

Introduction

In preparation of the Housing & Health Services Coordination Council's 2012-2013 Biennial Plan, the Council solicited feedback regarding the Plan's content through the HHSCC Online Discussion Forum. The Forum was announced through TDHCA's email list, TSAHC's email list, the HHSCC email list, and the Council's webpage. The Forum was open for one month, from Friday, October 21st, 2011 until Friday, November 18th, 2011. The Council generated questions to be posed to the public regarding potential barriers to service-enriched housing and recommendations to overcome those barriers. The Discussion Forum yielded 31 responses, which are provided below.

Barriers to Consumers

Moderator Post: What are the most frequent barriers that consumers face when attempting to access service-enriched housing?

Response: Too many consumers who have serious mental illnesses also have felony drug convictions that are a direct consequence of their illnesses (i.e. in their attempts to "self medicate" they have been ensnared in the criminal justice system). We need a mechanism for clearing the consumers' records, indemnifying property owners, and/or creating alternatives for these individuals to access truly affordable housing.

Response: One barrier to accessing housing for persons with a disability is the cost of rent when compared to the SSI monthly benefits (\$674.00) in Texas. Other barriers include poor understanding of mental illness by apartment managers, small support systems, and limited availability of public housing and Section 8 vouchers.

Response: Like Bill C said, there is a huge shortage for people with disabilities with SSI-level income. They make up a big chunk of the under 30% MFI population. What little housing there is that is supposed to be available, it is too often occupied by people at higher income levels. Likewise, housing with accessible features is often occupied by people who do not need the accessibility.

Response: Barriers are:

1. Affordability – See the "Priced Out" publications for details (Google priced out).
2. Lack of coordinated and effective advocacy for the dollars that ARE available – the state has done a fairly good job but local advocates are often stymied by PHAs or Con Plan staff telling them "we can't do that" when, indeed, both PHAs and the Con Plans have significant vulnerability to advocacy!!
3. Lack of clarity re: housing and services. Access to housing is one thing, services should be separate. I should not have to comply with a services treatment plan to retain my housing.

If you have not seen it, take a look at the Permanent Supportive Housing ToolKIT at:
<http://www.samhsa.gov>

Response: As always, Ann has it exactly right. I have spoken to a few people in various service-enriched housing programs, and for some, the forced compliance to a treatment plan is troubling. Even when the case management and other services are supposedly voluntary, people feel like they are in an institution.

The simple fact is that we are not experiencing a shortage of case management. Most people have case management out the ying-yang. The crisis is shortage of REAL affordable housing. The other issue is the

high concentration of prescription and/or street drug dependent people in one place. I am sure that most of them go in intending to stay clean, and end up in a drug supermarket.

Response: Along with the costs of housing for adults with intellectual and developmental disabilities there is a barrier to options for housing. The continuum from institution to 3 or 4 bedroom homes is not addressed. What is best for the individual? Options that the individual and his/her family want/feel are best for the person with IDD do not exist. How can families make the best decisions for the future of their children when group homes are appropriate for a child/adult?

Response: For persons highly disabled with severe and persistent mental illness (SPMI), frequent barriers are:

1. Inability to navigate the system themselves – they need a LOT of help and support.
2. Criminal records that shut them out of some housing.
3. Inadequate support in their community living situation so they do not stay on their medications, often leading to multiple hospitalizations or incarcerations, and to substance use.
4. Insufficient supply of safe, affordable, permanent housing for those with incomes of SSI, SSDI or less.
5. Lack of Medicaid care/support funds to provide appropriate housing-related support services, tailored to individual needs.
6. Public misconceptions/misinformation about mental illness that fosters stigma and discrimination.

Moderator Post: What barriers are specific to persons who are elderly as they attempt to access community based residential housing resources?

Response: I have a problem with the lack of quality control and inspections given to housing for the elderly in rural areas. Many elderly do not file complaints or rock the boat because they will be subject to harassment and higher rent, or they might not get those needed repairs done in a timely manner and they have no alternatives. They have no ombudsman to help them and if and when they do file a complaint they still are subject to the landlord's harassment because they might not hear back or given a follow up for the agency that is looking out for their best interest and then there is a harsh reprimand from the landlord if allegations are false.

