mission is to provide leadership on food, agriculture, natural resources, rural development, nutrition, and related issues based on sound public policy, the best available science, and efficient management. With an annual of budget nearly \$150 billion, USDA operates a myriad of programs. One of its key activities is providing rural America financing needed to help expand job opportunities and improve housing, utilities and infrastructure in rural America. USDA's Rural Development is the lead agency ensuring that rural families have access to safe, well-built, affordable homes.

Rural Development offers both direct loans and guaranteed loans for single-family housing (through its Section 502 program) and multifamily housing (through its Section 515 Direct Loan program and Section 538 Guaranteed Loan Program). In 2015, the agency helped more than 166,000 moderate-income families purchase single-family homes under the single-family guaranteed loan program.

In addition, Rural Development administers Section 504, which is a home repair program for very low-income households. Rural Development provided \$26 million to rural individuals or families repair their existing homes under the USDA home repair loan and grant program.



One of Rural Development's largest programs is the Section 502 and 521 Rental Assistance Program. In 2015, USDA Rural Development helped more than 285,000 low- and very low-income families, to live in safe, USDA-financed multi-family housing thanks to rental assistance to bring their rents to an affordable level. The annual budget for the rental assistance program is more than \$1 billion.

For more information on Rural Development in Texas, contact the state office at:

<http://www.rd.usda.gov/tx>.

### ***2.1.3. U.S. Department of Veterans Affairs***

Formerly the Veterans Administration, the U.S. VA became a cabinet-level department in 1989. The VA is responsible for a variety of programs and initiatives, including both management of the national cemetery system to management of the national VA hospital system. The VA is also tasked with veterans' health, mental health, and the challenge of rising rates of homelessness among veterans.

The VA offers a variety of home loan guaranty programs for active duty service members, veterans, and National Guard and Reserve members. In addition, the VA offers grants to veterans with service-related disabilities to modify or adapt an existing home to accommodate the veteran's disabilities.

Qualified Veterans can access home loans through regional offices. The Houston Regional Loan Office provides assistance and information regarding VA Home Loans and Specially Adapted Housing Grants for Texas, Arkansas, Louisiana, and Oklahoma.

Contact information if available at: [http://www.benefits.va.gov/homeloans/contact\\_rlc\\_info.asp](http://www.benefits.va.gov/homeloans/contact_rlc_info.asp).

Department of Veterans Affairs  
VA Regional Loan Center  
6900 Almeda Road  
Houston, TX 77030-4200

**Phone:** 1-888-232-2571

In addition, the Texas Veterans Commission (TVC) administers a variety of programs, including the Fund for Veterans Assistance, which can be used for housing assistance. Contact information is available at: <http://www.tvc.state.tx.us/Home.aspx>.

### **2.1.4 National Housing Trust Fund**

The National Housing Trust Fund (NHTF) is a new, dedicated fund that will provide grants to states to build, preserve, and rehabilitate housing for people with the lowest incomes. The NHTF was established by the Housing and Economic Recovery Act of 2008 ([P.L. 110-289](#)<sup>14</sup>). Although the program has been authorized, it is currently unfunded due to federal budget constraints. However, many local jurisdictions administer local Housing Trust Funds. Your local housing and community development department would be the best resource for additional information.

Each State is required to notify (the Secretary of) HUD of its intent to become a grantee for NHTF funding within 30 days after HUD publishes the formula allocation amounts (these amounts are expected to be published by April 2016). The State of Texas has designated TDHCA as the grantee responsible for developing the plan for funding, if awarded. It is estimated that Texas could receive up to \$10 million in funds.

More information on the National Housing Trust Fund is available at:  
<http://nlihc.org/issues/nhtf>.

### **2.1.5 Federal Home Loan Bank System**

The Federal Home Loan Bank (FHLB) system consists of regional banks, each of which is comprised of member institutions (including commercial banks, savings institutions, credit unions, and insurance companies). For the State of Texas, the regional bank is the Federal Home Loan Bank of Dallas though projects can receive funding from any regional bank in the system. The Dallas Bank has total assets of \$43 billion as of September 30, 2015, and serves approximately 865 members across the five-state District of Arkansas, Louisiana, Mississippi, New Mexico, and Texas.

FHLB administers a variety of programs to foster affordable housing development and community economic development. The most competitive program is the Affordable Housing Program (AHP). FHLB Dallas provides financial products and services including advances (loans to members) and grant programs for affordable housing and economic development.

The AHP provides grants and subsidized loans to assist member institutions in helping to meet their community's local housing needs. FHLB Dallas provides funding to member institutions to develop affordable housing and local nonprofits act as the project sponsor and partner with a membership organization to submit an AHP application.

AHP funds are intended to assist members in financing the purchase, construction, and/or rehabilitation of single-family, rental, transitional, and single-room housing in their community. Funds must be used to benefit households with incomes at or below 80% of the median income for the area.

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<sup>14</sup> <https://www.gpo.gov/fdsys/pkg/PLAW-110publ289/pdf/PLAW-110publ289.pdf>

AHP funds may also be used to:

- Pay closing costs or down payments;
- Buy down principal amounts or interest rates;
- Refinance an existing loan (provided that the equity proceeds are used for the development of AHP-eligible housing); or
- Assist with rehabilitation or construction costs

In 2015, FHLB Dallas provided \$7.4 million in grants to 32 affordable housing projects. The grants will help create 965 new or rehabilitated affordable housing units. Applications are made available annually and are due on April 1<sup>st</sup> of each year.

Information on the AHP Program can be found at:

<https://www.fhllb.com/community/Pages/Affordable-Housing-Program.aspx>.

## **2.2 Texas State Funding**

In addition to federal funding, there are several state funding resources for affordable housing in Texas.

### **2.2.1. Texas Department of Housing and Community Affairs**

TDHCA is the state agency responsible for promoting and preserving home ownership, financing the development and ensuring the long-term stability of affordable rental housing, supporting community and energy assistance programs, and colonia housing activities.

In 2015, TDHCA administered more than \$628 million in state and federal funds for housing and community services. Approximately 98% of TDHCA's total committed funding in FY2015 came from federal sources, including the following:

- Community Services Block Grant Program (U.S. Health and Human Services (HHS));
- Emergency Solutions Grant Program (HUD);
- HOME Investment Partnerships Program (HUD);
- Housing Trust Fund Program (Texas General Revenue);
- Low Income Home Energy Assistance Program (HHS);
- Low Income Housing Tax Credit Program (Department of Treasury);
- Multifamily Bond Program (Department of Treasury);
- Single Family Bond Program (Department of Treasury);
- Neighborhood Stabilization Program (HUD);
- Section 8 Housing Choice Voucher Program (HUD); and
- Weatherization Assistance Program (DOE).

As the State's Housing Finance Agency, TDHCA develops the State's Qualified Allocation Plan to establish the procedures and requirements relating to an allocation of Housing Tax

Credits<sup>15</sup>, provides detailed reviews of applications for competitive funding, provides comprehensive financial underwriting, awards applicants based on competitive scoring criteria, and provides monitoring and compliance for a diverse and extensive multifamily portfolio.

Through the Housing Tax Credit program alone, TDHCA awarded approximately \$91 million to qualified projects throughout the state. Because TDHCA awards tax credits through its Regional Allocation Formula, typically one or two projects are awarded in each of TDHCA's 13 regions across the State. TDHCA's Housing Tax Credit program funds approximately 5,000 units of affordable housing in Texas each year.<sup>16</sup> There are usually between 10,000 and 12,000 units in the TDHCA pipeline.

More information on TDHCA's programs is available at: [www.tdhca.state.tx.us](http://www.tdhca.state.tx.us).

### **2.2.2 Texas State Affordable Housing Corporation**

The Texas State Affordable Housing Corporation (TSAHC), created in 1994 at the direction of the Texas State Legislature, is a self-sustaining nonprofit entity whose mission is to serve the housing needs of low, very low and extremely low-income Texans and other underserved populations who cannot access comparable housing options through conventional financial channels.

TSAHC is statutorily authorized to issue mortgage revenue bonds and other private activity bonds to finance the purchase and creation of affordable housing. Over the course of its history, TSAHC has utilized more than \$1.2 billion in single family bonding authority and approximately \$678 million in multifamily bonding authority. Bond issuances are used to finance the creation and preservation of affordable multifamily housing and the following home buyer programs:

- Homes for Texas Heroes Home Loan Program;
- Home Sweet Texas Home Loan Program; and
- Mortgage Credit Certificate Program.

Using its mission as guidance, TSAHC has developed the following additional programs and services to help meet the need for affordable housing in Texas:

- Home Buyer and Financial Education; and
- Texas Housing Impact Fund.

The Texas Housing Impact Fund, administered by TSAHC, offers financing for the development, acquisition, or rehabilitation of affordable rental or homeownership projects across Texas. The Fund supports projects that create opportunities, healthier environments, more mobility and a higher quality of life for low and moderate income families.

The Affordable Communities of Texas (ACT) program is a statewide land banking and land

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<sup>15</sup>The Governor approved Texas Qualified Allocation Plan can be found at: <http://www.tdhca.state.tx.us/multifamily/htc>

<sup>16</sup> TDHCA is recommending funding for 5,612 units for the 2015 allocation.

trust initiative which assists local nonprofit and governmental entities with the acquisition and redevelopment of distressed properties. To date, TSAHC has developed partnerships with more than 25 housing based organizations. TSAHC combines its expertise in acquiring land and foreclosed properties with local developer's knowledge of best construction practices and community needs for the following activities.

- Asset Oversight and Compliance
- Single Family Rental Program
- Multifamily Rental Program

Through the Texas Foundations Fund program, TSAHC partners with nonprofit organizations across Texas to support housing programs that provide stability to very low-income households. To date, TSAHC has invested nearly \$2.25 million to support the following activities: 1) home repairs and accessibility modifications to fix unsafe living conditions, and 2) supportive housing services, such as case management, mental health counseling and adult education, for households at risk of homelessness or unnecessary institutionalization.

More information on TSAHC's programs is available at: [www.tsahc.org](http://www.tsahc.org).

## 3.0 HOUSING RESOURCES

Approximately 37% of Texas households are renters which means there are more than 3.2 million renter households in Texas. Federal rental assistance programs, which are administered by a variety of agencies and organizations, enable more than 277,000 low-income Texas households to rent housing at an affordable cost. Approximately 25% of these renter households are headed by persons with disabilities.<sup>17</sup>

### 3.1 Public Housing Authorities

Public Housing Authorities (PHAs) are an important resource for affordable housing within the local community. There are more than 400 PHAs in the State of Texas. Some PHAs own and manage housing units, while others administer Section 8 Housing Choice Vouchers (discussed below). Many PHAs do both.

Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments. PHAs own and manage more than 56,000 affordable housing units in Texas. PHAs are located in rural areas, as well as urban areas. In fact, approximately 20% of public housing units are located outside of metropolitan areas. Notably, approximately 22% of households living in public housing are headed by a non-elderly (under age 62) person with a disability. Tenants must be low-income, and typically pay 30% of their income for rent. Like Section 8 vouchers, availability is limited and applicants may be on waiting lists for years.

To learn more about eligibility and availability, contact your local PHA. You can find your PHA (and the relevant contact information) online at:

<http://www.hud.gov/offices/pih/pha/contacts/states/tx.cfm>.

### 3.2 Housing Choice Vouchers

The Housing Choice Voucher program is the federal government's major program for assisting very low-income families, the elderly, and persons with disabilities to afford decent, safe, and sanitary housing in the private market. Participants choose their own housing, which can range from single-family homes to townhouses to apartments.

The Housing Choice Voucher program was originally created in 1975. It was initially called the Section 8 program, which refers to the part of the federal legislation that created the program. Oftentimes, "Housing Choice Voucher" and "Section 8 voucher" are used interchangeably.

Housing Choice Vouchers are administered locally by PHAs. The PHAs receive federal funds from HUD to administer the voucher program.

A household that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. Rental units must meet minimum standards of health and safety, as determined by the PHA.

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<sup>17</sup> Center on Budget and Policy Priorities (December 2014). *Texas Fact Sheet: The Housing Choice Voucher Program*. Retrieved from [http://www.cbpp.org/sites/default/files/atoms/files/3-10-14hous-factsheets\\_tx.pdf](http://www.cbpp.org/sites/default/files/atoms/files/3-10-14hous-factsheets_tx.pdf).

The household pays 30% of its income toward rent and the PHA (through the HUD subsidy) pays the difference between the FMR and the tenant's rental contribution. HUD determines the FMR each year and is based on local market conditions. Under certain circumstances, if authorized by the PHA, a family may use its voucher to purchase a modest home.

More than 2.1 million families rely on the Housing Choice Voucher program across the country.<sup>18</sup> In the State of Texas, 143,500 families used the Housing Choice Voucher in 2014. Twenty-five percent of voucher holders were households with disabilities.<sup>19</sup>

A complete listing of Housing Choice Vouchers available in Texas, according to the local agency administering the program is available at:

<http://www.cbpp.org/cms/index.cfm?fa=view&id=3586>.

To find more information about eligibility and availability, contact your local PHA.

You can find your PHA (and the relevant contact information) by visiting the following website:

<http://www.hud.gov/offices/pih/pha/contacts/states/tx.cfm>.

As a PHA, TDHCA also administers the Section 8 Housing Choice Voucher Program directly to individuals across the State of Texas in areas that may not have their own PHA. Currently, TDHCA administers approximately 900 vouchers in 32 counties across the state, primarily serving households in small cities and rural areas not served by other housing voucher programs. Eligible households earn at or below 50% Median Family Income (MFI). TDHCA prioritizes 75% of its vouchers for households earning at or below 30% MFI.

For additional information on eligibility and availability, contact TDHCA's Section 8 Division at (800) 237-6500 or visit: <http://www.tdhca.state.tx.us/section-8/>.

### **3.3 TDHCA Project Access**

The Project Access Program utilizes Section 8 Housing Choice Vouchers administered by TDHCA to assist low-income persons with disabilities in transitioning from institutions into the community by providing access to affordable housing.

