TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
PUBLIC FORUM

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501 N. Oregon
El Paso, Texas

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9:30 a.m.

COUNCIL MEMBERS:

PAULA MARGERSON, Co-Chair
JONAS SCHWARTZ
MARC GOLD
FELIX BRIONES
S.G. BARRON
MIKE GOODWIN
AMY GRANBERRY
KENNETH DARDEN
PAIGE McGILLOWAY
JEAN LANGENDORF

ON THE RECORD REPORTING
(512) 450-0342

I N D E X

P R O C E E D I N G S

MS. MARGERSON: Good morning. I'm Paula Margerson. We're really proud that you came this morning to provide input into supporting for housing services. And this is the Housing and Health Services Coordinating Council. That is a mouthful. And we're newly formed, and were established in the last legislative session. And we're here to hear what you have to say. So thank you so much for coming out and making the effort to be here.

So what I would like to do now is introduce -- have the members of the council introduce themselves to you and tell you who they represent. I'm Paula Margerson, and right now am the vice-chair. Our chair couldn't be with us today, and so I'm pinch hitting. And I'm from Plano and represent the Independent Living Movement pretty much, which really is not about housing. It's about living in the community in integrated settings. And so I'm kind of here to make sure that that interest is protected. At least that's how I see my role. So I'll pass the mike along. Problem is I don't know which direction to pass it. Does it matter?

MS. GRANBERRY: Doesn't matter.

MS. MARGERSON: Okay. We'll go that way.

MS. GRANBERRY: Good morning. I'm Amy Granberry, and I work for Postal Bend Alcohol and Drug

Rehab Center in Corpus Christi. I also serve on the State Board of the Texas Homeless Network. So I work with drug and alcohol, mental health, and homeless issues.

MR. GOLD: My name is Marc Gold. I represent the Texas Department of Aging and Disability Services. DADS is the designated long-term services and supports operating agency for the Health and Human Services system for the state. We serve individuals anywhere from a community-based program to institutional programs. And we serve primarily a Medicaid population and Title 3, which is the Older Americans Act dollars. The Medicaid population is extraordinarily poor. They range anywhere from 16 to 17 percent of the average median income.

MR. BRIONES: My name is Felix Briones. I'm the benefits case manager for the Mary Lee Foundation. I'm a governor appointee. I'm a consumer, and I also help people who want to apply for some of the public housing and benefits. Thank you.

MR. DARDEN: My name is Kenneth Darden. I am a governor appointee. I serve as an advocate for minority issues in relation to disabled and the elderly and housing community development.

MR. GOODWIN: My name is Mike Goodwin. I'm a governor appointee. I work on the housing development provider side. I am consultant to two nonprofits in San

Antonio that development workforce housing in not only Texas but Florida, Mississippi. I guess we have a couple in Arkansas and a couple in Oklahoma.

MS. LANGENDORF: I'm Jean Langendorf, and I'm with the Community and Housing Services Division of Easter Seals Central Texas, and I am a governor appointee also, representing the interests of the rural needs for people with disabilities and, of course, some urban also.

MS. McGILLOWAY: Good morning. Thank you so much for being here. My name Paige McGilloway, and I'm with the Texas Affordable Housing Corporation. We're the state's nonprofit. We finance single-family as well as multi-family development across the state.

MR. SCHWARTZ: Good morning. I'm Jonas Schwartz, and I'm the manager of Long Term Services and Supports policy for the Medicaid CHIP Division of the Health and Human Services Commission. And we work on issues of everyday services that Texans with disabilities need and receive from Medicaid. And I'm glad to see all of you here today.

MS. MARGERSON: Great. Thank you all. Ashley Schweickart is the staff coordinator for our council, and she's going to do a brief presentation that really kind of gives the background for how we were established and what we're about.

MS. SCHWEICKART: Thank you very much. All right. Hopefully this will turn on for me. We'll see. And I apologize to our council members for a little bit of light in your face for a couple seconds.

MS. MARGERSON: Doesn't bother me.

MS. SCHWEICKART: I'm just going to dim the lights real quick. Sorry about this.

Barbara, I think I'm going to have to use this, because David's not back yet.

MS. MARGERSON: Ashley, you want me to come down there and do the thing?

MS. SCHWEICKART: If that's okay.

MS. MARGERSON: Yes. Well, yes.

MS. SCHWEICKART: All right. Everyone can hear me? Good. Thank you. So, yes. I'm Ashley Scheweickart, and I'm the coordinator for the council. And we basically are starting off with the authorization of the council.

Go ahead. Just -- no. Just keep hitting it. There you go.

So the Housing and Health Services Coordination Council was created by the 81st Texas Legislature. Prior to the 81st session, the Legislative Budget Board published their Government Effectiveness and Efficiency Report in which they kind of brain-stormed an idea of a council of this sort. And then Sen. Jane Nelson in the

Senate and Rep. Norma Chavez in the House both sponsored bills that created this council.

All right. So the purpose of the council is threefold. The first goal of the council is to increase state efforts to offer service-enriched housing for seniors and persons with disabilities through increased coordination between housing and health services. The second goal is to improve interagency understanding of housing and services, to increase the number of staff at the state level that are conversant in both. And the third is to offer a continuum of home- and community-based options that are affordable to both the state and the target population.

Just some basic breakdown. We have 16 council members. The executive director of the Texas Department of Housing and Community Affairs is the council chair, and he apologizes for not being able to be here. We also have eight members appointed by the governor who serve in staggered six-year terms, as well as seven members appointed by other state agencies that serve health and human services as well as housing.

We meet quarterly. We have an upcoming meeting on March 2, which is next Tuesday, if anyone's in the Austin area. And then the TDHCA provides clerical and advisory support to the council.

Finally, as kind of what we are trying to come together to create, we have a biennial report that this year is due on September 1.

And this is just a list of all of our state agency reps. You can just go back one. There you go. And so they range from the Department of Agriculture's retirement program, Department of Health and Human -- or the Health and Human Services Commission, various health and human service agencies, as well as affordable housing agencies.

And then the next is all of our governor appointees, most of which were able to be here today. So you've already been introduced to them.

And just to go into a little bit about the duties and responsibilities of the council, there are a number of duties that can be broken down into a couple different categories. The first is to develop and implement policies to coordinate state efforts for offering service-enriched housing.

The second is to identify barriers that are slowing or preventing service-enriched housing, and these can be administrative, communication barriers, financial barriers, regulatory barriers, all sorts of barriers that we're looking at.

The third is to develop a system to cross-

educate our state housing and health service agencies' staff so that way we can have people who are -- can coordinate within those two agencies to coordinate state efforts.

Then the next is to use that cross-education from the state level and bring it down to the local level, providing technical assistance and training to local providers and local service entities, also to develop performance measures to track the progress of these goals, and then, as I said, to develop the biennial plan to implement these goals.

So council staff, there's three of us. I said I was Ashley. David Johnson's right here. He's our data specialist who does the number crunching. And then Marshall Mitchell couldn't be with us today. He's the program specialist. So there's three of us that are meeting the needs of the council and trying to create this biennial plan.

Also we -- at the first meeting of the council, which was November 13, the council broke themselves into different committees, three major committees. The first one is the Policy and Barriers Committee. And their two main duties are to develop policies for increasing service-enriched housing and to identify barriers that are preventing service-enriched housing efforts. The second

committee -- oh, sorry. They meet quarterly, and they'll be meeting on March 2 as well.

The second committee is the Cross-Agency Education and Training Committee, and their task will be looking at, as I said before, trying to train state employees for housing and health services and then bring it down to the local level and do the technical assistance and education for local service entities. And they meet -- upcoming meeting is April 6 is their next meeting, but they meet quarterly as well.

