

**HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL  
2018-2019 BIENNIAL PLAN**

**Disclaimer**

This Housing and Health Services Coordination Council Biennial Plan was approved in a public meeting by a majority of the Council's current membership. The views and opinions expressed should not be imputed to any single state agency member or, unless expressly indicated, any other member represented on the Council.

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## **STATE AGENCIES REPRESENTED**

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

The Texas Department of Housing and Community Affairs (“TDHCA”) is the state agency responsible for affordable housing, community and energy assistance programs, colonia activities, and regulation of the state's manufactured housing industry. TDHCA currently administers \$2 billion through for-profit, nonprofit, and local government partnerships to deliver local housing and community-based opportunities and assistance to Texans in need. Additionally, it provides over a billion dollars a year in assistance for first time homeowners, including mortgage credit certificates, low cost first lien loans, and down payment assistance loans. The overwhelming majority of TDHCA’s resources are derived from federal grants, federal tax credits, mortgage revenue bond financing and refinancing, and sale of mortgage loans and mortgage backed securities to the private sector. Because several major housing programs require the participation of private investors and private lenders, TDHCA also operates as a Housing Finance Agency (“HFA”).

### **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 whose mission is to create safe and affordable housing for low to moderate-income Texans by helping developers build affordable housing, helping people buy a home and helping people stay in their homes. TSAHC accomplishes this by providing down payment assistance grants and Mortgage Credit Certificates to home buyers, flexible financing options for developers of multifamily housing, and education and resources for nonprofit counseling and housing organizations.

### **Texas Health and Human Services**

The Texas Health and Human Services Commission (“HHSC”) is the state agency responsible for delivering health and human services to qualified Texans. HHSC works to deliver benefits and services, including Medicaid for families and children, long-term care for people who are older or who have disabilities, SNAP food benefits and TANF cash assistance for families, behavioral health services, services to help keep people who are older or who have disabilities in their homes and communities, and services for women and other people with special health needs.

Texas Health and Human Services (“HHS”) has a long history of reforming and rebalancing its long-term care system for individuals with disabilities. Texas HHS housing-related efforts have assisted Medicaid nursing facility residents in transitioning to the community through the Money Follows the Person Demonstration (“MFPD”) and the MFPD Behavioral Health Pilot, as well as STAR+PLUS Medicaid managed care relocation services. Texas HHS partners with TDHCA on a Section 811 Project Rental Assistance Program, which provides project-based rental assistance to individuals with disabilities transitioning from institutions, individuals with serious mental illness, and youth exiting foster care eligible for community-based long-term services. Through the Texas 1115 Demonstration Waiver, there are Delivery System Reform Incentive Payment initiatives with housing-related components that include transitional services, integrated care models, service coordination projects, and working with partners to increase access to housing units.

The 83rd Legislature (Regular Session, 2013) approved Exceptional Item 7 submitted by the legacy DSHS Mental Health Substance Abuse Division, appropriating \$10.9 million dollars in General Revenue (“GR”) to address the housing needs of individuals diagnosed with a mental illness. This program originally contractually funded Supportive Housing Rental Assistance funds to 18 Local

Mental Health Authorities (“LMHAs”), and are now serving 2 additional Local Behavioral Health Authorities (“LBHAs”), totaling 20 providers. All 39 LMHA/LBHAs also utilize general revenue funds to provide permanent supportive housing support services which assist individuals to obtain and maintain housing of their choice. Texas HHS also uses GR dollars to fund the Healthy Community Collaborative program, which established and expanded community collaboratives to promote recovery and community reintegration as well as provide services to individuals with mental health needs who are experiencing homelessness in highly populated municipalities.

### **Texas Department of Agriculture**

The Texas Department of Agriculture (“TDA”) works to partner with all Texans to make Texas the nation's leader in agriculture, fortify our economy, empower rural communities, promote healthy lifestyles, and cultivate winning strategies for rural, suburban, and urban Texas through exceptional service and the common threads of agriculture in our daily lives. The TDA Office of Rural Affairs is dedicated to enhancing the economic vitality and quality of life in rural Texas. Taking advantage of available federal funds and a statewide outreach network, this office provides rural communities the tools needed to attract and retain businesses, expand and improve public infrastructure, and secure quality health care.

Through the Go Texan Certified Retirement Community program, TDA assists retirees and potential retirees in Texas in their search for affordable housing that meets their needs. Certified Retirement Communities have proven their ability to provide housing with access to adequate health and emergency medical services and other services required by senior adults. Rural communities may apply for Community Development Block Grant Funds to assist residents with housing rehabilitation/reconstruction needs, or to improve living conditions for a neighborhood or community through infrastructure and other improvements.

### **Texas Veterans Commission**

Since 1927, the mission of the Texas Veterans Commission (“TVC”) has been to advocate for and provide superior service to Veterans that will significantly improve the quality of life for all Texas Veterans, their families, and survivors. Through the Fund for Veterans’ Assistance (Housing4TexasHeroes), TVC administers 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.

## RESOURCES

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

Aging and Disability Resource Centers (“ADRCs”) provide information about and help with state, federal and local benefits for older adults and persons with disabilities. ADRCs are part of the No Wrong Door system, designed to streamline public access to long-term services care programs. ADRCs serve as a key point of access to person-centered Long-Term Supportive Services specialized information, referral, and assistance and provide one-stop access to information for people who need help finding long-term care services. Aging and Disability Resource Centers have Housing Navigators who help compile inventories of affordable housing and advocate for the expansion of affordable, accessible and integrated housing. Information can be found online at <https://hhs.texas.gov/services/aging/long-term-care/aging-disability-resource-center> or by calling 855-YES-ADRC (855-937-2372).

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

2-1-1 Texas, a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. Whether by phone or internet, the goal of 2-1-1- Texas is to present accurate, well-organized and easy-to-find information from state and local health and human services programs. This is accomplished through the work of 25 Area Information Centers across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365/366 days a year. No matter where you live in Texas, you can dial 2-1-1, or (877) 541-7905, and find information about resources in your local community. Whether you need help finding food or housing, child care, crisis counseling, or substance abuse treatment, one number is all you need to know.

### **Help for Texans**

TDHCA maintains Help for Texans, a simple online tool to enable individuals and organizations to access housing resources in their area. Resources include long-term rent payment assistance, emergency and homeless services, home repair and accessibility medications, utility bill payment help, weatherization, and homebuyer assistance. To use the online database, simply select the type of assistance needed and search by city or county. Access Help for Texans at <https://www.tdhca.state.tx.us/texans.htm> or by calling the TDHCA Housing Resource Center at (800) 525-0657.

### **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. The list only includes properties funded by TDHCA, so it is not a comprehensive list of affordable properties in an area. Information regarding rents, amenities and units for persons with disabilities is included if available. To use the online database, simply search by city, county, or ZIP code. Access the Vacancy Clearinghouse at <http://hrc-ic.tdhca.state.tx.us/hrc/VacancyClearinghouseSearch.m>.

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## 1.0 INTRODUCTION

[The Housing and Health Services Coordination Council](#) (“HHSCC” or “Council”) is established by Tex. Gov’t Code §2306.1091 *et seq.*, and its purpose is to increase state efforts to offer Service-Enriched Housing (“SEH”) for elderly persons and persons with disabilities through increased coordination of housing and health services. 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.