The program serves those transitioning from nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), and state psychiatric hospitals. When the program began in 2002, Project Access included 35 vouchers. In 2015, there were 140 vouchers available through Project Access. TDCHA works closely with the Department of Aging and Disability Services (DADS) and the DSHS to coordinate this program.

For additional information on Project Access, contact the TDHCA Section 8 Division, at: <http://www.tdhca.state.tx.us/section-8/contacts.htm>.

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<sup>18</sup> Ibid.

<sup>19</sup> Center on Budget and Policy Priorities (December 19, 2012). *Texas Federal Rental Assistance Facts*. Retrieved from <http://www.cbpp.org/files/4-13-11hous-TX.pdf>



### **3.4 Tenant-Based Rental Assistance**

The Tenant-Based Rental Assistance (TBRA) program provides funding to local governments, PHAs, and nonprofit organizations for rental subsidies, security deposits (up to two months' rent), and utility deposits for low-income renters. TBRA funding is available for up to 24 months while the participating household engages in a self-sufficiency program. If available, additional funds may be set aside to provide assistance beyond 24 months for individuals meeting certain program requirements.

For additional information on Participating Jurisdictions:

<http://portal.hud.gov/hudportal/HUD?src=/states/texas/community/home>.

### **3.5 Non-Elderly Disabled Vouchers**

This special purpose voucher program was created in 1997 in partnership with HUD and the HHS Centers for Medicare and Medicaid Services (CMS). Category 1 Non-Elderly Disabled (NED) vouchers are specifically for non-elderly persons with disabilities to access affordable housing. Category 2 NED vouchers are specifically for non-elderly persons with disabilities living in nursing facilities or other health care institutions to transition into the community.

Only PHAs are eligible to apply for the NED vouchers. In order to access the NED Category 2 vouchers, PHAs need to partner with the state Medicaid agency or be part of the Money Follows the Person (MFP) Demonstration Program. There are currently more than 1,500 NED Category 1 and 2 vouchers administered by PHAs in the State of Texas.

For more information on NED vouchers, see the HUD website:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hc/v/ned](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hc/v/ned).

### **3.6 Family Unification Vouchers**

The Family Unification Program (FUP) provides targeted vouchers to either (1) families who are at risk of having their children placed in out-of-home care because of lack of decent, safe, and sanitary housing; or (2) youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing. FUP vouchers for families have no time limit; but FUP vouchers for youth are limited to 18 months of rental assistance. Currently, only Austin Housing Authority and Tarrant County Housing Authority administer FUP vouchers.

Over the past 15 years, HUD awarded PHAs more than 70,000 Housing Choice Vouchers that targeted specifically persons with disabilities. You can also search the Technical Assistance Collaborative (TAC) comprehensive database of housing vouchers that are specifically targeted to persons with disabilities.

The database shows the 29 PHAs in the State of Texas that administer specific vouchers targeted to persons with disabilities: <http://www.tacinc.org/knowledge-resources/vouchers-database/?state=TX>.



### **3.7 Section 8 Project-Based Rental Assistance**

Section 8 Project-Based Rental Assistance (PBRA) enables more than 2 million Americans to rent modest units at an affordable price. In Texas, there are more than 50,000 Section 8 PBRA units. Seniors or persons with disabilities make up more than two-thirds of the households utilizing Section 8 PBRA.<sup>20</sup>

Section 8 PBRA is different from the Section 8 Housing Choice Voucher. The former is attached to designated rental units, while the latter is “portable” and travels with the voucher holder.

Private owners, including both for-profit and nonprofit entities, own and manage the Section 8 PBRA properties. Residents pay no more than 30% of their adjusted gross income toward rent, and multi-year federal rental assistance contracts make up the difference between the tenants’ contribution and the actual cost of owning and operating the project.

To find an inventory of Section 8 PBRA in your area, you can search online at:  
<http://www.hud.gov/apps/section8/>.

### **3.8 TDHCA HOME Tenant-Based Rental Assistance**

TDHCA’s TBRA program provides funding to local governments, PHAs, and nonprofit organizations for rental subsidies, security deposits (up to two months’ rent), and utility deposits for low-income renters. TBRA funding is available for up to 24 months while the participating household engages in a self-sufficiency program. If available, additional funds may be set aside to provide assistance beyond 24 months for individuals meeting certain program requirements.

TDHCA’s TBRA is funded through the federal HOME program. TDHCA HOME funds are available to non-Participating Jurisdictions (PJs)<sup>21</sup>, except for the set-aside for persons with disabilities. TDHCA has set aside five% of its HOME funds (including TBRA funds) to serve persons with disabilities. The set-aside for persons with disabilities can be utilized throughout the state (participating and non-participating jurisdictions).

For additional information on TBRA, contact TDHCA’s HOME Program Division at:  
<http://www.tdhca.state.tx.us/home-division/index.htm>.

### **3.9 Vacancy Clearinghouse**

TDHCA maintains a Vacancy Clearinghouse, which is a simple online tool to enable individuals and organizations to access affordable housing options in their area.

To use the online database, simply search by city, county, or zip code:

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<sup>20</sup> *Texas Federal Rental Assistance Facts*. Center on Budget and Policy Priorities, December 2014  
<http://www.cbpp.org/sites/default/files/atoms/files/4-13-11hous-TX.pdf>

<sup>21</sup> Participating Jurisdictions (PJs) are state or local governments that have been designated by HUD to administer federal HOME Investment Partnership (HOME) funds. Most large cities and highly populated counties are PJs. HUD has jurisdiction over all PJs. TDHCA provides funding to non-PJs, except in the case of specially designated set asides, in which funding can go to both PJs and non-PJs.

<http://hrc-ic.tdhca.state.tx.us/hrc/VacancyClearinghouseSearch.m>.

The list only includes properties funded by TDHCA, so it is not a comprehensive list of affordable properties in an area. The list includes a breakdown of unit type (by accessible and non-accessible), as well as contact information for each property. It is important to note that these properties are required to accept Section 8/Housing Choice Vouchers.

### **3.10 Section 811 Supportive Housing for Persons with Disabilities**

In response to the enormous need for affordable, accessible and integrated housing for persons with disabilities, HUD is implementing a new housing option through the Section 811 Program called the Project Rental Assistance (PRA) Program.

In January 2010, Congress passed the Frank Melville Supportive Housing Investment Act, which modernizes and reforms the 20+ year old Section 811 program. The Frank Melville Act focuses on leveraging housing and services dollars to create integrated, affordable, and accessible housing for persons with disabilities.

Most significantly, the Frank Melville Act creates a new development option – the PRA option. This program transforms Section 811 funding to project rental assistance dollars that are leveraged with development funding from the State's Housing Finance Agency, or other eligible housing entity, and funding for services from Medicaid and the U.S. Department of Health and Human Services.

In February 2013, HUD awarded 13 states Section 811 PRA Demonstration funds. The State of Texas applied for and was awarded over \$12 million to create an additional 360 units of affordable, accessible, and integrated housing for extremely low-income persons with disabilities.

Interested developers can participate in the program through a variety of TDHCA's multifamily programs, including the Low Income Housing Tax Credit Program. In addition to designating units through new development, properties can also apply to participate in the PRA program for existing properties through the Request for Applications, found on the TDHCA Section 811 web page. The Health and Human Services Commission ensures long term services are available for individuals with disabilities. Referrals to 811 units are only available through qualified referral agents.

Large housing developments (50 units or more) may provide up to 18% of the units of the development set-aside exclusively for persons with disabilities, dispersed throughout the development.

Small housing developments (fewer than 50 units) may provide up to 36% of the units of the development set-aside exclusively for persons with disabilities, dispersed throughout the development.

Owners/Property Managers must follow the **stricter** of the applicable regulations by housing type, whether it is the Section 811 Program requirement or TDHCA's Integrated Housing Rule.

At this time, the opportunity to participate in TDHCA's 811 PRA program is only available in certain metropolitan areas across the State. To find out more about where Texas 811 PRA units are available as well as referral agencies and eligibility, visit TDHCA's 811 web page online at:

<http://www.tdhca.state.tx.us/section-811-pra/index.htm>.

For more information, please contact Spencer Duran, Section 811 Manager:

[Spencer.duran@tdhca.state.tx.us](mailto:Spencer.duran@tdhca.state.tx.us).

**3.11 Supportive Housing** can be provided to anyone in a service package at the Local Mental Health Authority (LMHA). The LMHAs provide both support services and rental assistance when funds are available to do so. Each LMHA has a different housing program unique to their center. DSHS provides technical assistance to LMHAs to ensure they provide comprehensive, evidence-based supportive housing services to the individuals they serve. In the 83rd Legislative Regular Session, 2013, DSHS received new funding for rental and utility assistance that is being provided to certain LMHAs to develop new programs or enhance already existing supportive housing programs.

To locate an LMHA go to: <http://www.dshs.state.tx.us/mhservices-search/>.

## 4.0 HOUSING RESOURCES FOR VETERANS

### **4.1 U.S. Department of Housing and Urban Development – Veterans Assistance Supportive Housing**

The U.S. Department of Housing and Urban Development – Veterans Assistance Supportive Housing (HUD-VASH) Program is a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing. HUD provides housing assistance through its Housing Choice Voucher Program (Section 8) that allows homeless Veterans to rent privately owned housing. VA offers eligible homeless Veterans clinical and supportive services through its health care system across the 50 states, the District of Columbia, Puerto Rico and Guam.

Since 2008, HUD has awarded more than 79,000 vouchers to local Public Housing Authorities through the VASH program. The PHAs administer the vouchers, and the VA provides dedicated case managers to assist the veterans with securing stable, permanent housing and appropriate support services. There are currently 5,396 VASH vouchers in the State of Texas.

### **4.2 Fund for Veterans' Assistance**

The Fund for Veterans' Assistance (FVA) was established in 2005 by the 79th Legislature and funded in late 2009. The FVA program oversees five grant categories: General Assistance, Housing4TexasHeroes, Veterans Mental Health, Veterans Treatment Court, and Highly Rural Transportation Grants. These grants offer funding to non-profit and local government organizations which, in turn, provide direct services to Texas Veterans and their families. Since 2009, the TVC has awarded nearly \$55M in 307 grants to 132 non-profit and local government entities. As of August 31, 2015, grantees have served nearly 210,000 Texas Veterans and

dependents.

#### **4.3 HOUSING4TEXASHEROES Grants**

The H4TXH category awards grants to eligible organizations that assist Texas Veterans and their families in obtaining, maintaining, or improving housing. Currently, these grants address homeless/housing needs as well as home modification assistance needs of Disabled Veterans, Low Income, and Very Low Income Veterans. These grants assist Texas Veterans and their families in obtaining, maintaining, or improving housing. Projects include homeless Veterans support, Veteran homelessness prevention, home modification assistance, and housing assistance for families of Veterans being treated at Texas medical facilities.

## **5.0 HOME REPAIR, REHABILITATION, AND MODIFICATIONS**

Local organizations and municipal governments often offer accessibility modifications at reduced rates or no cost. For example, Austin's Housing Repair Coalition (AHRC) is a collaboration of 12 local organizations that provide critical life safety housing repair. By coordinating and leveraging diverse funding sources and volunteer resources, the AHRC provides both housing repair and accessibility modification to qualified low-income homeowners.

Structural changes needed to make a housing unit accessible may be paid for by the landlord, provided they are reasonable and can be used by future tenants. Landlords, however, are not required to make all modifications.

#### **5.1 TDHCA's Amy Young Barrier Removal Program**

The Amy Young Barrier Removal (AYBR) Program supports accessibility modifications in rental and owner-occupied housing and helps to eliminate hazardous conditions in owner-occupied homes. The program helps finance home modifications that may include the addition of handrails and ramps, widening of doors, adjusting countertops and cabinets to appropriate heights, installation of buzzing or flashing devices for persons with visual or hearing impairments, and installation of accessible showers, toilets, and sinks.

The program provides one-time grants for up to \$20,000 per home with at least 75% of each home's total grant to be used for barrier removal. Up to 25% of each home's total grant may be used for health or safety hazard removal, unless otherwise approved by TDHCA. Funds target qualifying individuals who earn no more than 80% of the MFI.

Nonprofit organizations and local governments apply to TDHCA for AYBR funds. Qualifying organizations process intake applications, verify eligibility, and oversee construction of accessibility modifications.

Organizations that currently administer Amy Young Program funds at the local level are available at: <http://www.tdhca.state.tx.us/htf/single-family/amy-young.htm>.

For questions and information on how to become AYBR Administrator, please contact the Housing Trust Fund Division at the website above.

### ***5.2 Homeowner Rehabilitation Assistance Program***

Homeowner Rehabilitation Assistance (HRA) Program supports rehabilitation or reconstruction of substandard stick built homes or replacement of manufactured housing units owned and occupied by qualified homeowners. The HRA Program funds Units of General Local Governments, Public Housing Authorities, and nonprofits to provide the rehabilitation services. This program is funded through TDHCA's federally-funded Texas HOME Program.

More information can be found at: <http://www.tdhca.state.tx.us/home-division/hra.htm>.

## 6.0 HOMEOWNERSHIP

TDHCA administers a variety of programs to facilitate homeownership for low- and moderate-income Texans.

### **6.1 Texas First Time Homebuyer Programs**

TDHCA administers two homebuyer assistance programs under its Texas First Time Homebuyer (FTHB) Program: My First Texas Home (MFTH) and Texas Mortgage Credit Certificate (TX MCC). MFTH offers mortgage loans at fixed interest rates and down payment and/or closing cost assistance. TX MCC's offer tax credits based on the annual interest paid on a mortgage loan. Homebuyers may combine mortgage credit certificate and TDHCA homebuyer programs for maximum benefit. All FTHB programs are available through participating lenders to qualifying lower to moderate-income veterans and first time homebuyers or households who have not owned a home in the previous three years.

For further information, contact TDHCA's Homeownership Division:

<http://www.tdhca.state.tx.us/homeownership/fthb/index.htm>.

