

Presenters

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**ESG Learning Opportunity
 Overview**

- ❖ Focus on different ESG-related topics each month
- ❖ Occurs 1st Wednesday of each month at 10:00am
- ❖ ESG Learning Opportunities recorded and posted online
<http://www.tdhca.state.tx.us/community-affairs/esgp/guidance-solutions.htm>


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Webinar Objective

- ❖ Provide information for ESG Subrecipients to connect with services in order to:
 - ❖ refer program participants to service providers or organizations that coordinate services; and
 - ❖ receive referrals from the organizations that coordinate services.

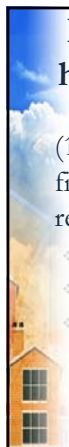
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Why Connect with Services and Institutions?

- ❖ Homeless and At-Risk of Homelessness Definitions
- ❖ Required Coordination and Connection

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Emergency Shelter/Rapid Rehousing – Homeless Category 1

(24 CFR §576.2)

(1) “An individual or family who lacks a fixed, regular, and adequate nighttime residence...”

- ❖ (i) Not meant for human habitation; or
- ❖ (ii) Public/private shelter; or
- ❖ (iii) **Exiting institution where stayed 90 days or less and homeless before entry**


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Homelessness Prevention – At Risk Category 1(i) and (ii)

- ❖ At-Risk Category 1
 - ❖ (i) Income below 30% AMFI; AND
 - ❖ (ii) No sufficient resources or support networks; AND

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Homelessness Prevention – At Risk Category 1(iii)

(24 CFR §576.2)

- ❖ (A) Has moved two or more times during 60 days for economic reasons; or
- ❖ (B) Doubled up for economic hardship; or
- ❖ (C) Notified in writing that they will lose housing in 21 days; or
- ❖ (D) Lives in motel/hotel paid by client; or
- ❖ (E) Lives in overcrowded unit; or
- ❖ (F) Exiting a publicly-funded institution or system of care; or
- ❖ (G) Lives in housing that is associated with instability as identified in TDHCA’s consolidated plan.


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Homeless Management Information System Data Points

- ❖ Institutional Situations:
 - ❖ Foster care home or foster care group home
 - ❖ Hospital or other residential non-psychiatric medical facility
 - ❖ Jail, prison or juvenile detention facility
 - ❖ Long-term care facility or nursing home
 - ❖ Psychiatric hospital or other psychiatric facility
 - ❖ Substance abuse treatment facility or detox center


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Coordination
24 CFR §576.400(e)(3)(v)

- ❖ Policies and procedures for coordination among:
 - ❖ emergency shelter providers,
 - ❖ **essential service providers,**
 - ❖ homelessness prevention, and
 - ❖ rapid re-housing assistance providers,
 - ❖ other homeless assistance providers,
 - ❖ and **mainstream services** and housing providers.


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Coordination (2)
24 CFR §576.401(d)

- ❖ Evaluation of program participant eligibility and needs
- ❖ “[S]ubrecipients must assist each program participant, as needed, to obtain:
 - ❖ (1) Appropriate supportive services, including assistance in obtaining permanent housing, **medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living;** and
 - ❖ (2) **Other Federal, State, local, and private assistance available** to assist the program participant in obtaining housing stability...”


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Texas Housing and Services Resource Guide

- ❖ <http://www.tdhca.state.tx.us/hhsc/doc/16-TxHousingServicesResources.pdf>
- ❖ Services:
 - ❖ Persons with Physical Disabilities
 - ❖ Persons with Intellectual and Developmental Disabilities
 - ❖ Older Texans
 - ❖ Persons with Mental and Substance Use Disorder
 - ❖ Youth
- ❖ Housing Resources


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Housing Stability Plans

- ❖ Open-ended questions:
 - ❖ Why are you having problems accessing housing?
 - ❖ Tell me why you need the services?
 - ❖ Do you have problems with daily activities?
 - ❖ Such as cooking, grocery shopping.
- ❖ History:
 - ❖ “I was in a state school”
 - ❖ “I was in the hospital”
 - ❖ “I’m an alcoholic”
 - ❖ “I’m clean and sober now”


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Housing Stability Plans (2)

- ❖ Do not ask:
 - ❖ “What disability do you have?”
- ❖ Examples of what may be asked:
 - ❖ “I have resources that may offer help with daily living activities, would you like that referral?”
 - ❖ “We have certain programs that require a diagnosis of HIV/AIDS, would you like that referral?”
 - ❖ “There is a referral for services that help with substance use disorders, would you want that referral?”

