TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES COORDINATION COUNCIL MEETING

Chappell Meeting Room
Fort Worth Central Library
Fort Worth, Texas

February 10, 2010
10:00 a.m.

COUNCIL MEMBERS PRESENT:

PAULA MARGESON, Chair
SHERRI GOTHART-BARRON
JONAS SCHWARTZ
MARC GOLD
FELIX BRIONES
JIMMY CARMICHAEL
MIKE GOODWIN
AMY GRANBERRY
PAIGE McGILLOWAY
JEAN LANGENDORF
DONI VAN RYSWYK

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I N D E X

P R O C E E D I N G S

MS. MARGESON: Welcome. We appreciate you coming out for the third in the series of four public forums held by the Housing and Health Services Coordination Council. That is a mouthful.

We are really excited that you made this effort. And we want to hear what you have to say about existing enriched services that you might be involved in and also about what you think needs to happen, so that will be input for our planning process. So thanks for coming on a cold Wednesday morning.

I think first, I would like to have the Council introduce themselves, just so you know who we are, and who we represent. And then when you come up, we will know who you are and who you represent. So start with Sherri on the end, here. Sure.

MS. GOTHART-BARRON: I am Sherri Gothart-Barron. I represent the Texas Department of Agriculture. And I run the Go Texan Certified Retirement Community Program.

MS. VAN RYSWYK: I am Doni Van Ryswyk. I am with the North Central Texas Council of Governments Area Agency on Aging.

MR. GOLD: I am Marc Gold with the Department of Aging and Disabilities Services. We are the designated

operating long term services support agency within Health and Human Services system. We serve individuals, both institutional and community based programs. We serve individuals who are primarily at the Medicaid level, but also individuals who are elderly or are receiving services under the Older Americans Act, or Title 3.

MR. BRIONES: I am Feliz Briones. I am the benefits case manager with the Mary Lee Foundation, in Austin. And what actually do is help people apply for low income housing and any kind of services.

MR. CARMICHAEL: My name is Jimmy Carmichael and I am with Austin Bank Shares, in Austin, Texas. And I am a Governor's appointee as a financial appointee to the Commission.

MS. MARGESON: And I am Paula Margeson. And I am with the Reach of Dallas. And I kind of represent the independent living movement here in Texas. And am the acting Vice-Chair or Vice whatever.

MS. SCHWEICKART: Vice-Chair. I am Ashley Schweickart. I am the Council coordinator.

MR. GOODWIN: I am Mike Goodwin. I am a private housing consultant, working with non-profits in San Antonio developing affordable and workforce housing. I am also a Governor appointee, representing the housing development side.

MS. LANGENDORF: And I am Jean Langendorf. I am with the Community and Housing Services Department of Easter Seals Central Texas. And I am a Governor appointee, and I am representing rural needs.

MS. McGILLOWAY: Good morning. Thank you for being here. My name is Paige McGilloway, and I with the Texas State Affordable Housing Corporation. We are a -- we consider ourselves the Texas non-profit for affordable housing in the state. And that being said, we finance single family as well as multifamily developments.

MS. GRANBERRY: Good morning. I am Amy Granberry, and I work for Coastal Bend Alcohol and Drug Rehabilitation Center in Corpus Christi. I am a Governor's appointee for a health services entity. And I also serve on the Texas Homeless Network board of directors.

MR. SCHWARTZ: Good morning. I am Jonas Schwartz, and I am with the Texas Health and Human Services Commission. We are the single state agency that administers the Medicaid program. And I manage the long term services and support policy unit within Medicaid.

MS. MARGESON: Now you know who we are. And if you haven't heard a lot about the Housing and Health Services Coordination Council, that is because we are brand new. We barely know who we are.

So we thought it would be really advantageous for you to have a little background about us, and how we came to be a council. And so staff has a nice presentation about that. And so I am going to turn it over to Miss Ashley.

MS. SCHWEICKART: Right. So I apologize for our somewhat makeshift presentation projector here. And so I will try to say everything that I am presenting, so that if you can't see it very well, you can still hear it. So first, for the authorization of the -- for the Council, that created the Council.

At the beginning of the 81st Legislative session, the Legislative Budget Board came out with a report looking at ways to increase service enriched housing throughout the State of Texas. And from that report, Senator Jane Nelson's office, and Representative Norma Chavez' office both sponsored legislation that created this council. So SB 1878 and HB 3219 created this Council.

The purpose of the council is threefold. The first, to increase state efforts to offer service-enriched housing for seniors and persons with disabilities through an increased coordination of housing and health services. The second, to improve interagency understanding of housing services, that we can experts at the state agency

level in both.

And finally, the third is to find a continuum of home and community-based care that is affordable to both the state and to the target population.

Basics, we have 16 members on the council. The Executive Director of the Texas Department of Housing and Community Affairs, serves as the Chair. Then we have seven other members that are appointed by state agencies, and eight members appointed by the Governor who serve in staggered six-year terms.

The Council meets quarterly, and you can see we have that February 8th meeting on Monday. And have -- I should update this, because we actually have another meeting March 2nd, which we just decided upon. And two more for 2010.

The Texas Department of Housing and Community Affairs serves as the clerical and advisory support to the Council. And the Council is tasked with coming up with a bi-annual report that this year is due on September 1st.

Now this is just a quick list of all of our agency representatives; a few who couldn't be here. Michael Gerber is the Chair and he regrets that he can't be here today. But those are all of the state agencies that are going to be represented on this Council.

And then you have heard from, I believe,

everyone but Kenneth could not be here today. All of our Governor appointees, Kenneth Darden, I think he is the only one who couldn't be here. He is the advocate for minority issues. And so I think that was our eight Governor's appointees there.

In terms of the duties of the Council, the first is to develop and implement policies to increase efforts for service-enriched housing.

The second is to identify barriers that are preventing or slowing service-enriched housing. So those could be financial barriers, regulatory barriers, communication barriers, administrative barriers, things like that.

Also, to develop a system to cross-educate state housing and health services staff. Also to develop opportunities for that state housing and health services staff to provide technical assistance and training down to the local community level.

Also to develop performance measures to track the progress of these goals. And then like I said, to develop that biennial plan that is received by the Governor and the Legislature every two years.

So staff, myself, I am the Council coordinator, Ashley. David is our data specialist, does all the numbers for us. And then we have a third who is not here

with us today, Marshall, who is our program specialist. So the three of us work together to help the Council out in whatever they need.

And one of the first things that came about during November meeting, the first meeting of the council was to create committees that would act as the work groups for the Council.

So the first committee that has been created is the Policy and Barriers Committee. And they are addressing two specific duties as written in the statute. The first is to develop policies to coordinate and increase service-enriched housing.

And the second is to identify those barriers that are slowing service-enriched housing efforts. So upcoming meetings of the Policy and Barriers Committee, they are meeting on March 2nd, is the next one. And they have two more meetings after that for this, for 2010.

The second committee is the Cross-Agency Education and Training Committee. This Committee also has two duties as defined by the statute. The first is to develop the system to cross-educate housing and health service agency staff, and then also to develop technical assistance and training opportunities for local health and housing service entities.

And those are their upcoming meetings. Their

next meeting is April.

Finally, we have a Coordinating Committee, and that is composed of the Chair of the Council, the Vice-Chair, Paula, and then the Chairs of the other two Committees that will be able to set agendas, and set the general direction of the Council.

So right now, as you can see, Dallas-Fort Worth public forum is the third of four public forums that we are hosting throughout the State of Texas. We have another one in El Paso coming up on the 24th.

So if you have any recommendations for those who you think would be relevant to invite in El Paso, we would love to hear those recommendations. We would love to invite them and bring them to speak and hear their ideas.

And as we said before, the purpose is just to gather information from stakeholders about how we can increase efforts for service-enriched housing for persons who are elderly, and persons with disabilities. The final thing that I want to leave you with is, we have created a draft definition of service-enriched housing. I know many of you are thinking what exactly is service-enriched housing.

And the Policy and Barriers Committee came up with a draft definition, that we would love to hear your

opinion about. If you think there is something missing, we would love to hear it. If you like it, tell us why you like it.

But let me read it off for you real quick. The definition for service-enriched housing is, integrated, affordable, and accessible housing models that offer the opportunity to link residents with on-site or off-site services and supports that fosters independence for individuals with disabilities and persons who are elderly.

So please give us your feedback on that. And just real quickly, I am going to leave definition up. But I wanted to just provide you some additional information for learning more about this Council. We have a web page. It is up there.

And then if you would like to, if you don't want to speak today, but you would like to provide written comment, we also would love for you to do that. The deadline for that would be February 26th. But there is, I have an email address.

I have my cards. I can give you my card. It has all this information on it, if you would like to provide written comment.

So I think that is everything for the background. I will leave the definition up, so everyone can see if they would like to comment.

MS. MARGESON: So that is pretty much everything you needed to know about HHSCC. That is all we know, so we can't tell you any more than that. About ready to open up the floor for public comment. And I just need to remind you that we are trying to stick with a five minute limit, just so that everyone has an opportunity to speak.

And we will start with the people who have RSVP'd first. And then move to people who showed up today and filled out one of those witness forms. Does that sound good? Don't raise your hand, because I will never know it.

Okay, so our first guest is Karis Durant, and she is a Field Representative from Senator Nelson's office, Senator Jane Nelson. Welcome.

MS. DURANT: Thank you. Do you want me to be here.

MS. MARGESON: Yes.

MS. DURANT: All right. I have a letter from Senator Nelson. And I am thrilled to be here on her behalf. She wishes that she could be here. But she sent this letter. And so I would like to read it to you.

It says, Dear friends, thank you so much for taking the time to attend this important forum. The Housing and Health Services Coordinating Council, created

by legislation I filed during the last session has an invaluable opportunity to improve housing for many Texans. I offered SB 1878 because it is critical that we have the infrastructure in place to help Texans live happy independent lives in their communities.

There is a real need for housing that bridges the gap between independent living and institutional care and that offers supportive services. This Council will examine that need for Texans who could benefit from service-enriched housing. There are valuable services being offered at the state, federal and local levels.

As Chair of the Senate Committee on Health and Human Services, I firmly believe that we must coordinate those efforts to best serve our needs. The Council is working to identify barriers in service-enriched housing, train agency staff, examine opportunities we can build upon and find ways to track our progress.

My sincere hope is the Council's work will lead to greater flexibility for Texans who need some assistance, but who do not wish to move into a long term care facility. Your input in this process is of the utmost importance. I want to extend my sincere gratitude to you for your willingness to participate and share your experiences.

This kind of involvement is exactly what we

envisioned in creating this Council. Together, we can make a real difference in the lives of Texans who truly need it. And it is signed very truly yours, Senator Jane Nelson. Thank you.

MS. MARGESON: Thank you. That is great. Thank you. What a nice welcome for all of us. All right. Next is Constance Smith, Supervisor of the Office of Senior Affairs within the Housing & Community Services Department of the City of Dallas. That is a long one.

MS. SMITH: Good morning.

MS. MARGESON: Good morning.

MS. SMITH: Thank you so much for allowing me to come and to speak on the issue of service-enriched housing. The area I would to focus on is providing affordable assisted living.

Prior to 2002, the Senior Affairs Commission of the City of Dallas, which is the Mayor and City Council appointed Commission worked on the issue of affordable assisted living. During that time, they talked to developers. We even met with University regarding a possible space and teaching sites.

We have the concept that maybe Medicaid could pay more than the amount that is already allocated that it would be increased so that we could have more affordable assisted living. And maybe Section 8 could even assist

with housing. But we saw very early, that this was going to be a very involved topic, and the Commission could no longer focus on this issue.

After 2002, we had the Friends of Senior Affairs was established. It wasn't established specifically to work on affordable housing, but it was very convenient for it to be in existence, and they picked up this issue.

Some of the things, we do have two, well three Friends of Senior Affairs members here today. We have the President of Senior Affairs Board, and that is Anita Monden. And then we have Sue Pickens who is with Parkland.

