TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

# HOUSING AND HEALTH SERVICES COORDINATION COUNCIL MEETING

City Council Chambers Annex
901 Bagby
Houston, Texas

January 27, 2101
9:25 a.m.

COUNCIL MEMBERS:

MICHAEL GERBER, Chair
PAULA MARGESON
SHERRI GOTHART-BARRON
JONAS SCHWARTZ
MARC GOLD
FELIX BRIONES
JIMMY CARMICHAEL
MIKE GOODWIN
AMY GRANBERRY
KENNETH DARDEN
PAIGE McGILLOWAY
NICK DAUSTER
JEAN LANGENDORF

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# I N D E X

P R O C E E D I N G S

MR. GERBER: My name is Mike Gerber. I'm the Executive Director of the Texas Department of Housing and Community Affairs. Appreciate those of you have made the travel out here to Houston. It's always good to -- it's good for the council, I think, to be hitting our major cities and to hear directly from folks who are working with those who are intended to benefit from the work of the council.

So it's our privilege to be here in Houston today, and I want to thank the Mayor of Houston, Annise Parker, and the City Council for making their Council Chamber Annex -- City Council Chamber Annex available to us. TDHCA hosts a number of hearings and forum here, and the city is always wonderful about making their facilities available to us. And we appreciate it.

We're excited to be here with you, and we're very eager to hear the input of all the council members and of the community at large. And we hope that this public forums series will allow the council to gather some important information about current efforts to provide service-enriched housing within the state of Texas, as well as provide stakeholders an opportunity for participation in the process.

The council is new. It was created by the legislature last session. And many of us up here are just getting to know each other and to work with each other. And so I think it may be appropriate at this point for each of us maybe just to go and introduce ourselves and your respective agency, and maybe for the public's benefit also describe maybe your interest, if you're an appointee of the Governor in this issue, and the work that you do professionally. And if you're coming from a state agency maybe describe for just a moment or two the work that your state agency does with person with disabilities, or approaching the issue generally of service-enriched housing.

And, Jean, if you wouldn't mind me --

MS. LANGENDORF: Okay.

MR. GERBER: And to work the microphone, go to the computer screen and you'll see “microphone” and when it's on it'll be shaded.

MS. LANGENDORF: Okay. My name is Jean Langendorf, and I'm with Easter Seals Central Texas. And I am appointed by the Governor and I am representing rural areas. But professionally my work has been in providing housing services for people with disabilities. Our agency operates the Texas Home of Your Own Program, which is a

home ownership for people with disabilities, as well as we are sponsoring two HUD 811 projects where we utilize condos, purchase condos and have them as rental units that are affordable and subsidized for people with disabilities.

MR. DAUSTER: My name is Nick Dauster and I'm the Director of Government Affairs with the Department of State Health Services. I'm appointed by the Commissioner of State Health Services. State Health Services has a couple of housing related programs. Most narrowly focused is probably the housing opportunities for people with AIDS/HIV, and also administers mental health and substance abuse programs in the state of Texas, which have connections in a variety of different ways with housing.

MS. McGILLOWAY: Good morning. My name is Paige McGilloway, and I serve as the representative for the Texas State Affordable Housing Corporation. We're a quasi-governmental entity that both finances and creates the ability to foster more affordable housing in the state of Texas both single family and multifamily. And we are very honored to be part of this council. Thank you for being here today.

MR. DARDEN: My name is Kenneth Darden. I am the pastor of the Macedonia Missionary Baptist Church in

Livingston, Texas, and serving my responsible role as being appointed by the Governor in continuing to find ways as to how we can bridge the gap between the elderly and the disabled within the surrounding area. And I'm glad to be a part of helping to serve in any way that I can to continue to help better the lives of those that need our assistance. Thank you.

MR. GOLD: My name is Marc Gold. I'm with the Department of Aging and Disabilities Services. We are the designated operating agency under the Health and Human Services system for providing services to individuals with disabilities and/or who are aging. We serve individuals primarily with physical disabilities and with individuals with intellectual and environmental disabilities, and the aging population.

We serve primarily a Medicaid population, so for those of you in the housing world, that's around 17 to 20 percent of the average median income, so when I talk about low income individuals, we're talking about extremely low income individuals. We are the recipient of Title 3, or Older American Act, dollars, which means that we serve through the Administration on Aging those dollars to individuals who are 60 years or older.