### **6.2 Texas Bootstrap Loan Program**

Texas Bootstrap Loan Program is a self-help construction program that provides very low-income owner-builders an opportunity to help themselves through "sweat equity." Participants under this program are required to provide at least 65 percent of the labor necessary to build or rehabilitate the home. Nonprofit organizations can combine these funds with other sources; however, all combined loans cannot exceed \$90,000 per unit. The program is administered through administered through TDHCA's Colonia Self-help Centers and State Certified Owner-Builder Housing Programs across the state.

For further information, contact TDHCA's Office of Colonia Initiatives:

<http://www.tdhca.state.tx.us/oci/bootstrap.jsp>.

### **6.3 Homebuyer Assistance Program**

Homebuyer Assistance (HBA) Program provides funding to eligible entities which offer down payment and closing cost assistance for qualifying lower to moderate-income homebuyers of single family housing units. This program may include funding for rehabilitation for accessibility modifications, and is funded through TDHCA's federally-funded Texas HOME Program.

For further information on either of these programs, contact TDHCA's HOME Division:

<http://www.tdhca.state.tx.us/home-division/index.htm>.

### **6.4 Texas State Affordable Housing Corporation**

See Section 2.2.2 for information about the Texas State Affordable Housing Corporation resources for homebuyers.

## 7.0 HOMELESS AND EMERGENCY ASSISTANCE

### **7.1 Homeless Assistance Programs**

Authorized by the McKinney-Vento Homeless Assistance Act, HUD administers a variety of homeless assistance programs. Communities are required to coordinate needs and programs through the development of a Continuum of Care (CoC) system. A CoC is designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs.

In 2009, the McKinney-Vento Act was amended for the first time in 20 years through the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act resulted in the development of new definitions and regulations that consolidated HUD's competitive grant programs and emphasized prevention resources for homelessness. In December 2015, HUD finalized the new definition for persons who are chronically homeless. The new definition provided more explicit language around length of homelessness as well as rewording the definition from a person having a "disabling condition" to "a homeless individual with a disability".

More information on the definition can be found at:

<https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>.

The HEARTH Act consolidated the Shelter Plus Care Program, the Supportive Housing Program, and the Section 8 Moderate Rehabilitation single Room Occupancy Program into the CoC Program. There are 11 CoCs operating in the State of Texas.

Maps showing the various CoC geographies, as well as the CoC lead agency contacts, can be found at the Texas Homeless Network webpage: <http://www.thn.org/continuums>.

Local resources, especially for communities located in the Balance of State CoC, are often managed through local homeless coalitions in Texas. A list of local coalitions can be found here: <http://www.thn.org/resources>.

Homeless Assistance Programs are awarded annually through a CoC lead agency. For information on the annual Continuum of Care Notice of Funding Availability (NOFA) process visit: <https://www.hudexchange.info/programs/coc/>.

### **7.2 Emergency Solutions Grants Program**

Authorized in 1987, ESG is a formula grant to states and localities for emergency shelter, supportive services, and rental assistance for households experiencing homelessness or who are at-risk of homelessness. In 2009, through the HEARTH Act, funding for ESG shifted focus from emergency shelters toward assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Eligible activities include:

- Engage homeless individuals and families living on the street;
- Improve the number and quality of emergency shelters for homeless individuals and families;



- Help operate these shelters;
- Provide essential services to shelter residents;
- Rapidly re-house homeless individuals and families; and
- Prevent families and individuals from becoming homeless.

ESG funds are distributed by HUD to cities, counties, and the State of Texas based on a federal allocation formula and submission of a Consolidated Plan.

To learn more, go to: <https://www.hudexchange.info/programs/esg/>.

TDHCA administers the State's ESG Program. TDHCA issues a NOFA for ESG funds annually. Eligible applicants, include units of general purpose local governments and private nonprofit organizations with a 501(c)(3) tax-exempt status, apply to TDHCA through a competitive process. TDHCA is shifting the process for ESG funding to coordinate with local Continuum of Care lead agencies.

For more information contact the TDHCA ESG Division at:  
<http://www.tdhca.state.tx.us/community-affairs/esgp/>.

## **8.0 ENERGY ASSISTANCE**

### ***8.1 Comprehensive Energy Assistance Program***

The Comprehensive Energy Assistance Program (CEAP) is a utility assistance program designed to assist low income households in meeting their immediate energy needs and to encourage consumers to control energy costs for years to come through energy education. The CEAP involves integration of all Low Income Home and Energy Assistance Program (LIHEAP)-funded programs, thereby enhancing efficiency and effectiveness of services provided to clients and eliminating duplication of services. The CEAP is administered through subrecipients, which collectively cover all 254 counties of the state.

To find a subrecipient in your area just to the TDHCA Help for Texans website:  
<http://www.tdhca.state.tx.us/community-affairs/ceap/index.htm>.

### ***8.2 Weatherization Assistance Program***

TDHCA offers the Weatherization Assistance Program (WAP) with funding from the U.S. DOE, and the U.S. Department of Health and Human Services LIHEAP. WAP is designed to help low income customers control their energy costs through installation of weatherization materials and education. The program goal is to reduce the energy cost burden of low income households through energy efficiency. The WAP is administered through subrecipients, which collectively cover all 254 counties of the state.

To find a subrecipient in your area just to the TDHCA Help for Texans website:  
<http://www.tdhca.state.tx.us/community-affairs/wap/index.htm>.



## 9.0 OPPORTUNITIES FOR INPUT AT THE LOCAL LEVEL

Fortunately there are many opportunities for individuals to have their voices heard at the local level regarding affordable housing. It is important to become knowledgeable regarding existing housing resources in your community, including understanding the priorities and the barriers to affordable, accessible, and integrated housing. Important questions that can be addressed by getting informed, involved, and active, include: What is the current stock of affordable housing? What are the needs of the local disability community? What is the best strategy to meet those needs using existing resources?

### **9.1 Consolidated Plan**

The Consolidated Plan (ConPlan) is a planning document that states and local governments (Participating Jurisdictions (PJs)) must prepare in order to receive federal funds from HUD for a variety of housing and community development activities. Specifically, the ConPlan controls federal resources for the CDBG program, HOME program, ESG, and HOPWA. Although each of these programs was discussed in detail previously, it is important to note the ConPlan is the guiding document (“master plan”) for affordable housing investment in local communities and states.

Federal law requires that HUD approve the community’s ConPlan before the locality can receive federal funds. The ConPlan articulates:

1. The community’s housing needs;
2. The strategies developed to meet those needs; and
3. The funding priorities for a five-year period.

The ConPlan emphasizes the role of citizens and community groups in identifying local needs and recommending actions local government should take to address those needs. Communities are required to seek public input and participation in the development of the ConPlan. In fact, HUD requires that each jurisdiction adopt a Citizen Participation Plan that articulates the process and opportunities for citizens to provide meaningful input in the preparation of the ConPlan.

Although the ConPlan is a five-year master plan, HUD also requires annual updates, known as Action Plans. The annual Action Plan describes the activities a jurisdiction will undertake to meet the priority needs of the community. The Action Plan describes the resources it expects to be available to meet the community’s affordable housing needs. The Action Plan also requires public outreach and participation.

At the end of each program year, Participating Jurisdictions are required to prepare a Consolidated Annual Performance and Evaluation Report (CAPER) to provide information to HUD and citizens about that year’s accomplishments. This information allows HUD, local officials, and the public to evaluate the jurisdiction’s performance and determine whether the activities undertaken during the program year helped to meet the community’s five-year goals and to address priority needs identified in the Consolidated Plan and the Annual Action Plan.

The most current Consolidated Plan for the State of Texas, including opportunities to provide public comment, are available on TDHCA's website: <http://www.tdhca.state.tx.us/housing-center/pubs-plans.htm>.

The most current Consolidated Plans for communities in Texas can be downloaded from HUD's website: <https://www.hudexchange.info/consolidated-plan/con-plans-aaps-capers/>.

In addition to your community's Consolidated Plan there are a number of opportunities for the public to give feedback regarding TDHCA's programs and priorities specifically serving persons with disabilities.

More information about TDHCA opportunities for public comment can be found at: <http://www.tdhca.state.tx.us/public-comment.htm>.

### **9.2 PHA Plan**

In order to receive funding from HUD, PHAs are required to develop five-year housing plans. Like the ConPlan, the PHA Plan requires that the community have the opportunity to participate and provide input.

The PHA Plan is a plan that informs HUD, residents, and the public of the PHAs' mission for serving the needs of low-income and very low-income families and the PHA's strategy for addressing those needs. PHAs must submit 5-year plans for tenant-based rental assistance and public housing programs. Some PHAs are also required to submit annual plans to supplement the 5-year plans.

To find out more about your PHA's planning process, and your opportunities for input regarding the needs of persons with disabilities, contact your local PHA: <http://www.hud.gov/offices/pih/pha/contacts/states/tx.cfm>.

PHA Plans that are received, reviewed, and approved by HUD can be found on HUD's website: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/pha](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha).

### **9.3 Housing and Health Services Coordination Council**

The purpose of HHSCC is to increase state efforts to expand Service-Enriched Housing for low income persons with disabilities of all ages, improve interagency understanding of housing and services, increase the number of staff in state housing and state health services agencies that are conversant in both housing and health care policies, and offer a continuum of home and community-based services that is affordable to the state and the target population. Visit the HHSCC website to learn more: <http://www.tdhca.state.tx.us/hhsccl/index.htm>.

### **9.4 Disability Advisory Workgroup**

Providing services and housing to persons with disabilities presents unique challenges and opportunities. TDHCA maintains the Disability Advisory Workgroup to provide ongoing guidance to the Department on how TDHCA's programs can most effectively serve persons

with disabilities. TDHCA believes that consultation with community advocates, funding recipients and potential applicants for funding is an essential prerequisite to the development of effective policies, programs and rules. In order to augment TDHCA's formal public comment process, a workgroup is utilized, affording staff the opportunity to interact more informally and in greater detail with various stakeholders and to get feedback on designing more successful programs. These meetings are open attendance and advertised through the TDHCA website and email lists.

### ***9.5 State Low-Income Housing Plan and Annual Report***

Every year, TDHCA creates the SLIHP which sets funding priorities for the year for the Department's programs. The plan has a public comment period that provides an opportunity to provide feedback to TDHCA on programs and policies.

The SLIHP can be found on the TDHCA website:

<http://www.tdhca.state.tx.us/housing-center/pubs-plans.htm#slihp>.

For additional information on TDHCA collaborations and publications, refer to the TDHCA Housing Resource Center website: <http://www.tdhca.state.tx.us/housing-center/index.htm>.

## 10.0 SERVICES FOR PERSONS WITH DISABILITIES AND OLDER TEXANS

The federal role in Medicaid is to establish broad guidelines, minimum standards, and qualifications for the Medicaid program. Medicaid was enacted as Title XVIII and Title XIX of the Social Security Act in 1965. As such, Medicaid continues to be a jointly funded partnership between the states and the federal government. States have flexibility in the design and implementation of Medicaid services, and participation in Medicaid is voluntary; all 50 states, Washington D.C., and territories participate. Beneficiaries are low-income families and children, pregnant women, the elderly, persons with disabilities, and in some States, other adults.

The federal government provides the oversight of the State Medicaid plans and processes State plan amendments and waiver requests. The State's role in Medicaid is to: 1) administer and name the Medicaid program; 2) determine eligibility standards and the beneficiary enrollment process; 3) determine the type, amount, duration, and scope of services; 4) set the rate of payment for services; and 5) collect and report program information to CMS.

States are mandated to provide coverage for some services that are referred to as "mandatory." Other services may be provided at the State's option and will receive Medicaid matching funds. These services are referred to as "optional." Eligible beneficiaries are "entitled" to all mandatory and optional services the State covers under its regular Medicaid program (the State Plan). These mandatory services include primary and acute care; long-term care; medical supplies; speech, occupational, and physical therapy; prescription drugs; emergency medical services; in-home personal care; mental health and substance abuse services; and day activity services.

Home and Community Based Services (HCBS) Medicaid waivers are not an entitlement and have different financial eligibility requirements. Waiver services support a person in the community who would otherwise qualify to be in an institution. The cost of waiver services cannot exceed what the state would have spent in the absence of the waiver program.

Unlike the entitlement programs, HCBS waivers also allow states to limit services to particular counties or regions of a State, to target services to certain groups, and to limit the number of people served. Texas maintains interest lists of people waiting for services. The 'Money Follows the Person and Promoting Independence' initiatives allow an individual to bypass the interest list.

There are specific financial eligibility requirements to receive Medicaid services, including receiving payments under SSI. In 2015, that income was \$733 per month. For HCBS waiver services, eligibility is for persons with incomes up to 300% of SSI, or \$2,199 per month. Other financial eligibility rules may apply.

Senate Bill 200 (84<sup>th</sup> Legislature, Regular Session), is the Health and Human Services Commission's (HHSC's) Sunset bill. The bill reorganizes the health and human services system by:

- Consolidating client services, regulatory functions, and residential facility operations at HHSC;
- Focuses DSHS on public health functions and DFPS on protective services functions;
- Transfers vocational rehabilitation programs from Department of Assistive and Rehabilitative Services (DARS) to the Texas Workforce Commission;
- Creates a Transition Legislative Oversight Committee (TLOC) to provide guidance to the Executive Commissioner on the HHS system reorganization;
- Requires the Executive Commissioner to develop and implement a transition plan and to assess the continuing need for DFPS and DSHS as standalone agencies; and
- Creates a new HHS Executive Council to receive public input and advise the Executive Commissioner on agency operations.

Effective September 1, 2016:

- Vocational rehabilitation programs move from DARS to TWC; and
- Client services programs move from DADS, DARS & DSHS to HHSC.

Effective September 1, 2017:

- State Hospital operations from DSHS and State Supported Living Center operations from DADS transfer to HHSC; and
- Regulatory programs from DSHS, DADS & DFPS transfer to HHSC.

For more information about the consolidation visit the HHS Transformation visit:

<http://www.hhsc.state.tx.us/hhs-transformation/index.shtml>.