And then finally, the Coordinating Committee, since the agenda and general direction of the council -- it's composed of the council chair, vice-chair, and the chairs of the other committees, and that committee is just getting off the ground now, hasn't met yet. But we have now all of our committee chairs chosen.

And then this is our public forum series. El Paso is the fourth and final. We've also been to Houston, Dallas-Fort Worth, and Austin. And the purpose of this council is basically to gather stakeholder input to find out what best practices are out there that you would recommend, what are the barriers to implementing housing and services to allow persons with disabilities and the elderly to remain in the community. So we'd love to hear your input on this process.

And just as one last thing for you, we are trying to come up with a definition of service-enriched housing to bring to the TDHCA's governing board, the Department of Housing governing board, to adopt. So there is a draft definition that is up on the screen that -- I'll read it to you for everyone: "Service-enriched housing is defined as integrated, affordable, and accessible housing models that offer the opportunity to link residents with onsite or offsite services and supports, that fosters independence for individuals with disabilities and persons who are elderly."

So we'd love, also, if you have an opinion on this definition, if you think there's anything we're missing, please let us know during your comments, as we are going to be deciding upon a definition to bring to the governing board of the TDHCA next Tuesday at our meeting. So this is something that's coming up soon that we're going to be finalizing, so please let us know if you have any comments.

And then the final slide is just contact information. If you don't want to speak today, but you'd like to provide any written comment, you can do that. We have a mailing address, fax, email. I have my card, so if you want to come up to me afterwards, I can give you my card. And then we also have a website for the council

within the TDHCA's web page. So you can always check out more information about us and what we're doing there.

And that's pretty much it. So I think that, with that, I will say that we're going to go into the -- those who've been invited for public testimony to speak first. And just so you know what the little beeping noise is over there is that David's going to be timing. So if you'd please limit your comments to five minutes, that would be great. That would be much appreciated. And I will turn it back over to Paula.

MS. MARGERSON: You said everything I was going to say, so -- and you're going to call the people up -- right? -- that have been prearranged?

MS. SCHWEICKART: Yes. I'll call them up.

MS. MARGERSON: Okay. Good.

MS. SCHWEICKART: All right. So I believe that the first person we would like to call up, we'd like to invite, is Lily Ruiz, from office of Rep. Norma Chavez. Is Lily here?

(No response)

MS. SCHWEICKART: Okay. All right. Next person we'd like to invite is Rebecca Hall. Is Rebecca Hall here? Oh, great. Thank you, Rebecca. Please state, you know, your title and organization that you're with. Yes. Right up here. Everyone can come to the podium and

speak.

MS. HALL: Good morning. My name is Rebecca Hall. I'm Medicaid eligibility specialist with the Health and Human Services Commission. I am currently one of the two PACE workers for the El Paso city area for the PACE program, which is Program of All-Inclusive Care for the Elderly. They provide services for the elderly to remain in the home. They have managed care. They speech therapy, occupational therapy, recreation, a pharmacy, a doctor on site. All their care is provided through the PACE program. They do have to be Medicaid eligible, and it is also both Medicaid and Medicare funded.

Right now there's three centers in El Paso. They service certain catchment areas of ZIP codes in El Paso. And we're trying to raise the cap right now. We're at 855 participants, and we're trying to see if that -- it's successful so far, so we're continuously trying to provide that care for the elderly.

MS. SCHWEICKART: Could you move the microphone up towards your face.

MS. HALL: This one here?

MS. SCHWEICKART: Yes.

MS. HALL: All over again for you?

MS. SCHWEICKART: Sure.

MS. HALL: My name is Rebecca Hall, and I'm

with Health and Human Services. I'm one of the Medicaid eligibility and people with disabilities PACE program workers in El Paso. There's three PACE program facilities here in El Paso that service different catchment areas which are ZIP codes. Clients must be Medicaid-eligible to be eligible for this program. It provides managed care for the elderly to remain in the community, or if they need to go to a nursing home, they have that option, but they remain a PACE participant.

It also offers rehabilitation, occupational therapy, physical therapy, social work, dietician, speech therapy, recreation, transportation, meals, all handled at that facility. It's Medicare and Medicaid funded. Right now we have about 830 participants. Our cap is 855, and we're continually seeing, since it's so successful, on trying to raise that cap for the elderly within the community.

MS. SCHWEICKART: Rebecca, could you let us know, you know, why it's become so successful? And, I mean, we've been hearing about it in other cities as a best practice, and we're actually -- the council's taking a tour. For everyone, we're taking a tour of the Bienvivir Senior Health Services that is one of the administrators of the PACE program here in El Paso, later. And we're heard about so much good things about the PACE

program, we'd love to know, you know, why you think that it's become so successful.

MS. HALL: Personally, I believe it's successful just because the people that work there, they are very dedicated to the clients that are there. A lot of the clients that are the elderly here in El Paso don't have a lot of family members that are still here remaining to take care of them, so they do feel very lonely at home. And the depression does lead to further illnesses. So when they do attend the PACE program and the facility, they have different recreational options for them that help bring up their morale. They have different parties. They have Mardi Gras events. They have Valentine's Day dances for the elderly there.

And then all their care is managed within the facilities, so all the departments are intercommunicated. And every morning they have a meeting on what's going on with each participant, to make sure that their program is successful.

MR. GOLD: And could I just add, PACE is a great program.

MS. HALL: Yes.

MR. GOLD: It is one of our programs that's -- actually comes out of DADS.

MS. HALL: Yes.

MR. GOLD: And Bienvivir is the first one in the state of Texas.

MS. HALL: Correct.

MR. GOLD: And it's based off an adult daycare model. An adult daycare really allows individuals, both who are living alone, and certainly for those individuals who the family members continue to take care of an individual, allows them to continue to have their life, go to work every day, and be able to make sure the individual is in a safe environment for the daylight hours and receive all their services there. And then PACE is actually responsible for that entire person throughout their long-term services and supports history. So if they do have to end up back in an institutional setting, they're still responsible for that care and then works again to get them out in the community.

So it really helps keep people in the community and also helps the caregiver in the community, so their lives don't deteriorate also. So it's a great program, and I certainly commend all the work that you all are doing.

MS. HALL: Thank you.

MR. GOLD: We have two other sites, one in Lubbock and one in Amarillo that --

MS. HALL: Correct.

MR. GOLD: -- only because of the success that you all have done.

MS. LANGENDORF: Is there anybody else going to be talking from Bienvivir? No. So we'll just -- we'll learn more about it. I'm just interested in the housing piece.

MS. HALL: Yes. I brought a lot of information --

MS. LANGENDORF: Okay.

MS. HALL: -- to hand out, some handouts and pamphlets. There's an intake worker here that I requested him to come, in case anyone had any questions more specific about the enrollment process and the intake procedures.

MS. LANGENDORF: Okay. And I'm interested in the housing piece.

MR. GOODWIN: We're interested in the same thing, is you've got great services at the center, but do you have a component that assists or locates or helps with the housing? For example, if someone's in their own house and it's almost gotten too much, to finding them, I'll say, an apartment or another place or at -- so that they retain their independence?

MS. HALL: Yes. What the team program does, if the house or the client is not safely managed at the home,

they find an assisted-living or a foster-care facility for them, or they find other means as far as trying to keep them within the home. But if that's not an option, then they find other means of housing for them.

MR. GOODWIN: Well, what about just moving from one independent housing situation to another. For example, maybe a small house is too much for them, but an apartment wouldn't be. Do you have that? And do you have a response from the apartment owners and managers in the area that make available to you, if you will?