The Texas Department of Housing and Community Affairs’ (“TDHCA”) staff supports Council activities. Council members meet quarterly in meetings that are open to the public. Notice is given to the public in the *Texas Register*, on TDHCA’s website, through a listserv, and on Twitter. HHSCC members also provide direction to the Council in the preparation of its Biennial Plan that is to be submitted to the Office of the Governor and the Legislative Budget Board (“LBB”) on August 1 each even-numbered year. Since the Council’s inception in 2009 with its first Biennial Plan due in August 2010, the requirements of Tex. Gov’t Code §2306.1096(b) and (c), for a plan and a report, respectively, were addressed in a single Biennial Plan. However, beginning with the 2016-2017 term, the Council determined that it was more appropriate to develop two different documents: the first addressing the requirements of Tex. Gov’t Code §2306.1096(b), which is the Housing and Health Services Coordination Council 2016-2017 Biennial Plan (“Plan”), and the second addressing the requirements of Tex. Gov’t Code §2306.1096(c), which is a Report of Findings and Recommendations of the Council (“Report”). The use of two separate documents to address the two statutory requirements - a “Plan” and a “Report” - continues with these 2018-2019 documents.

This document satisfies the Plan requirement and will be used by Council members to direct the activities of the Council. The Report will be submitted to the Governor and LBB.

### 1.1 Reading this Plan

This Plan is organized as outlined below. A list of terms and acronyms found in this Plan can be found in Appendix 1.

- 1.0 Introduction
- 2.0 Housing Needs for Populations Served by Service-Enriched Housing
- 3.0 Policies to Coordinate and Increase State Efforts to Offer Service-Enriched Housing
- 4.0 Barriers to Service-Enriched Housing Efforts
- 5.0 Cross-Education to Increase Expertise in Areas of Housing and Health and Coordination of Activities of those Agencies
- 6.0 Technical Assistance and Training to Local Housing and Health Services
- 7.0 Performance Measures
- 8.0 Recommended Activities for 2018-2019
- 9.0 Summary



## **2.0 HOUSING NEEDS FOR POPULATIONS SERVED BY SERVICE-ENRICHED HOUSING**

In the most recent report by the U.S. Department of Housing and Urban Development's ("HUD") on worst case housing needs, HUD found that that worst case housing needs have increased across all demographic groups and household types. HUD found that the benefits of the strong national economy have not flowed to renter households at the lowest income levels, and severe housing problems for those lowest income levels are on the rise (HUD, 2017, Worst Case Housing Needs 2017 Report to Congress, pg. iii). Worst case needs are defined as renters with very low incomes (not more than 50 percent of the Area Median Income ("AMI")) who do not receive government housing assistance and who pay more than one-half of their income for rent, are living in severely inadequate conditions, or are experiencing both (HUD, 2017, pg. ix). A household spending 30% or more of its income on housing and utilities is considered rent burdened, sometimes referred to as "cost burdened."

Modest gains in household incomes were met with rising rents, effectively shrinking the supply of affordable rental housing stock in an increasingly competitive market (HUD, 2017, pg. iii). The unmet need for decent, safe, and affordable rental housing continues to outpace the ability of federal, state, and local governments to supply housing assistance and facilitate affordable housing production (HUD, 2017, pg. ix).

The Joint Center for Housing Studies of Harvard University ("JCHS") found that while there has been growth in the rental housing stock, additions to that stock are increasingly targeted at higher-income households (JCHS, 2017, pg. 2). There has been an expansion of the supply of high-end apartments and single-family homes, but there has not been as much creation of new housing affordable for low- and moderate-income renters. As a result, the emerging trend in the rental market is that nearly half of renter households (nearly 21 million households nationally) are cost burdened. (JCHS, 2017, pg. 1, pg. 26).

The JCHS suggests that addressing the gap between income and housing costs will require greater access to rental assistance, expanding the stock of affordable housing attainable by the low income sector of the population, and preservation of existing affordable housing (JCHS, 2017, pg. 31).

Households receiving rental assistance are predominantly families with children, older adults, and persons with disabilities. Older adults now occupy one-third of assisted units. This share will increase over the coming decades. Meanwhile, 18% of assisted households in 2016 were headed by a person with a disability under the age of 62. (JCHS, 2017, pg. 33)

Special populations, such as persons with disabilities, elderly populations, and those experiencing homelessness, have specific needs that are often best addressed in conjunction with housing, particularly because households with special needs have increased rates of rental cost burdens. JCHS finds that 55% of renter households that have a member with a disability have cost burdens, compared with only 45% of those with no disabilities. Rental cost burdens can be particularly detrimental to households with disabilities in that high housing costs may constrain their ability to pay for medical and other essential needs. (JCHS, 2017, pg. 29)

The state of Texas appears to be experiencing these same national trends that reflect an increasing need for affordable housing. According to the 2012-2016 American Community Survey (“ACS”) 5-Year Estimates, 16.7% of all Texans had incomes below the poverty level in the past 12 months meaning one in every six Texans is living in poverty (U.S. Census Bureau, 2012-2016).

Like the rest of the U.S., Texas’ lower income populations are disproportionately special populations, including elderly persons, farmworkers, persons experiencing homelessness, persons with disabilities, residents of colonias, veterans and wounded warriors, and youth aging out of foster care. These populations often have greater housing challenges. The following sections further illustrate housing needs in Texas by specific populations.

### ***2.1 Aging Adults***

The State of Texas is experiencing the same large scale trends that are driving nationally an increasing need for supportive housing. Specifically, the aging of the “baby boom” generation is resulting in an increasing need for health care and supportive services to be provided at the person’s home.

Older Texans face unique housing challenges that will become more prevalent as the population ages. The incidence of disability increase with age. According to the 2012-2016 ACS, 9.8% of Texans between 18-64 years of age have a disability, while 27.2% of Texans 65 to 74 years and 50.5% of Texans aged 75 years and over have a disability (U.S. Census Bureau, table S1810, 2016). In addition, older households tend to live in older homes; according to 2012-2016 ACS, 58.3% of households aged 65 years and older lived in housing stock built before 1980 (U.S. Census Bureau, table B25126, 2016). These factors may increase the need for housing modifications for accessibility and home repair as well as the need for more costly forms of home repair such as replacing roofing and older mechanical systems.

While aging and disability are not always linked, advancing age is a risk factor for developing a chronic medical condition that may result in disability, especially if untreated. So while not synonymous, disability and age are correlated. Thus, in order to remain living independently in the community, older adults may require the same services as persons with disabilities (CDC, 2013).

According to the Corporation for Supportive Housing (“CSH”), 90% of Americans 65 years and older would prefer to stay in their homes rather than live in a nursing home. However, many older adults face significant challenges in completing activities of daily living (“ADLs”), including bathing, cooking, dressing, and getting around the home, or with instrumental activities of daily living (“IADLs”), such as household chores, shopping, and going to doctor appointments. In order to live safely in their homes, this population often needs assistance. Supportive housing staff can help arrange for in-home care, housekeeping services, or even hospice care in order to prevent or delay a person from having to move into an institution (CSH, 2016).

The high cost of medical necessities together with fixed and often limited income make aging populations at risk of poverty. In addition to the lack of affordable housing units, the lack of units with accessible features greatly impacts aging adults and persons with disabilities. As of 2011, only 3% of rental housing in the U.S. provided no-step entry, a bedroom and bathroom on the entry

level, and extra-wide doors and hallways, three of the most basic accessible design features (JCHS, 2015).

The existing inventory of housing cannot accommodate the increasing number of households who will require modifications to their homes due to disability or age. According to the National Association of States United for Aging and Disabilities (“NASUAD”), by the year 2030 one in five adults in the U.S. will be 65 years of age or older compared to one in eight in 2010 (NASUAD, 2015). By 2050 the number of people over age 85 is expected to reach 18 million, which is triple that of 2012 (U.S. Census Bureau, 2014). These individuals will need additional long-term services and supports and the majority prefer that services be delivered in their homes.

## ***2.2. Persons with Disabilities***

Disability is a broad term and is defined differently for different programs and funding sources. It is important to note that disabilities are not limited to physical disabilities. HUD defines a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment. In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and intellectual disability that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself" (HUD, n.d., Disability Rights in Housing).