Moderator Post: What barriers are specific to persons with disabilities as they attempt to access community based residential housing resources?

Response: For most persons with intellectual and developmental disabilities, the barriers begin when they are born. Financial strength only happens when the family can afford to take care of the child for the child's lifetime. For most parents this isn't possible. Parents cannot bankrupt themselves for their child with disabilities. There is no collaboration between the State and the Families to plan for the adult life of the child. SSI/SSDI is assumed, but it's not enough to pay for decent housing. When they "attempt to access community based residential housing" they can't afford it or the housing that exists is not what the adult expects to live in.

The expectations are set by the adult (with family) ideally through the Person-directed Plan. How do the HCS program providers provide for residential options outlined in the plan, if those residential options don't exist? For example housing options on a continuum should be available throughout Texas. People should be able to make choice based on their abilities and desires.

Response: The specific barriers for highly disabled persons with severe and persistent mental illness (SPMI) are:

1. Inadequate or non-existent community interventions overall, causing people to cycle over and over through mental /state hospitals, jails, and emergency rooms, at high cost to taxpayers.
2. An insufficient supply of safe, affordable, permanent housing for this population, who have incomes of, at most, SSI or SSDI.
3. Lack of comprehensive, person-specific, government-funded support or care services, i.e., Medicaid waivers such as 1915i, for the most disabled individuals with mental illness; such supports would keep them successfully housed in the community. There are currently no Medicaid waivers for which persons with SPMI qualify – they are all for persons with intellectual or developmental or “medical” disabilities, and mental illnesses are not deemed to be “medical” even though they are.
4. The general public is poorly educated about mental illness, causing ongoing stigma, discrimination, and “NIMBY” attitudes.

Financial Barriers

Moderator Post: What funding related barriers are most difficult to overcome when creating service-enriched housing?

Response: The blurb below from HUD explains the trend in housing programs – and the whole system is upside down. The vast majority of public funds – federal, state, local – go to development of housing targeted to people at higher income levels, 50-80% MFI or higher. This housing is already OVERBUILT and completely unnecessary in most areas. People at extremely-low income level, under 30% MFI, get table scraps. Housing units for people below 30% MFI are disappearing faster than they are being replaced, while the population in need grows rapidly. The result is unnecessary institutionalization, homelessness, imprisonment, and people stuck in living arrangements with people who abuse them.

HUD Worst Case Housing Needs of People with Disabilities, 2009

Nationally, only 61 affordable units exist for every 100 extremely low-income renters. Notably, 61 percent is substantially below the 76 percent of extremely low-income renters for which affordable units existed in 2007. Because these units are often occupied by higher-income tenants, fewer than 36 affordable units are available for occupancy for every 100 extremely low-income renters.

The cumulative number of affordable units is shown to equal the cumulative number of renters only when incomes of 50 percent of AMI are included. Beyond this point, more than 100 affordable units exist per 100 renters enough, with perfect allocation, to provide affordable housing to every renter with income above 50 percent of AMI. Higher income renters occupy 41.5 percent of the units affordable to extremely low-income renters, 36.3 percent of units affordable for incomes at 30 to 50 percent of AMI, and 32.6 percent of units affordable at 50 to 80 percent of AMI.

Among the least costly units, those with rents affordable for incomes at 0 to 30 percent of AMI, only 4.3 percent are vacant. The vacancy rate jumps to 10.7 percent among units affordable at 30 to 50 percent of AMI, to 12.0 percent among units affordable at 50 to 80 percent of AMI, and to 15.1 percent among the highest rent units. Exhibit 2-7 illustrates that the supply of affordable housing stock for extremely low-income renters fell by 15 units per 100 renters during the 2007–2009 period, from 76 to 61 units per 100 renters.

For very low-income renters, affordable and available units decreased by 300,000 but renters increased by 1,180,000. For extremely low-income renters, affordable and available units decreased by 600,000 but renters increased by 715,000.