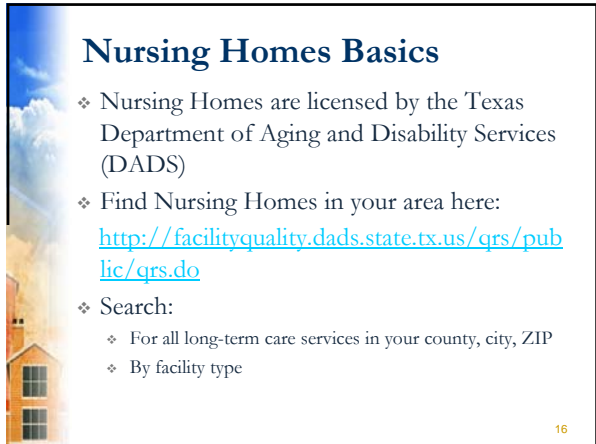
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Nursing Homes – Referrals and Population

- ❖ Institution
- ❖ ESG Subrecipients may:
 - ❖ Refer to Nursing Homes
 - ❖ Receive referrals from Nursing Homes
- ❖ Nursing home population:
 - ❖ Older or with disabilities
 - ❖ Have medical issues (skilled need)

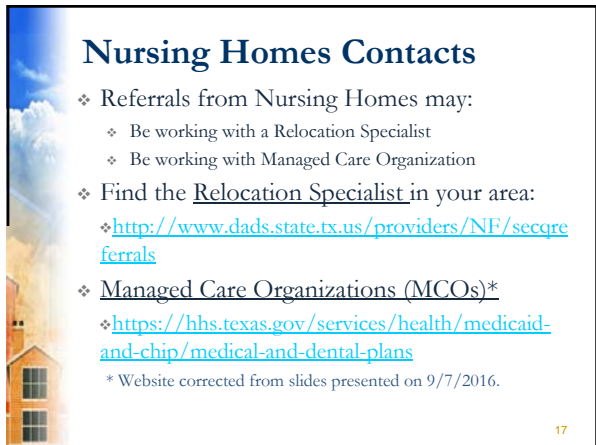
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Nursing Homes Basics

- ❖ Nursing Homes are licensed by the Texas Department of Aging and Disability Services (DADS)
- ❖ Find Nursing Homes in your area here: <http://facilityquality.dads.state.tx.us/qrs/public/qrs.do>
- ❖ Search:
 - ❖ For all long-term care services in your county, city, ZIP
 - ❖ By facility type

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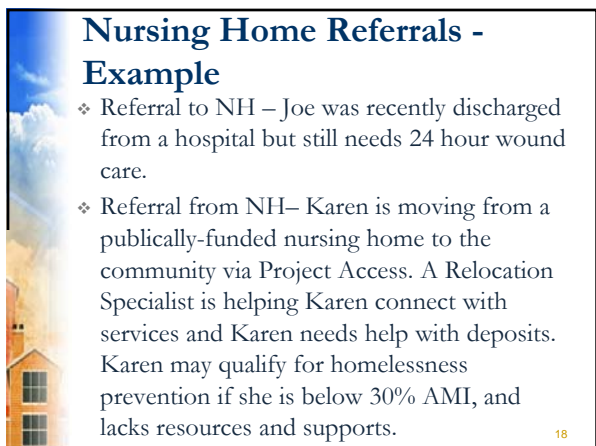


Nursing Homes Contacts

- ❖ Referrals from Nursing Homes may:
 - ❖ Be working with a Relocation Specialist
 - ❖ Be working with Managed Care Organization
- ❖ Find the Relocation Specialist in your area: <http://www.dads.state.tx.us/providers/NF/securereferrals>
- ❖ Managed Care Organizations (MCOs)*
 - ❖ <https://hhs.texas.gov/services/health/medicaid-and-chip/medical-and-dental-plans>

* Website corrected from slides presented on 9/7/2016.


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Nursing Home Referrals - Example

- ❖ Referral to NH – Joe was recently discharged from a hospital but still needs 24 hour wound care.
- ❖ Referral from NH– Karen is moving from a publically-funded nursing home to the community via Project Access. A Relocation Specialist is helping Karen connect with services and Karen needs help with deposits. Karen may qualify for homelessness prevention if she is below 30% AMI, and lacks resources and supports.

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Relocation Specialists and MCOs

- ❖ Relocation Specialists:
 - ❖ assessment and case management to assist residents who choose to relocate to community-based services and supports.
- ❖ MCOs:
 - ❖ Many residents leaving nursing homes enter STAR+PLUS Program
 - ❖ STAR+PLUS is a Texas Medicaid managed care program for person with disabilities or are age 65 or older.
 - ❖ People receive Medicaid health-care and long-term services and support through a medical plan they choose
 - ❖ Participants are served by an MCO and their network of providers


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Aging and Disability Resource Center (ADRC) – Referrals and Population

- ❖ Coordinates services
- ❖ ESG Subrecipients may:
 - ❖ Refer clients to ADRCs
 - ❖ Receive referrals from ADRCs
- ❖ ADRC Population:
 - ❖ Aging Texans
 - ❖ Physical and Intellectual and Developmental Disability (IDD)
 - ❖ Not mental illness or substance use disorder


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ADRCs - Basics

- ❖ Available to people of all ages, incomes and disabilities
- ❖ Provides information and one-on-one counseling on the full range of long-term services and supports available in Texas.