According to the U.S. Census Bureau, approximately 56.7 million (or 18.7% of the total non-institutionalized population) people in the U.S. have some kind of disability. Earnings are less and poverty rates are higher for persons with disabilities than for those without disabilities (U.S. Census Bureau, 2012). There are over 3 million Texans with a disability (11.6% of the total non-institutionalized population), and a significant number of persons with disabilities face extreme housing needs. The 2011-2015 ACS data show that 17.5% of individuals who live below the poverty level in Texas have a disability, while 8.8% of individuals who live at or above the poverty level have a disability (TDHCA, 2018 State of Texas Low Income Housing Plan & Annual Report, pg. 24-25).

Persons with disabilities face challenges finding housing that is affordable, accessible, and located near transit and supportive services.

## ***2.3 Homeless and Chronically Homeless***

Individuals who are chronically homeless are another population in need of accessible and affordable housing. HUD defines a chronically homeless person as:

*1. An individual who:*

- *Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND*
- *Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year OR on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total; AND*

- *Can be diagnosed with one or more of the following conditions: Substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*
- 2. *An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph (1), before entering that facility; OR*
- 3. *A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless (HUD, 2015).*

Chronically homeless individuals often have mental health problems or substance use disorders or both. These issues are often barriers to accessing affordable housing and other housing resources.

Texas has roughly 4% of the national population experiencing homelessness (or 23,548 people). Between 2016 and 2017, Texas saw the fifth largest percentage increase (1.8%) of all states (TDHCA, 2018 State of Texas Low Income Housing Plan & Annual Report, pg. 23).

According to the United States Interagency Council on Homelessness (“USICH”), for those experiencing homelessness, housing provides a foundation from which a person or family can access the services and supports they need to regain stability and begin the recovery process. Supportive housing provides housing, as well as services designed to build independent living and tenancy skills, assistance with integrating into the community, and connections to community-based health care, treatment, and employment services. Studies have shown that the provision of wrap-around supportive services in conjunction with affordable housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons (USICH, 2017).

## **2.4 Veterans**

A large number of Veterans struggle to cope with the physical and psychological damage they experienced in service. As a result, Veterans are more susceptible to homelessness than civilians.

Nationwide, approximately one half of Veterans experiencing homelessness have serious mental illness, and 70% have substance use problems. This combination can lead to involvement in the criminal justice system, evidenced by the fact that approximately one half of Veterans experiencing homelessness have also acquired a criminal record after being discharged from the military (USICH, 2015). According to the National Alliance to End Homelessness (“NAEH”), criminal records are a barrier to obtaining housing, and serious mental illness or chemical dependence may affect housing retention (USICH, 2015).

The total number of Veterans in Texas experiencing homelessness during the Point-In-Time (“PIT”) count in 2017 was 2,200 (HUD, 2017). From an analysis of the 2014, 2015, and 2016 Texas PIT counts of persons experiencing homelessness, Veterans experiencing homelessness were more likely than the civilian homeless population to:

- Be male;

- Be older when first becoming homeless, with the median age of 54;
- Experience repeated episodes of homelessness;
- Be single without household members with them;
- Have higher education levels;
- Report sleeping outdoors, as opposed to an Emergency Shelter or Transitional Housing;
- Have Post-Traumatic Stress Disorders (“PTSD”); and
- Have one or more of the following: substance abuse, mental illness, and physical disability (Homelessness among Veterans in Texas, 2016, pg. 11).

Identified housing needs of Veterans experiencing homelessness include, but are not limited to:

- Affordable housing;
- Housing with low barrier to entry;
- Emergency shelters that accept children;
- Housing units compatible with family size;
- Greater access to U.S. Veterans Affairs benefits; and
- Approaches to address chronic homelessness (Homelessness among Veterans in Texas, 2016, pg. 12-13).

Even as more Veterans experience homelessness than the general population, one study published in 2012 found that there was no difference in treatment outcomes for chronically homeless Veterans and non-Veterans. The study compared 162 chronically homeless Veterans and 388 non-Veterans enrolled in a supportive housing program. During the year of the study, there were no differences between the Veterans and non-Veterans on housing or clinical status, though both groups improved. Even though Veterans face greater risk of becoming homeless, this study suggests that they do not have less successful treatment outcomes (Military Medicine, 2012).

### **3.0 POLICIES TO COORDINATE AND INCREASE STATE EFFORTS TO OFFER SERVICE-ENRICHED HOUSING**

*Develop and implement policies to coordinate and increase state efforts to offer service-enriched housing.*

#### **3.1 Definition of Service-Enriched Housing**

In accordance with Tex. Gov’t Code §2306.1091(b), “With the advice and assistance of the council, the department by rule shall define ‘service-enriched housing’ for the purposes of this subchapter.”

In January of 2010, the Department, with the advice and assistance of the Council, worked to develop the definition of Service-Enriched Housing. The definition was brought before stakeholders at four statewide public forums in order to receive additional opinions and feedback. After receiving feedback, a revised definition was proposed and the TDHCA Governing Board ultimately adopted a final rule for the definition, which became effective in June 2010.

Service-Enriched Housing is defined in 10 Texas Administrative Code (“TAC”), Chapter 1, Subchapter A, §1.11 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.

Tex. Gov't Code §2001.039 requires that a state agency periodically review its rules. In early 2018 the Department reviewed 10 TAC Chapter 1, Subchapter A, §1.11, Definition of Service-Enriched Housing and determined that the reason for the initial adoption of the rule continues to exist since the Council is codified in Tex. Gov't Code §2306.1091. The Definition of Service-Enriched Housing was discussed by HHSCC at the January 31, 2018, Quarterly Council Meeting and the May 4, 2018, Quarterly Council Meeting. HHSCC was in favor of readopting the rule as is. The proposed readoption of the Definition of Service-Enriched Housing ("SEH") was approved by the TDHCA Governing Board on May 24, 2018. This rule was out for public comment from June 11 through July 11, 2018. One comment was received. At the time of final preparation of the HHSCC Biennial Plan, the SEH rule had not been finalized. The final SEH rule with consideration of public comment is expected to go before the September 6, 2018 TDHCA Board Meeting.

The Definition of Service-Enriched Housing can be found online at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=10&pt=1&ch=1&rl=11](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=1&rl=11)

### **3.2 Integrated Housing Rule**

Texas has a longstanding commitment to providing accessible, integrated, and affordable housing to persons with disabilities. TDHCA provides guidelines governing housing developments that participate in applicable TDHCA programs, ensuring that properties participating in TDHCA programs (with exceptions for supportive housing and elderly housing) provide persons with disabilities with integrated housing options. In 2003, prior to the creation of the HHSCC, TDHCA adopted an integrated housing rule, which ensures that for properties within the Department's portfolio persons with disabilities are able to live in integrated settings alongside individuals without disabilities.

The Rule, entitled Integrated Housing Rule, is found at 10 TAC §1.15.

The rule defines integrated housing as normal, ordinary living arrangements typical of the general population. Integration is achieved when individuals with disabilities can make choices to live in housing units that are located among individuals who do not have disabilities or other special needs. Integrated housing is distinctly different from assisted living facilities/arrangements.

TDHCA requires that a housing development not restrict occupancy to people with disabilities. As part of a regular rule review, TDHCA reviewed 10 TAC §1.15 in the spring of 2018 and proposed changes to garner public comment and make sure the rule continues to be relevant and practical for those the rule is designed to serve. The proposed changes were presented and discussed at HHSCC Quarterly Council Meetings and at Disability Advisory Workgroup ("DAW") meetings. Additionally, an online survey and online forum were conducted to garner public input.