We operate both institutional- and community-

based services, and part of our mission is to help individual who want to relocate from institutional settings back to the community, and one of the number one barriers is finding affordable and accessible and integrated housing.

MS. GOTHART-BARRON: I'm Sherri Gothart-Barron. I'm with the Texas Department of Agriculture. I believe that our agency was added to this council because of our Go Texan Certified Retirement Community Program, as well as our Food and Nutrition Programs geared towards the elderly. So thank you very much.

MALE VOICE: Glad you're here.

MR. BRIONES: My name is Feliz Briones. I'm the benefits case manager with the Mary Lee Foundation, and mostly I was appointed by the Governor because I am a consumer of the services in housing, situations that are out there. And mostly what I do at the Mary Lee Foundation is I help people trying to find housing and public services. Thank you.

MR. SCHWARTZ: Good morning. I am Jonas Schwartz, and I work for the Texas Health and Human Services Commission. We are the single state Medicaid agency. We work in collaboration with DADS around the provision of services and supports for people who are

elderly and people with disabilities. So I'm very glad to be here.

MR. CARMICHAEL: Good morning. My name's Jimmy Carmichael and I'm a banker by trade, and I'm a Governor appointee to the Commission. I'm hopefully not one of these evil big bankers that you've been hearing about lately. I've been an independent banker most of my life, so hopefully I've got a little bit better grounding. And hopefully I can add something to this fine body.

MR. GERBER: Well, welcome. We're glad all of you are here. Again, my name is Mike Gerber with the Texas Department of Housing and Community Affairs. And just briefly, TDHCA's programs -- have a number of programs that serve persons with disabilities and serve persons who are elderly.

Our Community Service Block Grant, our Comprehensive Energy Assistance Program, the Weatherization Assistance Program, our HOME Program has a trust fund, has a tax credit multifamily bond, Section 8, and a variety of other programs that all have specific measures that are intended to target and to assist low income persons who are elderly or persons with disabilities.

And there's certainly information that's

available to you about each of those programs. We have some outstanding staff here today. Brooke Boston is our Deputy Executive Director for community-based programs, Ashley Schweickart is our coordinator of the council, and Marshall Mitchell is a staff member on the council's staff as well. And as you know, the legislature was gracious enough to provide staff for the council, understanding the important work that the council would be doing over the next several years.

And so I know that Ashley and Marshall will have a presentation, sort of walk through the work of the council for the benefit of new members, as well as for the public, so you understand what the council is intending to do and how we're approaching our work.

Let me also say, just at the outset, there's not many of us here. And the intent is to make this as informal as we can have it be, and to have an opportunity to ask lots of questions. I'm coming new, frankly, to many of the issues. There are no dumb questions, which may sound trite because I may well ask a couple and you'll say, Boy, that was really dumb.

But the intent is to make this casual, so much so that there are even spaces up here on the -- you know, at the, you know, here at our horseshoe table, and we

invite folks who are active parts of the discussion to feel free to come forward. It is being recorded because under the Texas Open Meetings Act we're required to do that.

But our intent and hope would be that even if you're not a witness or haven't signed up yet to speak, we hope you will sign up to speak, but we hope at the very least you'll let us know who you are and who -- why you're here. And if you hear at any point some part of the discussion and you'd like to interject a thought, we would really welcome that.

We don't have to have this be a particularly formal session, but we would like for it to be a session that gives the council members a real understanding of what's going on with the communities that you serve, with, you know, the unique services that you provide, and your input about we at the state level can be doing things differently to really help meet some critical needs.

So with that said, let me turn it over to Ashley to talk for just a couple of moments about the work of the council.

MS. SCHWEICKART: Great. Thank you.

And just so every one knows, in order to not get that feedback on our mikes, if we could have our cell

phones away from the microphones, that'd be great. Thank you.

Also, I wanted to ask the council if it would be okay, since the purpose of this presentation is for the public participants who are here, if I turn around and speak to them directly.

All right. Is that okay? Thanks. Okay. Great.

Well, welcome everyone. And we did prepare a short PowerPoint presentation for you to give you some background information about the formation of this council, it's purpose and duties, and also its current activities.

So as Mr. Gerber said, during the 81st Legislative session SB 1878 sponsored by Senator Jane Nelson, and HB 3219 sponsored by Representative Norma Chavez, created this council, the Housing and Health Services Coordination Council.

Prior to this legislative session, the Legislative Budget Board had come out with what they called the Texas State Government Effectiveness and Efficiency Report, and it was through that report that this creation of the council came about. And in their report they stated that combining housing and services

outside of institutional care is an opportunity to expand the long-term care continuum by creating more options and opportunities between the two ends of the continuum, which are independent living and institutional care.