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ADRCs – Basics (2)

- ❖ Provides
 - ❖ Person-centered, community-based environment that promotes independence and dignity for individuals;
 - ❖ Easy access to information and one-on-one options counseling to assist individuals in exploring a full range of long-term services and supports to meet their needs and/or situations; and
 - ❖ Resources and services that support the needs of family caregivers.


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ADRC Contacts

- ❖ All 254 counties covered by an ADRC
- ❖ Every ADRC has at least one Housing Navigator
- ❖ Find the ADRC in your area here:
<https://www.dads.state.tx.us/care/findanadrc.html>


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ADRC Referrals - Example

- ❖ Referral to ADRC – Caden is not getting any type of services, but he has disclosed that he has an intellectual disability.
- ❖ Referral from ADRC – Jason is moving to the community from a publicly-funded nursing home (where he has been for more than 90 days) and may qualify for homelessness prevention (below 30% AMI, and lack of resources and support).


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Local Intellectual and Developmental Disability Local Authority (LIDDA) – Referrals and Population

- ❖ Coordinates services
- ❖ ESG Subrecipients may:
 - ❖ Refer to LIDDAs
 - ❖ Receive referrals from LIDDA
- ❖ LIDDA Population:
 - ❖ Persons with Intellectual and Developmental Disabilities


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LIDDA - Basics

- ❖ LIDDAs determine eligibility and assist individuals with IDD to access appropriate services.
- ❖ Coordination of Home and Community Based Services
- ❖ Coordination/enrollment of Home and Community Based Services
- ❖ State Supported Living Centers enrollment


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LIDDA - Contact

- ❖ All 254 counties are covered by LIDDA services
- ❖ There are 39 LIDDAs
- ❖ A directory of the LIDDAs can be found at this link:
<http://www.dads.state.tx.us/contact/la.cfm>


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LIDDA Referrals - Examples

- ❖ Referral to LIDDA:
 - ❖ Tom explains that he has autism that makes it harder for him to hold a job.
- ❖ Referral from LIDDA:
 - ❖ Julie is being discharged from a State Supported Living Center because she wants to live alone. She is working with a Community Transition Specialist and the LIDDA. She has a Section 8 voucher, but needs help with the deposit. She may qualify for homelessness prevention (if under 30% AMI and lacking resources and supports).


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Center for Independent Living (CIL) – Referrals and Population

- ❖ Coordinates services
- ❖ ESG Subrecipients may:
 - ❖ Refer to CILs
 - ❖ Receive Referrals from CILs
- ❖ CIL Population:
 - ❖ Persons of all ages with disabilities


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CIL Basics

- ❖ CILs are operated by and for persons with disabilities throughout Texas
- ❖ Core services are:
 - ❖ information and referral
 - ❖ individual and system advocacy
 - ❖ peer support
 - ❖ independent living skills training,
 - ❖ transition/relocation services from nursing homes and other institutions and diversion services that keep a person with a disability out of a nursing home or other institutions


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CIL Contacts

- ❖ CILs in 29 locations across Texas
- ❖ Find a CIL in your area here:
http://www.dars.state.tx.us/drs/directory_cil.shtml

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CIL Referrals - Examples

- ❖ Referral to CIL:
 - ❖ Nancy has told the intake specialist that she has a hearing impairment, and needs a service dog.
- ❖ Referral from CIL:
 - ❖ John is receiving services from the CIL and uses a wheelchair. He is having trouble paying his rent and has an eviction notice. He may qualify as homeless (Cat. 2 – imminent risk), and meet the requirements for homelessness prevention (if income below 30% AMI and lack of resources and supports)*

*Corrected from slides presented on 9/7/2016, which had stated that John would qualify for rapid re-housing.

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State Supported Living Center (SSLC) – Referrals and Population

- ❖ Institution
- ❖ ESG Subrecipients may:
 - ❖ Refer to SSLCs through LIDDA
- ❖ SSLC Population:
 - ❖ Persons of all ages with disabilities


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SSLC - Basics

- ❖ SSLCs are large Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)
- ❖ SSLCs provide campus-based direct services and supports to people with intellectual and developmental disabilities
- ❖ 13 locations —
 - ❖ Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo and San Antonio.