The proposed new Integrated Housing Rule ("IHR") was changed to simplify the language, update definitions, and revise the integration limit cap from 18% to 25% for developments with 50 or more units.

The IHR was out for public comment from June 11 through July 11, 2018. Public comment was not received. At the time of final preparation of the HHSC Biennial Plan, this rule had not been finalized. The final IHR is expected to go before the September 6, 2018 TDHCA Board Meeting.

The Council's definition of Service-Enriched Housing incorporates the Integrated Housing Rule.

The Integrated Housing Rule can be found online at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=10&pt=1&ch=1&rl=15](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=1&rl=15)

### **3.3 Reasonable Accommodation**

TDHCA's Reasonable Accommodations Rule, 10 TAC §1.204, ensures that persons with disabilities have access to TDHCA programs, housing and services. For the benefit of owners, subrecipients, the public, and Department staff, amendments were made to the Department's existing rule on Reasonable Accommodation to provide greater specificity on the timeframe within which a response by the property or the subrecipient (as applicable) to the person requesting the accommodation must be made.

The Reasonable Accommodation Rule can be found online at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=2&p\\_dir=&p\\_rloc=182125&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=182125&ti=10&pt=1&ch=1&rl=204&dt=&z\\_chk=3184227&z\\_c\\_ontains=~Reasonable%20accommodation~](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=2&p_dir=&p_rloc=182125&p_tloc=&p_ploc=&pg=1&p_tac=182125&ti=10&pt=1&ch=1&rl=204&dt=&z_chk=3184227&z_c_ontains=~Reasonable%20accommodation~)

### **3.4 Project Access**

The Project Access program in Texas began as a HUD pilot program in 2001; even after HUD discontinued the pilot program, TDHCA continued to operate the program. Project Access utilizes federal Section 8 Housing Choice Vouchers administered by TDHCA to assist low-income persons with disabilities in transitioning from institutions to the community. This is accomplished through extensive coordination between TDHCA and its Health and Human Services partners so that the vouchers offer access to affordable housing while services are provided by Texas Health and Human Services Commission ("HHSC") agencies. As discussed below, TDHCA has steadily worked to develop and expand this initiative.

The program originally had 35 vouchers when it began in 2001. Since that time, TDHCA's Governing Board approved the following changes to the Project Access program, based on input from advocates and the Health and Human Service Agency partners:

- Provided incremental increases to the number of Project Access Vouchers to the current total of 140;
- Created a pilot program with the Texas Department of State Health Services<sup>1</sup> ("DSHS") to assist persons with disabilities transitioning out of State Psychiatric Hospitals;

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<sup>1</sup> In 2015, HHSC began a reorganization to produce a more efficient, effective, and responsive system. In September 2016, the first phase of that effort became operational and client services programs transferred to HHSC from DSHS. In September 2017, the second phase occurred and State hospitals, state supported living centers, and regulatory services programs from DSHS transferred to HHSC. All activities of DSHS and State Hospitals are now organizationally housed under HHSC. TDHCA has maintained partnerships and formal agreements with DSHS and HHSC staff during this reorganization. References to HHSC and DSHS may be used interchangeably.

- Added persons with disabilities transitioning out of State Psychiatric Hospitals to the list who can access the larger pool of vouchers if the vouchers prioritized for the pilot program fill up; and
- Allowed those on the waiting list to exit the nursing facility using HOME Investment Partnerships Program (“HOME”) Tenant Based Rental Assistance (“TBRA”) while they wait for a voucher to become available.

In addition to program changes, TDHCA provided outreach and technical assistance to Texas Department of Aging and Disability Services<sup>2</sup> (“DADS”) Relocation Specialists and TBRA Administrators to support individuals on TDHCA’s Project Access waiting list to relocate out of institutions using assistance from the HOME TBRA program. A participant may exit an institution using TBRA, a time-limited housing assistance program, and live in the community in their own home, while they wait until a Project Access voucher becomes available

TDHCA and HHSC continue to work together to support those wishing to leave institutions to access affordable housing and available services based on their individual choices. TDHCA and HHSC continue to work together to utilize as many vouchers as possible to support people leaving nursing homes and state psychiatric facilities.

More information can be found on the TDHCA Section 8 Project Access webpage:  
<https://www.tdhca.state.tx.us/section-8/project-access/index.htm>

### **3.5 Section 811**

The Section 811 Project Rental Assistance (“Section 811 PRA”) program provides project-based rental assistance for extremely low-income persons with disabilities linked with long term services. The program is made possible through a partnership between TDHCA, HHSC and eligible multifamily properties. The Section 811 PRA program 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.

Section 811 PRA is targeted at the following populations:

- People with disabilities living in institutions. People who wish to transition to the community from nursing facilities and intermediate care facilities for persons with intellectual and developmental disabilities may not have access to affordable housing in their community.
- People with serious mental illness. Individuals engaged in services but facing challenges due to housing instability. Stable, integrated, affordable housing has been shown to improve health outcomes among these individuals.
- Youth and young adults with disabilities exiting foster care. Youth exiting foster care often become homeless, particularly without the stability of long-term housing and comprehensive support services.

The program is available to clients located in the following Metropolitan Statistical Areas (“MSAs”):

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<sup>2</sup> In 2015, HHSC began a reorganization to produce a more efficient, effective, and responsive system. In September 2017, DADS was abolished and its functions were transferred to HHS. All activities of DADS are now organizationally housed under HHSC. References to HHSC and DADS may be used interchangeably.



- Austin-Round Rock
- Brownsville-Harlingen
- Corpus Christi
- Dallas-Fort Worth-Arlington
- El Paso
- Houston-The Woodlands-Sugar Land
- McAllen-Edinburg-Mission
- San Antonio-New Braunfels

TDHCA has been awarded over \$24 million from HUD to provide project-based rental assistance to extremely low-income persons with disabilities as they receive long term services under the Section 811 PRA Program. As of May 2018, the Department has executed Section 811 Owner Participation Agreements with 85 properties that are committing an average of 10 units each to the Section 811 PRA. As units become available in these properties, they are offered to qualified Section 811 households.

The Owner Participation Agreement has a term of 30 years and ensures that participating properties and TDHCA work together to complete program requirements. TDHCA, together with HHSC, has trained over 368 Section 811 Referral Agents on Fair Housing, identifying qualified individuals and connecting households to the program. TDHCA and HHSC are providing ongoing technical assistance to Referral Agents and owners of participating properties to ensure that service providers and property managers understand this new program. TDHCA is implementing multiple strategies to bring more properties into the program to increase the availability of affordable, accessible and integrated housing.

More information can be found on the TDHCA Section 811 PRA webpage: <http://www.tdhca.state.tx.us/section-811-pra/index.htm>

### **3.6 Amy Young Barrier Removal Program**

The Amy Young Barrier Removal (“AYBR”) Program awards funds to units of local government and private nonprofit entities that provide one-time grants of up to \$20,000 per household to persons with disabilities at or below 80% Area Median Family Income (“AMFI”) for accessibility modifications and to address certain unsafe elements if they are present in the unit being assisted. Modifications may include, but are not limited to installing handrails; ramps, buzzing or flashing devices; accessible door and faucet handles; shower grab bars and shower wands; and accessible showers, toilets and sinks and making door widening and counter height adjustments.

More information can be found on the TDHCA Amy Young Barrier Removal Program webpage: <http://www.tdhca.state.tx.us/hf/single-family/amy-young.htm>

### **3.7 HOME Persons with Disabilities (“PWD”) set-aside**

HOME TBRA provides rental subsidy, security, and utility deposit assistance. This program allows the assisted tenant to find a dwelling unit of their choosing, conditioned on landlord approval, with a right to continued assistance, in accordance with written tenant selection policies, for a period not to exceed 24 months. If available, additional funds may be set-aside to provide assistance for up to 60 months for individuals that meet certain program requirements. A HOME-assisted tenant must also

participate in a self-sufficiency program. This program can also be used to address housing issues arising from disasters, whether natural or man-made, as well as for assistance provided under the PWD set-aside. These funds are made available as specified in published rules and NOFAs.