MS. HALL: We haven't had that problem. I know I've spoken with social workers in regards to the clients that we have, and usually what the problem is is that the clients are no longer safely managed at home or in an apartment alone. So that's when they seek foster care or assisted-living facilities.

MS. LANGENDORF: I believe -- and I guess we'll find out when we get there, but -- that there's a HUD 202 where there's actually some housing developments around Bienvivir?

MS. HALL: Yes. Actually, Carolina did have a center where they had apartment buildings connected to the facility.

MS. LANGENDORF: Yes.

MS. HALL: But I know there was a waiting list.

MS. LANGENDORF: Oh.

MS. HALL: And they're still remodeling, trying to make that bigger and make that more optional towards the clients. But as far as them having a contract with apartment buildings, I'm not aware of that.

MS. LANGENDORF: Okay.

MS. MARGERSON: Any other questions?

(No response)

MS. MARGERSON: Thank you so much.

MS. HALL: Thank you.

MS. SCHWEICKART: And next -- let me make sure I have all this information. Too many papers. I'll find it. Okay. Next we have -- is Ray Tullius here? Oh, great. So Ray is the director of the Opportunity Center for the Homeless. And we'd love to hear him speak.

MR. TULLIUS: I've been working with homeless individuals for 20 years, trying to design systems of housing to care for the various populations. I usually avoid these things, because I am too busy trying to make it happen, I think. But I don't know that I can sum my life up in five minutes, so I can sit some high points, you could ask some questions, but my focus is on homeless individuals.

There is a number of homeless individuals from the mentally ill, from substance abusers, from elderly,

from veterans. And part of what we've done here in El Paso is try to divide those populations up and create housing with a service component attached to those housing.

We do not have any housing that is without service components. It is necessary for this population to move forward. The elderly needs different ones than the veterans. The substance abusers need different ones than the mentally ill. And so we have experimented with various types of housing and various types of services. We have developed a central resource center that every one of these houses can connect to, to include a medical clinic, a psychiatrist, social workers, those sorts of things.

We have a -- we believe in a continuum of housing, because I think that is what is necessary to move homeless from the streets. And so we have a program that takes anybody in from the streets to move them through periods of recovery on into their own housing system.

There is a huge gulf between homeless housing and affordable housing, a huge gulf that many times cannot be crossed. We've experimented also by partnering -- and I should have a partner here, come in here soon -- with trying to create that bridge between the homeless housing, of the continuum of homeless housing that we have to the

apartment world. And the normal bridge is to have outreach case workers that do followup for six months and on and on. But that usually is not -- that's a quick fix; it's usually not the solution to the effort.

So what -- I think TDHCA has a couple of minor efforts that touch that. They have within their tax credits they require developers to do at least some sorts of support services within them, but usually it's not enforced very well. With a partner of ours in the affordable housing market, what we have tried to do, using a model developed by the Enterprise Foundation, is create a response within that apartment complex that would accept people who were either disabled or would be having problems, to help not only us pushing them forward but them pulling them inward to make them fit into an affordable housing community. It was costly. We tried it for a year. We could not sustain it. But it did wonders to the apartment complex that we were able to do it in. It helped create programs for children. It helped keep families from falling out of the apartment complex. It was able to pick up those homeless people that we put into this complex, keep them strong and moving forward and helping them when they had problems.

I'm sure my five minutes is up, but if there's any questions, I would be happy to answer, if I can.

MR. SCHWARTZ: I have a question. This is Jonas Schwartz. The program that you administered for a year but couldn't sustain, what was the name of that program?

MR. TULLIUS: It was developed -- the one in the apartment complex?

MR. SCHWARTZ: Uh-huh.

MR. TULLIUS: It was developed under the Enterprise Foundation. It was a model that was tried -- we were trying to get developers to incorporate as a way of keeping units full. If you -- and they pushed it as something that was cost-effective for developers so that there would be a turnover by people that fell out of the apartment system because they couldn't pay, because a life crisis came up, because of on and on and on.

And so our apartment complex was not big enough, but there was huge interest within -- this was an 80-unit complex. There was huge interest of this program. It helped, you know, the children. It helped those that were falling out, those that were suffering problems. But it's under the Enterprise Foundation. Xavier? No.

MR. SCHWARTZ: Okay.

MR. TULLIUS: Question?

MS. LANGENDORF: Ray, the legislature, last session, put like $20 million into homeless initiatives.

Did El Paso get any of that?

MR. TULLIUS: Yes.

MS. LANGENDORF: Okay. And what -- were you all doing housing, to develop housing? Or were you doing it to do services?

MR. TULLIUS: Uh --

MS. LANGENDORF: I mean did you develop housing out of it or is it more --

MR. TULLIUS: No.

MS. LANGENDORF: Okay.

MR. TULLIUS: It was not designed to develop housing. It was designed to maintain existing services that were under stress by the economy.

MS. LANGENDORF: Okay.

MR. TULLIUS: That's what it was about. It was not designed to develop anything new, because that money lasted only a year and a half.

MS. LANGENDORF: Yes.

MR. TULLIUS: So it was designed to supplement the existing work in the shelters.

MS. LANGENDORF: Okay.

MR. TULLIUS: But as part of -- and in El Paso, I was instrumental in helping develop a coalition of services -- I call it a network -- that was very service oriented. It was a network that tried to define the

barriers that homeless people were facing, what the shelters were facing. For example, I developed a daycare system so that homeless women who, in our world, were tied to their children and couldn't move forward, could now move forward toward education or work or whatever, and helped them move out of that system.

Once again, we have mental health services within a central resource center tied to partners who are strong in substance abuse, in veterans services, in medical health, those sorts of things. And all that is necessary to be necessary to be wrapped around the homeless that we work with. You can't expect somebody to move forward if they don't have a transportation network or they're sick or they don't have daycare or on and on and on. And so we've built the transportation and the daycare and everything that a homeless person needs to give them that chance to move forward.

The problem happens is when we ask them to take the jump into an apartment complex, all of a sudden their daycare is gone. All of a sudden, after six months, their medical services; all of a sudden the wraparound services that we've created have not followed them to sustain them in that housing. And maybe that's something you guys are looking at. I don't know.

MS. LANGENDORF: Yes. And I think that's

exactly one of the issues is there is the transitional housing, but then there's -- I mean, the idea of permanent supportive housing, but then how many folks who have had a challenge of homelessness are then eventually -- or are they eventually able to move on into, quote/unquote, regular affordable housing. And we all -- many of us question the affordable in affordable housing.

MR. TULLIUS: Yes. And that's true. That's true.

MS. LANGENDORF: Yes. So not only do they -- does an individual need the lower income based affordable housing, but many continue to need services, but how do we keep the services intact but allow them to move into regular housing?

MR. TULLIUS: Uh-huh. Well, and --

MS. LANGENDORF: And that's where the challenge -- it sounds like the Enterprise --

MR. TULLIUS: Yes. They are on the other end of that gap. That was the design of it was they would be on the other end of this gap to help. But not only disabled and not only homeless, but also those families that were on the brink of being homeless. There could be a support network developed. In fact, what it involved in this one particular instance was bringing in a social worker that would assess the needs of this complex, and

she was able to bring in -- we're very low-income in El Paso -- she was able to bring in the school district for free lunches for the kids and some daycare options and some help with our homeless people, moving them forward. So it was wonderful for the people in that complex. We just couldn't sustain it.

MR. GOODWIN: What was the most expensive component, if you would, that sort of killed the program?

MR. TULLIUS: Well, I think we did it -- running a -- from a developer's point of view, you don't make a lot of money in low-income housing.

MS. LANGENDORF: Yes.