Response: The cost of building or renovating property is very high. New nonprofit businesses like ours interested in very low income housing options need to be creative in how we reduce the cost of creating the physical buildings. There is no profit in this business, since rent is based on SSI/SSDI. Very little funding is available. Texas State Offices need be more open to reassigning existing undeveloped, abandoned, misused property to create housing for people with intellectual and developmental disabilities. Texas should help this population by proactively working with nonprofits to win HUD funding. There are lots of financial barriers getting the housing built/renovated for use by this population.

Response: There is little incentive for developers to build housing for the very low income (those on SSI or SSDI, or less) given the cost of construction, the lack of funding sources, and the expected returns. And municipalities and states are not filling the void. As a result, the supply of units for this group of people falls far below need.

In addition, funding is practically non-existent for the services component in service-enriched housing. For some disabilities, Medicaid provides care supports or there are other government programs for veterans or persons with HIV/AIDS. But one group has consistently been left out of the picture: those with severe and persistent mental illness (SPMI). There are no care support Medicaid funds for them. Apparently the state would rather use oodles of general revenue (taxpayer) dollars to pay for their re-hospitalizations and re-incarcerations than provide for them properly in the community – a sad statement of our priorities.

Response: A while back we had a contract with TDHCA to provide Tenant Based Rental Assistance. I had a consumer in the program who transitioned out of a nursing home. He had numerous severe medical problems. His wife did not work because she was constantly dealing with his conditions, going to medical appointments, and in and out of the hospital.

TDHCA made his wife get a statement from Social Security to prove she did not receive benefits, even though she was neither retirement age nor disabled. Then TDHCA made her go to previous employers to get written confirmation that she was not working, even though she had not worked in over two years. All to qualify for a rent subsidy of about \$450 per month, which lasted about 15 months until he died.

Contrast this to the oversight – really, the lack of oversight – applied to developers who receive public funds. Developers never have to prove a need for the housing they build. HUD reports that housing for people at the 50-80% MFI level, and higher, is already overbuilt. Developers face no consequences if these housing units sit empty, or are occupied by people at income levels too high to qualify, or if designated accessible units are occupied by people who do not need the accessibility.

So, if you are poor, it is assumed that you are attempting fraud. If you can jump through enough hoops, you are grudgingly granted meager assistance. TDHCA is a staunch defender of taxpayer dollars, leaving no stone unturned to verify that you meet all qualifications. If you are a developer, TDHCA certainly understands your plight as you have to deal with all these pesky regulations, such as providing housing to people who actually need it. Maybe you have a few mistakes that make your development more profitable, but no one really checks. What's a few million dollars here and there, as long as you heroically build the tax base.

Response: In response to rleogrande – let's not forget that building housing where every single tenant is on SSI or SSDI does not make mathematical sense!! Financially healthy developments have mixed incomes and permanent supportive housing units that are within larger developments offer diversity and the chance for real community integration for people on SSI/SSDI.

Response: It's my feeling that the two areas we need to focus on, and better integrate, are operating (rental) subsidies and comprehensive service funding for those individuals that need more than 'light' services in order to effectively maintain their housing in the community. Medicaid should be a critical piece of this picture, particularly in light of the implementation of health care reform that will expand coverage

to the vast majority of likely tenants...particularly formerly homeless tenants of permanent supportive housing.

Moderator Post: How would you modify these funding related barriers?

Response:

- 1) Increase the incentives and funding to developers.
- 2) Pull down all available federal moneys.
- 3) When these 2 fail to create enough supply, the state and municipalities need to fund housing creation for those with very low income (SSI or SSDI, or less); institute a dedicated fee or tax to do so.
- 4) Get a Medicaid waiver to pay for care/support services for highly disabled persons with severe and persistent mental illness (SPMI).

Response:

1. The new 811 regs allow the state to award some 811 funds. The state also awards HOME, LIHTC, etc. Developers have to apply to multiple funding sources, which is a headache and why more people don't try. So, what if this could be bundled, with 1 application to award funds from several sources. Of course, these awards would have to include some 30% units.
2. We know several things:
 - A. There is a huge need for 30% units, while the supply of 50-80% units is already overbuilt at least in many parts of the state.
 - B. Yet the majority of funds still goes to the latter.
 - C. The new 811 rules allow up 25% as disability-targeted. So, how about a policy of 25% for every publicly-funded development? The developers only argument is bang-for-the-buck, they can do less units for the money. So what? The housing they want to build is already overbuilt anyway.