The Homebuyer Assistance (“HBA”) activity provides down payment and closing cost assistance to eligible homebuyers for the acquisition of affordable single-family housing. Funds may also be made available to perform accessibility modifications in conjunction with provision of down payment and closing cost assistance. This program can also be used to address housing issues arising from disasters, whether natural or man-made, as well as for assistance provided under the PWD set-aside. All HOME assisted homebuyers must attend a homebuyer counseling class. These funds are made available as specified in published rules and NOFAs.

The Homeowner Rehabilitation Assistance (“HRA”) activity offers grants or zero-interest deferred forgivable loans for rehabilitation, reconstruction, or new construction of dilapidated housing units, to homeowners. The existing and the repaired or reconstructed home must be the principal residence of the homeowner. At the completion of the assistance, all properties must meet, as applicable, the Texas Minimum Construction Standards, the International Residential Code (“IRC”), the Department’s Energy Efficiency rules, and local building codes, zoning ordinances and local construction requirements. If a home is reconstructed, the applicant must also ensure compliance with the universal design features in new construction, established by Tex. Gov’t Code §2306.514 and energy efficiency standards. Funds may also be made available to refinance existing mortgage debt to increase affordability if the refinance takes place in conjunction with substantial rehabilitation. This program can also be used to address housing issues arising from disasters, whether natural or man-made, as well as for assistance provided under the PWD set-aside. These funds are awarded as specified in published rules and NOFAs.

### **3.8 State of Texas One-Year Action Plan, 5-Year Consolidated Plan and Consolidated Annual Performance and Evaluation Report**

TDHCA produces the One-Year Action Plan and the State of Texas 5-Year Consolidated Plan in compliance with HUD.

The 2015-2019 State of Texas Consolidated Plan governs four programs funded by the HUD: HOME, the Emergency Solutions Grant (“ESG”) Program, the Community Development Block Grant (“CDBG”) Program, and the Housing Opportunities for Persons with AIDS (“HOPWA”) Program. CDBG is administered by TDA, HOPWA is administered by DSHS and HOME, ESG and NHTF are administered by TDHCA. The 2015-2019 Consolidated Plan determines which of HUD’s eligible activities have been identified to best serve the needs of Texas. HUD allows a broad range of activities for CDBG, HOME, ESG, and HOPWA. CDBG provides resources for community development, which may include acquisition of real property; relocation and demolition; rehabilitation of residential and non-residential structures; construction of public facilities and improvements; public services; activities relating to energy conservation and renewable energy resources; and provision of assistance to profit-motivated businesses to carry out economic development and job creation/retention activities. HOME is used for single-family and multifamily housing activities, which may include providing home purchase or rehabilitation financing assistance to eligible homeowners and new homebuyers; building or rehabilitating housing for rent or ownership for eligible households; and tenant-based rental assistance to subsidize rent for low-income persons. ESG funds projects which may include supportive services to homeless individuals

and households, emergency shelter/transitional housing, homelessness prevention assistance, and permanent housing for the homeless population. HOPWA is dedicated to the housing and supportive service needs of people living with HIV/AIDS and their families, which may include the acquisition, rehabilitation, or new construction of housing units; facility operations; rental assistance; short-term payments to prevent homelessness; case management; substance abuse treatment; mental health treatment; nutritional services; job training and placement assistance; and assistance with daily living. All three State agencies collaborated to complete the Plan, along with extensive input from other state agencies, stakeholders, advocates, and community members.

The 2017 One-Year Action Plan ("OYAP") applies to those actions of the TDHCA, the TDA, and the DSHS, relating to the activities of those three state agencies involving the administration of ongoing HUD programs. The OYAP reports on the intended use of funds received by the State of Texas from the HUD for Program Year 2017. The 2017 OYAP is for HOME, ESG, CDBG, HOPWA, and the National Housing Trust Fund ("NHTF") and explains the State's method for distributing those program funds; the state provides opportunity for public input on the development of the annual plan. Many of these programs, as previously described have targeted funds for persons with disabilities.

The 2017 State of Texas Consolidated Annual Performance and Evaluation Report ("CAPER"), is the reporting document for Program Year 2016 of funds received by the State of Texas from the HUD. The 2017 CAPER provides an assessment of the State of Texas' progress towards meeting stated goals and objectives stated in the 2015-2019 Consolidated Plan and One-Year Action Plan goals and objectives for Program Year 2016 for CDBG, HOME, HOPWA, and ESG.

A copy of the 2015-2019 Consolidated Plan can be found at: <https://www.tdhca.state.tx.us/housing-center/docs/15-19-ConPlan.pdf>

A copy of the 2017 One-Year Action Plan can be found at: <https://www.tdhca.state.tx.us/housing-center/docs/17-OYAP.pdf>

A copy of the 2017 Consolidated Annual Performance and Evaluation Report can be found at: <https://www.tdhca.state.tx.us/housing-center/docs/17-CAPER.pdf>

### **3.9 TDHCA Multifamily Properties**

TDHCA supports the development of Service-Enriched Housing through its multifamily housing resources which include the Housing Tax Credit Program ("HTC"), multifamily bond issuance coupled with 4% HTCs, and the Multifamily Loan Program. The HTC Program is currently the largest source of federal subsidy, managed by the Department of Treasury's Internal Revenue Service ("IRS"), for developing and rehabilitating affordable rental housing in the United States.

IRS requires that the Department prepare a Qualified Allocation Plan ("QAP") that explains the basis upon which the Department will distribute its HTC allocation. Through the QAP, the Department establishes preferences and set-asides within the tax credit competition to target the credits towards specific places (such as areas that have not received a tax credit allocation in the past) or types of people (such as those in need of supportive housing).

All of TDHCA's HTC multifamily developments must provide accessible units. In effect, a 160 unit multifamily development must provide a minimum of eight accessible units and four units designed for people who are visually impaired. TDHCA has also taken steps to include incentives in its QAP and Multifamily Loan Program for applicants to develop supportive housing for persons with disabilities.

In addition both TDHCA and a number of other issuers are provided authority to issue tax exempt multifamily housing bonds, and an owner/developer who has completed development utilizing such bonds is entitled, when they undergo cost certification, to receive an allocation of 4% HTCs.

Tex. Gov't Code Chap. 2306 and TDHCA's Uniform Multifamily Rules require all TDHCA Multifamily properties funded after September 1, 2001, to operate in compliance with Section 504 of the Rehabilitation Act of 1973. Owners are required to pay for reasonable accommodations and/or modifications requested by persons with a disability. TDHCA's Fair Housing Team and Compliance Division have produced a Tenant Rights and Resources Guide which is provided to properties who in turn give it to each new household moving into a TDHCA monitored rental property. The guide provides tenants with the means to acquire any information regarding property policies, regulations and requirement. The Tenant Rights and Resources Guide explains tenants rights as a renter in a TDHCA Monitored property including information on fair housing and how to file a fair housing complaint, how to request a reasonable accommodations or modification, other complaints regarding property management and other tenant rights.

The 2018 QAP, which was approved in December 2017, includes as a scoring item participation in TDHCA's HUD-funded grant for the 811 PRA Demonstration Program, which is intended to offer additional housing options for persons with disabilities through project based Housing Choice vouchers that will be utilized in its Housing Tax Credit portfolio (TDHCA, 2018 State of Texas Low Income Housing Plan & Annual Report, pg. 123-124).