### **10.1 Texas Health and Human Services Commission**

HHSC oversees the health and human services system as well as direct administration of Medicaid, the Children’s Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid funded Behavioral Health Services, and other assistance programs. Medicaid is explained in detail in the ninth edition of Texas Medicaid and CHIP in Perspective, also known as the “Pink Book” (2015). This book can be downloaded by chapter or in its entirety or by chapter. This document provides an in-depth discussion of Medicaid programs and services. It can be downloaded at this website: <http://www.hhsc.state.tx.us/medicaid/about/PB/toc.shtml>.

### **10.2 Texas 2-1-1**

The 2-1-1 Texas program of HHSC, is committed to helping Texas citizens connect with the services they need. The goal is to provide accurate, well-organized and easy-to-find information by phone or internet from state and local health and human services programs through the work of [25 Area Information Centers \(AICs\) across the state](#). 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year.

Individuals can dial 2-1-1, or (877) 541-7905, to find information about resources in their local community. Assistance includes information on food or housing, child care, crisis counseling or substance abuse treatment. More information can be found here:

[www.211texas.org/211/](http://www.211texas.org/211/).

## 11.0 SERVICES FOR PERSONS WITH PHYSICAL DISABILITIES

### 11.1 Centers for Independent Living

The Centers for Independent Living (CIL) concentrate their efforts on self-sufficiency and quality of life, even if work potential is limited. CILs promote self-sufficiency despite significant disability, providing persons with disabilities with improved mobility, communication, personal adjustment and self-direction. CILs are operated by and for persons with disabilities throughout the state to provide assistance through peer counseling, information and referral, advocacy support and other measures that encourage people to make their own decisions.

Objectives for the CILs include but are not limited to:

- Living independently;
- Decreasing dependence on family members;
- Decreasing the need for attendant services;
- Decreasing the need for supervision in activities of daily living;
- Increasing a self-directed lifestyle;
- Improving ability to perform activities of daily living;
- Improving mobility;
- Improving communication; and
- Improving personal/social adjustment.

Services provided in a CIL program may include:

- Counseling and guidance;
- Training and tutorial services;
- Adult basic education;
- Rehabilitation facility training;
- Telecommunications, sensory and other technological aids for persons who are deaf;
- Vehicle modification;
- Assistive devices such as artificial limbs, braces, wheelchairs and hearing aids to stabilize or improve function; and
- Other services, as needed, to achieve independent living objectives, such as transportation, interpreter services and maintenance.

Independent Living Services (ILS) can be provided when individuals meet basic eligibility requirements. To be eligible for an ILS program, a person must be certified by a Division of Rehabilitation Services (DRS) counselor to have:

- A significant disability that results in a substantial impediment to their ability to function independently in the family and/or in the community; and
- A reasonable expectation that ILS assistance will result in the ability to function more independently.

The DRS counselor provides guidance and counseling and, when possible, coordinates services from organizations offering comparable benefits directed toward achieving the ILS goal. For those ILS services that require DRS funds, consumers are continued on the ILS

Waiting List. The timing of DRS-paid services varies depending upon available funding and the current number of consumers receiving or waiting for DRS-funded services.

DRS works very closely with CILs in locations that have a center. The DRS counselor can provide information about the closest available center and the area that it serves. Consistent with the primary purpose of the program, the DRS Independent Living services also contribute to the support of persons with disabilities in the community as well as support their movement from nursing homes and institutions to community-based settings.

Services will be determined through informed consumer choice after providing individuals with information about options and alternatives. Only one DRS program can be accessed at a time. Some persons with significant disabilities may face barriers that severely limit their ability to take advantage of the many opportunities most people take for granted. These may include: transportation, living arrangements, and social and recreational activities. Some barriers are obvious, a curb with no ramp for persons who use wheelchairs, lack of interpreters or captioning for persons with hearing impairments, lack of brailled material for persons with visual impairments, for example. Less obvious barriers can be even more limiting. The DRS ILS program can address common misunderstandings about disability that often prevent persons with disabilities from living independent lives. With some assistance, persons with disabilities can effectively confront these barriers and achieve lives of personal satisfaction and independence. DRS counselors can help persons with disabilities move beyond all kinds of barriers, both at home and in the community.

The complete list of Independent Living Center in Texas is located at the following website:  
[http://www.dars.state.tx.us/drs/directory\\_cil.shtml](http://www.dars.state.tx.us/drs/directory_cil.shtml).

The list of Independent Living Centers funded directly through DARS is found here:  
[http://www.dars.state.tx.us/drs/directory\\_drsonly\\_cil.shtml](http://www.dars.state.tx.us/drs/directory_drsonly_cil.shtml).

### **11.2 Vocational Rehabilitation Program**

The Vocational Rehabilitation (VR) Program has been a state-federal partnership since 1929, helping persons with physical or mental disabilities prepare for, find and keep jobs. Gaining skills needed for a career, learning how to prepare for a job interview or getting the accommodations needed to stay employed are just a few of the ways this program helps persons with disabilities increase productivity and independence. Work related services are individualized and may include: counseling, training, medical treatment, assistive devices, job placement assistance, and other services.

Eligibility criteria for this program include the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes. The VR program in Texas helps persons with disabilities prepare for, find and maintain employment. This program also helps students with disabilities plan to successfully navigate the jump from school to work. Please see the Vocational Rehabilitation Guide to Applicants to learn about the process of applying for VR services.

The VR Program serves persons with a wide variety of disabilities including:

- Mental illness;
- Hearing impairment;
- Impaired functioning of arms or legs;
- Back injury;
- Alcoholism or drug addiction;
- Mental retardation;
- Learning disability;
- Traumatic brain injury; and
- Other physical or mental disabilities that prevent the person from finding and keeping a job.

Services are based on individual needs, and may include:

- Medical, psychological and vocational evaluation to determine the nature and degree of the disability and the consumer's job capabilities;
- Counseling and guidance to plan vocational goals and adjust to the working world;
- Training to learn job skills in trade school, college, university, on the job or at home,
- Hearing examinations, hearing aids and other communication equipment, aural rehabilitation and interpreter services for the deaf and hearing impaired;
- Medical treatment and/or therapy to lessen or remove the disability;
- Assistive devices such as artificial limbs, braces, and wheelchairs to stabilize or improve functioning on the job or at home;
- Rehabilitation technology devices and services to improve job functioning;
- Training in appropriate work behaviors and other skills to meet employer expectations;
- Job placement assistance to find jobs compatible with the person's physical and mental ability; and
- Follow-up after job placement to ensure continued job success.

Consistent with the primary purpose of the program, VR services also contribute to the support of persons with disabilities in the community, as well as to support their transition from nursing homes and institutions to community-based settings.

A person with disabilities is eligible if:

- The person has a disability which results in substantial problems in obtaining employment;
- Vocational rehabilitation services from DRS are required by that person to prepare for, get or keep a job; and
- The person is able to get or keep a job after receiving services.

Services are determined through informed choice after providing information about options and alternatives. Only one DRS program can be accessed at a time.

### ***11.3 Supported Employment***

Supported Employment serves individuals of the Vocational Rehabilitation Program who need on-going support to maintain competitive employment. Counselors ensure that participants in this program have the opportunity and support necessary to work in their communities.



#### **11.4 Transition Planning.**

DRS VR counselors provide consultative and technical assistance to public school personnel planning a successful transition from school to work for students with disabilities. DRS Regional Transition Specialists assist VR counselors in coordination with schools, independent school districts, and regional Educational Service Centers.

The VR program also provides services to eligible persons with disabilities who have been injured on the job, and partners with the Office of Injured Employee Counsel (OIEC) when appropriate. OIEC's mission is to assist, educate, and advocate on behalf of the injured employees of Texas. For further information about the agency and the services provided please visit the OIEC website at: [www.oiec.state.tx.us](http://www.oiec.state.tx.us).

#### **11.5 Specialized Telecommunications Assistance Programs**

Specialized Telecommunications Assistance Programs (STAP) is a voucher program that provides financial assistance for the purchase of specialized assistive equipment or services for individuals whose disability interferes with their ability to access the telephone network.

#### **11.6 Division for Blind Services**

The Division for Blind Services (DBS) assists blind or visually impaired individuals and their families. Depending upon their goals and needs, DBS offers services to help regain independence or secure employment. DBS staff work in partnership with Texans who are blind or visually impaired to get high quality jobs, live independently, or help a child receive the training needed to be successful in school and beyond. DBS envisions a Texas where persons who are blind or visually impaired enjoy the same opportunities as other Texans to pursue independence and employment, and our mission is to work in partnership with Texans who are blind or visually impaired to reach their goals. DBS services include participation in:

- Vocational Rehabilitation Program for adults whose visual condition limits their ability to begin or continue work;
- Independent Living Rehabilitation Program assists adults who are blind or visually impaired to learn adaptive skills to continue to live independently;
- Transition program assists young persons who are blind or visually impaired to make an effective transition from secondary school to adult life and the world of work; and
- Criss Cole Rehabilitation Center, located in Austin, a residential program offering intensive vocational and independent living training to Texans who are blind.

#### **11.7 Deaf -Blind with Multiple Disabilities**

The Deaf Blind with Multiple Disabilities (DBMD) program provides services and supports for individuals with deaf-blindness and one or more other disabilities as an alternative to living in an ICF/IID. Individuals receiving services may reside in their own or family home or in small group homes. Services include: adaptive aids and medical supplies; dental services; assisted living; behavior support services; case management; chore services; minor home modifications; residential habilitation; day habilitation; intervener services; nursing services; occupational therapy; physical therapy; orientation and mobility; respite; speech, hearing and language therapy; supported employment; employment assistance; dietary services; and

financial management services. In 2014, 169 individuals received those services with an average monthly cost per recipient of \$1,429 (DADS Reference Guide 2015).

### **11.8 Comprehensive Rehabilitation Services Program**

The Comprehensive Rehabilitation Services Program (CRS) helps Texans with spinal cord and brain injuries receive intensive therapies to increase independence. CRS has assisted individuals to successfully transition from nursing homes and hospitals to return to living independently in their own homes. In order to receive services, the consumer must:

- Have a traumatic brain injury, a traumatic spinal cord injury, or both. These injuries must have significantly affected the consumer's ability to perform daily activity;
- Be at least 15 years old;
- Be a United States citizen or immigrant alien;
- Have lived in Texas for at least six months or have a primary caregiver who has lived in Texas for at least six months;
- Be medically stable enough to participate in rehabilitation activities; and
- Agree to participate in the services offered by the DARS CRS program.

Every person in the CRS program receives an individualized treatment plan based on individual needs. The goal of the CRS program is to help persons be more independent in their homes and communities. Depending on need, the CRS program pays for one or all of the following treatments:

- *In-patient Comprehensive Medical Rehabilitation:* A team of medical experts provides individuals with therapy, medical care, and related assistance. These services take place in a rehabilitation hospital and typically last 30 days.
- *Outpatient Services:* Experts help individuals increase their ability to do daily activities that were affected by their injury. Individuals may have to access services at a hospital or clinic during the day, but will return home after their treatments.
- *Post-Acute Traumatic Brain Injury Services:* These services help individuals deal with mental or thought issues related to their injury such as forgetfulness or difficulties in solving problems. These services are offered on a residential (overnight stay) and non-residential basis.

While there may be a waiting list for services, the goal of the CRS program is to:

- Serve as many persons as possible, as soon as possible; and
- Deliver services offering the most effective help.

### **11.9 Rehabilitation Technology Resource Center**

The DRS Rehabilitation Technology Resource Center (RTRC) helps track the most current innovations in equipment and engineering services designed to help persons with disabilities be more independent. The latest technology enables persons with disabilities to perform jobs once thought of as "off limits" to them. New products do not always reach the people who need them most. Through the RTRC, individuals are assisting in finding equipment, explaining how it is used and how to get it. DRS Rehabilitation Technology Resource Center works in all areas of disabilities, including persons with low vision. Having the right equipment can change a person's life. It can make the difference between living in an assisted care facility and living

and working independently. More information may be accessed online at:  
<http://www.dars.state.tx.us/drs/vehicleconversions.shtml>.

### **11.10 Services Offered by the Rehabilitation Technology Resource Center**

The services offered by the RTRC include vehicle modifications such as the installation of wheelchair lifts, hand controls, reduced effort steering, and wide range of other adaptive vehicle equipment to empower independent travel to achieve work and personal goals. Staff reviews vehicle modification prescriptions and plans, and provides the latest information about vehicle adaptations. Working in partnership with the Texas Transportation Institute, RTRC ensure that equipment purchases are always safe and appropriate to meet the individual's needs. For more information about these services, contact the Coordinator for Vehicle Modifications at (512) 424-4155 or the Program Specialist for Rehabilitation Technology at (512) 424-4111.

NOTICE: Please consult with your counselor before purchasing any items on these lists.

[List of Vehicles Approved for Lowered Floor and Rear Entry Conversions – \(Updated January 2013\)](#)

[List of commonly installed vehicle assistive devices – Updated April 2012\)](#)

[DARS Vehicle Modification Program Frequently Asked Questions](#)

The RTRC is located in the DRS Central Office in Austin and has a wide array of assistive equipment including wheelchairs and aids for communication, daily living, deaf and hard of hearing. The RTRC also addresses ergonomic issues. All of the RTRC equipment inventory is available for demonstration, and the majority of items are available to loan to consumers for a period of three weeks. Equipment loans enable our consumers to try out devices ensuring that they meet their needs prior to purchase. Equipment is loaned to rehabilitation professionals and to DRS consumers through their counselors. Other individuals or groups may request demonstrations at the RTRC by calling (512) 424-4138 or (512) 424-4111 to schedule an appointment.

Resource link:

[The Center For Disability Studies, Texas Technology Access Program, The University of Texas at Austin \(http://tatp.edb.utexas.edu/\)](http://tatp.edb.utexas.edu/)

### **11.11 In-Home and Family Support Program**

The In-Home and Family Support Program (IHFSP) provides individuals with physical disabilities (without a primary diagnosis of intellectual disability) with financial assistance to purchase the support they need in order to remain in the community. The services include: attendant care, home health services, home health aide services, homemaker services and chore services; medical, surgical, therapeutic, diagnostic and other health services; pre-approved transportation and room and board cost incurred by the individual with a physical disability or his family during evaluation or treatment; purchase or lease of special equipment or architectural modifications of a home to facilitate the care, treatment therapy or general living conditions of an individual with a disability; respite care; and counseling and training programs that help provide proper care of an individual with a disability. The IHFSP provides up to \$1,200 per certification year in funds for eligible individuals.