MR. TULLIUS: Okay. I mean, you're almost at the verge yourself. And bringing this in, we were hoping that we -- in fact, more money was brought in to make this work, but it just couldn't be sustained. The dollars that we brought in could not be sustained. If it was done by -- and we were nonprofit doing this. If it was done by for-profit developers, there may be some chance. With more units, there may be some chance.

MR. GOLD: May I ask you a question also?

MR. TULLIUS: Yes, sir.

MR. GOLD: At what point do criminal history checks impede the individuals you're serving from gaining permanent residence? Or if at all. I mean that may not

even be an issue.

MR. TULLIUS: Well, I mean there's yeses and nos all the way along. In some apartment units, they don't look at that. And so we can move forward with this person and get them into some housing unit. I'm tied to three different -- El Paso has three different county housing authorities

MR. GOLD: Public housing authorities.

MR. TULLIUS: Public housing authorities. And each one of them is a little bit different. We will take them -- if we haven't had anything in the last five years, we will take them if they've gone through some sort of a recovery program. We'll take them if it's not either a, what, a violent crime or a sexual crime, those sorts of things. So even on the housing authorities, there's some variation. You can get -- we've also, in El Paso, started this rapid rehousing thing that has come from the federal, from the state, or from I don't know where it's coming from. But anyway, and my partner will be here to talk more about that. But in developing a number of apartment complexes, some of them will allow this to come in; some of them won't.

MR. GOLD: So it's really dependent on the specific housing authority that the jurisdiction -- the apartment buildings in the jurisdiction.

MR. TULLIUS: And how much they trust us, because we'll be the ones, many times, watching them. And we'll be, many times, the ones referring them.

MR. GOLD: Do any of the individuals that you serve -- are in any sort of Medicaid service? For example, again, I mentioned I'm from the Department of Aging and Disability Services -- whether or not they're receiving any sort of services from that agency?

MR. TULLIUS: I deal mostly with single individuals. The coalition is a whole deal with families. So the ones that would be on Medicaid would be those with disabilities. And, yes, there are some. We're constantly working with the local MHMR, El Paso MHMR, to get those into housing units. Yes. But many singles, no.

MS. MARGERSON: And speaking of disabilities, what percentage do you estimate of the homeless population here in El Paso, including all types of disabilities, what percentage would you say do have a disability?

MR. TULLIUS: At least 30 percent, maybe more.

VOICE: We just did the analysis on that. It is 39 percent from our local --

MR. TULLIUS: Within our -- within the Opportunity Center, we see 2,000 individuals a year, 2,000 unique individuals a year. Sixty percent of them pass through; in a week, they're not there. And so one-third

are those that we work with intensively. And right now we house over 300 homeless individuals in various facilities.

And as I said, some of our facilities are specialized. And I have something written here that I can pass out to you. But we have an elderly center, an elderly housing complex; one for veterans; ones for those who are mentally ill; a safe haven -- some of you may know that term within the HUD phenomena, a safe haven.

We're looking at developing some housing for those transitioning from a drug and alcohol recovery, so that sort of thing.

MS. LANGENDORF: We're looking for barriers. I mean, we're not looking for barriers; we're looking for the things we as a council can recommend to the state to address or --

MR. TULLIUS: Well, within the -- and I have identified one within this apartment complex where we were experimenting with this, with setting it up to where the apartment complex was open to receiving the more fragile. And money was an issue.

MS. LANGENDORF: Yes.

MR. TULLIUS: Money was an issue to make this work. But it made the complex itself more like a home, rather than a -- you know, a complex.

MS. LANGENDORF: Uh-huh.

MR. TULLIUS: So barriers, yes, within the housing you'll find some, where criminal -- I'm dealing with a program also of how to integrate people that are on probation and parole. That's a trick within some of the -- because, you know, one part of the government wants them placed, and the other government says, Not in my backyard and darn sure not next to me. And so, yes, that is a problem.

But it also is with the mentally ill. Those of you who work with mentally ill, some of the apartment complexes, as much as they want to, if this person is extremely erratic, you know, they have problems with it. If he's extremely erratic and doesn't have a caseworker that will respond immediately to the issue, they are not likely to tolerate this individual. And so what it takes in our movement forward, it takes somebody who is at the end of the phone if the apartment complex sees that this person is going to scare away other tenants.

Did you have a question?

MR. GOLD: Yes. I just -- and my colleague here from the Department of State Health Services isn't here, but we do a lot of work from DADS in relationship to behavioral health issues. What sort of relationships to you have with the local mental health authority? How much are you checking into the new crisis mental health program

that was funded two sessions ago by the legislature? And, again, what other sort of barriers do you see with behavioral health? And, again, is it sort of contingent upon a specific public housing authority?

MR. TULLIUS: We have a very good relationship with the local MHMR. They are not adequate to deal with the need and especially in the homeless world where many of them, the 30 percent or whatever, are mentally ill, that within their system is prioritized less. Why? Because they can pump thousands of dollars into somebody who's gone tomorrow. And so we had to develop a different system. We had to find our own psychiatrist that we developed in partnership with the local MHMR and put that psychiatrist right in the middle of where the homeless people are. And so then now we are able to take many of those erratic homeless people and place them into housing complexes and in our own housing.

They do not have the resources -- in fact, they've been cut by the state because they were theoretically doing too well -- because now you don't need it, because, darn, you exceeded your expectations. And so -- but what we've had to do is supplement their work in order to deal with our population of homeless people.

I'm older and crabbier these days.

MS. MARGERSON: You're also very well informed.

MR. DARDEN: You've identified the nut to crack, because on the provider side for the housing, all the barriers have been built to prevent your population in the housing. HUD has decided profit is evil, and therefore they give programs to nonprofits. A nonprofit can't be a nonprofit, because a nonprofit that doesn't make any money doesn't have any money to sustain itself or build new programs.

The only advantage that we have in the developer housing world, if I can get some sort of tax abatement, or if I can get some sort of guaranteed, I'll say, rent structure, then I can pro forma you a project that will work. But my water costs the same as everybody else does, my flush valves and toilets cost as much as everybody else does, and my management costs more in that housing, because I have to have a higher trained manager. And if I'm going to put any services in there, then I have to put some dollars into that.

So that's the nut that's got to be cracked. If a municipality wants that housing, then they've got to be willing to bite the bullet a little bit on taxes. And they may need to do it on a pro rata share to nonprofits. If I'll dedicate ten units in this property to your program, then I needed some sort of hook in there that my operating costs come down a little bit to allow me to do

that. Don't know how to crack that nut.

MR. TULLIUS: You're right.

MS. MARGERSON: Thank you so much, Mr. Tullius.

MR. TULLIUS: Ashley is the one who brought me into this. Here are something about the --

MS. SCHWEICKART: Oh. Could you leave it with David? Is that okay?

MR. TULLIUS: Yes.

MS. SCHWEICKART: Thank you. And everyone who has any handouts, we'd love to have them.

MR. TULLIUS: Thank you very much.

MS. MARGERSON: Thank you.

MS. SCHWEICKART: If you have any handouts or anything, please give them to David after your testimony. Thank you.

So next we have -- is Annette Gutierrez here?

MS. GUTIERREZ: Yes, but I think Yvette Lugo is next.

MS. SCHWEICKART: Okay. Great. Well, then, Yvette, please come up.

MR. LUGO: Good morning. On behalf of the Council of Governments, my name is Yvette Lugo. I'm the director for the Area Agency on Aging. And so it's good to see my DADS representative here. So thank you so much for bringing that piece to it.

I guess my comment today would be to hopefully have the council consider Area Agencies on Aging as a partner agency. The uniqueness of Area Agencies on Aging is one that's such that we don't have Medicaid eligibility requirements, if you will, to access services. And so this helps us serve that part of the population that perhaps won't qualify for Medicaid assistance through DADS traditional long-term care services and supports, and hopefully helps us obviously maintain seniors and persons with disabilities that are over 60 in the community for as long as possible.