So that's where we came from. In terms of the purpose of the council --

MR. GERBER: Ashley? Ashley, why don't you come sit over here, like around the side, and just -- that way you can speak into the microphone. You'll be --

MS. SCHWEICKART: Oh, sure.

MR. GERBER: -- that way you'll be able to cover both sides of this, and we'll have you on the microphone. It'll be easier I think for folks to hear.

MS. SCHWEICKART: Sure.

Okay. Can everyone hear me? All right. Great.

So in terms of the purpose of the council, there are three things that were outlined in SB 1878. The first is to increase state efforts to offer service-enriched housing through increased coordination of housing and health services. Additionally, the council is tasked with improving interagency understandings that we have a number of staff in both the state housing and state health service agencies that are conversant in both aspects.

And finally, this council is seeking to offer a continuum of home- and community-based options that are affordable to the state as well as the targeted population.

So if we go into the basics, just a brief run down. We have 16 members of our council, and the Executive Director of the TDHCA, Mr. Gerber, is our chair. We also have eight Governor-appointed members, and they serve in staggered six-year terms, and seven members appointed by various state agencies that deal with issues of housing and health services for this special needs population.

The council meets quarterly, and you can see there's the upcoming meeting dates for us. We have one in about a week and a half, coming up, and the TDHCA staff will provide clerical and advisory support for the council. And in terms of a deliverable that's coming out is our bi-annual report is published every even-numbered year, so this year it will be September 1 of 2010.

And then this is just a breakdown of the members. Most of them are here. This is the state agency representatives, and the only ones I think that were not able to attend today are Jim Hanafee from the Department of Assistive and Rehabilitative Services, as well as Mark

Wyatt from the Texas Department of Rural Affairs.

And then our Governor appointees, again, just listing most of you -- most of whom are here today. I think that Paula Margeson is trying to make it from the airport right now, as is Mike Goodwin, so they are both -- they will both be coming very soon.

So moving on to the duties of the council, what the council has been asked to do by statute. There are a couple of main themes with these duties I just wanted to over briefly. The first one is to develop and implement policies for increasing the state efforts to offer service-enriched housing.

The second is to identify the barriers that are slowing those efforts. So they may be financial barriers, they may be regulatory barriers, administrative, communication barriers. But trying to identify what those are so we can understand why there may be -- preventing service-enriched housing from happening.

Also, we have developing performance measures to track these various goals that we have, and that's definitely one of the things that's been asked of us. Also, developing a system to cross-educate staff, as I said, in both state agencies for housing and for health services, to make sure that we have experts in both.

Then moving on, identifying opportunities for the state agencies to then educate and train and provide technical assistance to our local providers out there in the field who are working with consumers day in and day out and making sure that they have the tools and the necessary training to understand our housing and our health service programs.

And then finally developing a bi-annual plan. And, like I said, September 1, 2010 is the first plan that will come out by the council,

So staff -- we introduced myself and Marshall. Marshall is our program specialist, does a lot of research for us; I'm the coordinator, Ashley; and then David Johnson. He's not with us today, but he's our data specialist, doing all our number crunching. So the three of us will always be stewing around somewhere in all these meetings, and you'll get to know us well if you want to hear more about the council and be part of it, so.

Going on to what we've done so far with the council, at the first meeting of the council back in November, it was decided that there would be some sub-committees that the council could break up into that would act as the work groups to really flesh out these issues and these goals that the council has.

So the first one is the Policy and Barriers Committee, and they are trying to address both the implementation of policies as well as the identification of the barriers that we are looking to make recommendations on, and they will be meeting quarterly. As you can see, there is some upcoming quarterly meetings for them.

The second committee is the Cross-Agency Education and Training Committee, and what they're working on is the system for cross-educating state staff, and then finding ways to provide technical assistance and training to the local communities. And, again, you can see their quarterly meetings are listed there as well.

So those are the two main work groups. We also have a third committee, it's a Coordination Committee, and that's for setting agendas for the -- each quarterly council meeting, and sort of setting the general direction for the council at each meeting. And this will be composed of the council chair, vice chair, and then the chairs of the committees that have been formed.

So right now we're in the public forum process, and obviously, as Mike said, we have invited you here in order to gather information from you about current efforts and challenges for providing service-enriched housing, as

well as just allowing an opportunity for participation and discussion about the purpose and duties of this council.