Response: It is time to update the Medicaid (HCS, TxHmL) waiver program for adults with intellectual and developmental disabilities. (A state may operate several HCBS waiver programs at once, each offering a distinct package of services and supports to a different group of individuals. These choices combine to give states considerable latitude in deciding which services and supports will be offered and in customizing benefit packages to meet the needs of particular groups.)

A continuum of living options is needed. Not all people with IDD are able to live in a group home and thrive. All people should be able to live near or in the same building as their friends. People need services (therapies, in home training, etc.), regardless of where they live. The concept of interim care should be for homeless shelters and other dwellings that truly are interim. The ICF/MR successes/best practices should be reviewed and applied to options in the continuum. The state needs to ensure that there is housing available for the potential homeless – the people with IDD who are not institutionalized. The alternative is that people with IDD will be on the street, in homeless shelters and ultimately in jail. The expenses of this are enormous – much larger than having decent places to live.

The elimination of Texas State Institutions needs to be planned out in detail. Parents of children in the institutions don't know how to take care of their children. Many parents are ill or worse. Communities have been created around these institutions. It is not just that the State spends \$100K-\$200K per year on each person in an institution (PI), when the cost would be 60% of that if they lived in the community. The state is depriving many people of services to house the few.

There must be housing available for the PI to move into. As a parent I would want to know where my child is going to be moved to. I may want to visit the place. And I may want a guarantee that I won't have to provide any support for the child. I will visit when I can. It is time housing options were established for the PI and the employees of the institutions offered to position to work in these housing options. Texas needs to be proactive creating housing and ensuring parents their children will be fine. Texas needs to make a commitment that 40% of the funds from sustaining the institutions will go toward others with IDD. The 40% may not be enough but it's a start and it's a very loud statement that Texas wants to do the right thing for the potentially homeless IDD population.

Moderator Post: What resources is your organization currently in need of, to successfully connect housing and services for persons with disabilities or the elderly?

Response: Community for Permanent Supported Housing's (CPSH) mission is to collaborate with businesses, service organizations, community and government to create safe, cost effective housing for adults with intellectual and developmental disabilities. There cannot be "successfully connect housing and services for persons with disabilities" without housing.

CPSH needs the following:

- donated/assigned land/property in safe, suburban or urban locations area rapid transit very close to the property (may require additional bus routes)
- priority HUD/State funding to construct/renovate properties
- collaboration between State and Local governments to prioritize creating housing options assistance from state to help successful quality housing service providers expand/increase number of clients they serve

CPSH has a good understanding of who currently provides housing and services to persons with IDD in North Texas. The barriers to more housing similar to the existing type (group homes) are:

- Cost of property/homes,
- Lack of interest from families (group homes don't have favorably reputations and are seen as options of last resort (see complaints and accident reports for objective information). Also, lack of quality of staff (ability to provide pay/benefits that attract good staff),
- Neighborhoods where group homes operate,
- For profit businesses have greater challenges in this business (pocketing profit decreases quality of staff),
- Nonprofit businesses have nonprofit challenges (fundraising, etc).

Administrative & Regulatory Barriers

Moderator Post: Which state or federal regulatory requirements provide the biggest obstacle to the creation of service-enriched housing and why?

Response: HUD 811 Funding – Why are there restrictions on the types of housing options that will be funded for people with intellectual and developmental disabilities through HUD? For example, limiting the number of “units” per building. Communities should decide what the people in their communities need. The Federal Government needs to be reminded of the Olmstead Act and other laws that state people have the right to live where they want. A congregant setting does not equal an institution. There are so many examples of congregant setting for “groups” of people – by race, religion, national origin, etc. These groups are considered part of the character of the community. People with intellectual and developmental disabilities have the same right to choose where to live.