And then we have Beverly Tobian, who is with the Health and Human Services Coalition, but she is on the Friends Board. Anyway Friends looked at PACE. I am sure you are familiar with the HMO type of Medicaid coverage that could really help design this type of assisted living project.

But I know it works in some areas. But in Dallas, the local hospitals we have talked with thought it would not be cost efficient to work that end on an affordable assisted living model. We talked to developers, many developers, and they were all interested mainly in the housing portion.

But it was very difficult to try to get the medical component in. We worked with the hospital, and we had a very cooperative hospital staff. We even prepared a feasibility study and solicited developers for a request for information.

Several developers responded, but the project was placed on hold. Friends had envisioned that this project would serve as a teaching facility for possibly medical staff.

While I was working with the Friends of Senior Affairs, the President at that time, and I visited the coming home project which was located in Bentonville, Arkansas, and it was a model for the Robert Wood Johnson Foundation. And the project was very successful in Bentonville, Arkansas. We visited it.

It was just unbelievable, all of the amenities and how it was set up. There were four projects at that time, throughout the United States. But what Arkansas did, was they had to pass laws regarding regulations allowing Medicaid funding and offering financial assistance to developers.

They had tax credits specifically for assisted living. Some of the recommendations were that the complexity of affordable assisted living development is more than just what a not for profit and community

organization can take on without assistance.

I think that is one of the issues that the Friends of Senior Affairs really met with. I mean, we had very dedicated workers. But at that time, there was not a collaboration with the state legislators. And I think that that may be essentially.

That is what happened in Las Vegas. They have affordable assisted living and they worked very closely with the state departments, the state legislators and I mean, so they had a lot of backing. It was more than just this body working very hard.

But the connections weren't probably as deep as they could have been. Assisted living facilities are cheaper to operate than nursing homes. But a lot of people don't necessarily see this.

But the project in Arkansas at that time was like, headed by Herb Sanderson. He was the State Director of the Office on Aging in Arkansas. And it allows the person more flexibility.

You know, it is almost -- you viewed these rooms, these individual rooms, private rooms, where they could go could go to the cafeteria for meals, or the dining room for meals. You know, there was just a lot of independence still there. It was like small apartments within a larger area.

There is definitely a need for both housing and service delivery and substances that result in programs that respond. You know, in some of the areas, they had low income tax credits for assisted living. We know that we have them in Texas for housing. I am not aware of assisted living.

Some areas work with HOME funding, and just a gamut of other types of funding to help make this work. The Center for Excellency in Assisted Living recommend that groups work to educate policymakers and that that the states work to develop recommendations for supporting assisted living. I see that this could be one of the roles of this body.

Arkansas streamlined the Medicaid reimbursement policies, the Medicaid funding. And so that made it at least easier for developers to look at the fact that it is not in the complicated process of how you know Medicaid funded actually works. It took two legislative sessions for some of this to be passed in some of the states.

And I think that it would be -- it is essential that Texas looks at this. And there are models in like, Nevada, Connecticut. I mention Arkansas, Vermont, Michigan and other states. If this body decides to put forth a group to look at this more in depth, I would be glad to work with this and provide some of the information

that I have collected over the last almost ten years. Thank you.

MR. GOLD: Constance.

MS. SMITH: Yes.

MR. GOLD: I am just making the comment. I am here representing the Department of Aging and Disability Services. We license assisted living facilities.

And we also hold the contracts for Medicaid waivers where individuals either from the community or relocating from an institutional setting are a lot of other choices in living and medicaid will support and pay for the services. Now Medicaid does not pay for room and board, as you probably know that.

We have a lot of assisted living facilities in the State of Texas. And we do allow for assisted living facilities to contract with the state.

But as you rightly said, the issue that we continue to hear and my providers are voluntarily withdrawing from the program is because of the reimbursement rates. And the ability to provide the services and financial and economical manner. So I every much appreciate your comments.

MS. SMITH: And what we found, and I am glad to meet you and talk with you several years ago, you probably don't even remember. But I remember Marc Gold.

Anyway, is that that is so limited. Some of the assisted living facilities can't accept Medicaid, or do accept Medicaid, but at the restriction.

I mean, they only have -- I mean, in the North Central area, it seems like there were only a very limited number of slots. I want to say 17 or 20. I may be in error on that. But very limited.

MS. VAN RYSWYK: It is a little higher, but yes. It is very limited.

MR. GOLD: And it is definitely part of the conversation that is provided, for those who choose. It is a choice. That as a service. And we do have that as I say, in our community based waivers, as an option.

But we are finding many providers now are withdrawing their contracts voluntarily, because the reimbursement rates and affordability is just not there for them to proceed. This is what we hear very often. So again, I certainly appreciate your clients.

MS. LANGENDORF: I would like to ask a little bit more about the Arkansas. Because this is really intriguing. We have heard a lot. Or we have heard people mentioned the coming home project, and the Robert Wood Johnson. How you are saying, they used tax credits for the sticks and bricks for the actual development of it, of the housing?

MS. SMITH: Yes.

MS. LANGENDORF: And then the Medicaid waivers basically came in with the individuals so everybody in there, had a Medicaid --

MS. SMITH: Well, not everyone. They had a few private pays But there was a special, there are Medicaid waivers and there are Medicaid waivers, they did special legislation to develop a special waiver for assisted living.

MS. LANGENDORF: Okay. And in Arkansas, were they then licensed for that, or was it considered, the waiver came to the apartment, like we have waivers in Texas that can -- the class waiver where an individual can live anywhere, and the service come to them but that their house isn't licensed. But in this, do you know was the entire development licensed, or was it considered housing where services were brought in?

MS. SMITH: The entire development. And in fact, I think I even heard somewhere that that was one of the changes that they made. You know, with the legislators.

MS. LANGENDORF: Okay.

MS. SMITH: Was to allow for this. And they are developing it in some other areas. The thing that really made it possible and I did talk to Robert Jenkins

who was with the coming home program out of Washington, you know, they did allow them some startup money.

But it can be done without the $300,000 startup money they have. If they don't have any more money, they only have so many projects designated throughout the United States. But other areas, like Connecticut, and I don't have a full understanding of exactly how they do it. But they are doing it, and they don't have that Robert Wood Johnson money.

MR. GOLD: I would say, when we do have a Medicaid contract with an assisted living, we have very strict requirements on what that apartment looks like, what the housing situation looks like. We mandate so many square feet of footage, that has to have a bed and some kitchen.

So it looks like a standalone little apartment for that individual. Now there is other assisted living where they do sometimes have roommates and all that. But for the community based alternatives program or the Start Plus waiver program, we have different requirements for that.

MS. LANGENDORF: Marc, let me ask you about that.

MR. GOLD: Sure.

MS. LANGENDORF: Who pays for the housing

piece?

MR. GOLD: It is the SSI chart.

MS. LANGENDORF: Oh, okay.

MR. GOLD: So Medicaid can't pay for rent.

MS. LANGENDORF: So the other side pays for rent.

MR. GOLD: That is right.

MS. LANGENDORF: And then the services are paid through the waiver.

MR. GOLD: That is correct. That is right. And the argument for affordable assisted living facilities is that reimbursement isn't really enough to meet all the needs. As some of you may or may not know, medicaid does not pay for room and board, in an institutional setting.

And so for our definition, assisted living is not an institutional setting although that is obviously a controversial discussion. But we do require, it almost looks like an SRO model for the apartment when we do do that.

I just wanted to offer to you, and [inaudible], if you ever want a discussion about the Coming Home program, [inaudible] works for me -- that's your man, Coming Home program about the State of Alaska. So he has some very clear knowledge of how that all functions.

But it is a complicated issue. It is a lot of

discussion one way or the other regarding assisted living, we all know that.

MS. LANGENDORF: Do people have to sign their entire check over for rent.

MR. GOLD: Yes. That is right.

MS. SMITH: And then they get a personal needs allowance.

(Simultaneous discussion.)

MR. GOLD: Right. It is around $85 I think.

MS. SMITH: Well, unless some homes set up -- they have Section 8 units. With a Section 8 unit, the person would then have more money available.

MS. LANGENDORF: Sure.

MS. SMITH: So there are different models that can be examined.

MR. GOLD: Yes. And that would be, actually a better situation.

(Simultaneous discussion.)

MS. LANGENDORF: But Section 8 units, there are definitely requirements. They are saying no, we can't do that.

VOICE: I run a Section 8 elderly housing property, and I have an assisted living CDA program. And that is in spite of it.

MS. LANGENDORF: Okay.

VOICE: And they only get $85 for their personal needs allowance.

MR. GOLD: Because first the money goes then, what we call, and this would be a whole other conversation as Jonas knows, about eligibility. But the rest of the check then goes to what is known as implied income.

And that goes back to the state to help pay for the services, and reduces the amount that the state actually has to pay for Medicaid. It is very complicated. But they do get to keep the $85 for personal needs.

MR. SCHWARTZ: When you were speaking of the waiver spots in Arkansas and someone else said something similar about a program in North Carolina, during our hearing on Monday, the waiver plot associated with the individual or is it associated with the actual residential apartment.

MS. SMITH: It is my understanding that it is the residential apartment unit.

MR. SCHWARTZ: Okay.

MS. VAN RYSWYK: Yes. The facilities will designate a certain number of beds. And even if a facility has a CDA contract, it may or may not have a CDA bed available when someone applies.

MR. GOLD: And I think Joan, that is very similar to the way we run things. You have so many

certified beds within the assisted living itself. So that is the amount of individuals that have been designated that can be served in that community. But the waiver itself belongs to the person. So they can choose to go to this assisted living, or that assisted living or stay at home or live with family members or a variety of different activities. So I think the waiver belongs to the individual. But the assisted living facility has designated slots they are willing to take to serve that person.

MR. SCHWARTZ: Okay. Because what I was hearing was the opposite of that, which was the waiver slot belongs to the residential unit and not the individual. Okay.

MR. GOLD: No.

MR. SCHWARTZ: That is not how we do it here.

MR. GOLD: No. It is definitely not how we do there, and I can't believe that would happen anywhere.

(Simultaneous discussion.)

MR. SCHWARTZ: I can't see that being something that CMS would allow.

MR. GOLD: Yes. And I think North Carolina too, they were talking about a self limitation program along with their tax credit, which makes that more viable system. It is am important conversation.

(Simultaneous discussion.)

MS. MARGESON: It is. It is a great conversation, and I hate to cut it short. But I want to make sure that everyone has a chance to speak. So thank you so much, Constance, for your input. Next is Mike Doyle, who is the CEO of Cornerstone Assistance Network. Good evening, Mike.

MR. GOLD: Hey Mike. So good to see you.

MR. DOYLE: Good to see you, too. I guess I will see you in the first week of March.

MR. GOLD: I guess you will. Yes.

MR. DOYLE: Well, thank you for coming to Fort Worth. I hope you found the accommodations welcoming, as our community always is. I am here to advocate our particular areas.

Number one, the housing for folks with disabilities, definitely being in a community setting and not institutionally. And I have got some data from the programs that we run at Cornerstone that hopefully will bear that out in fact.

And then secondly, that faith-based organizations be included the array of services actually invited to the array of services, certainly not being made mandatory, but they be included in the delivery of that. And I have also got some data to tell you about on that.

When I think about services being provided to folks in housing, I can't help but think to go back to 1997 when we tried to work with MHMR on placing folks with disabilities in housing. At that time, I was Chairman of the Tarrant County Homeless Coalition. And we thought it was a great idea.

We didn't provide enough wraparound services because the faith-based organizations weren't in the service array program. And everybody else was pretty much pulling their case load. So it was a matter of when we can get out there, we will help them.

And we kept seeing these folks we were putting in housing coming back to the shelters. And when we began to question them about why are you coming back, their words haunted me and still do to this day, that the homelessness is preferred to the loneliness.

And so when they would get in the housing and not have constant contact with somebody, they got so lonely, they went back to the shelter on purpose, to be able to be around other people. So if nothing else the congregations can do, they can certainly come by and say how are you doing. And so including them in that array fits their mission and fits our mission, and everybody's mission of trying to get them comfortable in a community setting.