One of the things that we're trying to bring to El Paso is an aging and disability resource center. And so hopefully, if funded, we would be the ninth aging and disability resource center here in El Paso with the goal of serving our region. Our six-county region reaches all the way to Presidio County, which is a large land mass of area for the state of Texas.

Through that, obviously, with an aging and disability resource center, we could hopefully look at incorporating housing, look at incorporating those kinds of other areas, if you will, that helps to maintain persons in the community, such as sounds like what the council is trying to do.

And so that really was my biggest push as far

as looking to include hopefully in your plan and in your communications working more so with Area Agencies on Aging and perhaps using aging and disability resource centers to help reach and find those persons you're trying to serve.

MS. LANGENDORF: How do you all work with -- to assist individuals in locating housing?

MS. LUGO: Well, mostly it would be, obviously, senior in nature. Some of the contacts we've been able to make here are those private companies that are senior in nature. There have been several new developments here in El Paso that particularly are looking to serve elderly persons or seniors. They're a bit lower income. My understanding is that some of them go by sliding scale as far as their earnings, monthly earnings. And so some of that partnership and what we've been able to do through them is have our benefits counselors actually on site to train those managers to look at helping them access benefits, helping answer questions, if you will. So that's kind of been our partnership here with some of the senior housing.

With the Housing Authority of El Paso, they have been a community partner with us in that they have particular senior housing complexes where we will actually go in there as well with benefits counseling in helping to access services. However, most of those residents are

Medicaid recipients and do receive DADS services. In the cases where they perhaps don't qualify, then that's when we would incorporate some of our services.

MR. GOLD: I'm very glad to see you here.

MS. LUGO: Thank you.

MR. GOLD: Our triple-A partners are very wonderful. And for the rest of the committee who don't know what an aging and disability resource center is, it really is an attempt -- we have them in eight parts of the state now -- it's a private partner coalition trying to get all the various organizations in either physically co-located or virtually co-located so that individuals are bouncing around from agency to agency, organization to organization, to try to find those services. And it's the idea of trying to have a singular information.

One question I'd like to have for you is, is the local, or what I'm hearing here, three local public housing authorities, are they part of your proposal for your ADR setting?

MS. LUGO: Not in a -- I guess, on paper, if you will.

MR. GOLD: Yes.

MS. LUGO: All of our community partners -- and I think I speak for some of my -- the other co-agencies here in the audience, is that I think El Paso is unique in

that we really do work well together. I think once someone contacts the other, they're on board, supporting each other and cooperating in that sense. So formally, no, they are not part of our proposal. However, once established -- and we're positive that we will be established -- they are definitely one of our potential sites to at least start to put the word out, if you will, that this is an -- and co-location is what we're looking at in our application, to create a one-stop shop where persons can come to and actually physically speak with the DADS three front-door staff persons.

MR. GOLD: Very good.

MS. LANGENDORF: Based on your -- I guess your proposal or the research you've done -- and I would propose this to others that are speaking -- where does -- what is your number one service request, and also then, where does housing fall in the need? Because we've gone to different parts of the state, and I guess what we're -- what I'm trying to assess anyways is how big is the need for housing, or how big is the need for the services? What is the barrier? What is lacking in those?

MS. LUGO: And I think for our population, certainly it is funding. So affordable housing, affordable assisted-living housing, if you will, the buzz words there. Affordability, I mean, really is the bottom

line.

Some of our service monies and dollars, if you will, are to help maintain persons in their home. And so personal assistant services is probably our biggest dollar expenditure, if you will, in as far as services is coordinated. But when persons can no longer afford to or can no longer live in the home, obviously moving into long-term care services is an option. But again, the obstacle would be funding, is the affordability, if you will, to that.

Triple-A service dollars, if you will, or Area Agencies on Aging -- excuse me -- service dollars, besides personal assistant services, is also transportation. And that's been a number-one identified community need, if you will, that we've had in several of our needs assessment findings, if you will. And I think some of my colleagues in the audience would agree as well, transportation is something that we're definitely working on, but that's probably one of our biggest expenditures dollar-wise.

MS. LANGENDORF: Okay. So transportation is a major issue. Do you all find that the majority of the individuals who are aging that you are serving, do they prefer to -- would their preference be to remain in their family home? Do you find more people want to stay in their family home? Do you have resistance to moving to a

different -- to a community, or is it something that's easily accepted?

MS. LUGO: No. I think definitely most of our consumers want to remain in the home. They want to maintain their homestead. They want to stay in their homes as long as possible. So sometimes modifications, if possible, if we can make that happen, then we will. I think that's some of the partnership that's been occurring, at least with our DADS partner long-term services and supports here, is that some of the concern with the Medicaid and state recovery programs, of the reimbursement, that that, unfortunately, has been where some of the obstacles to seniors accessing DADS long-term care services is that concern, the misconception and misinformation, I believe, in that their homes are going to be taken away.

So I know that triple-A and DADS workers have been working collaboratively, and at least on our end, with our triple-A caseworkers, in trying to explain to families the exemptions and trying to explain the rationale behind Medicaid and state recovery programs and why it is a benefit to take those long-term services and supports so that they can stay in the home. But that is an obstacle. Yes. They definitely want to stay and remain in their communities in the home.

MR. GOLD: And I'll make sure I take that message back to Austin. And it's very unfortunate, because there's about six or seven exemptions before you actually get there.

MS. LUGO: Exactly.

MR. GOLD: And after all these years, I'm really surprised why that's not really -- people don't understand that, that the likelihood, once you go through all those major exemptions, that the cost benefit of taking the service certainly outweighs the concern --

MS. LUGO: Exactly.

MR. GOLD: -- about any loss of the home. And no one's going to lose their home while they're living in it. I mean, that's the number one thing that people really jump -- I'll make sure I take that message back to my colleagues back in Austin.

MS. LUGO: Thank you.

MS. MARGERSON: Thank you, Yvette, for coming and speaking with us.

MS. LUGO: Thank you so much.

MR. GOLD: Ashley, may I make one statement?

MS. SCHWEICKART: Sure.

MR. GOLD: Being with the Department of Aging and Disability Services, I'd be remiss not to recognize our council chair, Ms. Butterworth, who is here. So we

very much appreciate you coming. She's an extremely wonderful council head for us, and I'm not just saying that. She's obviously very involved and really wants us to understand all of our issues. So thank you for being here.

MS. BUTTERWORTH: Thank you.

MS. SCHWEICKART: All right. We would like to next invite Maria Perez. Is Maria here? Great. Maria is the support services coordinator for the Volar Center for Independent Living.

MS. PEREZ: Good morning. Good morning, Jonas, Paula --

MR. SCHWARTZ: Good morning.

MS. PEREZ: -- council members. My name is Maria Perez. I've been working for the past eleven years now with the local Center for Independent Living. I am a master's level social worker, and I am pleased and excited to be here to make a statement.

I think that it's timely that we are considering or that you all are considering service-enriched housing. I think that it is a component that we have been trying to have in place with collaborations like Area Agency on Aging, the Homeless Coalition, Volar Center for Independent Living, Bienvivir, and many other. Yet try as we may, it sometimes ends up being piecemealed, and

so -- and then we develop gaps in service.

And I apologize if I'm being the pessimist here, but I think that that's one of the things that happens. There's different financial issues, economic issues, cultural issues that contribute to these kind of things, lack in continuum of services. As you heard Mr. Tullius say that they were successful with developing a component and, again, funding runs out and such.