Response: The TDHCA may get funding for 811 housing next year. Provision of the accompanying support services may be accomplished by using already existing Medicaid waivers. There are currently no care support Medicaid waivers for which persons with severe and persistent mental illness (SPMI) qualify, therefore keeping these highly needy citizens from becoming beneficiaries of this housing with services. In addition, for efficiency of service/care delivery and for social interaction, persons with SPMI need to have people like themselves in their community housing units in meaningful concentrations. This is necessary also because the general public, lacking education about mental illness, continues to foster stigma and discrimination.

Moderator Post: How would you recommend these regulatory requirements be modified?

Response: Texas must apply for a care support Medicaid waiver for which persons with severe and persistent mental illness (SPMI) will qualify in order that they get the supports in the community that they need so they will stay successfully housed. Regulations should encourage a sufficient concentration in service-enriched housing of like individuals so service delivery is efficient/cost-effective and social interaction without stigma is possible.

Moderator Post: What policy recommendations would you make to the Texas State Legislature to further service-enriched housing?

Response: The Legislature needs to understand mental illness for the severe disability that it is and provide appropriate community interventions, including housing with support services. This has been shown to be cost-effective as compared with hospitalizations, heavy emergency room usage, incarcerations, and related court and police costs AND it is in the best interests of persons with severe and persistent mental illness (SPMI) in their road to recovery. The Legislature should ensure that Texas has a Medicaid waiver that covers the care supports for those with SPMI. It should establish greater developer incentives, appropriate more funding, and/or institute dedicated fees or taxes to pay for increased housing stock for the very low income (SSI, SSDI, or less).

Response: Specifically to funding housing options for adults with Intellectual and Developmental Disabilities, Legislative action to consider:

- For businesses: 100% tax savings of funds and materials donated to create housing

- Approval of changes to legislation that all persons with IDD to live where they want to live and continue to receive Medicaid waiver funds. (The type of home they live in doesn't change their needs for services.)
- Approval to allocate state owned land and property to be donated, purchased or leased for housing options.
- Take action to allocate more funds to Medicaid so that federal funds will increase for Texas.
- Recognize that Texas can be a better State when the people of the state who "can do" help those who "can't do." Show by their actions that they respect people with IDD acknowledge that they are entitled to live where they choose with the services they need (similar to how seniors are treated.)

Response: I am very concerned that services for the severely disabled that are mentally ill and living in nursing homes are not available. I am asked when I visit nursing homes and the person who have a desire to transition, if I know of services that the person can get while they are in nursing homes. Is there a requirement for the nursing facility to provide the services that the residents need?

Response: I echo the recommendations of mhadvocate. We need to ensure that home and community based services are available to persons with mental illness, and that those services are easily implemented by home-based service providers (MHMRs and other community-based providers) so that persons with mental illness can effectively maintain their housing and live in the community. Specifically, we should look for opportunities to expand accessibility of these services as a complement to subsidized housing in permanent supportive housing for mentally-ill individuals that have long histories of homelessness.

Moderator Post: Which state administrative requirements provide the biggest obstacle to the creation of service-enriched housing and why?

Response: Specifically regarding housing for adults with intellectual and developmental disabilities: An early draft of SB No. 222 contained specified an increase in the number of people allowed in residential care settings. Why was this section was removed from the draft? What was the discussion? Who represented the view that the paragraph should be reviewed? I receive several different responses to these questions. Larger group homes allow friends to live together (Adults with IDD have preferences for whom they want to live with). Larger group homes allow for effective use of 4, 5 and 6 bedroom homes that are foreclosed, reduced for quick sale, and abandoned.

Here is the text of the paragraph: S.B. No. 222 – relating to access to certain long-term care services and supports under the medical assistance program.

SECTION 6. Requires HHSC to seek an amendment to the home and community-based services program waiver obtained in accordance with Section 1915I of the federal Social Security Act (42 U.S.C. Section 1396nI) to allow for the provision of residential care and services under the waiver program by six-bed group home providers. Requires that the amendment sought under this section allow for the conversion of three-bed and four-bed group home providers under the waiver program to six-bed group home providers

Coordination Barriers

Moderator Post: What are the most frequent challenges involving state or local cross-agency coordination?