As you see, you're the very first ones, you're our guinea pigs, and we have three more across the state in the coming month, so please let anyone know that are in your organizations that are in other cities know if they would like to speak and attend these public forums that are upcoming.

And then finally, the last thing that I wanted to talk about is that one thing that we would love to get feedback from you on is a draft definition of service-enriched housing that has been proposed by the Policy and Barriers Committee. So when they met this month, they tried to come up with a definition and really wanted your feedback because this is by no means final, it's a draft. And we'd love to hear how you feel about this definition of service-enriched housing.

So I'll read it off, just to make sure everyone knows. 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 let us know if there's anything that

you would change, or if you think this is a good definition, you know, how you feel about it. That would be -- it'll be great to hear from you about that because this definition ultimately will be approved by the council and go to the TDHCA's governing board for them to discuss and possibly approve it.

To that is everything. There's some additional information about the council's website, and if you want my e-mail address to provide written comment, I hopefully gave most of you my card, and I can give you -- anyone who I didn't give my card can come up to me afterwards, and it has my fax number on it as well if you want to submit any written comment to the council.

So that -- I think we're done. Yes.

MR. GERBER: Great. Thanks, Ashley. Appreciate it.

And I don't know if anyone has any questions of Ashley. Again, sort of in the --

Joy, why don't you come up to the microphone and state your name and --

MS. HORAK-BROWN: I'm Joy Horak-Brown, and I'm the Executive Director of New Hope Housing. We develop and operate affordable single-room occupancy housing for adults with low, very low and extremely low incomes.

And I have a technical question, Ashley. I'm wondering if this PowerPoint is going to be on the TDHCA website, or is it available that you could email it to me, because there are people who are not in the room here today who may not have made it -- I know you, you know, did a great deal to try to scoop up everyone in Houston who might find this beneficial, but I can think of a couple of our partners that I would really like to share this with.

I'm quite excited about the work that you're doing, and I want to participate and to have our partners participate fully. So how can I --

MS. SCHWEICKART: Great. Yes.

MS. HORAK-BROWN: -- get this?

MS. SCHWEICKART: Yes, I can email it to you. I will also be posting it on our website.

MS. HORAK-BROWN: Good.

MS. SCHWEICKART: We're probably going to make a little public forums section, so that will be -- it will be posted and I can certainly give it to you once I get back to Austin.

MS. HORAK-BROWN: Wonderful.

MS. SCHWEICKART: Yes.

MS. HORAK-BROWN: I'm sure I'll have more to

say in a little bit, but thanks for the technical question.

MS. SCHWEICKART: Thank you.

MR. GERBER: And maybe for the public's benefit, for everyone's benefit, why don't we keep up the definition of integrated housing, I think it would be helpful -- or service-enriched housing, that I think would be helpful. And so if you have comments about that throughout the discussion today, that would be certainly most appreciated.

I know that we've asked several folks -- we invited several folks to give testimony. Again, there's no formal order to this. But let me turn and just walk through the folks that we asked to give invited testimony and ask them to come forward. And, again, if you haven't filled out a witness affirmation form, feel free to give your remarks and then just be sure to fill it out at the end.

I would have Jeff Anderson, who's the Executive Director of the Mayor's Office for Persons with Disabilities -- I don't know if Jeff is here. Great.

Jeff, would you like to come forward and say a couple of words?

The primary mission of this office, as I

understand, is to make Houston one of the most successful cities in the nation by working to remove physical and other barriers at all levels of city government throughout the community. And appreciate your leadership.

MR. ANDERSON: Yes, and I appreciate the opportunity to address you. I think it's a great thing that you're coming to Houston and going to other cities to get input from the community.

I do have one friendly technical suggestion to make, is that at your future forums you need to have captioning at the event because many of us in the community rely upon that to keep up with what's going on in the conversations that are going on.

So I hope you don't mind me making that suggestion.

MR. GERBER: No, no. Appreciate it.

MR. ANDERSON: Yesterday afternoon when I was asked to speak with the Housing and Health Services Coordination Council, my first question was, Who? I felt a little bit ignorant at that point, but once I did some research, I realized that, yes, you all are very new.

In my research I found the sponsor's statement of intent, and much of what I'm going to share with you is based on what I got out of that statement, that there is

no single entity that exists to coordinate and reduce barriers created as a result of the number of entities involved in developing service-enriched housing. And one of the questions I had was, what is service-enriched housing, and you've provided that definition, and I think that's a pretty good start.