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SSLC Reducing Number of Residents

- ❖ Community Transition Specialists at the SSLCs work with residents who wish to move to the community
- ❖ Primarily move to group homes through Home and Community-Based Services (HCS) Program


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Local Mental Health Authority (LMHA) – Referrals and Population

- ❖ Coordinates services
- ❖ ESG Subrecipients:
 - ❖ Refer to LMHAs
 - ❖ Receive referrals from LMHAs
- ❖ LMHA Population:
 - ❖ Persons with Serious Mental Illness such as schizophrenia, bipolar disorder, major depressive disorder, or other severely disabling mental disorders that require crisis resolution and/or ongoing long-term support and treatment.
 - ❖ Persons with Substance Use Disorders


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LMHA - Basics

- ❖ LMHAs provide information, referral, and behavioral health services to individuals with mental illness and substance use disorders
- ❖ Some LMHAs offer rental assistance to individuals who are also receiving services from the LMHA


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LMHA - Contacts

- ❖ 37 in Texas
- ❖ Find the LMHA in your area here:
<http://dshs.texas.gov/mhservices-search/>

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LMHA Referrals - Examples

- ❖ Referral to LMHA – Karen is not getting any type of services, but she has disclosed that she is an alcoholic
- ❖ Referral from LMHA – Bob is receiving services through LMHA after exiting from a state mental health facility. He may qualify for homelessness prevention (if below 30% AMI and lack of resources and supports)

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LMHA Referrals – Examples (2)

- ❖ Referral to Mental Health and Substance Use Disorder Treatment
 - ❖ Tom reports that he has lost housing because of his addiction to alcohol.
- ❖ Referrals from Mental Health and Substance Use Disorder Treatment
 - ❖ Sheri was living with her boyfriend prior to entering a health-care facility (detox). After treatment, her boyfriend says she cannot come back. She may qualify for homelessness prevention (with income below 30% AMI, and no resources and supports)

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State Mental Health Facility (SMHF) – Referrals and Population


- ❖ Institution
- ❖ ESG Subrecipients may:
 - ❖ Refer to SMHFs
 - ❖ Receive referrals from SMHFs
- ❖ SMHF Population:
 - ❖ Persons with Serious Mental Illness

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SMHF - Contacts

- ❖ Department of State Health Services operates the 11 SMHFs
- ❖ Find the SMHF in your area here:
<http://www.dshs.texas.gov/mhhospitals/default.shtm>


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SMHF - Basics

- ❖ SMHFs are psychiatric treatment facilities
- ❖ Provide psychiatric evaluation, rehabilitation and prescription drug services, and full discharge planning for people who are in crisis.
- ❖ 11 locations —
 - ❖ Austin, Big Spring, El Paso, Kerrville, Vernon, Wichita Falls, Rio Grande, Rusk, San Antonio, Terrell, and Waco Center for Youth.


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SMHF - Referrals

- ❖ Referrals to SMHF:
 - ❖ If during street outreach, intake staff find Jose who is a danger to himself or others, staff may refer to SMHFs via LMHA.
- ❖ Referrals from SMHF:
 - ❖ Steve is exiting the SMHF and has no place to go. He may qualify for homelessness prevention (if under 30% AMI and lack of resources and supports)


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Mental Health and Substance Use Disorder Treatment Resource

- ❖ Mental Health and Substance Use Disorder Treatment
 - ❖ In-patient and out patient
- ❖ The Locator can be assessed here:
<https://mentalhealthtx.org/>


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Section 811 Project Based Rental Assistance – Referrals and Population

- ❖ Housing and Services
- ❖ ESG Subrecipients may:
 - ❖ Refer to Section 811 Project Based Rental Assistance
- ❖ Section 811 Target Populations:
 - ❖ Persons with serious mental illness
 - ❖ Persons with disabilities exiting nursing facilities and ICF/IIDs
 - ❖ Youth with disabilities exiting foster care


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Section 811 Project Based Rental Assistance – Basics

❖ Section 811 creates the opportunity for persons with disabilities to live as independently as possible through the coordination of voluntary services and providing a choice of subsidized, integrated rental housing options.

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Section 811 Project Based Rental Assistance – Contacts

❖ Referrals for all populations can be made by Contacting Bill Cranor, the program’s TDHCA Point of Contact:

- ❖ bill.cranor@tdhca.state.tx.us
- ❖ 512-936-7804

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Section 811 Project Based Rental Assistance – Qualifications

- ❖ Individuals must be a member of the Target Population (See slide 46), and
- ❖ Have an income at or below the Extremely Low Income limit as defined by HUD, and
- ❖ The household member who qualifies as a member of the Target Population must be 18 years of age or older and less than 62.

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Contact Information


TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

221 E. 11th Street, Austin, TX 78701

P.O. Box 13941, Austin, TX 78711-3941

ESG: <http://www.tdhca.state.tx.us/community-affairs/esgp/>

Program Assistance: <https://tdhca.wufoo.com/forms/request-for-ca-program-assistance/>



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