One of the programs that Cornerstone does run is a single room occupancy dwelling in a community here in Fort Worth. And we have been there since 1995.

We have a great relationship with the neighborhood community. Our men, which it houses 18 chronically homeless men with disabilities who have come from drug and alcohol rehab programs, in trying to get their life back in order.

And we have a great relationship with that neighborhood association built over the years that we have been there, going on 15 years that we have been there. And the men serve on the TENS committee, and they try to be Yard of the Month, and do the kind of things we hope they will do once they exit the program.

To give you an example, when we first opened that program, we had 18 slots, and we saw 40 men cycle through the program in the first few years that we were there. Annually, there would be 40 men, which means there was 22 turnovers. And one of the things that we found was a caseworker and a resident manager wasn't enough to move them along the continuum to independent living again.

When we decided that we would offer them the opportunity to go back to college, which we have, we found a whole different set of circumstances. Not only did they leave the setting itself to go to a setting where there

were other people in college who were just like them, going to school, trying to get along with their lives. Their histories had been left back and the building, and they were just another college student.

But we surrounded them with support teams that we trained, made up of business owners and individuals and people that are attached into public private networks of employers and friends that they could take them to the ball game and take them out for coffee and have dinner with them. The inclusion of that array of services made a huge difference in the way that program operated.

Last year we only had five vacancies all year long, because everybody was staying in there and working on their work plan. As a matter of fact, of the six residents that actually exited, five moved into permanent unsubsidized housing with full employment with benefits. And of those exiting, five of the six had achieved 80 percent of their service plan goals and objectives.

So again, these guys, because of the inclusion of the wraparound services in the community, working in the community, being a part of the community, found it easier to stay in housing once they lived there, because they were in a community setting. So that is number one.

And then the instances of the great successes we have of our women with children who are coming out of

domestic violence and alcoholism and homelessness is about the same, because we surround them with support teams in a community setting. So I guess my advocacy would be, the smaller group of people the better.

Housing people in bulk, where they are always around the same kind of people that they are working with and never being diversified in their thinking and their appearance and their goals to us has stifled their growth. But done in a setting where they are expected to move out if at all possible, and get on with their lives and meet and do things that we do as a community by second nature is really helpful for them.

So my advocacy would be in those two areas; the housing with the services is critical. And we know that the housing without services doesn't work, services without housing doesn't work.

Doing nothing doesn't work. But a combination of these array of services with the faith-based organizations being welcomed in that service array has made a huge difference to the lives of the men and women at the Cornerstone Housing programs. So thank you.

MS. MARGESON: So Mike, you used local churches to basically form support teams?

MR. DOYLE: Churches, fraternal organizations, anybody that was interested. Yes. And we would for

example, we had a gentleman in our New Life center who had tremendous criminal histories, addictions, all of those kind of things, co-occurring mental disorder, bipolar disorder. And through the support of these three business people is now head of security at one of their firms, is living independently, debt-free, caught up on his child support, and is just thriving in his new life.

But it was only because those guys would go by every week, and pick him up and say, hey, how are you doing on your case plan. How are you doing on your school. They need that encouragement.

And typically, congregations, synagogues, are good at that kind of encouragement. They are not good at the social work part, but they are good at the encouragement. We provide the social work part. They provide the encouragement.

MS. MARGESON: And is that all on a voluntary basis?

MR. DOYLE: A voluntary basis.

MS. MARGESON: Awesome.

MS. VAN RYSWYK: So how did you engage those teams. Did you go to churches and temples and recruit people or was it a more personalized matching where you talk with the consumer, you find out that he or she has been involved with the community, and then go to that

community and recruit. We always ask about that, because we think that could be a tremendous source of informal support.

But a lot of times there has been no affiliation for many years. Sometimes consumers who are reluctant of having somebody proselytize them.

MR. DOYLE: Right.

MS. VAN RYSWYK: So how do you make that happen, and work through you know, forming an adequate network as well as obtaining the consumers' consent.

MR. DOYLE: We talk to the residents, the consumer. We talk to them and ask them, would you like a group of friends that we could surround you with, to help you work through this case plan, to help you get through school, to help you understand, things that are going on, just be your friend.

And they typically say yes, but sometimes they say no, I think I can do it by myself. And then we ask them, do you mind if there are people from churches there, or had you rather shy away from that, and whatever their choices are, we honor that.

And so when find out that somebody is ready to have a support team which is made up of three people, then we have a list of people who have been trained by Cornerstone to be mentors, to be support team members.

And we begin to populate in that support team and we bring them together.

We have dinner with them, and the consumer. And if it is a match, we go forward. If not, we change. That is pretty much self choice.

MS. VAN RYSWYK: Are those training materials something that could be shared?

MR. DOYLE: Sure.

MR. GOLD: This is disclosure. I don't know of anybody better than Mike Doyle. I worked with him on the Texas Interagency Council for the homeless for several years now. I have seen Cornerstone, that is an amazing place.

They do really tremendous work there. And I certainly support -- the only question I have, are there any issues with individuals who are coming to you, and do you have to do any sort of criminal history check, backgrounds, and is that a barrier?

MR. DOYLE: It is not a barrier at all.

MR. GOLD: Okay.

MR. DOYLE: As a matter of fact, probably 80 percent of the men there have criminal histories.

MR. GOLD: Does that become a problem then in terms of the transference --

MR. DOYLE: Not only do we have our own housing

units they can transfer into, but we have -- because we have 50 or so apartment vouchers that we put homeless people in throughout the community, we built the relationship with those landlords. And they know that we are case managing everybody that goes there. And it is not a problem at all.

MR. GOLD: Thank you.

MS. VAN RYSWYK: Yes. I think there is a tremendous need for communities that will accept those with criminal histories. Because even if they qualified for most of the voucher programs, the authority or the apartment complex will disqualify someone because of that history.

MR. DOYLE: And you probably know this, but the new -- I am not going to call it a breeding ground, but the new incubator for homeless people in our communities is Extended stay motels, because they don't do background checks. They are gathering there by the hundreds, because it is the only place they can go.

They do day labor so they can pay the rents by the week, and it is really something that we have got to take a look at. Because while homelessness is going down across the state, the population of extended stay motels are going up. And they are mainly populated with ex offenders.

Unless we start to recognize that those folks are going to be homeless, at some point, if we don't give them a chance to get into an apartment and work, we really have a battle before us. And we have 2,500 that we engage every single year at Cornerstone, because we do the orientation for Tarrant County parole.

When they come back through the criminal justice system, they have to meet with us for orientation and to be referred to an array of services that will help them. And housing and jobs are critical. There is just not enough of them.

MS. MARGESON: How long is the wait at Cornerstone?

MR. DOYLE: Years. We have around 1,100 homeless men in Tarrant County and we have 40 beds for men who are homeless with an AIDS diagnosis, and our 18 beds for men that don't have an AIDS diagnosis, and that is it.

MR. GOODWIN: Did you say the populations are 1,100.

MR. DOYLE: Eleven hundred homeless men, yes.

MR. GOODWIN: That was going to be my question. I want to say, the shock factor is, what are you able to absorb of the population that needs your services?

MR. DOYLE: One percent.

MS. GOTHART-BARRON: Can you forward your data

to Ashley, so that she can share it with us.

MR. DOYLE: Sure. I'll send it to Ashley.

MS. GOTHART-BARRON: Thank you.

MS. MARGESON: Thank you so much, Mike.

MR. DOYLE: Thank you.

MS. MARGESON: Great testimony. Kim Ogilvie, the Director of Social Services for the Salvation Army.

MS. OGILVIE: I appreciate the opportunity to share existing programs that the Salvation Army has around the state. That is what I brought with me today. And of course, we all know that we have emergency shelters and we accept people with disabilities, and seniors in any of our facilities.

But beyond that, we also offer several transitional housing programs, HUD supported housing. We specifically have two for people with disabilities, and they are funded by HUD. For lower income seniors around the state, we operate ten apartment complexes, that are funded HUD 202 projects. We have Section 8 housing that pays for their rent there.

Once in a while there has been HUD, CDBG funds that helped us pay for a service coordinator to the onsite. But because we believe housing is just the beginning point, and that it is the supportive services that provide the opportunity, the experience and the time

necessary for people to change, grow and develop into healthier, more independent individuals, we use case managers, a huge volunteer mentoring base.

We do similar to Cornerstone when we can. We invite other church organizations in to mentor and offer whatever our clients need. We use, and recently, in a 42 bed housing program for people with disabilities, we added a specific professional counselor separate from case manager, who comes in daily and provides classes.

She decided to get back to the basics, and actually provides history and geography, meal planning, daily planning, organization, health and wellness information. And she has seen a significant growth in self-esteem and social behavior because of their sense of community. Because she brought in the mentors from the outside.

So that is where we go with our seniors and people with disabilities; so that they have extras, beyond their housing.

MS. VAN RYSWYK: Are those classes voluntary or mandatory?

MS. OGILVIE: Excuse me.

MS. VAN RYSWYK: The classes, are they mandatory? Voluntary?

MS. OGILVIE: They are voluntary. Everything

is voluntary. But what we find is, once two or three join in, everyone else joins in. And because we are a statewide, I can speak to certain locations. Of course, we have much better community support and church support in the various locations; some we don't have as many.

And we spend a lot of time educating our own staff, as to what is allowed and what is proselytizing and what is not proselytizing. Because sometimes the staff are concerned when we bring in the faith-based and religious organizations. So I spend a lot of time educating on that.

MS. MARGESON: Kim, in the two transitional projects for people with disabilities, is it an 18 month time limit?

MS. OGILVIE: It is 18 months.

MS. MARGESON: Okay. And is it all types of disabilities?

MS. OGILVIE: Mental, physical disabilities, we take all disabilities. We are not limited on that. In one of them we are. One does not allow us to include chemical use abuse as a disability. But we also have several that are chemical abuse specific.

MR. GOLD: Is that a statutory requirement, or is that just a policy requirement?

MS. OGILVIE: The one on the chemical use abuse

was one of our senior programs that has some Section 8 funding. And it is regulatory. We can send only one of them.

MS. MARGESON: Did any of your projects use tax credit dollars?

MS. OGILVIE: We don't use tax credit dollars. No.

MS. GRANBERRY: Kim in you all's transitional housing, I know you work towards getting the permit housing. Actually I should probably say first, Kim and I serve on the Texas Homeless Network Board together. I know, even if those are transitional, you are always working towards that permanent housing.

MS. OGILVIE: Absolutely. We are always, that is our goal is to move them into permanent housing. However, we also have some apartments that are scattered sites and we will let them stay there. And then we will go find another apartment, so that they can actually not have to move.

MS. GRANBERRY: And how much does criminal background check affect. How much of a barrier is criminal background to any of your permanent housing?

MS. OGILVIE: We haven't had any problem at this point. We used to have more problems than we do. These programs specifically and in San Antonio have not

given us any problem.

MS. GRANBERRY: Okay.

MR. GOLD: Actually San Antonio has done a great job.

MS. OGILVIE: Yes.

MR. GOLD: Because I think there is some myth here, and again, I think this is something for this Council to consider, is on the barriers, there is some myths there about what really excludes you from public housing and what doesn't.

There are certain issues. But each public housing authority can serve to find things, property managers, they can add their own sort of barriers to that. In San Antonio --

MS. OGILVIE: I call it interpolation.

MR. GOLD: That is right. Interpolation. And San Antonio has done really a tremendous job at loosening some of those barriers. And has worked very closely with the mental health authority there, the Center for Health Care services to do that. So there is possibilities.

MS. OGILVIE: We have five programs there.

MR. GOLD: So there is real possibilities across the state where as authorities, and public housing authorities become educated about what is myth and what is allowable. Thank you.

MS. OGILVIE: Thank you.

MS. MARGESON: Thanks so much, Kim.

MS. OGILVIE: Thank you.

MS. MARGESON: Lee Ann Hubanks is the Executive Director of Plano Community Homes. My neck of the woods.

MS. HUBANKS: Thank you. I was going to followup, one of the things that Constance had mentioned, the PACE program. And since you are going to be in El Paso, you might check with me then.

MS. MARGESON: We are.