### **3.10 HHSC Transformation**

In 2015, Texas Health and Human Services Commission ("HHSC") began a reorganization to produce a more efficient, effective, and responsive system. This reorganization is also referred to as the "transformation." In September 2016, with the 84th Legislative Session, the first phase of that effort became operational and in September 2017, with the 85<sup>th</sup> Legislative Session, the second and final phase occurred (HHS, 2017).

The goals of the transformation were to create a system that:

- Is easier to navigate for people who need information, benefits, or services;
- Aligns with the HHS mission, business, and statutory responsibilities;
- Breaks down operational silos to create greater program integration;
- Creates clear lines of accountability within the organization; and
- Develops clearly defined and objective performance metrics for all areas of the organization (HHS, 2017).

Part of the transformation was the consolidation of five state agencies into three. The changes affected the DADS, the Texas Department of Assistive and Rehabilitative Services ("DARS"), the Texas Department of Family and Protective Services ("DFPS"), DSHS, and HHSC.

As of September 1, 2017, over 25,000 staff positions were transferred and more than 100 programs transitioned. Texas Health and Human Services (“HHS”) provides the oversight of all programs, including those of HHSC. DADS was abolished and its functions were transferred to HHS. DARS was abolished and its functions were transferred to HHS and the Texas Workforce Commission (“TWC”). While the DFPS and the DSHS are still independent agencies, some programs at each of those agencies were reassigned to the other agency. Program reassignment within the five agencies was based on similarity and functionally aligned organizational areas. Grouping similar programs and services makes it easier for clients to navigate the system (HHS, 2017).

Throughout the HHSC Transformation, the Council has continued its responsibilities to increase state efforts to offer service-enriched housing through increased coordination of housing and health services, improve interagency understanding and increase the number of staff in state housing and health services agencies that are conversant in both housing and services.

#### **4.0 BARRIERS TO SERVICE-ENRICHED HOUSING EFFORTS**

*Identify barriers preventing or slowing service-enriched housing efforts, including barriers attributable to the following factors: (a) Regulatory requirements and limitations; (b) Administrative limitations; (c) Limitations on funding; and (d) Ineffective or limited coordination.*

HHSCC has identified barriers and constraints which may limit Texas’ ability to support and facilitate a pipeline of integrated, SEH opportunities for persons with disabilities and elderly Texans. Many of these constraints are beyond the control of any one state agency, but agencies such as those represented on HHSCC, are working to overcome these barriers.

Limited funding for SEH exists at both the housing level and the service level. The development and maintenance of SEH is costly and funds are limited. Current programs work to fully utilize funds that are available, but current and projected funding levels for programs that support SEH pose a challenge in increasing SEH availability to match the need.

Additionally, even when resources are available, sometimes local attitudes such as “Not in My Back Yard” (“NIMBYism”) present challenges to moving forward with housing development. Furthermore, even when the housing has been constructed, there have been instances where owners have used leasing criteria that have posed obstacles to many tenants in need of SEH, such as leasing criteria treating certain criminal history matters, even if long ago and/or relatively minor, as disqualifying factors.

There are several factors of limited coordination that present barriers to SEH. One of the greatest barriers identified by HHSCC was ineffective and limited service coordination. There is untapped potential with service coordination to advance SEH. Housing developers fully understand the housing aspect, but according to at least one Council member, few understand the intricacies of social service programs. Service and resource coordination between local healthcare and social service agencies, housing developers, owners, and property managers needs to be enhanced. Education for housing management will improve effective service coordination for tenants with disabilities and elderly tenants, particularly in terms of behavioral health services. Through increased coordination of care, housing tenancy support services can help reduce homelessness and decrease use of costly emergency services by providing timely intervention when a tenant is experiencing a

health or behavioral health crisis and at risk of losing their housing. HHSCC suggests that TDHCA should consider developing training for management of state-funded affordable housing on referral and service coordination, and help make on site affordable housing managers aware of the local resources they may access should the need arise.

## **5.0 CROSS-EDUCATION TO INCREASE EXPERTISE IN AREAS OF HOUSING AND HEALTH AND COORDINATION OF ACTIVITIES OF THOSE AGENCIES**

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

### **5.1 SBHCC**

The Statewide Behavioral Health Coordinating Council (“SBHCC”) was created by the 2016-17 General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04) to develop a five-year Texas Statewide Behavioral Health Strategic Plan for fiscal years 2017-2021. SBHCC’s vision is “to ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place” (HHSC, 2016).

SBHCC agency members and community stakeholders groups provided valuable insight to identify gaps and challenges related to coordination, access, and service provision within the behavioral health system in Texas. Section 5.3 Gap 12 of the Texas Statewide Behavioral Health Strategic Plan identifies access to housing as one of these gaps (HHSC, 2016).

As stated in the 2017-2021 Texas Statewide Behavioral Health Strategic Plan, “Behavioral health disorders can lead to or be a result of homelessness. Of the nearly 24,000 people statewide who were homeless on a single night in January 2015, 18.7 percent had a serious mental illness, and 15.7 percent had a chronic Substance Use Disorder. Individuals who are homeless typically have more chronic physical, mental health, and substance use issues than do the general population. They are also at greater risk for infectious diseases. Without secure housing and other support services, persons with behavioral health conditions may cycle through more costly options such as emergency rooms, the criminal justice system, or service providers” (HHSC, 2016).

In an effort to ensure optimal service delivery to maximize resources and address the gaps identified as challenges related to coordination, access, and service, SBHCC had a goal to improve program and service delivery by addressing current behavioral health service gaps and needs across program and service agencies by fiscal year 2021. For the purpose of addressing Section 5.3 Gap 12 Access to Housing, SBHCC create a strategy to develop a coordinated approach to address the housing needs of individuals with behavioral health issues (HHSC, 2016).

In order to not duplicate efforts, the SBHCC is collaborating with existing councils and work groups across state agencies. At the January 31, 2018 quarterly HHSCC meeting, the Council was presented the opportunity to serve as a “work group” of the SBHCC in a supporting role so that SBHCC did not duplicate efforts by creating another similar group. HHSCC members expressed interest in collaborating with SBHCC and agreed to play a role in providing input and serving as informal committees to the SBHCC regarding housing issues.

HHSCC will work to address the identified gaps and strategies mentioned in the Statewide Behavioral Health Strategic Plan and to support SBHCC's efforts as they work to ensure the coordination of housing and supportive services for Texas' behavioral health population.

## **5.2 Summary of Interagency Workgroups**

TDHCA, as well as many of the agencies represented on HHSCC, also participate in other interagency workgroups that work to increase housing options to various special needs populations.

### State Community Resource Coordination Groups Workgroup

Community Resource Coordination Groups ("CRCG") are interagency groups comprised of local partners and community members. CRCGs develop individual services plans to help children, youth, families and adults whose needs can only be met through services from multiple agencies and programs. The CRCGs bring those agencies and programs together to develop Individual Service Plans ("ISP") and make sure care is coordinated. The State CRCG workgroup serves as the state-level point of contact to respond to regional or state level concerns of local CRCGs. Presently, the State CRCG Workgroup, consisting of the legislatively-mandated state agency members and other stakeholders, meets periodically to provide oversight to specific state -level coordination activities.

### Re-Entry Task Force

Enacted by the 81st Legislature, the state's Re-entry Task Force is comprised of representatives from over 20 state agencies and associations. The Re-entry Task Force mandate is to identify gaps in service and coordinate with local reentry and reintegration programs for recommendations regarding services to post release offenders. The Re-entry Task Force meets quarterly to discuss areas of concern and initiatives related to reentry, providing a forum for information exchange, coordination, and problem resolution with other agencies and involved parties.