Response: There are very few projects to establish housing for adults with intellectual disabilities for very low income adults (i.e. not private pay like Brookwood or Marbridge). HUD prefers applications from experienced organizations/agencies, and there is little HUD funding available. Collaboration opportunities among organizations (businesses/agencies) that want to support adults with IDD (and have experience with this population) is very hard to find. Land is needed. The State of Texas can help identify property for this housing.

Funding is also a common thread through many issues related to housing for people with IDD. Since there is no profit in housing this population (that I have found), loans need to be forgiven and donations identified. Ideally land and construction should have zero payback. Which agency will help? It appears that the State of Texas doesn't want to own this housing. The state should be a partner in helping the providers find the resources. The state employees are very knowledgeable and this knowledge should be shared.

Parents/families are partners in this, too. Parents don't have confidence in the current system.

- Budget cuts to programs that support housing for our IDD population have begun to affect the way we look at Texas Agencies.
- There is more support for the homeless, addicts, people with HIV/AIDs, and senior citizens and less support for PREVENTING homelessness for people with IDD. People with IDD did not cause their own disabilities
- Parents have shouldered most of the cost of raising our children with special needs far beyond the age that most children are expected to be raised, saving the state at least \$1M per person by keeping them out of institutions. Parents would appreciate more help in ensuring their children have safe, affordable housing when they are gone.
- It is unrealistic to expect siblings and other family members to take care of a person with IDD when a parent can no longer do it. The system is insufficient and bureaucratic. To ask the siblings/family to navigate the system is taking energy away from caring for the person with IDD.
- Parents recognize familiarity and routine are very important to their children. Smooth transitions into residential options are preferred over waiting for aging, elderly disability, or death to move into emergency residential options. (This is perceived as the current situation.)

Moderator Post: What cross-agency coordination solutions would be most effective in overcoming these challenges?

Response: When more 811 housing (or affordable housing in general) becomes available, Texas must make sure that there is a Medicaid waiver that covers the care supports for persons highly disabled with severe and persistent mental illness (SPMI). Let's care for them properly in the community rather than allowing them to cycle through mental hospitals and jails. Also, Agency personnel, the Legislature and the general public need to be educated about mental illness to dispel misconceptions and misinformation and break down the stigma and discrimination that persist. I have long been an advocate of providing age-appropriate information about mental illnesses to students through their health, biology or other school classes; after all, 6% of today's students are destined to develop a severe mental illness, so it's best that they

be informed and be able to get early intervention and treatment before the illness becomes so severe. Emphasis should be on prevention and early intervention.

HHSCC Future Efforts

Moderator Post: What efforts can be taken by the Housing & Health Services Coordination Council to further the creation of service-enriched housing in Texas?

Response: HHSCC should continue to break down the silos between agencies, with cross-fertilization not only between housing and health services, but also with the education department. It should look for ways to increase incentives to developers, pull down all available federal moneys and recommend other ways to fund housing creation, particularly for those with very low income (SSI, SSDI, or less). It should insure that a Medicaid waiver or funding is available to cover on-site care/support services for persons with severe and persistent mental illness (SPMI), a group that to date has been left out of appropriate community enriched-housing solutions by the state.

Next Steps for 2012-2013 Biennial Planning Process

Given the responses to the HHSCC Online Discussion Forum, major topic areas for discussion by biennial planning subcommittees include:

Housing Issues Subcommittee:

1. Providing a greater supply of rental units to persons below 30% AMI
 - a. Current shortage of units to persons at SSI/SSDI level
 - b. Current shortage of government funding sources to develop housing for persons below 30% AMI
 - c. High cost to developers to deeply subsidize rents
 - d. Housing provider need for operating subsidies
2. Utilization of future Section 811 funding

Service Issues Subcommittee:

1. Providing a greater array of housing options for persons with mental illness and persons with intellectual or developmental disabilities
 - a. Integrated housing
 - b. Person-centered planning of services provided
2. Providing comprehensive service funding
 - a. Medicaid waiver services for persons with mental illness
 - b. Community based prevention and early intervention services for persons with mental illness
3. Providing greater education to Legislators, property managers, and the public about mental illness to combat discrimination and advocate for greater funding to serve this population.