MS. HUBANKS: Okay.

MS. MARGESON: We are going to be there.

MS. HUBANKS: It is a great program. And I don't know if Rosemary is still there or not. But it is a great program. And Salvation Army does a great job. And we do very much the same kinds of things that they do on a smaller scale. And so I want to talk again about service coordination and some of the things that we have done.

Again, I am Lee Ann Hubanks, and I am honored to be here with you today. Plano Community Homes is a private non-profit corporation. And we provide affordable housing with supportive services to very low income, elderly and disabled individuals. And we have been doing it since 1986.

We have got eight buildings. And we serve

about 450 individuals right now. And we have got a building under construction. So we will have about another hundred here in another few months.

Our residents are age 62 years and over. They cannot exceed 50 percent of the median income, but the reality is, most of our residents' incomes is about $10,000 or less, so it is really more like 30 percent of median income and below. So it really is very low income.

They must have the ability to meet the terms of the lease. And this is really where the service coordination comes in. The tenants age in place, and it doesn't matter whether they are seniors, or whether they are disabled, because many of our seniors are disabled.

They are in wheelchairs. They walk with walkers. They may have a limb missing. They may have spina bifida. They may have cerebral palsy. They may be vision impaired, hearing impaired. There is lots of disabilities that we work with.

They aren't just seniors. You know, it is the human condition. The aging process is going to happen to all of us. So based on the most recent semiannual report to HUD, we show that about 70 percent of our residents have at least one activity of daily living or ADL that they are deficient in. So that is what we deal with.

Our supportive service program dates back to

1988, even before HUD and Congress made it official to have a service coordination program. And our early informal tracking showed that we were keeping residents in their own homes an average of about an extra 18 months. Now that we are doing our reports to HUD, we are showing that it is actually averaging about 24 months.

So from our standpoint, we think that is really helpful. The American Association of Service Coordinators recently conducted a nationwide study and with a 94 percent confidence level they found that with a 6.4 year median length of occupancy, residents length of stay was extended by at least 10 percent.

I believe our length of stay is longer because we have full time service coordinators on our campuses and a really aggressive program. This study included part time service coordinators and it was a nationwide study.

One example of our success stories was Mary. Mary lived with us for almost ten years. Our service coordinator worked with our transportation staff. We took Mary to dialysis for about 3 ½ years, three times a week. When her kidneys finally gave out, she died in her own bed, in her apartment with a grateful family and a hospice team around her, not in a nursing home on Medicaid, costing the state thousands of dollars each month.

She died on her own terms and while we did lose

Mary, it really was a good outcome for her and her family. We couldn't stop losing her, but it was a good outcome.

We now have a service coordinator on each campus. They spend most of their time assisting residents with advocacy, education, and employment issues, health care linkage, insurance and prescription medications, family support, home management, and lease education. Examples of some interventions used to ensure residents remain safe, out of a nursing home or assisted living are hospice care in home with volunteer backup teams like Mary had.

Family meetings both individually or group education. Coaching for doctors' visits, like making sure they are prepared with questions and information so they get what they need when they go to the doctor. Adult protective services referrals and follow ups, contact with family to advocate when residents may be in need of in home aid, or a caregiver to prevent injury, wandering or other danger from confusion or signs of decline.

This could mean educating families, or just getting the family past denial. Sometimes the family just doesn't want to recognize that mom needs more help. It may be a negotiation between the resident and the management to avoid lease violations and evictions. The last thing we want to do is evict.

So if we have a lease violation, it may be something really simple, and we negotiate through our lease violation process. Our service coordination department has developed a peer review system to evaluate each other and -- sorry. To develop, to evaluate each other. It can be replicated to oversee new service coordination departments and report back to a parent corporation, an Area Agency on Aging, even a task force to measure outcomes.

Our service coordination department is something that could be expanded to meet the needs of the community at large with agency partnerships. For example, we could partner with the Area Agency on Aging or Plano Housing Authority to meet the needs of the residents in the City of Plano.

We could work with the geriatric wellness center, or the assistance center, to find the individuals that need assistance if there was funding tp ay for collaboration and the salary costs of the expansion. This service coordination department is a program that can be replicated easily in all parts of the state.

We can provide training to any group that wanted to establish this in their own area, if the funds were available to cover the costs of staffing and materials. It is much less expensive to replicate this

kind of program, than to pay for Medicaid for people in the nursing home. It is the cost is just so much less expensive.

This program is crucial in maintaining the welfare of our residents, and keeping them from having to move forward in the long term care continuum. There is an age tsunami coming, both in the general population of seniors and in the disabled population. And we need to be addressing these issues sooner rather than later.

The state cannot afford the Medicaid dollars to pay for all these residents. We need to come up with a better way. And I really thank you for the opportunity to speak here today. And if there is anything I can do to further this cause, I would be more than happy and don't hesitate to call me.

MR. GOLD: How many of your individuals are receiving community based Medicaid funded programs?

MS. HUBANKS: Probably well over 50 percent of them.

MR. GOLD: Are they receiving primarily like, primary home care, attendant type of services?

MS. HUBANKS: We have, they have the homemaker type services that the in home aides coming in and doing, home maker services laundry, cleaning the apartments, changing the sheets on the bed. You may have somebody who

is extremely competent, but you are walking with a walker, it is really hard to change the sheets on the bed.

You may have somebody who needs help doing the laundry, carrying a laundry basket to the laundry room with your walker is hard to do. And so you have those kinds of things. And it keeps them independent.

So if you have somebody who is slowly starting to decline, and if we can bring these services in and keep them there, we can keep them a lot longer. So we try to do those kinds of things. We also do the educational programs.

We do -- we have a lot -- we are very multi cultural. We do ESL classes. We probably have -- I think we speak eight languages, over the course of those buildings. So we do a lot of things besides just medical. We apply for food stamps. We do just a variety of things in our buildings. A lot of them are educational.

MS. MARGESON: The people who are disabled who live in your buildings, must they be 62?

MS. HUBANKS: There is one, we have our original campus that was built before 1990, can be over the age of 18. So I do have, I have one gentleman who is about 40 that has got spina bifida and has the crutches.

And has a specialized pickup truck, and he also has a specialized wheel chair that he uses occasionally

when he is really not feeling very well. He doesn't like to use his wheelchair. He doesn't use it very often.

But we do have some that are under 62, in that building. Once the program, we are under the Section 202 program. Once it changed in 1990, it became 62 and over, as a regulatory, programmatic change. So those residents are over 62. It doesn't mean that I have a lot less disabled. They are just older.

MS. MARGESON: Right. Do you have a long waiting list for those projects?

MS. HUBANKS: I have several hundred people on a waiting list for those buildings. We opened a building in 2006 that has 60 units in it. I right now have 118 people waiting for that building alone.

And I have 73 units under construction on that same site. We haven't even prepared applications for that building yet, and they are already wanting applications.

MS. MCGILLOWAY: You are a non-profit?

MS. HUBANKS: We are a non-profit. Not private, non-profit organization.

MS. VAN RYSWYK: Lee Ann can you talk a little bit about how you secured funding for those case manager salaries?

MS. HUBANKS: What we did initially, back in 1988 before there was service coordination, when we were

calling it direct or supportive services. I got a small grant from a private organization to fund a small position that we used to just collect data. And we kind of created this.

And then we are part of a state association called the Texas Association of Homes and Services for the Aging. And there is a national association, the American Association of Homes and Services for the Aging. And AHSA, the national association was working on collecting data at that time.

We used our information to add to their information as did other people all over the country. All of that information went into together. That went in to Congress, and eventually we ended up with service coordination. That was back between '88 and '90 when we did all of that. And then service coordination was formed.

We worked with Jan Monks who is now the Executive Director of the American Association of Service Coordinators. So I have been doing this a long time.

MS. VAN RYSWYK: But I understand that the funding for those positions is highly competitive.

MS. HUBANKS: It is very highly competitive. And it is done; there is a grant program that HUD does. Ours is all line item in our operating budget. But what

we did was as we built new buildings, we put them in as a line item as we built the buildings.

So we are -- ours is a little bit different, and we are blessed that we have done it that way. As we created our original initial budgets, we just didn't fund other positions and decided this was more important.

So I didn't -- I didn't put in administrative staff. I answered phones, and I did stuff in buildings and I worked front line offices and decided the service coordinator was a more important position. So I kind of traded --

MS. MARGESON: Are the services mandatory or voluntary?

MS. VAN RYSWYK: They are always voluntary. Always voluntary. But we -- but just like the lady from the Salvation Army said, once one resident sees the benefit, she sees her neighbor getting something, and sees how well she is doing, she decides she wants it too.

So as we make aggressive programming, we have group meetings. We have -- we will bring a program in from the outside, in the community room. And we invite the residents. We put the notices in their boxes, that this is going to be there.

And we do quarterly family meetings, where we do them in the evenings, and invite the families to come.

Where it is an educational program. And the wellness center comes and does things once a month. And we have all these agencies from the outside, coming and doing things. And the residents want to know this.

And we encourage them to tell us what programs they would like. So they are involved. We have an activity committee. And they get to choose what they want to have. We have different committees of residents. So they are involved in this.

MS. MARGESON: Right.

MS. HUBANKS: So they are smack in the middle of it. Yes, sir.

MR. GOODWIN: How are you funding your 73 units?

MS. HUBANKS: I have a capital advance from HUD.

MR. GOODWIN: Under what program?

MS. HUBANKS: Section 202. We keep fighting.

MS. MCGILLOWAY: You don't do it with tax credits?

MS. HUBANKS: I don't have any tax credit buildings. Mine are all Section 202. That is why I don't have hundreds of buildings. I only have eight.

MS. MCGILLOWAY: Right.

MS. HUBANKS: Because they are very

competitive.

MR. GOODWIN: Are you running then with a PRAC contract after?

MS. HUBANKS: Yes, sir.

MR. GOODWIN: And they are funding your service coordinator?

MS. HUBANKS: My two older buildings, my original two buildings are prior to 1990, so they are Section 8. And then all the rest of my buildings are PRACs. Yes, sir.

MR. GOODWIN: And they are funding your service coordinator through the PRAC?

MS. HUBANKS: Yes, sir.

MR. GOODWIN: At this --

MS. HUBANKS: Because I opted to not fund a different position and fund the service coordinator instead. So as long as I compromised, I got it. We opted to make a service coordinator important, and we negotiated.

MS. MARGESON: You wanted to fund PRAC.

MS. HUBANKS: But we feel like the Medicaid dollars are going to run out. And if we can keep people out of the long term care continuum, we want to do that.

So we tried to come up with a way to try to keep our residence in house as long as we possibly can.

Not because Medicaid is bad, but because it is going to run out, and it is expensive.

MS. LANGENDORF: PRAC is --

MS. HUBANKS: Or nursing homes are expensive.

MS. LANGENDORF: Project related --

MS. HUBANKS: Project Rental Assistance Contracts.

MS. LANGENDORF: Okay.

MS. HUBANKS: It is tied to the projects.

MR. GOLD: I am just curious. For those individuals who have been ascertained to need, have one, two or perhaps even more needs for activities of daily living, and these so -- they don't choose to enroll in Medicaid or receive some attendant or Medicaid programs, what do you -- how do you deal with that?

MS. HUBANKS: Well, if they really need to go to the nursing home -- if it gets --

MR. GOLD: No. I am not talking about a nursing facility. I am talking about the other Medicaid programs, Primary Home Care, PBA attendant services --

MS. HUBANKS: We can't make it mandatory.

MR. GOLD: No. I know you can't.

MS. HUBANKS: We can't do that. But what isn't really -- what normally ends up happening in a case like that, is they start committing lease violations because

they will set a fire, because they are trying to cook, or they will do something like that.

And that is where the service coordinator has to intervene and start working with the resident and the family and say look, it is down to your choice. You are going to have to make some decisions. You are going to have to decide what you are going to do.

You can either accept the assistance or you are going to be continuing, they are going to have issue, management is going to have to issue lease violations. And when you get so many lease violations, they are going to have to evict you.