### **11.12 Client Managed Personal Attendant Services**

The Client Managed Personal Attendant Services (CMPAS) program provides personal attendant services to persons with physical disabilities who are willing and able to supervise the attendant (or have another person who can). Individuals receiving services have the opportunity to interview, select, train, supervise, and terminate their attendants.

### **11.13 Adult Foster Care**

Adult Foster Care (AFC) provides a 24-hour living arrangement with supervision in an adult foster home for individuals who are unable to continue independent functioning in their own homes. Services may include assistance with activities of daily living activities and provision of or arrangement for transportation. Service recipients pay room and board to the provider.

### **11.14 Housing Opportunities for Persons with AIDS Program**

The HOPWA Program formula program was first funded in 1992 and provides housing assistance and supportive services for income-eligible individuals living with HIV/AIDS, and their families. Services are designed to establish or better maintain a stable living environment in housing that is decent, safe, and sanitary, to reduce the risk of homelessness, and to improve access to health care and supportive services.

As of the end of 2014, there were 80,073 persons known to be living with HIV/AIDS in Texas; this does not include persons with HIV who have not been diagnosed. The [2008-2010 Texas Statement of Coordinated Need](#) reported oral health care and housing as the two most frequent gaps in services identified by clients in six of the seven HIV Service Delivery Areas (HSDAs) assessed in Texas. The State of Texas HOPWA program is administered by the TB/HIV/STD Unit- HIV/STD Prevention and Care Branch and provides the following services:

- Tenant-Based Rental Assistance (TBRA) 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 (STRMU) assistance program: provides short-term rent, mortgage, and utility payments to eligible individuals for a maximum of 21 weeks of assistance in a 52-week period;
- Supportive Services program: provides case management, basic telephone service and assistance to purchase smoke detectors to eligible individuals; and
- Permanent Housing Placement Services (PHP): provides assistance for housing placement costs which may include application fees, related credit checks, and reasonable security deposits necessary to move persons into permanent housing.

#### **Areas of service coverage within jurisdiction:**

The State of Texas HOPWA program serves most counties in Texas, with the exception of the 26 counties served by five directly-funded Metropolitan Statistical Areas (MSAs): Austin, Dallas, Fort Worth, Houston, and San Antonio. The 26 counties not served by the State of Texas HOPWA program are: Bastrop, Caldwell, Hays, Travis, Williamson, Collin, Dallas, Denton, Ellis, Hunt, Kaufman, Rockwall, Hood, Johnson, Parker, Tarrant, Chambers, Fort Bend, Harris, Liberty, Montgomery, Waller, Bexar, Comal, Guadalupe, and Wilson.

The Department of State Health Services administers the HOPWA grant at the state level. Contact the HOPWA program at: <http://www.dshs.state.tx.us/hivstd/hopwa/>.

### ***11.15 Medically Dependent Children Program***

The Medically Dependent Children Program (MDCP) program provides a variety of services to support families caring for children who are medically dependent to encourage the deinstitutionalization of children currently receiving services in nursing facilities. Specific services include adaptive aids, flexible family support services, minor home modifications, respite, financial management services, and transition assistance services. Service Coordination is provided by DADS staff in the regional offices. In 2014, 2,361 individuals received those services with an average monthly cost per recipient of \$1,429 (DADS Reference Guide 2015).

## **12.0 SERVICES FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES**

### ***12.1 Local Intellectual and Developmental Disability Authority***

The Local Intellectual and Development Disability Authority (LIDDA) determines eligibility and assists individuals with intellectual or developmental disabilities to access appropriate services and supports. Medicaid waivers are sometimes administered through the LIDDAs. There are 39 LIDDAs across the state, often combined with Local Mental Health Authorities, which are discussed below. A directory of the LIDDAs can be found at this link: <http://www.dads.state.tx.us/contact/mra.cfm>.

### ***12.2 Home and Community-based Services***

The Home and Community-based Services (HCS) program provides services and supports for individuals with Intellectual and Developmental Disabilities (IDD) as an alternative to living in an intermediate care facility for individuals with an ICF/IID. Individuals may live on their own, in a family home, a host home/companion care setting, or in a residence with no more than four others receiving similar services. According to the need of the individual, services may include residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications and/or specialized therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, speech/language therapy, dietary services, and licensed nursing services. Service Coordination is provided by DADS contracted Local Authorities. In 2014, 20,903 people received HCBS services at an average monthly cost per recipient of \$3,530.20. (DADS Reference Guide 2015).

### ***12.3 Community Living Assistance and Support Services***

The Community Living Assistance and Support Services (CLASS) provides services and supports to individuals with related conditions as an alternative to living in an ICF/IID. Individuals receiving CLASS may live on their own or in a family home. Services include adaptive aids and medical supplies, case management, habilitation, minor home modifications, nursing services, behavioral support services, respite, occupational therapy, physical therapy, speech/language therapy, pre-vocational services, supported employment, support family service, and transition assistance services. In 2014, 4,712 individuals received those services with an average monthly cost per recipient of \$3,723 (DADS Reference Guide 2015).

### **12.4 Texas Home Living**

The Texas Home Living (TxHmL) Program provides services and supports for individuals with intellectual disabilities as an alternative to living in an ICF/IID. Individuals must live on their own or in family homes. Services include community support, day habilitation, employment assistance, supported employment, respite services, financial management service, skilled nursing, adaptive aids, minor home modification, dental treatment, and specialized services such as occupational therapy, physical therapy, audiology, speech/language pathology, dietary services, and behavioral support services. Service coordination is included through the local authority. In 2014, 5,845 individuals received those services with an average monthly cost per recipient of \$813 (DADS Reference Guide 2015).

## **13.0 SERVICES FOR OLDER TEXANS**

### **13.1 Community Supports for Older Americans/Non-Medicaid**

The Older Americans Act (OAA) authorizes a wide range of services and supports to individuals over the age of 60, allowing them to lead independent, meaningful, and dignified lives in their own homes for as long as is possible. Area Agencies on Aging (AAA) administer a statewide system of supportive and in-home services under the OAA. The service array includes adult day services, in-home caregiver respite care, chore maintenance, emergency response services, disease prevention services, health maintenance services, health screening and monitoring, homemaker services, hospice, personal assistance, residential repair, senior centers, and transportation and home-delivered meals. For a directory of all of the Texas AAAs, refer to this link: <http://www.dads.state.tx.us/contact/aaa.cfm>.

### **13.2 Primary Home Care**

The Primary Home Care (PHC) Program provides attendant services for those with an approved medical need requiring assistance with activities of daily living, such as bathing, grooming, meal preparation, and housekeeping. On average, participants receive 16.6 hours of assistance per week. As of February, 2011, 38% of individuals receiving PHC services were 18-64 years of age, and 62% were 65 years of age or older (DADS Reference Guide 2013), although additional functional and financial requirements must be met to receive PHC.

### **13.3 Community Attendant Services**

The Community Attendant Services (CAS) provides attendant services for those with an approved medical need requiring assistance with activities of daily living, such as bathing, grooming, meal preparation, and housekeeping. People receive, on average, 16.4 hours of assistance per week. As of February, 2011, 31% of individuals receiving PHC services were 18-64 years of age, and 69% were 65 years of age or older. Individuals must not be eligible for Medicaid to receive CAS (DADS Reference Guide 2013). Additional functional and financial requirements must be met to receive CAS.

### **13.4 Day Activity and Health Services**

Day Activity and Health Services (DAHS) are provided through contracts with licensed adult day care facilities to individuals living in the community to provide an alternative to placement in a nursing facility or other institution. Services are designed to address the physical, mental,



medical, and social needs of individuals, and include nursing and personal care; meals and snacks; transportation; and social, educational, and residential activities.

### ***13.5 Program of All-Inclusive Care for the Elderly***

The Program of All-Inclusive Care for the Elderly (PACE) is an integrated managed care system providing community-based services in El Paso, Amarillo, and Lubbock for individuals 55 years of age or older who qualify for nursing facility admission. PACE uses a comprehensive care approach, providing an array of services for a pre-determined monthly fee. PACE provides all health-related services, in-patient and out-patient medical care, and specialty services (dentistry, podiatry, social services, in-home care, meals, transportation, day activities, and housing assistance). In 2014, 1,099 individuals received those services with an average monthly cost per recipient of \$ \$2,861 (DADS Reference Guide 2015).

## **14.0 SERVICES FOR BOTH OLDER TEXANS AND PERSONS WITH DISABILITIES**

### ***14.1 Texas Councils of Government***

Texas Councils of Government (COGs) are voluntary associations of, by and for local governments, and are established to assist local governments in planning for common needs, cooperating for mutual benefit, and coordinating for sound regional development. The purpose of the COGs is to strengthen both the individual and collective power of local governments and to help them recognize regional opportunities, eliminate unnecessary duplication, and make joint decisions. In many communities the Aging and Disability Resource Center (ADRC), AAA, and other aging and/or disability service programs are co-located within that community's COG. The Texas COG directory can be found at:  
<http://txdirectory.com/online/abc/detail.php?id=200>.

### ***14.2 Aging and Disability Resource Centers***

The Aging and Disability Resource Centers (ADRCs) assist in streamlining access programs and services by promoting better coordination and integration in aging and disability service systems. The ADRCs provide information about and help with state and federal benefits. They assist individuals, family members, professionals, and others learn about local programs and services, and receive information tailored to their needs. There are currently 14 ADRCs across the state. The ADRC directory can be found at:  
<http://www.dads.state.tx.us/services/adrc/locations.html>.

### ***14.3 STAR+PLUS***

STAR+PLUS is a Medicaid managed care program in Texas that combines long-term services and supports with health care services, including service coordination, adaptive aids, medical supplies, assisted living support, emergency response systems, nursing services, minor home modifications, therapies, respite services, dental care, and personal assistance services. Long-term services and supports often enable an individual to live in the community rather than in an institution or facility.

#### **14.4 Community First Choice**

Senate Bill 7 (83<sup>rd</sup> Legislature, Regular Session, ) requires HHSC to create a cost-effective option for attendant and habilitation services for persons with disabilities who have STAR+PLUS Medicaid coverage.

A federal option, called Community First Choice (CFC), allows states to provide home and community-based attendant services and supports to Medicaid recipients with disabilities. Texas began the Community First Choice program on June 1, 2015. This option provides states with a 6% increase in federal matching funds for Medicaid for these services.

To be eligible for Community First Choice services an individual must:

- Be eligible for Medicaid;
- Need help with activities of daily living, such as dressing, bathing and eating; and
- Need an institutional level of care.

Community First Choice Services include:

- Help with activities of daily living and health-related tasks through hands-on assistance, supervision or cueing;
- Services to help the individual learn how to care for themselves;
- Backup systems or ways to ensure continuity of services and supports; and
- Training on how to select, manage and dismiss attendants.

#### **14.5 Promoting Independence: Outreach, Awareness and Relocation**

The Texas Promoting Independence Plan was developed in response to the U.S. Supreme Court ruling in *Olmstead v. L.C.* and two Executive Orders, GWB99-2 and RP13. Two activities under the larger Promoting Independence Plan include community outreach and awareness, and relocation services. Community outreach and awareness is a systematic program of public information developed to target groups that are most likely to be involved in decisions regarding long-term services and supports. Relocation services involve assessment and case management to assist nursing facilities residents who choose to relocate to community-based services and supports. It also includes funding for Transition to Living in the Community (TLC) services to cover establishing and moving to a community residence. Promoting Independence represents an initiative of the State that promotes the integration of persons with disabilities in the community with appropriate services and supports.

Residents of nursing facilities who relocate to the most integrated community setting of their choice require a thorough assessment, intensive case management, housing assistance and funds to set up a community residence. Intensive case management may be needed to help build and implement the service and support systems so they can return to the community. With limited income and resources, individuals in facilities who receive Medicaid may require help, such as security deposits, to set up community households, and assistance to purchase household goods and groceries. Relocation assistance and relocation funding, in combination or separately, allow more individuals to return to the community. Community outreach activities raise awareness and improve processes for informing decision makers about long-term services and support options.



## **15.0 SERVICES FOR PERSONS WITH MENTAL AND SUBSTANCE USE DISORDERS**

### ***15.1 Medicaid-Funded Behavioral Health Programs***

Mental health services, including counseling, physician, psychologist, or licensed psychological associate services, and substance use disorder treatment services are provided through HHSC. These services are funded by Medicaid and individuals must meet certain eligibility requirements.

### ***15.2 Texas Department of State Health Services***

DSHS promotes optimal health for people providing effective health, mental health, and substance abuse services. DSHS provides funding, program development, oversight, and training for programs in the areas of substance use disorder treatment, intervention, prevention (alcohol, tobacco, and other drugs), and mental health. In addition, DSHS sets the statewide treatment standards for department-funded mental health and substance use disorder services as well as for public and private psychiatric hospitals and mental health crisis facilities operated by LMHAs.

### ***15.3 Local Mental Health Authorities***

LMHAs are contracted through DSHS. They plan and develop resources for mental health services in the state. The LMHAs determine eligibility of individuals with serious and persistent mental illness and provide individualized services, crisis intervention as well as ongoing supports and services. The LMHA directory can be found here:

<http://www.dshs.state.tx.us/mhsa/lmha-list/>.

DSHS has delegated a number of responsibilities to LMHAs, including:

- Policy development;
- Coordination;
- Resource Allocation;
- Resource Development;
- Oversight of local services; and
- Service authorization.

### ***15.4 Home and Community Based Services – Adult Mental Health***

The Home and Community Based Services – Adult Mental Health (HCBS-AMH) program is state-wide and provides home and community-based services to adults with serious mental illness. The HCBS-AMH program provides an array of services, appropriate to each individual's needs, to enable him or her to live and experience successful tenure in their chosen community. Services are designed to support long term recovery from mental illness. For more information about how to access the program visit:

<http://www.dshs.state.tx.us/mhsa/hcbs-amh/>.