What I did in order to provide you some insight, is I checked with many of my staff, former staff, and former EDs to get their recommendations on what they believe are priority issues for you. The first individual I spoke with said that, you know, we have to remember, of course, that the population of people with disabilities is very diverse and in general they have a lower income and have more need for services, not just accessibility needs.

And to back that up a bit, information I have found indicates that 38 percent of working adults with disabilities live in a household with an annual income of under $15,000 a year. So income is a very significant issue, and of course that affects your ability to provide housing for yourself.

This person also emphasized the need to focus on keeping people independent in their homes, and not in nursing or assisted living centers. And of course there is a huge, and they capitalized huge, need for caregivers

to help people live in their homes independently.

The next individual I polled mentioned that there were issues regarding government housing in general. She states that our citizens are often at a disadvantage when it comes to housing programs, and many times there are communication barriers. And if they do get housing, that it may require considerable improvements simply to make it liveable for the individual.

Many of the individuals encounter additional barriers such as cognitive and otherwise that might require support or assistance that just isn't offered by the housing entity. They also emphasized that transitioning from hospital care to home or apartment is financially and physically difficult, if not impossible for many.

If they are financially capable of maintaining their rent and mortgage, they might not be prepared for the cost of making their home accessible, and getting the home care they need at that point. If they are physically capable of staying at home, they might not have the financial means to keep the home during the duration of their hospital stay.

And there are also social aspects of concern. People with disabilities are often treated as incapable,

sub-human, are often abused emotionally, physically and sexually by the people who care for them, and basically because they're perceived as being a very vulnerable population who have no other alternatives for house.

The last person I polled indicated her concern about the homeless population, that there is a need for accessibility in homeless shelters, that the lack of accessibility can prevent these individuals from getting the service they need, and they literally be on the street.

She also expressed a concern that the population of people with disabilities is extremely vulnerable in government funding housing. We have encountered numerous situations here in Houston where the management is insensitive and even abusive. And so we're hoping that there will be some sort of oversight recommended by the governing bodies to ensure that these managers of these complexes are not only knowledgeable, but they are sensitive and compassionate.

And finally, I took a look at the actual inquiries that our office receives from the community, and it's very telling. Forty-five percent of the inquiries that our office receives from the community are housing related. Nearly half of the calls we get are housing

related. We don't offer any direct services for these individuals regarding housing, but we're still getting these calls in.

We make referrals out to the community, to agencies that may deal with the system, and as a result, we have accumulated a list of agencies that has about 87 agencies on it. Of those 87, 67 have, in some way, shape, or form, something to do with housing. So this list was created based on our perceived need, and it's overwhelmingly housing related.

Another note is that one in three of that 67 are faith-based. And I'm very glad to see that you have a faith-based representative on your council. The reason I'm bringing this up is that don't overlook that particular aspect of the service community. They can provide you a lot of information. Like I say, fully one-third of the agencies that we refer people to are faith-based.

On the other hand, there aren't very many agencies who provide home repair or affordable modification to an individual's home to make it accessible. So there is a big need there because there aren't many resources in the community to provide for it.

Basically that's the input I wanted to provide

you. Just to let you know, the Mayor's Office for People with Disabilities in Houston is associated with the Harris Country Area Agency on Aging, and so I recommended that a representative from the Aging and Disability Resource Center here in Houston also speak to you, because they are also located in the Area Agency on Aging, as we are, and they'll have more information for you regarding the needs of seniors and housing.

Those are the comments I had prepared for you.

MR. GERBER: That's great, especially on 24-hours notice.

MR. ANDERSON: Is that more than you wanted?

MR. GERBER: No, that was tremendous.

MR. ANDERSON: Okay.

MR. GERBER: I'll take the -- I'll be asking maybe the first question. Talk to me a little bit about your relationship with the City of Houston's Housing Department and, you know, the City of Houston receives direct allocations of funds from HUD, HOME Program. Some of those program dollars can be used for some of the things you're talking about --

MR. ANDERSON: Right.

MR. GERBER: -- some of the --

MR. ANDERSON: Right.

MR. GERBER: -- modifications you're talking about. To the extent you know and aware of them, what's been the relationship there and what difference has some of those programs made?

MR. ANDERSON: Well, of course they are a part of the City of Houston, but they're separate from our office. Our office is primary an advocacy arm, we also provide the support for the Houston Commission on Disabilities, which would be another good source of information for you. But, yes, we do have contact with the Housing and Community Development folks and the work they do in the community.