One of the concerns that we have is that there are still many people in nursing homes or in their own homes that don't have quality of life and do not experience community integration. And I think that this is due to some of the antiquated ideas about being a senior citizen, being elderly, or being a person with a disability. I think that rather than maintaining and just being a place to be stored away, as many nursing homes appear to be, I think that it is time that we move on to more of a rehabilitation or habilitation model that would also include, as was mentioned earlier, a transitional component. And I think that this is probably where service-enriched housing would be, that it's not a one model fits all. But if you're doing it under habilitation, rehabilitation, and/or independent living philosophy, you are consumer-centered, you're individual-centered, and you create the service that each individual

needs. So you're therefore trying to adapt a service to an individual, not an individual to a service.

Tragically, for example, we were at a nursing home meeting this week where a person with traumatic brain injury was received in a vegetative state with no hope for survival. And four and a half to five years later, the gentleman has the capacity to put his wallet away in a little plastic bag in his drawer under his underwear and have it locked -- request a lock and then put the lock key in another little plastic bag in a certain shirt in his closet.

So this person obviously has a little bit of capacity and concerns that, for example, the nursing home is not evaluating. And it took a bunch of us to come in to say, Can this person please be reevaluated and not be identified just as a noncompliant troublemaker who was about to be evicted from the nursing home with no, you know -- and the sister did not realize that he could have specialists in the community. She thought the nursing home was all-encompassing, all-providing, all-omnipotent.

And so we were able to help create a little bit of awareness. And if anything else, that's what centers for independent living do. At least that's what we -- the minimum that we try to do here in El Paso. So the concept of enrichment through capacity building, a rehabilitation

model, a habilitation model, you know, independent living -- and habilitation, I get that term from your Medicaid waiver class, which is what I am enrolled in. Through class services, I have an attendant that comes to the morning and helps me get dressed, fed, and out the door. And so that's where I get the habilitation concept, that it's not just about the medical needs, but quality of life that needs to be addressed.

And all of this working towards permanency planning, so that, as Mr. Tullius so described, that you put components in place, and then when it comes to permanency planning, it's like the safety net is on. So this could be a concept of service-enriched housing within a specific complex, and then under a habilitation, rehab, independent-living model, some services continue with the person for as long as they're needed. And that may be quite a bit of time, yet the person is now permanently placed in the community.

Which brings us to another issue that we are experiencing here in El Paso, and that's appropriate accessible housing. We're not talking about affordable housing. We're talking about accessible housing. Back in the '80s, El Paso developed an ordinance that was a blending of law and policy that created a 5 percent accessibility in the private sector. Last year we were

challenged by certain builders to say, It's a hardship for us to have this 5 percent, because I have product on the shelf that is not moving. And so we're thinking, you know, but it's not being advertised. So under fair-housing policy, affirmative advertising is not being practiced. So, yes, the little wheelchair guy is on all their pamphlets or their advertisement, but -- and so are advertised their gyms and their swimming pools and all this, the dog parks. But the roll-in showers are not advertised.

And one of the elements that we noticed is that when an individual goes to look at a vacant apartment and there is a fake facade under the cabinets or a door has been put into the shower, then a lot of individuals don't know to say, Can this be removed? And a lot of staff does not know to say, We can remove this; don't worry about it. But nobody says anything, and therefore the apartment does not appear accessible.

So we need your support in advocating towards accessibility in our communities so that your goals can be followed through with the appropriate housing in the community. And it's not just about affordable housing. Somebody may be well with Social Security benefits, with pensions, with blended services, blended benefits, and they may be above what housing authority requires, and

they may be above what the low-income tax credit properties require. And they may very well be able to afford a costlier -- an apartment that may appear to be costlier, but it's not going to be available, and especially if, within the next few months, the builders are successful in having the 5 percent lowered to a 2 percent.

And I recognized the beep, so --

MS. MARGERSON: Maria, I'm interested in one barrier that you mentioned, and that's cultural issues. What cultural issues do you see that might impact people being open to -- people from different cultures being open to housing-enriched services?

MS. PEREZ: There's a sense of, like was said before, ignorance about the recovery. That's what it's called. Right? I went blank. The Recovery Act, where they might lose benefits, where they might lose their house. A lot of people in this community take no for an answer, even if it's a wrongly stated no. So there's a sense that -- there can be a huge sense of disempowerment in this community because you're looking at a low-income community who feel disempowered. Over that you have a disability. Over that, you know, there's always other questions. There's elderly who may not be aware of their simple human rights.

And, you know, a lot of people, for example, in nursing homes -- which I know is not what you're addressing, but they believe they're hospitalized. And they don't realize that they're entitled to quality of life outside. So, you know, there's a lot of issues that have to do with border area, with low economic status, and with the Mexican-American population.

MR. GOLD: I have a couple comments, and then I have a question for you. One, if you really do feel at any time there's any sort of abuse, neglect, or exploitation in the nursing facility environment, please report that to DADS regulatory hotline to followup as a complaint. I mean, if you feel something is going wrong, you're actually obligated to report to DADS some issue.

And also, too, I think, Volar, you're a partner with LIFE/RUN in terms of providing relocation activities --

MS. PEREZ: Correct.

MR. GOLD: -- for [indiscernible] person, and again, if this individual could be better served in the community, we certainly encourage you to pursue that.

The question I have for the council is, What does service-enriched housing mean to you? I mean, obviously, we're trying to come up with a definition of what that means, and it means, almost to every single

person who talks about it, something different. So what does it mean to you, and what do you think it means to the individuals living here in El Paso?

MS. PEREZ: Ideally, service-enriched housing would be something of a case-management component that would follow the individual from a certain situation, being elderly, being a person with a disability, that would follow the individual, more specifically, into permanency planning in the community.

I know that many of us have a caseworker with DADS, for example, and a lot of times we're not even aware of that. So maybe there is an element that may incorporate service-enriched housing.

Sometimes caseworkers, you know, we try to do the best that we can, but when funding and staff and services are limited, you develop gaps in services, and you just don't deliver the services ideally as you'd like.

I think that many of us here in El Paso practice under, you know, a service-enriched housing component, but, you know, the economics, the time, those kind of things have not really been as well coordinated as they could be.

And I think that if specific efforts are being made to do so, then our recommendation would be some specific practice model and funding to support those of us

that are involved, because you might be reinventing the wheel when, you know, Opportunity Center, Volar, and Area Agency on Aging and DADS are in place. Maybe it could even be just conceptualizing the whole thing differently and providing more services, because, again, you know, disabilities has moved from, you know, an I-can't-do-anything concept to quality of life, the ADA, Olmstead. Lots and lots of policies in place, and sometimes the funding and the education -- simply the education is not available for the individuals to take advantage of everything.

MR. GOODWIN: Just a comment on your availability of units. If the case that you have going now is a state or local suit to break a city ordinance or a city policy, that still doesn't trump the Fair Housing Act, and that 5 percent accessible unit in new construction is there. So even though they may break a city or local code, you can't get around the federal code that requires it.

And not only that, new construction, every ground-floor unit's got to be usable, and a tenant has the right to modify, at their expense, beyond that 5 percent, and the landlord has to cooperate.

MS. PEREZ: Thank you.

MS. MARGERSON: Thank you. Jonas?

MR. SCHWARTZ: Maria, I have a question, and that is you mentioned in the beginning of your comments that, you know, you'd like to see a habilitation or rehabilitation model. And I fully understand that in the independent philosophy that you operate from that the needs for each individual is different. But if you could identify kind of the top three things that an individual might need in terms of habilitation or rehabilitation, if they're getting re-situated in community or to keep them in the community from going into an institution, what would those services be?