### ***15.5 Community Collaboratives***

Senate Bill 58 (83rd Legislature, Regular Session, 2013) requires DSHS to create a grant program to establish or expand community collaboratives that provide services to individuals

experiencing issues related to mental health and homelessness. The 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, 2013, (Article II, DSHS, Rider 90) appropriated \$25 million to award a maximum of five grants in municipalities located in counties with a population of over one million (Dallas, Fort Worth, Austin, San Antonio, and Houston). Projects require a dollar for dollar match from private community sources (a source other than a federal, state, or local government entity).

Five entities were awarded funds over two years: Haven for Hope (San Antonio) \$3,577,498, City of Dallas \$5,177,000, Coalition for the Homeless (Houston) \$6,959,967, Tarrant County MHMR (Fort Worth) \$4,388,822, and Austin Travis County Integral Care \$3,484,345. Funds were awarded to a) promote collaboration based on locally identified priorities; b) leverage funding in an amount at least equal to the grant awarded; c) identify definable outcome measures that may include but are not limited to addressing homelessness, criminal recidivism, emergency room utilization, substance abuse, employment rates, and local economic benefit. More information about the projects and funding can be found through the Healthy Community Collaborative Report can be found here:

<https://www.dshs.state.tx.us/legislative/2014/Healthy-Community-Collaborative-Report.pdf>.

### **15.6 Texas Resilience and Recovery**

From 2010 to 2012 a group of community stakeholders, providers and advocates reviewed Resiliency and Disease Management (RDM) as it had been implemented. Adjustments were made to address the changing needs of Texas and updates to evidence-based practices nationally. It was revised as Texas Resilience and Recovery (TRR).

#### **15.61 Resilience and Recovery Outcomes:**

- Functioning: A percent of all adults served during the fiscal year have acceptable or improving functioning;
- Employment: A percent of all adults who are employed;
- Housing: A percent of all adults served during the fiscal year have acceptable or improving housing; and
- Co-Occurring Substance Use: A percent of all adults served during the fiscal year have acceptable or improving co-occurring substance use.

Service Packages are provided based on a determination of four Levels of Care, listed below, required by the individual.

#### **Level of Care 1**

Description: designed to meet the needs of persons with very little risk of harm, support and level of functioning, and does not require high levels of care. This includes persons with major depressive disorder, bipolar disorder, or schizophrenia (and related conditions). This level of care focuses on pharmacological management and case management. Medication training, support services, and engagement activities are also included.

**Level of Care 2**

Description: designed to meet the needs of persons with Major Depressive Disorder. These persons have low risk of harm, support and level of functioning and do not require high levels of care. The central service of this level of care is Cognitive Behavioral Therapy. Individuals also have access to pharmacological management, case management, medication training and support services.

**Level of Care 3**

Description: designed to meet the needs of persons with moderate to severe level of need, requiring more intensive rehabilitation to increase community tenure, establish support networks, and develop coping strategies to function effectively in the community.

Services provided include team-based intensive psycho social services, pharmacological management, medication training and support services, individual psychosocial rehabilitation, supported employment services, and supportive housing services. A special emphasis is placed on Supportive Employment and Supportive Housing. *Supported employment* provides individualized services to assist people in choosing, getting and keeping employment. *Supported housing* provides individualized services to assist people in choosing, getting and keeping housing. Support services such as accessing transportation, meal preparation, and budgeting may also be provided through this program.

**Level of Care 4**

Description: designed to meet the needs of persons with severe and persistent mental illness and multiple hospitalizations. This level of care provides Assertive Community Treatment (ACT) 24/7, response team based, and low consumer to server ratios. It provides the same services as level of care 3, but with greater frequency and intensity. It also includes supported employment and supported housing.

**15.62 Assertive Community Treatment ACT Services**

ACT is a self-contained program that serves as the fixed point of responsibility for providing treatment, rehabilitation and support services to identify consumers with severe and persistent mental illnesses. Using an integrated services approach, the ACT team merges clinical and rehabilitation staff expertise, e.g., psychiatric, substance abuse, employment, and housing within one mobile service delivery system. Supported employment provides individualized services to assist people in choosing, getting and keeping employment. Supported housing provides individualized services to assist people in choosing, getting and keeping housing. Support services such as accessing transportation, meal preparation, and budgeting may also be provided through this program.

**15.63 Psychosocial Rehabilitation Services (PRS)**

PRS provide social, educational, vocational, behavioral, and cognitive interventions including independent living services, coordination services, employment, housing, medication, and crisis related services.

### **15.7 Youth Empowerment Services Program**

The Youth Empowerment Services (YES) waiver program allows for more flexibility in the funding of intensive community-based services for children between 3-18 years with severe emotional disturbance and their families. The program is currently only offered in Travis and Bexar counties. Services include respite, community living supports, family supports, transitional services, adaptive aids and supports, minor home modifications, non-medical transportation, paraprofessional services, professional services, and supportive family based alternatives.

### **15.8 Projects for Assistance in Transition from Homelessness**

The Projects for Assistance in Transition from Homelessness (PATH) program is authorized under Sec. 521 (290cc-21) of the Public Health Service Act. Funds are distributed on a formula basis by the federal Center for Mental Health Services to the States and Territories.

Services supported by PATH include: outreach, screening, diagnostic assessment and treatment; habitation and rehabilitation; community mental health services; outpatient alcohol or drug treatment (for clients with serious mental illness); staff training; case management; referrals for primary health services, job training, educational services (including HIV prevention activities), and relevant housing services; assistance in obtaining income support services including SSI and representative payee per appropriate regulations; housing services including planning for housing; technical assistance in applying for housing assistance; and improving coordination of housing and services and the costs of matching individuals with appropriate housing and services.

PATH sites are selected based upon poverty and density indices. Additional consideration is given to organizations that have a prior history of providing services through PATH. Funds are awarded based upon historical allocations and geographic areas with the greatest need, in addition to an application process. Additional service sites may be identified. Five major metropolitan areas of the state have also developed a plan for serving homeless youth by the addition of one outreach worker. For more information and to identify service organizations who have received funding go to:

<http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=35712&id=1410&terms=PATH>  
[H](#).

## 16.0 SERVICES FOR YOUTH

### **16.1 Transitional Living Services for Youth in Texas DFPS Foster Care**

Transitional Living Services provides a systemic and integrated approach in transition planning, the provision of transitional services, and access to and information about benefits and resources that affect both older youth in foster care and those who have aged out. Transitional Living Services are multipurpose and available to youth and young adults ages 14 up to age 23 and to age 26 for healthcare coverage.

### **16.2 Experiential Life Skills Training for Youth Age 14 and older**

Foster parents and other providers are required to include training in independent living skills through practical activities such as meal preparation, nutrition *education* and cooking, use of public transportation when appropriate, financial literacy training to include money management, credit history, and balancing a checkbook and performing basic household tasks for youth age 14 and older. In addition, foster parents and providers must assist youth and young adults who have a source of income with establishing a savings account. The youth's experiential learning provided by the caregiver and the receipt of Preparation for Adult Living (PAL) services should complement one another and are discussed and addressed in each core life skill area within the youth's service and transition plans.

### **16.3 ACCESS Granted-Texas Foster Care Handbook**

The ACCESS Handbook helps children and youth in foster care better understand how the foster care system works and how to address many of the questions and concerns they have regarding foster care. It provides information in an understandable manner on topics such as the Child Protective Services (CPS) chain of command, health passport, the education portfolio, and child and family service plans and Transitional Living Services.

You can download the handbook at:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_6300.asp#CPS\\_6315\\_1](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_6300.asp#CPS_6315_1).

### **16.4 Transition Planning/Permanency Planning for Older Youth**

The transition plan identifies services for each youth to accomplish goals to assist them in obtaining positive permanency or transitioning from foster care. The plan is used statewide and is incorporated into the youth's plan of service to ensure consistency of services. Procedures for identifying caring adults for youth and involving them in transition planning help to ensure personal and community connections are incorporated into the transition planning process. Transition planning continues to be conducted for those young adults in the Extended Foster Care program.

### **16.5 Circle of Support**

A Circle of Support (COS) is a youth driven process based on Family Group Decision Making (FGDM). COS's are offered to youth beginning at 16 years of age (although they can be offered as early as 14). This is a coordinated and facilitated meeting with participants that a youth identifies as "caring adults" who make up their support system. COS participants can include a youth's birth family members, substitute care providers, teachers, church members, a mentor and so on. Participants come together to develop and review the youth's permanency

and transition plan, identify strengths, hopes and dreams, goals and needs in the areas of permanency, education, employment, health/mental health needs, housing, and PAL life skills training components.

All participants sign the transition plan to seal their agreements.

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_6270.asp#CPS\\_6274](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_6270.asp#CPS_6274)

### **16.6 Independent Living Services/Programs & Preparation for Adult Living Services/Benefits**

The DFPS PAL program assists older youth in foster care prepare for their departure and transition from DFPS care and support. Supportive services and benefits are provided by PAL Staff or PAL Contract Providers to eligible young adults up to age 21 to become self-sufficient and productive. PAL is funded by the *federal Chafee Foster Care Independence Program*, State general revenue funds and/or community match.

PAL services are listed below.

- Life skills assessment (Casey Life Skills Assessment) to assess strength and needs in life skills attainment [www.caseylifeskills.org](http://www.caseylifeskills.org) (assessments are conducted before life skills training).
- Life skills training (age 16 to 18) in the following core areas:
  - Health and Safety;
  - Housing and Transportation;
  - Job Readiness;
  - Financial Management;
  - Life Decisions/Responsibility; and
  - Personal/Social Relationships.
- Educational/vocational services
- Supportive services (based on need and funding availability) may include:
  - Graduation items;
  - Counseling;
  - Tutoring;
  - Driver's education fees; or
  - Mentoring.
- A transitional living allowance of up to \$1,000 - distributed in increments of up to \$500 per month, for young adults up to age 21 who participated in PAL training, to help with initial start-up costs in adult living.
- Aftercare room and board assistance (ages 18-21) is based on need of up to \$500 per month for rent, utilities, utility deposits, food, etc. (not to exceed \$3,000 of accumulated payments per young adult).
- Case management to help young adults with self-sufficiency planning and resource coordination.

Contact Regional PAL Staff for more information about all Transitional Living Services at: [http://www.dfps.state.tx.us/Child\\_Protection/Youth\\_and\\_Young\\_Adults/Preparation\\_For\\_Adult\\_Living/PAL\\_coordinators.asp](http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Preparation_For_Adult_Living/PAL_coordinators.asp).

### **16.7 Extended Foster Care Program**

With the implementation of the federal Fostering Connections Act (*Title IV-E of the Social Security Act*) on 10-1-2010, a young adult who ages out of foster care at age 18 will continue to be eligible for Extended Foster Care provided there is an available placement, the young adult signs a voluntary extended foster care agreement and meets at least one of the following conditions:

- 18 up to 22 year olds; and
  - regularly attending high school or enrolled in a program leading toward a high school diploma or school equivalence certificate (GED); or is
- 18 up to 21 years old; and
  - regularly attending an institution of higher education or a post-secondary vocational or technical program (minimum six hours per semester); or
  - actively participating in a program or activity that promotes, or removes barriers to, employment;
  - employed for at least 80 hours per month; or
  - incapable of doing any of the above due to a documented medical condition.

For more information about Extended Foster Care go to:

[HTTP://WWW.DFPS.STATE.TX.US/HANDBOOKS/CPS/FILES/CPS\\_PG\\_X10400.ASP#CPS\\_10400](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_PG_X10400.ASP#CPS_10400).

### **16.8 Supervised Independent Living Program**

The Supervised Independent Living (SIL) Program is a component of the Extended Foster Care program that allows young adults to live independently under a minimally supervised living arrangement provided by a DFPS contracted provider. A young adult in SIL is not supervised 24-hours a day and is allowed increased responsibilities, such as managing their own finances, buying groceries/personal items, and working with a landlord. Living arrangements may include apartments, non-college and college dorm settings, shared housing and host home settings. Individuals are assisted in transitioning to independent living, achieving identified education and employment goals, accessing community resources, engaging in needed life skills trainings, and establishing important relationships. Young adults must apply for and be accepted into the SIL program. For more information about SIL go to:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_x10440.asp#CPS\\_10480](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10440.asp#CPS_10480).

### **16.9 Return for the Extended Foster Care Program**

Young adults who aged-out of DFPS conservatorship may return to participate in the Extended Foster Care Program until the age of 21 if the required stipulations are met:

- Is offered an available placement;
- Understand that court jurisdiction will be extended, if the court permits;
- Sign or re-sign a Voluntary Extended Foster Care agreement; and
- Agrees to meet one of the criteria described in the Extended Foster Care program within 30 days of being placed.

PAL staff pre-screen young adults who want to return for Extended Foster Care and refer to the regional re-entry staff.



Regional Re-entry Staff Contact List can be found here: <http://intranet/CPS/Regional/re-entry.asp>.

### **16.10 Other Related Information**

Trial Independence Period (TI): **(effective 9/19/11)**: A young adult in DFPS conservatorship who turns 18 as well as a young adult enrolled in the Extended Foster Care Program may leave foster care for a "trial independence" period of 6 months (or up to 12 months with a court order). During the TI period, the young adult may be living independently and receiving other transitional living benefits such as PAL, Education and Training Voucher (ETV), and Texas Medicaid coverage. A Young adult that elects to return for Extended Foster Care during the TI period may do so without losing Title IV-E eligibility.

### **16.11 Extended Court Jurisdiction**

Young adults that leave foster care at age 18 for a TI period will have court jurisdiction extended for 6 months. Additionally court jurisdiction may be extended for a 12 month TI period if ordered by the court. If a young adult is in Extended Foster Care, court jurisdiction will continue during this period but will not exceed the month of their 21<sup>st</sup> birthday.

More information is available at:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_5600.asp#CPS\\_5600](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_5600.asp#CPS_5600).