We don't want to do that. You don't want to do that. And if they evict you, another facility is probably not going to take you once you get in that situation.

MR. GOLD: So the service coordination is crucial.

MS. HUBANKS: It is a mediator. They also act as a mediator. So at that point, they usually, the family steps in and says mom, you are going to end up getting yourself evicted. Let's look at reason here. Take the services, and let's get you some help.

We will come in. We will work with you. And they start doing that for the most part. So because otherwise, if they just don't do it, then they end up

moving on into the next level of care.

MS. VAN RYSWYK: And I know that the service coordinators make some Triple A referrals and if there is someone who doesn't want to participate in Medicaid because of MERFF [phonetic] or other issues, then sometimes the Triple A can provide temporary assistance.

MS. HUBANKS: Yes.

MS. MARGESON: Thank you, Lee Ann.

MS. VAN RYSWYK: Thank you so much. We appreciate your time.

MS. MARGESON: All right. Artie Williams, who is the Director of Mental Health for MHMR of Tarrant County.

MR. SCHWARTZ: Lee Ann, could you submit your comments to Ashley?

MS. HUBANKS: I sure can.

MR. SCHWARTZ: Okay. Great.

MS. HUBANKS: Would you like the studies as well?

MR. SCHWARTZ: Yes. Please.

MS. WILLIAMS: Good morning.

MS. MARGESON: Good morning.

MS. WILLIAMS: I am thrilled to be here and on behalf of Dr. Jim McDermott who is our CEO, he wanted me to convey his thanks for your taking the time to listen to

our testimony today.

What we really want to kind of dovetail on Mike Doyle, because Mike and I work really closely together on dealing with homeless issues. The more specific group of people, there is even another subgroup associated with our homeless community, and that is those that are suffering from severe and chronic, persistent mental illness. And so of course, that is what mental health and mental retardation is about, working with those individuals.

Every year, or every month, MHMR services on the mental health side, this does not include mental retardation side or Early Childhood Intervention or anything like that, monthly we serve 6,300 individuals who have been diagnosed with either schizophrenia, bipolar disorder or maybe depression, every month we serve that many. Of those, about I would say 522 of those people who we serve have been homeless, and are in supportive housing programs.

And that would range from Gateway to Housing, which is a Housing First program that we have through HUD. We have a couple of tenant based leasing programs that are through the county that are one we have is permanent and one is transitional. And then we also participate in Shelter Plus Care. And the largest amount of people that we serve that are in supportive housing are in Shelter

Plus Care.

And but what we know is, is that that is only about 8 percent of the people that we serve. And we estimate that there is an additional 25 percent of the 6,300 people that need some type of supportive housing.

What we see are the barriers of who we serve and who don't have that type of housing support are those people who just are not able to subsist by themselves. Somebody has to be there for them, in order to be able to maintain their housing.

And so one of the things that we try to do except we don't have a whole lot of staff that can do this, or monies for this type of supportive services, these are very intensive services. So they have to be people who can do several things. One of which would be, teaching the person to live independently.

Because for so long, what we know is that mental illness has in many cases, separated people from their primary support system, which would be their family. Because they have kind of gotten tired of the roller coaster thing, and they have just thrown up their hands and decided that we just can't deal with this anymore.

We had a situation yesterday where a man tried to kill himself. And we called the family. And the family said, we just can't do anything else for him. And

so that leaves him with us, trying to determine what we can do for him.

One of the things that we know in this particular situation, he is not ready to go into housing, because he still actively wants to kill himself. And so there has to be some other program or some other type of service.

And we rely real heavily on group homes. The problem is, is that they are not all licensed. And so that becomes an issue as well. So our case managers and our intensive case managers are there.

And of course, we need more of this to provide assistance to that person learning how to live independently. Because as Mike said, once they have been in the shelter, and then you move them into their own place, you can't just drop them.

That becomes a very critical time at that point, because they don't know. It is noisy in the shelter. There is always some activity going on. And then you take them, and you put them in an apartment, and they might not even have a TV or radio. And they don't stay.

And so we end up not being able to find the programs to pay for apartment units, and the person is not living there. Our PATH team, which is our homeless

outreach team are real aware of this. And so when people get housed, they are like looking around the community to see, is he staying in his apartment, or what is he doing.

The other thing that our intensive case management would do, would be there to assist with the compliance to treatment. One of the things that we find. Because we deal with the people who are hardest to treat. And so because of that, they tend not to be compliant with their medications. Or whatever treatment recommendations were made.

So the supportive services would be there for this group of people in order to be able to do that. We also need to help the landlords to understand what population that they are dealing with. We have a great amount of success, helping our landlords to understand that. When they feel supported, they provide the units for us to move our folks into.

So that is kind of it. I mean, it is a big problem. And you know, there is another whole population of people who are mentally ill who are on parole and probations. So that is really --

MS. MARGESON: So you, when you said the landlords provide a unit, are these people going to have some form of subsidy?

MS. WILLIAMS: Sometimes. One of the things

that we do is to work really hard and fast with the Social Security Administration to be able to get them approved for benefits. We have a whole staff. That is all they do.

And because the new program SOAR has come into being where we work with Social Security, and it is streamlined in some cases, we have been able to get people approved from start of the application to finish in 30 days. And that is amazing.

MS. MARGESON: Wow.

MS. WILLIAMS: That is amazing, because it just doesn't happen. But so they pay for it. And then we also, whenever we have scattered site housing, even if you have the money to pay for the unit, you still have to convince the landlord that this is a good placement, and so that they will accept the person.

And we have lots of landlords in Fort Worth in particular, who are willing to do that. The problem is, is that their properties aren't the best.

MS. MARGESON: Any other questions for Artie?

MR. GOLD: I really want to commend you for what you all are doing. It is a hard job.

MS. WILLIAMS: Thank you. It is very hard.

MR. GOLD: We are doing a special project just in that five for you down with the Center for Health Care

Services in San Antonio. This is a project we have. And we are providing them known as cognitive active training, subsidy services once they get into a place sort of a carry-through sort of service. So all you guys are doing just a great job.

MS. WILLIAMS: We have a Housing First program that is a Gateway to Housing. And we have an 85 percent success rate of keeping those folks there, because that particular program comes with built in support, where that person has the same case manager all the time, and can call them 24 hours a day, seven days a week, and no worries.

MR. GOLD: And what happens then, is that they end up in a state hospital system which costs the state a lot of money.

MS. WILLIAMS: Yes. About 300 a day.

MR. GOLD: There is no place for them to go. They end up in a nursing facility. Then we pay to relocate them back in the community. And the cycle continues.

MS. WILLIAMS: Absolutely.

MR. GOLD: So if we don't get that full process together.

MS. WILLIAMS: Absolutely.

MR. GOLD: And the reason they end up in a

nursing facility is because of the lack of housing. I mean, it really goes back to lack of housing. So it is costing the state a lot of money to not having this community based programs to begin with.

MS. WILLIAMS: Yes.

MR. GOLD: And the supports to go along with them, to keep things stable.

MS. WILLIAMS: That is true.

MR. GOLD: So I commend you.

MS. WILLIAMS: Thank you.

MS. VAN RYSWYK: So how soon can you replicate.

MR. GOLD: Well, but I think that is just an important part for this Council is you know, we are doing good work. And the idea is to do quality work for individuals.

But you save the state money too, at the same time by providing those community based programs in the beginning. So you don't have to go through the cycling through hospitals and institutions and other sort of things that get people stabilized. We can do it from the get go. And a place to live that is decent.

MS. WILLIAMS: Exactly.

MS. LANGENDORF: Do we have some case studies?

MR. GOLD: Actually, I have some case studies.

MS. LANGENDORF: On the costs, that, because I

think just knowing the discussion like the Senator Nelson's staff and others, I do think people recognize it. But often times, we don't have -- we have anecdotal whatever stories. But I mean, a real -- okay.

This is what, this is how much this person costs to cycle in. But now this is how much they are costing. I mean, that is the kind of stuff that is going to make sense to our leaders in the Legislature.

MR. GOLD: I absolutely agree with you, Jane. I mean, I think we could put together --

MS. LANGENDORF: I think that would be very powerful.

MR. GOLD: Yes. I do too. I agree with you. That is a great suggestion.

MS. GRANBERRY: A lot of it already exists. The Center for Health Care Services has huge amounts of data.

MR. GOLD: Yes.

MS. GRANBERRY: They do. Their jail to version is fantastic, even in Nueces County, our jail to version is much smaller. But we have huge amounts of data on the criminal. And jail to version is specifically for mental health with also recurring substance abuse, or without. And we have --

MR. GOLD: We have data too, in trying now

these two services we are providing outside of the waiver services, are cheap and they are working. I mean, again, the Center for Health Care Services, they really are doing a tremendous job.

I think it is a great recommendation Jean, that we get some cost analysis and some profiles with some of these populations to work on. You bet.

MS. LANGENDORF: That is what is going to get many legislators.

MS. GOTHART-BARRON: I know that Tarrant County Homeless Coalition and the City of Fort Worth have done a study on the cost of homelessness. But I don't think that there has ever been that other piece, what does it cost, when someone has to leave the community, and that kind of thing.

We know how much a day of a state hospital costs. But there are other costs associated with it that need to be added as well.

MS. WILLIAMS: Transportation to get them there. The court costs for doing recommitments and those kinds of things.

MR. GOLD: Yes. That is the whole picture. That is great.

MS. MARGESON: Thank you.

MS. GOTHART-BARRON: Does Tarrant County still

have their systems of care for children's mental health?

MS. WILLIAMS: Yes.

MS. GOTHART-BARRON: And is that helping? Because I know that is another potential area of homelessness, if family cannot because of the serious mental health issues of the child, cannot maintain their home, is that program showing.

MS. WILLIAMS: Yes. They are doing an excellent job. As a matter of fact, they have even Gotten to the point, because we were for a long time serving 200 percent over what we were supposed to be, what we were being funded to serve. And what we have done is to come up with some really innovative ways to step down people who no longer need as much, so we can bring those other people up who do need.

And with HPRP funds, we have been able to help some families not be homeless. And even though those are short term, it gives them a little bit more time for the case manager that is working with the child to figure how what else we can do with the family.

So there are many innovations that are happening. And I welcome all of you to visit Tarrant County MHMR. Because we are doing a whole lot of stuff with our new crisis services. It has opened up a whole another -- a whole bunch of stuff that we are very proud

of, and are providing really good crisis care.

But one of the things that we have realized is, that is another cause of homelessness. Because once we get them out of crisis, where do we put them?

MS. MARGESON: What is HPR?

MS. WILLIAMS: It is the Homeless Prevention Rapid Rehousing. That is part of the stimulus package from the federal government.

MS. MARGESON: Oh.

MR. GOLD: That is going to go away then?

MS. WILLIAMS: Yes. It will go away.

MR. GOLD: I mean that's a problem because that's what's going on.

MS. WILLIAMS: Absolutely. And there is some real restrictions on who can have it.

MS. GOTHART-BARRON: Does your system of care still receive the federal funds or have you exhausted that?

MS. WILLIAMS: They do. They have a little. Most of it is state, DSHS-funded. We have about 35 percent of that 6,300 people that I talked about that actually have Medicaid. The rest of them are funded by General Revenue which is about to be cut.

MS. GOTHART-BARRON: Are you [inaudible] program to system care section an excellent rate of

services. Your program expanded beyond children into adults.

MS. WILLIAMS: Yes. Absolutely. And now that we have -- there have been some expansions. But there have also been with the expansions some restrictions about who can be served. Because before, MHMR has been around for 40 years, here in Tarrant County.

And we used to be the provider of last resort where we were able to serve everybody that had a mental illness. And now, only three diagnoses. So you have got a whole group of people, somebody presents with anxiety disorder, we have to find some one else.

And unfortunately, the provider base is not as large. Because you need people who will do sliding fee scale and that kind of thing.

MR. GOODWIN: What do you use as outreach for housing providers? How do you --

MS. WILLIAMS: What we have done with our little programs is to work with landlords that we have worked with in the past. And what we have found is, is that there are -- there is four or five big landowners or property owners that own a whole lot of properties.