### Behavioral Health Advisory Committee

The Behavioral Health Advisory Committee ("BHAC"), supported by HHSC, is the state mental health planning council in accordance with the state's obligations under 42 U.S.C. §300x-3. The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHSC Executive Commissioner consistent with the committee's purpose. BHAC has various ad hoc groups including a Housing Subcommittee that actively focuses on housing options for persons needing behavioral health services, including service-enriched housing.

### Veterans Coordinating Council for Veterans Services

Veterans Coordinating Council for Veterans Services ("TCCVS"), supported by TVC, was established as the result of legislation passed by the 82nd Legislature (2011) in order to coordinate the activities of state agencies that assist Veterans, service members, and their families; coordinate outreach efforts that ensure Veterans, service members, and their families are made aware of services; and facilitate collaborative relationships among state, federal, and local agencies and private organizations to identify and address issues affecting Veterans, service members, and their families. TCCVS has various sub-groups including a housing group that focuses on housing options for Veterans, including service-enriched housing.

### Disability Advisory Workgroup

TDHCA believes that consultation with community advocates, funding recipients, and potential applicants for funding is a valuable resource to assist in the development of effective policies, programs, and rules. Providing services and housing to persons with disabilities presents unique challenges and opportunities. In order to augment TDHCA's formal public comment process, a workgroup has been created by TDHCA management and is utilized affording staff the opportunity to interact more informally and in greater detail with interested and affected stakeholders and to get feedback on designing and planning more responsive programs to serve persons with disabilities. TDHCA maintains the Disability Advisory Workgroup (“DAW”) to provide ongoing guidance to the Department on how TDHCA's programs can most effectively serve persons with disabilities. These meetings are open to the public and advertised through the TDHCA website, social media, and email lists. Regular attendees to DAW meetings include individuals from local, state, and federal government agencies; disability organizations; advocates; service providers; and housing developers.

### Texas Interagency Council for the Homeless

The Texas Interagency Council for the Homeless (“TICH”) was created in 1995 to coordinate the State’s homeless resources and services, and its charge was reinforced by the 84th Texas Legislature (2015) Senate Bill (SB) 607. The mission of the TICH is to play a leadership role in reducing instances of homelessness in Texas by carrying out its statutorily assigned duties in a collaborative manner that fosters pursuit of best practices. The TICH serves as an advisory committee to TDHCA and other state agencies as appropriate. The TICH is administratively supported by TDHCA and consists of representatives from nine state agencies that serve persons experiencing or at risk of homelessness. Membership also includes representatives appointed by the office of the governor, the lieutenant governor, and the speaker of the house. The TICH has also recruited advisory members directly from the homelessness services provider community.

The TICH’s major mandates include evaluating and helping coordinate the delivery of services for persons experiencing homelessness in Texas; increasing the flow of information among service providers and appropriate authorities; providing technical assistance to TDHCA in assessing the need for housing for people with special needs; developing, in coordination with TDHCA and HHSC, a strategic plan to address the needs of persons experiencing homelessness; and maintaining a central resource and information center for persons experiencing homelessness. The TICH meets quarterly to further the work of these mandates.

### State Independent Living Council

The Texas State Independent Council (“SILC”) is a non-profit entity operating as a 501(c)(3) and was founded in 1989. The SILC is mainly funded through the Texas Health and Human Services Commission and is tasked with partnering, developing, and monitoring a comprehensive State Plan that develops goals and funding for Independent Living services in Texas. Other roles of the SILC are systems advocacy, education of the public regarding disability-related topics, and establishing a provision of technical assistance concerning the Independent Living philosophy and approach. The SILC is comprised of no more than ten voting members, and no less than three Ex-Officio members, who are appointed by the Governor, and who come from all regions of the state. Unlike most organizations, the majority of the members of the Council must, by law, be individuals with disabilities. One member of the SILC must be an Executive Director of a Center for Independent Living in Texas. The SILC leads, promotes and advances an Independent Living philosophy, and advocates for the rights of individuals with disabilities. As it is often the Centers for Independent



Living (“CILs”) who provide referrals of clients for the Section 811 PRA and Project Access Programs, a close relationship exists between those CILs and the Department.

## **6.0 TECHNICAL ASSISTANCE AND TRAINING TO LOCAL HOUSING AND HEALTH SERVICES**

*Identify opportunities for state housing and health services agencies to provide technical assistance and training to local housing and health services entities about: (a) The cross-education of staff; (b) Coordination among those entities; and (c) Opportunities to increase local efforts to create service-enriched housing.*

### **6.1 HSP Academy/CSH**

In 2011, TDHCA partnered with the DADS to develop a successful application to the Centers for Medicare and Medicaid Services (“CMS”) for the Real Choice Systems Change Grant: Building Sustainable Partnerships for Housing. The State of Texas was one of six states selected to receive a grant and was awarded \$330,000. One of the activities which DADS and TDHCA partnered on under this grant was implementing a Housing and Services Partnership (“HSP”) Academy.

The Council began the Housing and Services Partnerships in 2013. The first was a two day academy that provided 16 community teams the tools and education necessary to create safe, affordable, accessible housing for people with disabilities. Team members included housing providers, service providers, and persons with disabilities. In addition, documents were created for the HSP Academy that are available through TDHCA’s Housing Resource Center’s Tools for Serving People with Disabilities, and as resources for organizations and developers interested in creating community-based, affordable, integrated housing for persons with disabilities.

In the Council’s 2014-2015 Biennial Plan submitted to Governor Rick Perry on August 1, 2014, Council members recommended the HSP Academy be replicated. On behalf of the Council, TDHCA awarded the Corporation for Supportive Housing (“CSH”) a contract to do so. The 2015-2016 HSP provided nine teams with training and technical assistance through webinars, onsite academy and technical assistance. More information on the 2015-2016 HSP Academy can be found in the 2016-2017 HHSC Biennial Plan.

In the Council’s 2016-2017 Biennial Plan submitted to Governor Rick Perry on August 1, 2016, Council members recommended the HSP Academy be replicated. The 2016-2017 HSP and Technical Assistance was contracted for a second time to the CSH. The goal of the 2016-2017 HSP was to establish a Learning Collaborative across the HHSC Aging and Disability Resource Center (“ADRC”) housing navigators and other staff to increase knowledge and expand capacity to develop and identify housing and services for vulnerable populations. The HSP Academy included a combination of online and in-person trainings, written guidance, and virtual discussion on topics designed to promote expansion of supportive housing in Texas communities. The Learning Collaborative model seeks to deliver up-to-date content, share best practices, foster communications and relationships between providers, and build new partnerships.

Five HHSC regional teams were selected to participate. These teams represented a variety of housing and health services staff from the Coastal Bend, Dallas, East Texas, Houston, and San Antonio regions. The five communities participating in the 2016-2017 HSP Academy were diverse in geography, urban landscape, population size, housing market maturity, service capacity,

infrastructure, and political/civic cultures. The final report from CSH reported that despite these differences, supportive and service enriched housing in all of the regions was impacted by five common challenges:

- *Landlord Networks willing to provide Supportive Housing Units:* Communities uniformly reported insufficient affordable housing which contributed to the difficulty finding landlords who are willing and able to rent to at-risk populations. In all communities team members noted the challenge of increasingly steep rental prices and low vacancy rates for affordable units. Landlords see they can get higher rental rates in the non-affordable market because in many areas HUD's Fair Market Rents are too low to compete with local current market conditions. Landlords also find the paperwork and inspection process burdensome. Also, many landlords lack an understanding of the population, and fear that those who have been homeless or institutionalized, perhaps struggling with mental illness, addiction, developmental disability, or chronic health issues, will be difficult, disruptive tenants. Identifying units for individuals with a criminal history is particularly difficult. To combat insufficient affordable housing, CSH recommended that local communities work towards the following:
  - Creating Risk Mitigation funds to address landlord concerns by providing them with financial resources to offset supportive housing tenants' damage to units and reduce the need for eviction.
  - Developing communication and talking points to inform landlords of the value of the services and rent subsidies that can assist vulnerable populations.
  - Providing examples of marketing materials and activities to engage landlords as part of their building and owner associations.
- *Lack of affordable housing/rental subsidies:* Insufficient affordable housing stems from both a limit on resources such as capital dollars for funding new developments or for rehabilitation of existing substandard affordable housing units, as well as a shortage of rental subsidies/vouchers available. The previously mentioned difficulty of landlords being less willing to accept vouchers impacts availability even when there is a supply of vouchers. Over the last several years the increased demand in the general rental market for higher income renters places increased stress on housing navigators and relocation specialists trying to connect with landlords. To combat the lack of affordable housing and rental subsidies, CSH recommended that local communities work towards the following:
  - Understanding how to engage foundations, banks, local/state housing agencies and other potential funders to increase funding for the development of affordable housing in their communities.
  - Building partnerships with public housing authorities which can expand the landlord networks, possibly increase the availability of vouchers or rent subsidies, and are also in a position to establish preferences for target populations.
- *The need for Local Support for Service Enriched Housing:* Communities identified a perception that there was a lack of support for subsidies and assistance for vulnerable populations. To

combat a lack of perceived support, CSH recommended that local communities work towards education to build support including the following:

- Introducing studies that highlight the higher costs of allowing someone to cycle through the crisis care systems – health, homeless, and criminal justice – as compared to the alternative lower costs to providing stable housing with services.
- Developing outreach and advocacy positions for greater investment of public dollars in housing or services for low income families and individuals.
- Enlisting support from those local institutions that already recognize the importance of affordable and service enriched housing.
- *Community Opposition to Affordable and Supportive Housing*: A number of communities identified that they had encountered opposition or concerns from immediate neighbors, business community members, and, in some instances, local government that was grappling with issues among its constituents. To address such concerns, CSH recommended that local communities work towards the following:
  - Expanding opportunities to educate and present data on potential cost savings and positive outcomes.
  - Becoming part of neighborhood block groups and safety efforts. Highlight potential security expansion that can benefit the community.
- *Time and Capacity*: The system change required to bring SEH to scale takes time and enormous capacity. Making measureable progress on any single goal - developing resources, strengthening partnerships, raising awareness, garnering buy-in among stakeholders, demonstrating value, and making policy changes - requires continued investment of time and resources.

## 7.0 PERFORMANCE MEASURES

Over the next biennium, HHSCC will work to develop performance measures to track progress in the following:

- a. The reduction or elimination of barriers in creating Service-Enriched Housing;
- b. Increasing the coordination between state housing and health services agencies;
- c. Increasing the number of state housing and health services staff who are cross-educated or who have expertise in both housing and health services programs; and
- d. The provision of technical assistance to local communities by state housing and health services staff to increase the number of service-enriched housing projects.

While many of the state agencies represented on HHSCC do not have performance measures specific to SEH, their programs do assist the populations served by SEH and there may be existing data and performance metrics of those activities and programs. TDHCA staff will work with HHSCC members to pull together this data to track progress of state agencies in increasing state efforts to offer SEH through increased coordination of housing and health services.

## **8.0 RECOMMENDED ACTIVITIES FOR 2018-2019**

Because of limited funds appropriated for HHSCC activities, no recommendation is being made to continue the HSP Academies. However, there are several activities the Council does plan to pursue:

A. As discussed in Section 5.1, HHSCC will support SBHCC's efforts as they work to ensure the coordination of housing and supportive services for Texas' behavioral health population by serving in a supporting role through the provision of input to the SBHCC and serving as an informal committee to the SBHCC regarding housing issues.

B. As discussed in Section 7.0, over the next biennium, HHSCC will strive to develop performance measures to track progress in:

- a. The reduction or elimination of barriers in creating Service-Enriched Housing;
- b. Increasing the coordination between state housing and health services agencies;
- c. Increasing the number of state housing and health services staff who are cross-educated or who have expertise in both housing and health services programs; and
- d. The provision of technical assistance to local communities by state housing and health services staff to increase the number of service-enriched housing projects.

C. TDHCA should continue outreach to HHSCC and the public through the "HHSCC Notifications and Funding Opportunities" listserv.

## **9.0 SUMMARY**

The need for Service-Enriched Housing is continuing to grow. With an aging baby-boomer generation, there is an increasing need for health care and supportive services to be provided in tandem. In the State of Texas, coordination between housing and healthcare agencies, existing policies and programs to increase SEH, and training and technical assistance to local housing and health services is working to overcome barriers to SEH, improve existing and create new supplies of SEH for Texans.

The Housing and Health Services Coordination Council will continue to work with state and local housing and health agencies and organizations, as well as other councils and workgroups, to develop a strategic approach to expanding SEH in Texas.

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**APPENDIX**  
**List of Terms and Acronyms Used in this Plan**

<b>Acronym</b>	<b>Description</b>
ACS	American Community Survey
ADLs	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMFI	Area Median Family Income
AMI	Area Median Income
AYBR	Amy Young Barrier Removal Program
BHAC	Behavioral Health Advisory Committee
CAPER	Consolidated Annual Performance and Evaluation Report
CDBG	Community Development Block Grant Program
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRCG	Community Resource Coordination Groups
CSH	Corporation for Supportive Housing
CSH	Corporation for Supportive Housing
DADS	Texas Department of Aging and Disability Services
DARS	Texas Department of Assistive and Rehabilitative Services
DAW	Disability Advisory Workgroup
DFPS	Texas Department of Family and Protective Services
DSHS	Texas Department of State Health Services
ESG	Emergency Solutions Grant Program
HBA	Homebuyer Assistance
HFA	Housing Finance Agency
HHS	Texas Health and Human Services
HHSC	Texas Health and Human Services Commission
HHSCC	Housing and Health Services Coordination Council
HOME	HOME Investment Partnerships Program
HOPWA	Housing Opportunities for Persons with AIDS Program
HRA	Homeowner Rehabilitation Assistance
HSP	Housing and Services Partnership Academy
HTC	Housing Tax Credit Program
HUD	U.S. Department of Housing and Urban Development
IADLs	Instrumental Activities of Daily Living
IRC	International Residential Code
ISP	Individual Service Plans
JCHS	Joint Center for Housing Studies of Harvard University
MSA	Metropolitan Statistical Area
NAEH	National Alliance to End Homelessness

NASUAD	National Association of States United for Aging and Disabilities
NHTF	National Housing Trust Fund
NIMBYism	Not In My Back Yard
NOFA	Notices of Funding Availability
OYAP	One-Year Action Plan
PIT	Point-In-Time count
Plan	Housing and Health Services Coordination Council Biennial Plan
PTSD	Post-Traumatic Stress Disorders
PWD	Persons with Disabilities
QAP	Qualified Allocation Plan
Report	Report of Findings and Recommendations of the Housing and Health Services Coordination Council
SBHCC	Statewide Behavioral Health Coordinating Council
Section 811 PRA	Section 811 Project Rental Assistance
SEH	Service-Enriched Housing
SILC	State Independent Living Council
SLIHP	State of Texas Low Income Housing Plan and Annual Report
TAC	Texas Administrative Code
TBRA	Tenant Based Rental Assistance
TCCVS	Veterans Coordinating Council for Veterans Services
TDA	Texas Department of Agriculture
TDHCA	Texas Department of Housing and Community Affairs
TICH	Texas Interagency Council for the Homeless
TSAHC	Texas State Affordable Housing Corporation
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
USICH	United States Interagency Council on Homelessness