### **16.12 Post-Secondary Education Information**

The ETV Program is a *federally-funded (Chafee)* and state-administered program. Based on the cost of attendance as established by higher education, youth in foster care or other eligible young adults ages 16 up to the age of 23 may be eligible to receive up to \$5,000 in financial assistance per year to help them reach their postsecondary education goals if they meet the following scholastic eligibility criteria:

- Have a high school diploma or GED or be exempt from required school attendance; or
- The student is enrolled in a dual-credit course or other course at an institution of higher education for which the student will earn a high school diploma and college credit.

Individuals eligible for ETV include:

- Youth in DFPS foster care who are at least 16 and likely to remain in care until 18;
- Youth who aged out of DFPS foster care but have not yet turned 21;
- Youth who were adopted from DFPS foster care after turning age 16 and are not yet 21;
- Youth who enter Permanency Care Assistance after age 16;
- Youth who are in the custody of the Texas Juvenile Justice Department (formerly TJPC) and are in a Title IV-E placement when turning age 18;
- Tribal youth or young adults in tribal foster care; or
- Students who move out of state to attend school and were originally enrolled in ETV in Texas.

ETV program participation require students apply for and be approved for ETV before his or



her 21<sup>st</sup> birthday, meet school enrollment requirements, and be enrolled in at least 6 semester hours in an *accredited or pre-accredited program*.

- Public or non-profit program that provides a bachelor's degree or not less than a 2 year program that provides credit towards a degree or certification;
- A public or non-profit program that provides not less than a one-year program of training to prepare students for gainful employment; and
- A public or non-profit program, or a private institution that has been in existence for two years and offers training programs to prepare students for gainful employment in a recognized occupation (training may be less than one year).

Students participating in the ETV Program on their 21st birthday may remain eligible until the month of their 23rd birthday as long as they are enrolled in ETV and meeting the satisfactory academic progress policies toward completing their postsecondary education or training program as determined by the institution.

Students interested in specific educational programs such as Correspondence Courses, Distance Education Courses, or Continuing Education courses must contact ETV staff for prior approval to ensure accreditation and that courses lead to a degree or recognized certificate program. Courses must apply to a Student's academic degree or certificate program.

**Note:** Youth or young adults in DFPS paid foster care, enrolled in higher education and eligible for ETV may have certain expenses paid by the ETV program (ex., books, computers, child care, and transportation). ETV will not cover residential housing, personal items and food since this is provided for in the placement.

Applications for participating in the ETV Program can be found online at: <http://www.texasetv.com> or by calling toll free 877-268-4063.

### **16.13 College Tuition and Fee Waiver-Texas Law (Sec. 54.366 and 54.367-Texas Education Code (2009))**

The college tuition and fee waiver provides exemptions from payment of tuition and fees at a Texas state supported college or university to individuals formerly in Texas state foster care and adopted youth. To be exempt from the payment of tuition and fees, youth or young adults must have been in DFPS conservatorship. Exemptions occur:

- The day before the student's 18<sup>th</sup> birthday;
- The day of the student's 14<sup>th</sup> birthday, if the youth was eligible for adoption (parental rights being terminated) on or after that day;
- The day the student graduated from high school or received the equivalent of a high school diploma;
- If a youth was adopted and the adoption occurred on or after September 1, 2009;
- If permanent managing conservatorship of the youth was granted to a nonparent on or after September 1, 2009; or

- When a student is enrolled in a dual credit course or other course in which the student may earn joint high school and college credit. *Note: Youth enrolled in a dual credit course may access ETV funds to cover certain educational expenses related to college attendance.*

Youth or young adults must check with each school to ensure that the courses they are enrolling in are exempt from tuition and fees. Some vocational / certificate courses may not be exempt from tuition and fees. Young adults must be enrolled in a Texas state supported college or university no later than his or hers 25<sup>th</sup> birthday.

Adopted youth subject to an adoption assistance agreement that provides monthly payments and Medicaid benefits are also eligible for the college tuition and fee waiver. For these students there is no age limit to enroll in college in order to take advantage of the tuition and fee waiver.

More information is available at:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_x10300.asp#CPS\\_10311](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10300.asp#CPS_10311).

#### **16.14 DFPS College Scholarships**

Freshmen Success Fund for Foster Youth (est. April 2013) is a grant for first time college *freshmen* formerly in DFPS foster care. Each year there will be 4 one time grants of \$1,000 available for young adults enrolling in their freshmen year. These grants are to cover basic non-tuition related expenses such as books and supplies, computers and software, tools and uniforms and transportation. Students must be enrolled in a Texas state-supported college, university, or vocational/technical school that accepts the state college tuition and fee waiver.

Ed Davis-PAL Scholarship (est. July 2012) is a scholarship for basic non-tuition needs for former foster youth who are majoring in government, political science, history, or other pre-law field. Scholarships are for \$1,000 per academic year and are available to *sophomore, junior or senior* year students.

More information about these scholarships are available at:

<https://www.dfps.state.tx.us/txyouth/education/scholarships.asp>.

#### **16.15 College Housing Resource**

Temporary housing assistance between academic terms (Effective 9/1/2010): Texas' institutes of higher education are required to assist full-time students formerly in DFPS conservatorship or who have been legally emancipated in locating temporary housing between academic terms (Christmas and summer holiday breaks). Students must request the housing assistance and are encouraged to inquire at financial aid offices, student affairs offices, admissions offices, or housing/residence life/residential living offices.

#### **16.16 Vaccination Requirements**

Bacterial meningitis vaccine for students entering post-secondary education (effective 1/2/2012); Students under age 30 entering a Texas institution of higher education must be vaccinated for bacterial meningitis. For DFPS foster youth, payments for doctor's visits and vaccination costs are covered by Texas Medicaid (STAR Health or STAR) programs. Young

adults are encouraged to check college admissions policies for more information about vaccination requirements.

### **16.17 Texas Medicaid for Individuals ages 18 Through 25 Who Were in Foster Care**

The Former Foster Care Children (FFCC) Program provides continuous healthcare coverage through age 25 to young adults who age out of Texas foster care and were receiving Medicaid when they aged out. This population will receive healthcare services in two separate programs based on age:

- Young adults aged 18 through 20 will be enrolled in STAR Health but can switch to STAR; and
- Young adults aged 21 through 25 will receive Medicaid through the STAR plan of their choice.

To be eligible for the FFCC program, the young adult must:

- Be age 18 through 25;
- Have been in Texas foster care on his or her 18<sup>th</sup> birthday or older;
- Be receiving Medicaid when he or she aged out of Texas foster care; and
- Be a U.S. Citizen or be a qualified alien (*i.e.*, have an I-551 permanent resident card).

### **16.18 Medicaid for Transitioning Foster Care Youth**

The Medicaid for Transitioning Foster Care Youth program (MTFCY) provides medical coverage to young adults age 18 through 20 who are not eligible for the FFCC program because they were not receiving Medicaid at the time they aged out of foster care. The following eligibility criteria apply:

- Be age 18 through 20 years of age;
- Have been in Texas foster care at age 18, or older;
- Have no other healthcare coverage;
- Meet program rules for income; and
- Be a U.S. Citizen or have a qualified alien status.

More Information on Healthcare coverage and Contact information may be found at: [STAR Member Services or on the FFCC.](#)

The Healthcare Handout is available at: [1014.pdf](#)  
[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_x10000.asp#CPS\\_10150](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10000.asp#CPS_10150).

### **16.19 Health Passport**

The Health Passport is a computer-based system that has health data about youth and young adults in the STAR Health program. The Health Passport is not a full medical record. It has information on doctor and dentist visits hospital stays, prescriptions and shot records.

If a young adult wants access to his or hers Health Passport visit: [www.fostercaretx.com](http://www.fostercaretx.com).

NOTE: Young adults must register for their Health Passport before exiting foster care by using his or hers Personal ID number that is available from the caseworker.

### **16.20 2-1-1 Texas**

To report any changes to an address or other contact information, young adults must contact 2-1-1 and report calling about the Former Foster Care Children or Medicaid for Transitioning Foster Care Youth programs.

Young adults may also go to <https://www.yourtexasbenefits.com> to set up an account, update contact information, report changes in his or her case, receive an identification card, or find out about other benefit information. Additionally, 2-1-1 may be contacted for non-medical issues such as applying for food stamps and medical assistance for other members of the family.

More information about 2-1-1 may be accessed at <https://www.211texas.org/211/>.

### **16.21 Other Youth/Young Adult Services and Resources**

Driver License Fee Waiver (eff. May 2012) Program waives the fee for youth in DFPS temporary or permanent managing conservatorship and for young adults at least 18 years of age, but younger than age 21, who reside in a DFPS paid foster care placement.

More information can be found at:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_x10600.asp#CPS\\_10642](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10600.asp#CPS_10642).

### **16.22 Texas Youth Hotline**

The Texas Youth Hotline is a resource for youth, parents, siblings and other family members who are in need of a caring voice and a listening ear. Individuals may contact the statewide hotline at 1-800-989-6884 for telephone counseling, information, and referrals or CHAT online or TEXT 512-872-5777 for assistance. The hotline can help locate services available in local communities.

More information is available at the Texas Youth and Runaway Hotline website at:

[http://www.dfps.state.tx.us/Youth\\_Hotline/default.asp](http://www.dfps.state.tx.us/Youth_Hotline/default.asp).

### **16.23 Texas Youth Connection**

**Texas Youth Connection** is a website designed with input from youth and young adults to be a resource for youth in the Texas foster care system, alumni of foster care, and stakeholders seeking general tips and information. This website offers information and resources in education, finances, records, diversity, healthcare, contacts, employment, food, housing, books, stories, Transition Center information, Youth Specialist contact information, etc. This website is also the location of the National Youth in Transition Database (NYTD) Youth Survey.

More information can be found at: [www.texasyouthconnection.org](http://www.texasyouthconnection.org).

### **16.24 Texas Youth Connection FaceBook Page**

This FaceBook Page was launched to provide another source for youth and young adults to find resources, benefits, and other trending and relevant topics such as NYTD updates,

accessing current educational and career resources, misc. This page allows DFPS to stay connected with youth and young adults using a popular social media website.

The FaceBook page can be found at: [www.facebook.com/TexasYouthConnection](http://www.facebook.com/TexasYouthConnection).

### **16.25 Statewide Youth Leadership Council**

This Youth Leadership Council (YLC) is comprised of two elected or appointed youth or young adults (ages 16 to 21) per region. The purpose of the statewide YLC is to address identified issues and formulate recommendations for improving services to children and youth in foster care and to review state policies and programs and provide feedback.

### **16.26 Activities and Events for Youth are listed below.**

- **PAL Peaks Camp:** Two, four-day experiential learning camps held annually for youth aimed at increasing self-esteem, improving communications, problem-solving, and having fun. The Texas Network of Youth Services (TNOYS) offers the PEAKS Camp through a partnership with DFPS <http://www.tnoys.org/>.
- **PAL Statewide Teen Conference:** An annual three-day conference held on a college campus offering workshops for youth that lead to self-sufficiency and independence.
- **PAL College Conference:** Texas A&M hosts an annual two-day conference for youth to learn about and prepare for higher education opportunities.
- **Aging-Out Seminars:** Regions provide seminars to youth ages 17 before they leave care. Seminars include topic areas identified by youth to reinforce their knowledge and skills about DFPS programs, benefits, resources, **Life Skills topics** such as nutrition and information about human trafficking. These seminars build on information from PAL Life Skills Training classes.
- **Regional Youth Leadership Councils (Youth Advisory Boards):** Some regions may host regional Teen Conferences (based on funding availability) and other activities to help youth/young adults prepare to transition to adulthood and to provide leadership opportunities. Regional YLC activity details are located at [www.texasyouthconnection.com](http://www.texasyouthconnection.com) under "Events". Benefits of youth participation in a YLC include:
  - Opportunities for Community Services and Outreach projects to support foster youth;
  - Advocacy training to ensure the voices of foster youth are heard and incorporated into policy and practice;
  - Leadership building skills;
  - Planning and facilitating events;
  - Learn how to strategically share their story; and
  - Developing supportive friendships/caring adults.

### **16.27 Other Related Information**

Transition Centers provide a central clearinghouse of one-stop services to serve the diverse needs of current and former foster youth, homeless youth, or other at-risk youth. Services may include employment assistance, educational support, access and referrals to community partners and resources and various transitional living services such as PAL classes, food and housing assistance, and substance abuse / mental health counseling. Transition Centers also provide co-location opportunities for local partners such as local Workforce Solutions offices, and community colleges and universities to jointly serve the diverse needs of the youth in one location.

A list of these Centers with contact information is available at:

<https://www.dfps.state.tx.us/txyouth/resources/local/default.asp#centers>.

### **16.28 Texas Workforce Commission/Local Workforce Boards Partnership**

DFPS regional offices and 28 local Workforce Development Boards have jointly developed and entered into Memoranda of Understandings (MOU's) addressing the unique challenges facing current and former foster youth transitioning to independent living, including improving employment outcomes for these youth. The purpose of the MOU relates to:

- Furthering the objectives of the DFPS PAL program;
- Ensuring services are prioritized and targeted to meet the needs of current and former foster youth; and
- Making referrals, where feasible, for short term housing for foster youth who need housing.

DFPS staff, caregivers, and PAL contractors refer youth ages 16 and older to local Workforce Solutions offices for job search and readiness assistance, career exploration, and job placement services. Each Board has designated a point of contact for staff and youth to access for assistance and services.

Additionally all youth and young adults are encouraged to register in the state job search system at: [www.WorkInTexas.com](http://www.WorkInTexas.com).

### **16.29 National Youth in Transition Data Base**

NYTD is a data collection system created to track independent living services and to learn how successful states are in preparing youth to move from foster care into adulthood. Texas surveys youth in foster care when they turn age 17 and conducts follow-up surveys of some of these same youth at age 19 and again at age 21. Every three years a new cohort of 17 year olds is surveyed.