And so what we have done is not so much working with the apartment manager, because that is not where the power lies. It is with the owner of the property. And so

we spend a lot of time working with those owners.

Even when if we get someone that is in the program, we will hear stuff about you know, people who have, yes. I have got a place over here, that I would really like to rent. Or I have got a -- and it is always kind of that whole anecdotal thing.

But we send outreach people out to talk to these people. We don't let any of those little fliers go past. We don't just say well, you know this is just a little old place. And so we are not going to outreach them, or go talk to them about what we are looking for.

Because one of the things that we know is if we can make sure that they understand what they are about to embark on, then if they are more aware up front, then we tend to have a better outcome. If we just put somebody in there, and people have an idea of what schizophrenics are like. People with schizophrenia, oh, they are violent. Well, that is not true.

That is absolutely not true. Probably less than 1 percent of people with schizophrenia are violent. But we have to tell the landlord that this is what the real information is.

So we spent a lot of time with that whole word of mouth and going to talk to each individual. It is hard to get them all together. We have tried that, and that

doesn't work real well.

So we have to do it individually. If we see a property that we really would like somebody to live in, we just go knock on the door and say, hey, look who we are. And look what we can help you do.

MS. MARGESON: Thank you so much, Artie. That is great testimony.

MS. WILLIAMS: I brought stats for you.

MS. MARGESON: We love stats.

MS. WILLIAMS: So I did. No money is on there. All right. Thank you very much.

MS. MARGESON: Thank you. Teresa Hocha who is the Executive Director of the North Central Texas chapter of the Alzheimer's Association. Is Teresa here?

VOICE: Teresa is not here.

MS. MARGESON: I can't believe I said all of that, and she is not here.

(Pause.)

MS. MARGESON: Okay. Great. All right. Good. We don't want to lose that testimony altogether. Joyce Handstrom-Parlin, okay. Joyce is a Board Member of the Texas Association of Aging Programs, and Assistant Executive Director of -- that is really long. Senior Citizen Services of Tarrant County. Goodness.

MS. HANDSTROM-PARLIN: My name is Joyce

Handstrom-Parlin. And I am representing two organizations today. I am a member of the board of directors of the Texas Association of Aging Programs and also, I am the Assistant Executive Director of Senior Citizen Services. We provide the Congregate Meal Program to senior centers and some housing organizations here in Tarrant County.

The members of the Texas Association of Aging Programs would do similar things in their counties. They are also involved in serving the Congregate Meal Program.

I broke my remarks down into two ways of looking at this. And I decided to talk about the barriers that we see as a Congregate Meal Organization. We are a non-profit and our funding comes from the Area Agency on Aging for our Congregate Meal Program, and from the United Way, and then from other sources.

One of the things that we have seen when we have gone into a housing situation and tried to bring our Congregate Meal Program in is that there is a lack of knowledge of the services available to seniors. They are not familiar with the Congregate Meal Program. They are not familiar with the aging and disability resource centers, the ADRCs.

We also have faced the problem of liability. We worked with an organization and they serve low income seniors. And the local staff was very excited about the

opportunity to bring the Congregate Meal Program into their location. But their management staff said no, we don't want the liability. So the liability issues, for us, are a big thing, when we talk to a possible partner in bringing in the meal.

Because the meal program has to be open to everyone over 60, they would have to allow outsiders to come into their facility. And so there was a concern about liability for outsiders that come into the program.

The other requirement that we have when we bring the Congregate Meal Program in, is that we have to have some kitchen equipment. We have to have an oven, refrigerator and some storage space.

And then we have limited funds from the Area Agency on Aging. We can only serve a certain number of meals that are reimbursable. Other meals, additional meals we have to raise additional funds for.

We have successfully brought the Congregate Meal into several locations here in Tarrant County. Into a Catholic charities housing facility, into a Fort Worth housing facility, Palm House, which is another non-profit organization, St. Francis Village again, which is another non-profit organization where we have successfully taken in the Congregate Meal Program and provided services for the seniors that live in those buildings.

And it has been an exciting partnership with all of those organizations. The opportunity that presents itself when you provide a meal to a senior who is living in a facility like this, is that not only are you providing a meal, but you are also providing great opportunity for socialization. You are providing opportunity for volunteering.

You are providing an opportunity for other kinds of programming; nutrition education is something that we are required to provide to our clients, so we would be providing that as well. And we also have the opportunity then of bringing in other kinds of programs. A Matter of Balance, which is a fall prevention program, other evidence based programming.

We have done some partnering. If the meal program can't be brought into a housing facility, we would think about the opportunity to have them transported to an existing location.

We have done some partnering with the Volunteers of America, who have a housing facility. Don't have room in that housing facility for a meal program. But they do have a van. So they transport their residents to one of our existing senior centers. So that was worked well in a partnership way so that we can serve more seniors.

One of the things that we talked about on the Texas Association of Aging Programs is that opportunity to have the Triple A's involved with builders up front and what kind of requirements we would need. I just got here. So I don't know what the bells and whistles are.

MS. MARGESON: It is just five minutes. But go ahead.

MS. HANDSTROM-PARLIN: Okay. So then opportunity to talk to them up front about what our needs would be, if we were going to bring the Congregate Meal Program into their location. Or what kind of services we could provide as an agency.

We do contract with several cities to bring a total package into their city. So that would be another opportunity that we would see, would work well as for any contracting with a housing facility to bring in a whole package of the meal and other services, agency wide events, opportunities for people to be socially active and involved in their community and to do volunteer work as well.

Because we do do a lot of volunteering. We would have to establish the residents would have to become part of a volunteer force to help with the serving of the meal. So that is kind of how we look at your challenge. Are there any questions?

MS. MARGESON: Questions?

MS. LANGENDORF: You are talking from the Tarrant County area. But is this happening then, across the state, where there is an effort to partner with housing developments?

MS. HANDSTROM-PARLIN: Right. I believe that is happening in other places. Yes.

MS. LANGENDORF: Is it pretty much, I mean you mentioned the barrier of liability. I can hear people saying that. Have you all come up with any way of overcoming that barrier?

MS. HANDSTROM-PARLIN: The barrier with the liability came with the company that is a for profit company.

MS. LANGENDORF: Okay.

MS. HANDSTROM-PARLIN: We have not had that barrier with Fort Worth Housing, Catholic charities, other places.

MS. LANGENDORF: Yes.

MR. GOLD: Do you work with the public housing authority here in Fort Worth?

MS. HANDSTROM-PARLIN: We have a Congregate Meal site in one of their housing facilities.

MR. GOLD: But no other activities in terms of trying to secure housing, in working with other housing.

MS. HANDSTROM-PARLIN: We haven't. We have had some people approach us to have another meal site in another housing facility. But again, we are limited by the number of meals we can serve by the number of the dollars that we receive from the Area Agency on Aging, or the dollars that we can raise in the community for that.

MR. GOLD: And that is a contract with DADS then?

MS. HANDSTROM-PARLIN: Uh-huh.

MS. LANGENDORF: That is a good model. It is a good model to me, to use those resources to bring into facilities that are not set up to do Congregate Meals on their own, or they do it limited. Especially the non-profit world. I can see that would add a whole lot to what would be offered for the health and the socialization of the individuals.

MS. HANDSTROM-PARLIN: Right. It is a great benefit to the people that live in the building. I had a testimonial yesterday from our director at the Fort Worth housing facility here, just across the street here, Hunter Plaza.

And he was asked whether he had any members of the senior center who sewed. And he found out that he had some very wonderful seamstresses. And they may have been making bears for VITAS Hospice to give to their clients

for Valentine's Day. And he said, this was a community volunteer opportunity.

But it was like, I didn't know these people had this skill. And I wouldn't have known had I not asked. And the value that these women have now established for themselves, that they have done something, they have given back to the community, they have provided for a community need, is phenomenal. They can do something to help.

MS. MARGESON: Thank you.

MS. HANDSTROM-PARLIN: Thank you very much. I appreciate the opportunity.

MS. MARGESON: Thank you, Joyce. Beverly Tobian, who is the Chair of Texas Senior Advocacy Coalition's Housing Committee.

MS. TOBIAN: You are going to hear a little bit different perspective from me. So my name is Beverly Tobian. And I live in Dallas, Texas. And for 40 years, I have been a community volunteer and advocate on behalf of seniors and the disabled. My work and effort has been under the auspices of numerous non-profits. Some of which I have led, and some in which I have served. Today I am speaking on behalf of Women's Council of Dallas County, and its affiliate which I chair, the Health and Human Services Coalition which is made up of approximately 25 non-profits, no dues, just working together for the common

good.

Housing for the homeless, for seniors and the disabled has always been our top priority. Over the years, we have tried every housing formula known to us. We studied and dialogued with Shared Housing a non-profit directed by Maria Machado, hoping to create interest in simple community housing concept for older women who had been forced to vacate their modest income housing because their rentals were raised to market rate at unaffordable levels.

When the Friends of Senior Affairs was formed, and chose to focus on moderately priced assisted living for seniors, we joined them in trying to put together a low income assisted living package. We held a conference with over 50 property owners, developers, investors and service providers, only to be told by all that an assisted living plan could not be financially profitable, therefore non-viable. They offered their advice and were generous with their expertise, but offered no encouragement or funding.

Our hopes were raised again when Dr. Ron Anderson of Parkland Hospital indicated his interest in seeing an assisted living complex on Parkland property conjoined with the hospital facility that would train doctors in geriatric care, a practice that was vanishing

through lack of interest in the field, the poor Medicaid reimbursement, an elimination of pre-med training. However, the building of a new Parkland Hospital created a distraction, which put us on an indefinite hold once again.

We looked into the trust fund. It was small, allocated by formula, and our need was so great that it offered little incident as a possible resource. We sought ways to increase the community-based care program. But it is backlogged, and the waiting list, we are approaching four to five years. This was not promising for seniors who are in immediate need. In the interim, the City built a homeless shelter with bond money. But in its first year, it was filled to capacity. To fill the void, further talk of building SROs, or single room occupancies for the homeless resumed. But thus far, nothing has materialized.

The Dallas housing department has built some housing, and HUD as well. But the tear-downs are happening faster than the building. The threat of more tear-downs are imminent. But there is not the concern about the displacement or alternative housing for families and seniors that there should be. As one City Council member remarked when we asked where these people would find housing, he said, they will probably go to Irving or

Frisco. Since Dallas was in need of increasing its tax base, and moderate rental property was scarce, a flight to suburbia was not the assurance we were seeking.

Dallas is a wonderful city, but one which has not yet come to terms with the importance of caring for its poorest and most vulnerable. It suffered an ethics nightmare with indictments of council member, staff, and one of the best senior housing builders, and a not-in-my-district attitude to say nothing of an economy that deters builders and investors. The process to earn tax credits is slow and tedious, and approval of a district's council member is imperative.

Two years ago, I decided I would give low income housing development one last try, a grassroots effort made up of friends, professionals and the faith communities. A response to put our RFP, a response to our RFP, has brought us a highly respected partner developer. The site is secured, zoned and well located. The plans include service-enriched amenities which are outstanding. Yes, we have applied for tax credits. We will know by March 1 if we have made the cut. Our road is as advocates only, to educate, to ease the concerns of residents in the area and to assure the district that seniors make wonderful neighbors.

Dallas is faced with a 30,000 housing

shortfall. The new Housing and Health Services Coordination Council, you, can ease the drain on housing for seniors and the disabled by pressing the Legislature to invest in its citizens. Shelter is a right, not a privilege. It is a moral imperative. To have the problem in our own backyard, and do nothing is a sacrilege.

Thank you for holding this hearing today. It is a first step of the shining light of conscience on the welfare of our senior citizens. We wish you success in your goals.

(Applause.)

(Simultaneous discussion.)

MS. MARGESON: I'd vote for you. Beverly.

MS. TOBIAN: Yes.

MS. LANGENDORF: Would you share who your developer is?

MS. TOBIAN: Yes. It is -- she is Diane McIvers. You knew it.

(Simultaneous discussion.)

MS. TOBIAN: The one RFP that we got, and she is just made in heaven. That is all you can say.