MR. GERBER: So is there a relationship with the local public housing authorities as well? I know --

MR. ANDERSON: Yes, obviously we do have contact with these people because of the needs that are made -- come to attention in our office.

MR. GERBER: Any other questions or thoughts from various members?

(No response.)

MR. GERBER: Well, great.

MR. ANDERSON: Okay.

MR. GERBER: If you don't mind sticking around for just a little bit, I think as the conversation gets

going we might have to --

MR. ANDERSON: No, I am going to stay for the whole session, yes.

MR. GERBER: Tremendous.

And I think we're joined by a couple of other council members. And Paula is here. Welcome.

MS. MARGESON: Thank you.

MR. GERBER: And, Paula, when we started we went around and just had a moment to tell a little bit about who was up here and the interest they represented. And if you don't mind me putting you on the spot, you want to introduce yourself and your experience and background and how you got on to the council.

MS. MARGESON: My name is Paula Margeson, and I'm known for being late.

(General laughter.)

MS. MARGESON: My background is independent living. I work for an independent living center in Dallas, and I've been in that movement for 30 years. And our focus is really that people have a voice in whatever services they receive, whether they're on-site or off-site with their housing. So I'm just kind of here to represent consumer interest, I guess.

MR. GOODWIN: I'm Mike Goodwin. I am on the

private side. I've been in the affordable housing industry since 1986, and I am currently working with a group of nonprofits in San Antonio that do housing in about five states.

MR. GERBER: Great. Mike, welcome.

Next up is Joy Horak-Brown, who we've already heard from.

Joy, if you come back, reintroduce yourself and give us a little perspective on New Hope Housing.

MS. HORAK-BROWN: Thank you very much. To repeat, and we do have some new council members here, I'm Joy Horak-Brown. I'm the Executive Director of New Hope Housing, Inc., and we develop and operate affordable single room occupancy housing, housing for adults who live alone and whose incomes are low, very low, and extremely low.

We are just about to double in size. We have 319 units now, and by the end of this year we will have 634 SRO units, and much of that good fortune that is coming our way we owe to the Department and to our ability, our new ability, and hopefully continuing ability, to access low income housing tax credits.

We historically, and at the moment, prefer to be a housing provider and not to be a provider of

services. Now, we do have case management and we do have information and referral, and we do have life skills offered in our properties. A large percentage of our residents are living on disability income and/or have a disability that is apparent, some is not apparent. Those disabilities are both cognitive and physical.

We struggle continually to have the service on-site or off-site that we know our residents need. And to the best of my ability to assess why that is a such struggle, it's two-fold. One, it is financial in terms of the agencies accessing the funds that they need to provide services for the residents in our buildings, and, two, it can be a regulatory matter.

There are so many programs out there that you have to be an individual with just this certain income and just fitting this particular description. And if you don't fit exactly that particular description, which is not as broad as this description you have defined, and which I greatly support, then it's just real hard.

If you aren't chronically homeless, just being homeless isn't enough, it needs to be chronically homeless. It isn't just enough that you're on the verge of homelessness. We love to prevent homelessness, that's our business.

So these are some of the issues that we are face. We are moving in a direction of having more collaborative efforts with healthcare providers. We think this is critically important, and indeed one of our properties that is under renovation now and that will be opening in April/May, is actually going to have a walk-in clinic, a small clinic, not offering extensive services but offering services to the residents of New Hope Housing's properties and to other properties in the city.

We very much need, and solicit your support, in helping Houston and the state of Texas move to a more service-enriched housing that helps the elderly and people with disabilities. A full 60 percent of the people in our buildings meet the standard that you have in front of you in terms of your definition.

MR. GOLD: May I ask you a question? So what does service-enriched mean to you?

MS. HORAK-BROWN: Well, it means to me that either there are services that are needed by the specific population either on-site or available off-site to the residents, and that someone in that housing component, in one of our buildings because that's all I can speak to, is an individual who is knowledgeable to either to provide those services, to bring those services in, or to refer

the resident out to the community for the services that they need.

MR. GOLD: So you're talking about like perhaps an on-site case manager --

MS. HORAK-BROWN: A case --

MR. GOLD: -- who then --

MS. HORAK-BROWN: -- manager or --

MR. GOLD: -- would coordinate the service --

MS. HORAK-BROWN: -- an information and referral specialist, Mr. Gold.