MS. PEREZ: I think, for example, and the only word that pops to my mind is case management, an available person that they can call and say, I don't have any food this week. Oh, did you use up all your food stamps and X, Y, and Z? Yes. Okay. Let's budget. Let's do this, let's do that. And let's enroll you in this program or in that program. And there's follow-through. It's not just, Here's a pamphlet. There's follow-through that works with the idiosyncracies of each individual and what keeps them from budgeting, for example. And that's one component.

Or, for example, yesterday I met a young man that was recently divorced. He has quadriplegia -- no, not quadriplegia -- paraplegia from a spinal cord injury, I believe. And he said that he got divorced and he got

kicked out of his house. And he is -- he found an apartment, but he's sleeping on the floor. And, you know, which that can happen to anybody, whether you have a disability or not. And so, you know, my concern was, Well, why don't you get the bed through one of the durable medical equipment providers? And he's like, Oh, well, then that's another story in itself. I can't get them to fix my wheelchair, because the bus messed up my wheelchair. And so, you see, it goes from one need to the other. There's a lot of chain reaction and so a lot of domino effect.

So what I did is I gave the gentleman our phone number, and I said, Give us a holler, and we'll see what we can do as far as getting the durable medical equipment to come to place and see what the bus system did or didn't do about, you know, messing up your wheelchair and fixing it. And so, you know, those are the daily-life things that we run into and that make a lot of people fall through the cracks, even if they don't have any mental or -- cognitive or mental health issue.

So compound that with elderly dementia or dealing with an elderly parent or with dealing with people in homelessness situations that have inappropriate behavior, according to a manager, according to a nursing home, and then they're getting ready to be booted out.

And I wanted this individual, for example, to have a three-month plan, because what they say, he has looseness of ego boundaries, he has impulse-control issues, he has a low focus, he has a low tolerance. So that they try to work with him, he gets frustrated.

Oh, well, you know, his augmentive communication device is on the floor, because, well, he doesn't want to work with it. It's like, has anybody tried to figure out how to get him to work with it? Well, we tried; he didn't. It's on the floor, hundreds of thousands of dollars of state money on the floor, collecting dust, because he don't want it. He's not complained.

So those are the cases that most need that one-to-one, how do I work with this individual? Did I answer your question, Jonas?

MR. SCHWARTZ: You did. Thank you.

MS. PEREZ: It's a pleasure to see you, Jonas.

MR. SCHWARTZ: Nice to see you.

MS. MARGERSON: Thank you, Maria.

MS. PEREZ: Thank you so much.

MS. SCHWEICKART: Okay. Next we have Susie Vargas. Is Susie here? Great. Susie is a program coordinator for the Star Chapter of the Alzheimer's Association.

MS. VARGAS: Good morning.

MS. MARGERSON: Good morning.

MS. VARGAS: I'm appearing today on behalf of the five Texas chapters of the Alzheimer's Association. Texas is served by chapters of offices in Austin, Dallas, El Paso, Fort Worth, Houston, and numerous small regional offices dispersed throughout the state.

MS. MARGERSON: Can you move the microphone closer. They can't hear in the back.

MS. VARGAS: Sure. We appreciate your invitation to speak on behalf of our association. We applaud the efforts of the council as you gather testimony throughout the state on the subject of service-enriched housing for seniors and those with disabilities.

The aging of the U.S. population is dramatically increasing, the incident of Alzheimer's disease. Already 5.3 million Americans are living with the disease. It's the seventh leading cause of death in the United States and the fifth leading cause of death for those over age 65. While other causes of death have been declining in recent years, deaths due to Alzheimer's have been on the rise.

By year 2050, the incidence of Alzheimer's is expected to approach nearly a million diagnoses per year with a total estimated prevalence of 11- to 60 million

people. Every 70 seconds someone is diagnosed with Alzheimer's. At this rate, by year 2050, that will increase to every 33 seconds.

While these figures are true for all states, the impact is particularly acute in Texas. Today Texans rank third in the nation, behind California and Florida, in the number of estimated Alzheimer's cases and in the number of Alzheimer's deaths. According to the latest projection released by the National Alzheimer's Association, 340,000 Texans will be living with Alzheimer's disease by the end of 2010.

In addition, the number of Alzheimer's caregivers in Texas grew from 690,058 to 760,548 between 2005 and 2008. Most of these care providers are unpaid family members. Most of those diagnosed, about seven out of ten, will remain in the home from diagnosis to death.

We congratulate the foresight of the council for recognizing that amongst those staggering numbers of in-home caregivers and in-home persons dealing with Alzheimer's and dementia will be a significant group of Texans in community-based housing. Those with Alzheimer's or dementia who continue to live at home face safety and access concerns. Their home may need modification to address hazards resulting from changing cognitive abilities and new potential hazards.

The goal to maintain independent living and continue in a meaningful connection to the community for caregivers and those dealing with Alzheimer's can be achieved by including a bundle of enriched services. Those services that would be most beneficial would include a variety of supports common to most of the senior community, but I will highlight a few that will have Alzheimer's-disease-specific benefits.

It is essential that caregivers have the opportunity to conduct activities of daily living in order to keep their loved one in the home. And equally important is the variety of supports for the person dealing with the disease, in order to maintain a sense of well-being and independence for the longest period possible.

Transportation. Short routes, errand-type support that relieves the burden of transportation expenses and responsibilities, access to medical care, short and in-and-out visits by a doctor or nurse, deliver meals. Many seniors delivery systems are intact and continuing collaborations are necessary to extend the ability to serve.

Psychosocial support. Support groups that meet regularly can provide the opportunity to de-stress and seek common ground with peers.

Access to credentialed professionals, even for every brief period, can provide additional measure of sustained seniors dealing with Alzheimer's. And education, knowledge is power. This specific information allows those affected to be integral part, even leaders, of the family support care team that makes disease management successful.

And I could go on and on and on, and I know that my five minutes are over. But I really appreciate, again, this opportunity to talk to you about our program with Alzheimer's disease. And it was nice seeing you.

MR. GOLD: Yes. I just want to say I learned firsthand how well the El Paso community really works together. We ran -- or I met Susie with the old Department of Human Services, we ran a national Alzheimer's pilot program here in a collaboration between the state and the Alzheimer's Association. It was a national model. It was a great, great program, and so --

MS. VARGAS: It was a wonderful program and that we miss.

MR. GOLD: Yes, that we miss. And -- but I learned firsthand from you and Denise -- and I just want to give my regards to her -- how the El Paso community really comes together. I mean, it's an extraordinary community here that can really make things happen. And I

think, certainly, when we start talking about service-enriched housing, down to the cellular level, I know you all can make that happen there too, so --

MS. VARGAS: Absolutely.

MR. GOLD: -- it's wonderful seeing you.

MS. VARGAS: Thank you.

MR. SCHWARTZ: Ms. Vargas, your testimony was very good. Can you leave a copy of that with David --

MS. VARGAS: Absolutely.

MR. SCHWARTZ: -- so that we can --

MS. VARGAS: My pleasure. Absolutely.

MR. SCHWARTZ: -- review it?

MS. VARGAS: Uh-huh. Thank you.

MS. MARGERSON: Thank you.

MS. VARGAS: Thank you.

MS. SCHWEICKART: Okay. I wanted to make sure, did Lily Ruiz come in?

(No response)

MS. SCHWEICKART: No. Okay. I have a couple of witness affirmation forms here. The first is Michael Flores. Is Michael here? Okay. Thank you. Michael is from the County of El Paso.

MR. FLORES: Good morning. My name is Michael Flores. I'm with the County of El Paso, and I am with the county's General Assistance -- Veterans Assistance Office.

And what my program does is, under the General Assistance Office is we help people who are in need of financial assistance.