MS. LANGENDORF: For senior housing?

MS. TOBIAN: Yes.

MS. LANGENDORF: Okay. Good job.

(Simultaneous discussion.)

MR. SCHWARTZ: Would you share your comments with Ashley please?

MS. TOBIAN: Sure.

MS. VAN RYSWYK: And Beverly, I love Frisco, but I am not convinced it is the promised land.

(Simultaneous discussion.)

VOICE: Those people on SSI can't even make it there on the toll road.

VOICE: That is for sure.

MS. MARGESON: Lynda Ender, with The Senior Source. Hi Lynda.

MS. ENDER: Hi. I am Lynda Ender, and I am with The Senior Source in Dallas. And I am also a member of the Texas Senior Advocacy Coalition with Beverly and Constance. All of us in the aging network and the State of Texas know that having Health and Human Services for older Texans as they become more and more frail. It is a huge challenge.

And we do not do it well in our state. Some Texans can afford services in their home, or to live in an assisted living facility. But I am here to talk about those who cannot afford the services, or could at one point, but have used up their resources paying for health care and services. The majority are aging in place, where they live.

The following are a few of the experiences that we see at The Senior Source in Dallas. Our nursing home ombudsman program at The Senior Source gets calls all the time from individuals or family members and what they want is for their family member, their family member needs help. And in their mind, they need -- help means a nursing home, because they need services.

So they try to move them into a nursing home and they also think oftentimes that Medicare is going to pay for this. And then they find out, well, they don't have the ADLs. And Medicare is not going to pay for it. And so now they are looking to -- they are referring them to an assisted living. And of course, they can't afford assisted living.

The social workers in our elder support program work tirelessly to meet individual needs for folks when they called. So it may be a transportation need. It may be utility assistance. Emergency food. Health care, cost of prescription drugs, all kinds of things. And they can provide some assistance as can other agencies.

Our money management program assists individuals that are in danger of losing their homes. And they have tons of credit because their small monthly income is not keeping up with inflation and everything that is happening around them.

So many of these individuals that I am describing can live independently with some assistance and oversight. And we are hearing that theme again and again today aren't we. They are lucky that they found The Senior Source, or maybe they find other agencies that can meet some of these needs.

But most of them will need more and more assistance, and who knows if any agency can provide home health. And do any of us know of a home health agency that can provide home health care for free. You know. We have predominantly older women living alone in their home in their apartment or public housing with many issues that are not addressed.

The lucky ones are those that may have some family around or live in -- are in a living situation where there is some staff, that can do some untrained social work to assist them in some way. We have precious few service-enriched housing situations. I would say probably the majority of those are going to be affiliated with a church in some way. We need more.

The PACE program has been mentioned. I would like to see more PACE programs in the State of Texas, but building a PACE program from scratch and you are going to El Paso. And I am sure you will hear from them. And but it is a daunting task to do that.

Because they have to provide up in, and I have seen there, is -- they, you know, you have to provide Medicare and Medicaid services, a minimum of 16 additional services. You will hear about this. Such as social work, drugs, primary care, social services, restorative therapy, nutritional counseling, recreational therapy, mental health services, hospice care, meals.

I have toured their organization and it is so impressive. It is a miracle of sorts. And I wonder, you know, why we in the State of Texas couldn't create more PACE programs in the State of Texas really. Maybe this counsel can help with that. We do need affordable assisted living. You are hearing about that today.

We are very -- we have been very focused on that in Dallas. And especially seniors who earn less than $25,000 a year, they are never going to be able to afford assisted living. And I will tell you, we have got a lot of assisted living, if you look at it, in Dallas.

I don't know about in other areas of the state. But most of it is very pricey. Not everyone wants to stay in their home. I would say probably most people want to, but not everyone does, you all.

Their neighborhood may have become unsafe. They may not have anyone to assist them with their diabetic diet, with remembering to take their medications

or transportation to the grocery store and doctors. Having affordable assisted living will take some flexibility, I believe, in the Medicaid program. Coalitions that are willing to work together to make it happen.

Our state needs to make a commitment to our citizens. We need to draw down more federal dollars in the areas of Medicaid and housing. You know, we really lag behind of most states with that. We need more geriatric caseworkers.

Today we are hearing about a program or two. And I really enjoyed it when the question was asked; how many are you serving with that. You know, and if you look at those numbers, it is small, you all. Let's face it, and we have some -- there are some neat things happening. But they serve very few people.

And you have got all of these other people that may need some assistance. And so there is a huge need for geriatric caseworkers in this whole big picture. And older adults and their caregivers don't know what services are available.

Trust me, I was a caregiver, back a lot of years ago, before worked at The Senior Source. I even worked in a state senator's office, you all. I knew some places to call. But you know, I didn't know. I had to

get on the phone, and search out all of these different services that I was needing at that time.

A 2-1-1 operator is not going to spend the time, let's face it. Nor are they trained to listen to individuals to flesh out the details of their situation, analyze the need. Identify resources, make meaningful referrals and do the followup to make sure that the problems are being addressed and the individual is safe and the needs are not growing.

And I hope that a series of public -- this series of public forums that the Housing and Health Services Coordination Council is having will shine light on programs that are working. And the Council will get the word out on those successes to the aging and disability communities and others who are interested.

And I think that could be a real service right there, just to take what you learn in the models and then to spread that information around. Because there could be a model that is working somewhere that could be replicated.

And I mean, you listen to Constance, she has done a lot. She and a group of people have put a lot of effort and work in. They have a lot of knowledge. They haven't been able to make something happen yet. They would love to hear of some other models, you know, that

have worked and that might work in the Dallas area. We need a lot of different models I think, not just one or two.

Texas is a vast state, and what works in one area, will not work in other areas. And I am afraid that we will have to look outside of our state at some models. That has been mentioned today too, by a number of people. Another state that was not mentioned is Illinois. You might want to look there.

The need for service-enriched housing is huge now, and it is fixing to explode. Trust me, boomers are going to want services. And they are going to want creative options too. We all know the need. But the question is whether there is the will to do something.

What if this Council came up with several strong models to replicate, and we got the aging network, the disability network, doctors, extended medical worker communities, social workers, caregivers the faith community to advocate for funding or whatever is needed to make that service enriched housing a reality all around the state. This Lone Star State could dust itself off, polish up, and become a shining star. And we are just not there right now.

And I want to say that our agency is really interested in this issue. We spent a lot of time too, in

coalitions. And I think that there is a whole network out there that would be willing to be involved in the actual advocacy of making some things happen. And I want you to know that we are willing to work with you. Thank you.

MS. MARGESON: Thank you. Any questions?

MS. VAN RYSWYK: I have a question. And I would really like to commend you all on the money management program. We actually contract with The Senior Source to provide money management services in a few of the counties that we serve.

And my only regret is that we don't have that ability in all of our service area. I know that as we work with folks who are in the nursing home and returning to the community, we have seen a lot of successful transitions go bad, because the consumers didn't have experience or ability to manage their own finances.

People who, they get their first Social Security check and think it is a great idea to buy a stolen car rather than pay the rent. And I think that support is so critical when you are talking about folks who may have been homeless, and have never had to keep up with rent and utilities. I think that is a critical service that can really help folks with low income and disabilities remain safely in their homes.

MS. ENDER: Yes. And that is one of the points

I wanted to make is that we need to also be developing, you know, housing and services that come into housing is one issue, and we need that.

But we also have people that are out there in the community that need services. And that needs to be a whole array, you know. Lots of different programs and things. Thank you.

MS. MARGESON: Darlene. Would you like to address the council?

VOICE: No, thank you.

MS. MARGESON: Okay. Is there a representative here from the community enrichment center?

MS. SCHWEICKART: I don't believe they have -- he couldn't make it.

MS. MARGESON: Okay. Then that --

MS. SCHWEICKART: I can say right now, it is 12:04. And I have one witness affirmation form, besides those who filled out, that already spoke. Is there anybody else who was planning on speaking that wanted to fill out one of these forms? Okay. That is okay.

But I think how the Council feels, but I think that we could probably get through the remainder of our testimony, and then adjourn. And then have that break for food, for lunch after the rest of this testimony, if that is okay.

MS. MARGESON: Is everyone agreeable.

VOICE: And then we would be done.

MS. SCHWEICKART: Right. Okay. So we have Tom Langdon. Is Tom here? Okay, great.

MR. LANGDON: Ladies and gentlemen, I am Tom Langdon. I live in Edmond, Oklahoma. And I arrange financing for housing and health care for the poor, nationally.

And first, I would like to invite you to the ribbon cutting of the grand opening of the Lake West Senior Independent Living Apartments in Dallas on March 25 at 10:00 a.m. In 2008, I arranged financing for 360 of independent living apartments for the poor in the Lake West neighborhood of Dallas. This coming month, we are going to be closing on the financing that we have arranged for the skilled nursing facility.

And immediately after that, we will be doing the first Texas affordable assisted living project. For the last eleven years, I have worked on finding solutions for affordable assisted living in the country. I did the first financing with Flora, Illinois assisted living project, which was the first one done under Illinois program, which was referred to earlier.

I would recommend the Illinois program to you, except it is entirely dependent upon Medicaid

reimbursement. And because of that, unfortunately, the state match in Illinois has not been available. And they are nine months behind in paying the facilities. So they are basically all bankrupt. The same thing happened in California.

The service-enriched housing is not financeable in America today. Period. So what I have tried to do -- and there are many reason for that. I can go on for hours about why that is the case. But you can't. You haven't done it yet in Texas, so I would give up on trying to finance service-enriched housing.

What we have tried to do is bifurcate services for housing and provide money for housing. We up until 2008 used the tax credit program, and that is how we got the money for Lake West, was through TDHCA. And that has fallen flat.

I am working on an affordable assisted living project right now in Arkansas which has great Medicaid reimbursement, but not enough to pay for the whole facility. So I have had to go out and find the housing money through the tax credit program that collapsed at the end of '08.

Fortunately for that project and only for a couple in the whole country, the stimulus money replaced the lost tax credit money, and we were able to go forward

on that project. FHA hasn't been any greater help.

If you want to do a service-enriched project under FHA financing, you have to have 25 percent cash equity. I can't make projects get a return on that equity, sufficient to attract it. And so we are back to financing the housing component.

And I just want to address a couple of the barriers that I have had to getting financing for service-enriched housing in the housing component. Number one, things that you could do as a group. You could address the minimum size requirements and amenity requirements in the apartments of service-enriched housing. Under the Qualified Allocation Plan at TDHCA, we had to give 550 square foot minimum per apartment.

And if you will ask your assisted living providers what they do, the typical market rate assisted living project is about 450 square feet for two residents. And they share a bathroom. And that is not allowed under Texas rules.

The biggest problem that we have in providing the housing is the rent levels. I can make projects work in Dallas-Fort Worth and Austin, and that is it. And why is that. There are federal rules about how HUD computes the fair market rents that are payable. And they are based on market rents.

Well, I can't build any new housing if the comparables are old run down apartments and that is what they use for the comps. So that is one impediment.

The other is the tax credit limitations; how much rent a poor person can pay per month even with rental assistance is too low to finance new construction. If you would like, I can continue.

MS. MARGESON: Okay.

MR. LANGDON: The thing that should be addressed is, is there a way to have a state rental assistance add-on in the markets that don't have a sufficient fair market rent to build new construction. That would be, as an example, I have full buy in from Beaumont to build an affordable assisted living in Beaumont. But their fair market rent is $565. Whereas in this market, it is $780.

The difference in there is go and no go. Somebody has to make that up. It can be done with grant money. And that is what we are pursuing there, CDBG money out of HUD, because of Hurricane Ike. We may succeed. But after that is gone, there will be no solution.

And so I suggest, look at the rental side, not at the service component side as your way to produce the housing. I think it was Mr. Gold, I guess, who represented DADS. And they are paying enough right now,

for the services, in affordable assisted living.

It is the housing component factor that we can't make work. So look, I would say look on methods to augment the local rent component, where the FMR, the fair market rent is not high enough to build new housing.