MR. GOLD: Thank you very much. I appreciate that.

MS. HORAK-BROWN: Thank you.

MS. McGILLOWAY: Good morning, Joy. It's good to see you always.

When you're talking about these healthcare providers that are off-site, are they public, private, where are you finding them in Houston?

MS. HORAK-BROWN: Well, we're finding them through the Harris County Hospital District and we're finding them through federally qualified health clinics --

MS. McGILLOWAY: Okay.

MS. HORAK-BROWN: -- that exist throughout the city.

MS. McGILLOWAY: Okay. So no private institutions?

MS. HORAK-BROWN: Not really.

MS. McGILLOWAY: Okay.

MS. HORAK-BROWN: And once an individual is a client, a patient of a federally qualified health clinic, for example, that clinic might, in fact, make house calls on those occasions that are -- where that's necessary.

MS. LANGENDORF: Hi, Joy.

MS. HORAK-BROWN: Hello.

MS. LANGENDORF: For the individuals that are residents of your all's housing, they're not -- as I understand your program, they're not required to have specific services. They're available if they want them?

MS. HORAK-BROWN: That's exactly right.

MS. LANGENDORF: Okay.

MS. HORAK-BROWN: The population that we're working with is not severely mentally challenged, and is -- though we do work with MHMRA, we do have many people who are on medications, and we watch that and we're in touch with the providers. We're not dealing with a population that has a severe difficulty in that regard.

MS. LANGENDORF: And the other thing in your developments, because this is the other interest and the

thing I think that does go closely with this, as you're developing your properties, what are your requirements as a developer that you look at regarding public transportation?

MS. HORAK-BROWN: Well, we see to it that we're convenient to Metro lines.

MS. LANGENDORF: Okay.

MS. HORAK-BROWN: Absolutely. That's very -- most of the individuals who access our housing do not have private automobiles.

MS. LANGENDORF: Yes, that's what -- I mean I figured from --

MS. HORAK-BROWN: Yes.

MS. LANGENDORF: -- based on that. But I didn't know the connection or requirements that you develop in your housing, and --

MS. HORAK-BROWN: We try and --

MS. LANGENDORF: -- in Houston you all have Metro Rail? Is that what --

MS. HORAK-BROWN: We do.

MS. LANGENDORF: -- it's called?

MS. HORAK-BROWN: Well, some light rail, but we have --

MS. LANGENDORF: Okay.

MS. HORAK-BROWN: -- bus service --

MS. LANGENDORF: Yes.

MS. HORAK-BROWN: -- for the most part. And we take a look in a one-mile and three-mile radius to the services that are available, including jobs --

MS. LANGENDORF: Yes.

MS. HORAK-BROWN: -- as well as healthcare and grocery stores and pharmacies and libraries, you know, a myriad services that would make living in one of our properties attractive to someone who needs some assistance from the public sector.

MS. LANGENDORF: Does Houston have transit-oriented development as a --

MS. HORAK-BROWN: It does not.

MS. LANGENDORF: -- planning -- okay. Thank you.

MR. GOLD: What do you consider to be the most crucial of your services -- I have sort of a two-fold question. One, how many of the individuals who are residing in your housing are eligible for just Medicaid, not just SSDI; and, two, what do you consider the most crucial services that individual in your housing situation require?

MS. HORAK-BROWN: Well, the most critical

service they require is the housing itself.

MR. GOLD: Housing itself.

MS. HORAK-BROWN: That's the beginning of stabilizing your life and moving forward. And many individuals who come to live with us -- we operate on the surface, much as any high-end apartment complex would, quite frankly. I mean we have, you know, leasing criteria, you sign a lease. If you don't require our services, we don't offer them to you. I mean not every -- some people just simply have a very low income and need to live in the kind of housing that we offer.

Once you get past the housing component, I believe the most critical service that is needed is medical attention.

MR. GOLD: Acute care.

MS. HORAK-BROWN: Well, not acute really, but assistance with medications, assistance with whatever disability or illness that might befall you. We find that individuals in our housing are actually reluctant to access medical care. When they become ill, they will tend to retreat into their own apartment.

And so we're working with that and finding ways that our case manager can be sure that he or she touches base with every resident in our housing, even if they're

not requesting services often enough, to see if there is a problem that they aren't bringing to our attention, that we can assist and encourage them to go out. So much of it surrounds medical attention.