One of the big criterias on the financial assistance is, as you know, county government is shrinking. So dollars are becoming more tighter. The populations that we serve, we serve a wide, wide variety on the spectrum, from the elderly all the way down to the people coming in through college level, high school students.

The program, the General Assistance Office, we have seen an increase, and I hope that you will see the need for financial assistance. When you're talking about the service-enriched housing program is that we are seeing elderly people coming in our doors every day. They're getting in these facilities because they receive benefits. They're getting in these tax-credit apartments or senior centers that they're responsible for the utility bills. And we are seeing an increase of those individuals who cannot make it on their own. So they need that additional help.

The service -- there are -- in these facilities, what I would recommend to you all is if there are any way to get caseworkers into these facilities for those individuals who are really needing that financial

assistance or financial help to get the assistance. Yes, we partner with 211, we partner with the Area Agency on Aging, with all these community agencies. And, yes, dollars are shrinking. We get limited funding from the state, from TDHCA. Matter of fact, we just received the ARRA, the HPRP, Rapid Rehousing Program, monies. There was new money that came to the City of El Paso for homeless prevention monies that the county is the administrator on these funds. But I feel that there is still a gap in the facilities where we have those people living at. So what we need is -- our recommendation to go back to Austin is anybody that has these type of facilities, have some kind of component for case management.

Another population that has been ignored is people coming out of the jails, people who are on probation and parole. The pilot project, the Rapid Rehousing Program that we have in place for the grant, you know, this money is a quick fix. It'll be gone in a year and a half. What's going to happen after a year and a half when we have to cut these people from our rolls for this assistance? They're going to go back to being homeless, going back -- or recidivism. So we're missing the component for people who are having their background checks. They're having difficulty finding suitable

employment. El Paso is a poor community. And so, you know, that is also an addition to that wound. Not only do they have that strike behind them, but trying to get suitable employment.

Affordable housing, you know, it's great. It's a great word. You know, but where is it? You know, I see those clients coming in our doors for financial assistance, and they're paying 6-, 7-, $800 of rent. The median income in El Paso is below the poverty line.

So what we want to do, and my vision, and hopefully you take it back, is really look at those components of the people that we are lacking that have gaps in services that we have in our community.

So that was my testimony this morning. I thank you. I know Amy, because I also serve on the Texas Homeless Network Board. So I really, really appreciate you coming down to El Paso. Thank you.

MS. MARGERSON: Thank you. Any questions?

(No response)

MR. FLORES: Thank you.

MS. MARGERSON: Thank you.

MS. SCHWEICKART: Next we have Michael -- and I don't know -- is it Mallay?

MR. MAILET: Mailet.

MS. SCHWEICKART: Mailet. Okay. Wasn't sure

if the E-T was silent.

MR. MAILET: And good morning to everyone. I want to welcome you all to El Paso on this brisk morning. It will be a beautiful day later on.

As was mentioned, my name is Michael Mailet. And I'm with International AIDS Empowerment. And I just wanted to thank Michael for the good job that he's doing over at his organization, and to also thank Ray for the job that he's doing over at the Opportunity Center.

I just recently started volunteering over at the Opportunity Center. In fact I'll be there later on this evening helping with the supper. And last Wednesday when I was there, it was a really wonderful feeling to be able to experience that. And I did notice that there were seven individuals who were there that I noticed who were HIV-positive or who had full-blown AIDS.

And the simple point I wanted to make today is that there are a lot of people out there who really, really need help and assistance. And it's not that the HIV-positive/full-blown AIDS individual is any more special than anyone else. You know, they're not. But they do need help like everyone else. And it struck me last Wednesday when I was there that these individuals, by being homeless, they really don't have the opportunity to do what it takes to help themselves health-wise. They're

just simply not taking their medications. They don't have a stable situation where they can go ahead and at least try to make it in this world.

And I do know, from a financial point of view, the HIV-positive individual, because if they're not able to take their medications, if they're not able to have a stable situation, then they will frequent the hospitals and the emergency rooms much, much more often than maybe someone else would. Not to say that other individuals don't struggle and don't need as much help, but this is a time bomb that is ticking right now. And maybe if it's not addressed this year, I assure you it will be addressed in the upcoming years.

When an HIV-positive individual goes to the hospital or to the emergency room, each visit could cost tens if not hundreds of thousands of dollars. What I hope to share with you, at least my way of thinking is that if we could come up with some kind of a situation where we could afford these individuals stable housing to try to make sure that they can take their medications, that we would, in fact, save thousands and thousands of dollars that are being spent right now in the emergency room and hospital stays all over the state of Texas.

I'm very, very appreciative of what the State of Texas has done. I think that they have done a

fantastic job as far as medications are concerned. We are truly blessed to be in this state, because our HIV-positive/full-blown AIDS clients are receiving their medication.

Now, after having said that, the wonderful job that the State of Texas and the clinics and the doctors and the support staff are doing, the bottom line is that HIV-positive individuals are living longer. And because they're living longer, the numbers of increasing as each day goes by. And these individuals are part of every community here in the state of Texas and in this country, and I really think that the issue regarding the financial costs for medical care could be greatly diminished if we could have some vision as far as the ability to find some affordable housing for these individuals. And it would make their lives better, and it would make our lives better too.

And thank you so much for allowing me to speak. If there's any questions, I'd be more than happy to answer them.

MR. GOLD: Are you familiar with the -- talking about service-enriched housing, the model that's being used in Fort Worth. I wish I remembered the name. I'm a member of the Texas Interagency Council for the Homeless, and we did a site visit up there. And it's specifically a

service-enriched housing sort of format for individuals with HIV/AIDS. And if you're not familiar with that, perhaps I can get you some of that information and look at that, what they're doing there, because it's an extraordinary complex there.

MR. MAILET: I'm sure that my executive director, who couldn't be here today -- I'm kind of a stand-in, a fill-in -- the challenge that we have here in El Paso is we're administering the HOPWA program, which is Housing Opportunities for People With AIDS. And we're doing the long-term. And how it kind of has materialized is that once you're on long-term HOPWA, you pretty much stay on HOPWA.

I believe that we're servicing maybe 51 clients right now. But we have a waiting list. I believe the waiting list may be around 30-plus individuals. It's really, really hard to have a turnaround under that kind of a system. But I do know that our executive director, Mr. Skip Rosenthal, he is very familiar with the program or similar programs that you just mentioned. And that's what we're really, really trying to do here in El Paso.

You know, there is that saying, If you teach a person -- if you feed a person, you feed them for a day; if you teach that person how to fish, you feed them for a lifetime. We're trying to do that here, but we are

running into some challenges, and we understand that. It's very, very financial. But those programs really, really work, and that's what we're trying to get here in El Paso.

All right. Thank you so much.

MS. MARGERSON: Thank you.

MS. SCHWEICKART: Do we have any others that would like to speak today?

MS. LANGENDORF: Do we have anybody -- I know I recommended the collaborative --

MS. SCHWEICKART: We contacted them. They said they wouldn't be able to make it.

MS. LANGENDORF: Okay.

MS. SCHWEICKART: Thank you very much.

MS. MARGERSON: Thank you so much for coming, for listening, for contributing, and for helping us to do the job that we've been charged to do, which, as you can tell, is pretty daunting. So we really appreciate your input.

MS. SCHWEICKART: Thank you.

(Whereupon, at 11:20 a.m., the public forum was concluded.)

C E R T I F I C A T E

MEETING OF: Housing & Health Services Coordination Council

LOCATION: El Paso, Texas

DATE: February 24, 2010

I do hereby certify that the foregoing pages, numbers 1 through 66, 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.

03/01/2010
(Transcriber) (Date)

On the Record Reporting
3307 Northland, Suite 315
Austin, Texas 78731