The other thing that is looming out there is I did one of these in Kansas, and another in Arkansas, and another in Oklahoma. And when the surveyors, they are the inspectors if you would, from their equivalents of the Department of Aging came by. They were looking for service delivery and staffing levels equal to what they see at the market rate assisted living down the road, where people are paying $4,000 a month for their care.

Well, it is not going to be delivered under the reimbursement model of Medicaid in Texas. It is $1,900 a month. So you are not going to have the service levels. And one of the things to be aware of is that when we can deliver this, make sure the surveyors know that there is a difference between affordable and market rate amenities and services.

But those are some of the things that I have experienced, financing this in a number of states. And would help anyway I can to see that we can get some of these components augmented.

MS. LANGENDORF: I have a question. When you

say affordable for your Lake West seniors, what is affordable. What are the rents?

MR. LANGDON: The rents are the fair market rents in Dallas. And they are I think we budgeted $718, which is FMR. That was the FMR for one bedroom in 2008. And they are all project based Section 8. So the resident pays 30 percent of their income.

MS. LANGENDORF: Sure. Okay. So you have got project based and where did your project based Section 8 come from?

MR. LANGDON: The Dallas Housing Authority.

MS. LANGENDORF: Oh, really.

MR. LANGDON: They sponsored the whole project.

MS. LANGENDORF: Yes. Their set-aside. Okay. And one other question. When you are developing this, you are developing this in conjunction with a non-profit, or you doing it as a for profit developer, or how are these being --

MR. LANGDON: Some of each. Kansas and Arkansas were non-profits. Texas and Oklahoma for profits.

MS. LANGENDORF: And how does the developer fee fit into the feasibility of doing these in Texas as opposed to --

MR. LANGDON: In Texas, we have focused

primarily on the TDHCA tax credit model, which has specific developer fee guidelines.

MS. LANGENDORF: Right. Okay. So you don't, as compared to other states, is Texas attractive to outside developers, or those of you that have experience in doing particular models, or are you more inclined to go to another state because --

MR. LANGDON: Texas has a plethora of affordable housing developers, but none of them have ventured into this area yet. And there is a good reason.

MS. LANGENDORF: Is it the developer fee?

MR. LANGDON: No. It is things like being unable to match up funding with service-enriched properties.

MS. LANGENDORF: Sure. Yes. And then get licensed.

MR. LANGDON: The developer doesn't have to get licensed. The operator gets licensed.

MS. LANGENDORF: Oh, okay.

MS. GOTHART-BARRON: Can you share your barriers and things that you really think we need to look at with Ashley? So that we have those in front of us.

MR. LANGDON: Sure. Yes.

MR. GOODWIN: I have got sort of a leading question. And I think Marc hit on it earlier. What do we

do when TARP runs out? Pray for another natural disaster or something.

MR. LANGDON: No. You mean the stimulus money?

MR. GOODWIN: Stimulus.

MR. LANGDON: They are in the Jobs Bill in the Senate for extension through 2010. If that passes, there will be another full year to worry about it.

(Simultaneous discussion.)

MR. LANGDON: However, none of that money is going to affordable assisted living, not a dime.

MS. MARGESON: No.

MR. GOODWIN: Because that is a concern that I have is, we have heard several programs that are alive or going to be birthed based on what I will call funny money that we are printing that we can't back.

MR. LANGDON: Right.

MR. GOODWIN: And that in a couple of years, are going to go away. And what is going to replace it.

MR. LANGDON: Well, almost all of the developments that I am working on right now in affordable assisted living are using an FHA loan model for 75 to 85 percent of the money. The question then is, can we get a sufficient enough return to induce the 15 to 25 percent cash equity that has to go into them. And that is the real problem right now.

And I can do it in Dallas-Fort Worth and Austin. But I can't do it anywhere else in the state. I can't make those deals work, because the rent levels are too low.

And I can't get any traction putting the service component in the revenue mix, and then coming to the bottom line with the service reimbursement out of Medicaid. Because it doesn't pay for the additional equity required by HUD on those properties, if we count in the service revenue. So it is a kind of difficult thing that can be overcome with some form of rental subsidy in those markets that don't have a high enough basic one bedroom rent to make it work.

And two other things of the cost, one is that since the international building code was adopted in 2007 or '08 by all these communities that we are working with, the costs have gone from -- we did a skilled nursing facility in Cleburne in 2006 for 8 million. The same facility is going to be built on that Lake West property in Dallas with the Housing Authority for 10 million.

The whole difference is the international building code requirements. And every community has adopted them.

So that is -- and then the unit size is not desirable for assisted living. The minimum unit size. So

if we are trying to give people service-enriched housing, we shouldn't force the development to be these great big apartments.

That as you know, in operating service-enriched housing, you want those people out of the apartments into the community, so that they are active in their socialization. You don't want them in a huge apartment. And we have just built a lot of great big apartments all over the United States, because of these rules.

MS. LANGENDORF: Have they looked at or has there been discussion of the SRO model, which is a smaller unit.

MR. LANGDON: Yes. The SRO model only yields what is called a zero bedroom. And the zero bedroom has a rent subsidy level significantly too low to make the debt service.

MS. LANGENDORF: Okay.

MR. LANGDON: As you notice, if you poll the group, anybody who has an SRO has a ton of grant money in it.

MS. LANGENDORF: Yes. We heard that quite a bit.

MR. LANGDON: And if grant money is limited, we have got to go to the marketplace to get the capital to do these things. And the way to do that is to somehow bump

up the rent components such that we can get market rate loans to build these facilities.

MS. LANGENDORF: Let me ask you this, then. The 550 square foot in the tax credit program, is that a Texas thing?

MR. LANGDON: Yes.

MS. LANGENDORF: Okay. It is not an IRS --

MR. LANGDON: Arkansas doesn't have a limit. As was mentioned earlier, it was Arkansas' goal to get affordable assisted living, so they have an assisted living set-aside in their Qualified Allocation Plan for tax credits. I have worked under that.

I know how that works. I have been able to get funds through that. And they don't have a limit.

MS. LANGENDORF: And it is a different size.

MR. LANGDON: Yes. They are smaller.

MS. LANGENDORF: A different unit size.

MS. MARGESON: How much smaller?

MR. LANGDON: I know that in the one in Harrison, Arkansas that I am working on currently, it is about -- there are some 450 square foot units that I know of.

MS. MARGESON: Single resident?

MR. LANGDON: Yes.

MS. LANGENDORF: Is this the Coming Home -- I

mean, is this related to the Coming Home project?

MR. LANGDON: No. The Bentonville project was one that I did not work on.

MS. MARGESON: Tom, I am glad you came. It is informative testimony.

MR. LANGDON: Thank you.

MS. SCHWEICKART: Do we have any more here to call up?

MS. MARGESON: Anyone else who wants to speak? Pat?

MS. CHEONG: Good morning. My name is Pat Cheong. I am the Assistant VP for Advocacy, Research and Education at the United Way of Tarrant County. I didn't plan to testify today. But as I was listening to the conversation, I thought I just wanted to share a couple of things about what our United Way is doing locally. Related to, somewhat related to this issue. And I mentioned on my sheet that I would mention two specific things. The Area Agency on Aging of Tarrant County and its recent federal grant, the community living program. And also a new direction, our United Way locally, Tarrant County is taking to focus on healthy aging and independent living for older people, and people with disabilities in Tarrant County.

I will just mention by way of explanation that

United Way of Tarrant County is a regional grantee for the Area Agency on Aging. And we are also the area information center for 2-1-1 Texas. And I just had a quick conversation with Don Smith, who is the Triple A director. So I don't have all the information today. But I just thought I would mention to you that the community living program has just been awarded to United Way or at least the Area Agency on Aging of Tarrant County. It used to be known as the nursing home diversion program. But we have just received a federal grant of $1.5 million for over two years to serve those at risk of nursing home placement, and Medicaid spend down. And the service that we will be providing locally will be respite for caregivers, respite care, education and counseling and particularly, the Reach II evidence based practice for caregivers. Diabetes screening and nutritional counseling for older people. And a piece that is unique to this project, called medication management.

So we are really excited about doing that. So again, we will be looking at people who are probably living in their own homes, or in community placements. On the United Way side, I have been with our United Way for almost 30 years.

And the work that we have been doing the last ten years is really some of the most exciting. But what

we are doing in our strategic plan has directed that we start, instead of just working with partner agencies and funding other organizations that are United Ways, Way really takes the leadership in addressing high priority community issues.

And we are just this year embarking on a focus on education, income and health. And in the arena of health, our board has decided that the focus will be healthy aging and independent living for older people and people with disabilities. So we are in the process now of redirecting some of our investments from services through partner agencies to some of these issues.

So we are looking at perhaps a million dollars a year for at least -- our commitment is three years, initially to the health aging and independent living. So we are going to be leveraging our local dollars with the Triple A dollars and the federal grant dollars, to really do a lot of the same thing. Respite education and counseling for caregivers, diabetes screening and nutritional counseling as well.

But we definitely, when I heard Marc Gold mention cost savings, we will be looking at reduction in ER visits of the older people who are still living at home. Helping them stay at home at least six months longer. And reduced reduction in hospital stays. So that

we can come up with some dollar amounts that show the cost benefit abyss.

And in recent years, I will just mention that to combat senior isolation, we have a model called neighbor helping neighbor, where we work with communities and neighborhoods to pull together people who would form coordination groups, NRCGs, neighborhood resource coordination groups where they would identify isolated older people and then pull together a team to provide them with services.

One of the other benefits of working with our United Way is that we have a labor representative with our United Way. And we work with the labor unions in Tarrant County.

And so a recent partnership has been to get the labor unions matched up with the neighbor helping neighbor groups, so that they can do the plumbing repairs and some of the housing repairs, to help people stay in their own home. So I just wanted to pass that on.

And since I do advocacy for United Way, hopefully we will see cost savings and we will be visiting with legislators about some of the benefits of again, keeping people in their own homes as long as possible. Community placements, and advocating for more money for those services. Thank you.

MS. MARGESON: Thank you.

MS. VAN RYSWYK: Pat, your United Way and your Triple A have been so innovative, not only to have the community living grants that you mentioned, and the other services, but your Triple A also funds a case manager at the homeless shelter.

MS. CHEONG: Yes.

MS. VAN RYSWYK: And assists older homeless adults in relocating. You have got the diabetes management program that is made available to all of your home delivered meal participants. And you have also got a health ideas, evidence based depression program that helps home bound seniors who are showing signs and symptoms of depression.

MS. CHEONG: Right. And also A Matter of Balance, the fall prevention program.

MS. VAN RYSWYK: Right.

MS. CHEONG: So lots going on at the community level in Tarrant County. So thank you. We appreciate you being in Fort Worth. Thanks.

MS. MARGESON: Thank you.

MS. SCHWEICKART: Is there anyone else who means to speak?

(No response.)

MS. SCHWEICKART: All right. We don't have any

more people here.

MS. MARGESON: Well, then, I guess we are done.

(Simultaneous discussion.)

MR. SCHWARTZ: Ashley, did all the people that were invited that said that they would come, have they come?

MS. SCHWEICKART: Yes. Everybody who RSVP'd saying that they would attend, yes.

MR. SCHWARTZ: Has attended?

MS. SCHWEICKART: Yes. That is correct.

MS. MARGESON: Wasn't there one we missed?

MS. SCHWEICKART: I don't believe so. Oh yes, the Alzheimer's Association representatives will be in El Paso.

MS. MARGESON: Thank you all so much. We appreciate it. Very different areas that you all touched on, and what we heard is done, too. We really appreciate it.

MS. SCHWEICKART: Thank you. And if you have any written comments, please do contact me. David has the cards. Thank you.

(Whereupon, at 12:25 p.m., the meeting was concluded.)

C E R T I F I C A T E

MEETING OF: Housing & Health Services Coordination Council

LOCATION: Fort Worth, Texas

DATE: February 10, 2010

I do hereby certify that the foregoing pages, numbers 1 through 108, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Barbara Wall before the Texas Department of Housing and Community Affairs.

02/16/2010
(Transcriber) (Date)

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