### **16.30 Youth Specialists**

Alumni of Foster Care are hired as full time employees in each DFPS region. Youth Specialists and their supervisors play a key role in the development and support of Youth Leadership Councils, ensure that the voices of foster youth are heard, and engage foster youth in advocating activities. Youth specialists also serve to help strengthen and support



CPS casework by informing DFPS of initiatives and activities affecting policy and practice.  
A list of regional Youth

Specialists are available at:

[https://www.dfps.state.tx.us/txyouth/contacts/youth\\_specialists.asp](https://www.dfps.state.tx.us/txyouth/contacts/youth_specialists.asp).

In 2014, Youth Specialist positions in Regions 7 and 10 will be part of a pilot project with these positions being overseen by the Universities of Texas at Austin and El Paso.

### **16.31 Employment Preference to Former Foster Youth**

Texas Government Code 672.002 (2009) requires state agencies to give an employment preference to former foster youth who were in the permanent managing conservatorship of DFPS on the day preceding the young adult's 18<sup>th</sup> birthday over other applicants for the same position who do not have a greater qualification. An individual is entitled to an employment preference only if the young adult is 25 years of age or younger (day before turning 26). PAL staff provide the employment preference letter to eligible young adults when they turn 18 or upon request.

### **16.32 Placement Exit Surveys**

The Placement Exit Survey is designed to provide each child (ages 10 up to 18) and young adult (ages 18 up to 22) with an opportunity to:

- Evaluate and assess the quality of services they received in his or her placements;
- Provide valuable feedback on a variety of topics related to his or her stay in foster care;
- Contribute to the improvement of placement services; and
- The CPS caseworker provides a survey to every child and young adult on their caseload within two weeks of a placement change.

### **16.33 Medical Consent**

A youth in foster care who is at least 16 years old may consent to receiving medical care if the court with continuing jurisdiction determines that the youth has the capacity to consent to medical care. Caregivers are required to advise youth of their right to request to become their own medical consenters.

More information is available at:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_x11000.asp#CPS\\_11130](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x11000.asp#CPS_11130).

### **16.34 Credit Reports**

Every youth in the conservatorship of DFPS age 16 and older, as well as every young adult in extended foster care, must receive a copy of his or her consumer credit report, annually, until discharged from DFPS care. In addition to ensuring that the youth or young adult receives a report, the caseworker is also required to explain the credit report and the importance of maintaining good credit. DFPS requests consumer credit reports for youth ages 16 and 17 annually.

More information about these scholarships are available at:

[http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_x10600.asp#CPS\\_10620](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10600.asp#CPS_10620).

### ***16.35 Provision of Personal Documents to Youth/Young Adults (Ages 16 and 18)***

**Age 16:** Youth in DFPS conservatorship on or before they turn age 16 will receive a:

- Certified copy of the youth's birth certificate;
- Social Security card or replacement Social Security card, as appropriate; and
- Personal state identification certificate/card issued by the Texas Department of Public Safety (DPS).

**Age 18:** Young Adults discharged from foster care or are legally emancipated will receive a:

- Certified copy of his or her birth certificate;
- Social Security card or a replacement Social Security card;
- personal state identification certificate/card issued by DPS;
- Immunization records;
- Information contained in the youth's health passport;
- Proof of enrollment in Medicaid, if appropriate;
- Medical Power of Attorney Information-Forms 2559 [A](#) and [B](#); and
- Almost 18 Letter.

A directory of DFPS Offices across the state can be found at:

[http://www.dfps.state.tx.us/contact\\_us/map.asp](http://www.dfps.state.tx.us/contact_us/map.asp).



## **17.0 OPPORTUNITIES FOR INPUT AT THE LOCAL LEVEL**

There are many opportunities for individuals to have their voices heard and make an impact on policies and procedures that affect them and their families. First, it is important to become knowledgeable regarding existing resources in your community, existing priorities, and the existing barriers to services and supports that facilitate living in the community. Each Texas State Agency has multiple Advisory groups, Task Forces, and other opportunities to provide input regarding services and supports. The following is a partial list of some of these legislatively mandated groups. Complete information about these groups can be found through the web links provided below.

### ***17.1 Health and Human Services Commission Council***

This group assists the executive commissioner in developing rules and policies for the Commission.

More information is available at: [http://www.hhsc.state.tx.us/about\\_hhsc/hhsc\\_council.shtml](http://www.hhsc.state.tx.us/about_hhsc/hhsc_council.shtml).

### ***17.2 Behavioral Health Integration Advisory Committee***

The Behavioral Health Integration Advisory Committee is charged with addressing planning and development needs to integrate Medicaid behavioral health services, including targeted case management, mental health rehabilitative services and physical health services, by September 1, 2014. The committee must seek input from the behavioral health community on these issues and produce formal recommendations to HHSC on how to accomplish integrating behavioral and physical health within Medicaid managed care.

More information is available at:

[http://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/bhiac.shtml](http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/bhiac.shtml).

### ***17.3 Children's Policy Council***

The Children's Policy Council assists health and human services agencies in developing, implementing, and administering family support policies and related long-term care and health programs for children. The Council produces a biennial report with recommendations to the HHSC Executive Commissioner and the Texas Legislature.

More information is available at: <http://www.hhsc.state.tx.us/si/cpc/index.shtml>.

### ***17.4 Consumer Direction Workgroup***

The Consumer Direction Workgroup (CDW) is established to advise HHSC staff about the delivery of services through consumer direction in all programs offering long-term services and support. Consumer-Directed Services (CDS) - when compared to agency-directed services - offer more freedom, choice, and control to people that use long-term services and supports and mental health services. They have more say in deciding who provides their services and supports and when those services will be delivered.

More information is available at:

[http://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/cdw/index.shtml](http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/cdw/index.shtml).

### **17.5 Intellectual and Developmental Disability System Redesign Advisory Committee**

The newly formed IDD System Redesign Advisory Committee will advise HHSC and the DADS on the implementation of the acute care services and Long-Term Services and Supports (LTSS) system redesign for individuals with intellectual and developmental disabilities. The Texas Legislature requires HHSC and DADS to design and implement an acute care services and LTSS system for individuals with IDD that supports goals affecting all areas of the individual's life.

More information is available at:

[http://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/iddsrac.shtml](http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/iddsrac.shtml).

### **17.6 State Medicaid Managed Care Advisory Committee**

The newly formed State Medicaid Managed Care Advisory Committee will provide recommendations and ongoing input to HHSC on the statewide implementation and operation of Medicaid managed care. The committee looks at a range of issues, including program design and benefits, systemic concerns from consumers and providers, efficiency and quality of services delivered by Medicaid managed care organizations, contract requirements for Medicaid managed care, provider network adequacy, and trends in claims processing.

The committee also will help HHSC with policies related to Medicaid managed care, and share information on best practices with the Medicaid Regional Advisory Committees. The State Medicaid Managed Care Advisory Committee serves as the central source for stakeholder input on the implementation and operation of Medicaid managed care.

More information is available at:

[http://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/smmcac.shtml](http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/smmcac.shtml).

### **17.7 Promoting Independence Advisory Committee**

The Texas Promoting Independence Initiative began in January 2000 in response to the U.S. Supreme Court ruling in *Olmstead v. L.C.*. The Court ruled in June 1999 that states must provide community-based services for persons with disabilities who would otherwise be entitled to institutional services, when the state's treatment professionals determine that such placement is appropriate; the affected persons do not oppose such treatment; and the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving state supported disability services. Texas' Promoting Independence initiative supports allowing an individual with a disability to live in the most appropriate care setting available. The Promoting Independence Advisory Committee develops an annual report that is submitted to the Commissioner of HHSC.

More information is available at: <http://www.dads.state.tx.us/providers/pi/>.

### **17.8 Traumatic Brain Injury Advisory Council**

The Texas Traumatic Brain Injury Advisory Council works to inform state leadership of the needs of persons with brain injuries and their families; recommend policies and practices to meet those needs; encourage research into the cause, prevention and treatment of traumatic

brain injury and care of persons with a traumatic brain injury; promote brain injury prevention and awareness throughout the state; and identify persons with traumatic brain injuries, their family members and care-givers and to improve their access to supports and services.

More information is available at: [http://www.hhsc.state.tx.us/hhsc\\_projects/abj/Council.shtml](http://www.hhsc.state.tx.us/hhsc_projects/abj/Council.shtml).

### ***17.9 Rehabilitation Council of Texas***

The Rehabilitation Council of Texas (RCT) advises DARS on policy and the scope and effectiveness of vocational rehabilitation services and eligibility requirements. The RCT works with the divisions to develop, collaborate, and review state goals and priorities.

The Council also contributes to the preparation of the state plans for vocational rehabilitation.

More information is available at: <http://www.dars.state.tx.us/councils/rct/rct.shtml>.

### ***17.10 State Independent Living Council***

The State Independent Living Council (SILC) is an equal partner with DARS in the development, approval, and implementation of the State Plan for Independent Living. The Texas SILC leads, promotes, and advances the independent living philosophy and advocates for the rights of individuals with disabilities.

The Governor appoints council members, with the majority being individuals with disabilities.

More information is available at: <http://www.dars.state.tx.us/councils/silc/silc.shtml>.

**List of Terms and Acronyms Used in Resource Guide**

<b>Acronym</b>	<b>Description</b>
AAA	Area Agencies on Aging
ACS	American Community Survey
ACT	Affordable Communities of Texas
ACT	Assertive Community Treatment
ADRC	Aging and Disability Resource Center
AHP	Affordable Housing Program
AHRC	Austin Housing Repair Coalition
AYBR	Amy Young Barrier Removal
CAPER	Consolidated Annual Performance and Evaluation Report
CAS	Community Attendant Services
CDBG	Community Development Block Grants
CDS	Consumer-Directed Services
CDW	Consumer Direction Workgroup
CEAP	Comprehensive Energy Assistance Program
CFC	Community First Choice
CHIP	Children's Health Insurance Program
CILs	Centers for Independent Living
CLASS	Community Living Assistance and Support Services
CMPAS	Client Managed Personal Attendant Services
CMS	Centers for Medicare and Medicaid Services
CoC	Continuum of Care
COGs	Councils of Government
ConPlan	Consolidated Plan
COS	Circle of Support
CPD	Community Planning and Development
CPS	Child Protective Services
CRS	Rehabilitation Services Program
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services
DARS	Department of Assistive and Rehabilitative Services
DAW	Disability Advisory Workgroup
DBMD	Deaf Blind with Multiple Disabilities

<b>Acronym</b>	<b>Description</b>
DBS	Division for Blind Services
DFPS	Department of Family and Protective Services
DOE	U.S. Department of Energy
DPS	Texas Department of Public Safety
DRS	Division of Rehabilitation Services
DSHS	Department of State Health Services
ELI	Extremely Low Income
ESG	Emergency Solutions Grant Program
ETV	Education and Training Voucher
FFCC	Former Foster Care Children
FGDM	Family Group Decision Making
FHA	Federal Housing Administration
FHEO	Fair Housing and Equal Opportunity
FHLB	Federal Home Loan Bank
FMR	Fair Market Rent
FTHB	First Time Homebuyer Program
FUP	Family Unification Program
FVA	Fund for Veterans' Assistance
HBA	HOMEbuyer Assistance
HCBS	Home and Community Based Services
HCBS-AMH	Home and Community Based Services – Adult Mental Health
HCS	Home and Community-based Services
HEARTH	Homeless Emergency and Rapid Transition to Housing
HHS	U.S. Health and Human Services
HHSC	Health and Human Services Commission
HHSCC	Housing and Health Services Coordination Council
HOME	HOME Investment Partnerships Program
HOPWA	Housing Opportunities for Persons with AIDS
HRA	HOMEowner Rehabilitation Assistance
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development – Veterans Assistance Supportive Housing

Acronym	Description
ICF/IIDs	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities
IHFSP	In-Home and Family Support Program
ILS	Independent Living Services
LIDDA	Local Intellectual and Development Disability Authority
LIHEAP	Low Income Home and Energy Assistance Program
LMHA	Local Mental Health Authority
LTSS	Long-Term Services and Supports
MDCP	Medically Dependent Children Program
MFI	Median Family Income
MFP	Money Follows the Person
MOU's	Memoranda of Understandings
MTFCY	Medicaid for Transitioning Foster Care Youth
MFTH	My First Texas Home
NASUAD	National Association of States United for Aging and Disabilities
NED	Non-Elderly Disabled
NHTF	National Housing Trust Fund
NLIHC	National Low Income Housing Coalition
NOFA	Notice of Funding Availability
NYTD	National Youth in Transition Database
OAA	Older Americans Act
OIEC	Office of Injured Employee Counsel
PACE	Program of All-Inclusive Care for the Elderly
PAL	Preparation for Adult Living
PATH	Projects for Assistance in Transition from Homelessness
PBRA	Project-Based Rental Assistance
PDR	Policy Development and Research
PHA	Public Housing Authority
PHC	Primary Home Care
PHP	Permanent Housing Placement Services
PIH	Public and Indian Housing
PJs	Participating Jurisdictions

<b>Acronym</b>	<b>Description</b>
PRA	Project Rental Assistance
RCT	Rehabilitation Council of Texas
RDM	Resiliency and Disease Management
RTRC	Rehabilitation Technology Resource Center
SEH	Service-Enriched Housing
SIL	Supervised Independent Living
SILC	State Independent Living Council
SLIHP	State of Texas Low Income Housing Plan and Annual Report
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
STAP	Specialized Telecommunications Assistance Programs
STRMU	Short-Term Rent, Mortgage, and Utilities
TAC	Technical Assistance Collaborative
TANF	Temporary Assistance for Needy Families
TBRA	Tenant-Based Rental Assistance
TDA	Texas Department of Agriculture
TDHCA	Texas Department of Housing and Community Affairs
TI	Trial Independence Period
TLC	Transition to Living in the Community
TNOYS	Texas Network of Youth Services
TRR	Texas Resilience and Recovery
TSAHC	Texas State Affordable Housing Corporation
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
TxHmL	Texas Home Living
TX MCC	Texas Mortgage Credit Certificate
USDA	U.S. Department of Agriculture
VA	U.S. Department of Veterans Affairs
VR	Vocational Rehabilitation
WAP	Weatherization Assistance Program
YES	Youth Empowerment Services
YLC	Youth Leadership Council