MR. GERBER: Are folks on the committee -- on the council familiar with the SRO concept? And I don't know if it would be helpful to anyone to have Joy talk a little bit more about that. It's one of the uniquer things that TDHCA is proud to be a part of financing, but it's certainly very much a home-grown initiative, really pulling together communities in extraordinary ways. We're seeing SROs develop in many of our major cities.

And Joy, from the Department's perspective, is one of the best. And at some point during the council's work, it's probably worth us going and visiting New Hope's operations, as well as Foundation communities, which has operations in Austin, I believe also in the metroplex as well, as well as others in San Antonio, and just to get a sense of the difference that that model can make in trying to meet this need.

But, Joy, anything else you'd like to -- you know, you certainly have a very unique service, and it has really made a huge difference here in Houston. And I'm a believer that we need more SROs and that there's a need

to, as we work through our programs at TDHCA and the rules that govern the low income housing tax credit program in particular, which New Hope has taken so much advantage of, that we need to do more to make that model of housing, frankly, higher up on the priority list.

MS. HORAK-BROWN: The one other thing I would like to say is that there's a concept that I hold very dear, and that is that we don't develop not one unit of housing that I wouldn't live in personally and proudly. And if you drive by one of our developments and you can identify it as low income housing, then we have failed. We have failed the community, and we have failed the people who live there.

We start with a concept of the way we treat and regard and interact with a resident in our building. We say, Good morning, Mr. Gerber, and then that moves to the way the staff treats one another, and the way the board and the staff interact, the way our nonprofit board works together in governance. Those are very important concepts. And so quality is always the thing I think of first, quality, quality, quality.

And to be able to offer a higher quality of services in our building would be a wonderful thing. And so you're going to see a lot of me, and I'm going to

welcome getting to know you, and would love you to come and visit one of properties. We work really hard at what we do, and we enjoy any opportunity to show off and to learn.

MR. DAUSTER: I have a question before you leave.

MS. HORAK-BROWN: Oh, yes.

MR. DAUSTER: You were talking about medical as being the highest priority after housing. How do you find medical, and I'm particularly interested in if you're talking also about dental, about mental healthcare, and about substance abuse treatment.

MS. HORAK-BROWN: Well, we find substance abuse treatment with a myriad social service agencies in the city who are expert at that. And we have learned to do that. And we have found it very effective for us. Our job is to try to keep people in housing, but we can't keep everyone in housing. Not always is an individual cooperative in that regard, and we certainly try. But at some point we do refer people actually out for treatment, and we have been able to effectively do that.

The knowledge that we have is not lacking -- I think the amount of services that are available is what the -- is where the push is.

MR. DAUSTER: How about mental health?

MS. HORAK-BROWN: Mental health we work with MHMRA, and that is quite effective. It is of course challenging to help people remain on their medications and for those medications to be properly calibrated. We do not dispense medication, so we immediately call for service from MHMRA.

You will be hearing, I think, today from the Star of Hope, and they work with a far more mentally challenged population than we do, and they're going to be able to tell you how their system has become clogged.

And what we are looking for is for those individuals who are very severely challenged to be able to be stabilized and made more housing-ready so that they can move from the organizations that are expert in dealing with the very severe problems that part of population has into the increased amount of housing that we hope to develop where we can help people remain stable. And if they destabilize, to go back to the referring agency so that they can be stabilized once again.

And, again, let me emphasize not everyone in our housing needs this kind of services. Some people just simply have an extremely low income and need to live in a supportive lovely place. Our rents now are around $410 a

month. That includes utilities, that includes cable television, that includes all social services. I mean so when you back out that component about $100 a month, you're talking about a rent that's just a little over $300 a month.

And because we operate with no debt, we have to have 100 percent equity before we build us an SRO. The only way we could carry debt would be to charge our residents more, and they can't afford more. And so we are at the -- we are always with our hand out and with our story out so that we can do more of this.

MR. GOLD: I was going to say -- and this is a question for everybody too, if you wouldn't mind addressing -- one of the mission of this council is how to identify barriers and this may be appropriate and this may be appropriate, and is for everybody else. Are there any issues, or do you ever have to do criminal history checks, or is that ever a barrier --

MS. HORAK-BROWN: Absolutely.

MR. GOLD: -- to actual -- of the housing situation?

MS. HORAK-BROWN: Absolutely.

MR. GOLD: Because we're finding in a lot of our programs that it seems to be either an idiosyncratic

problem, or it's a federal problem, or it's a statewide problem. So if you could please address that?

MS. HORAK-BROWN: It is a barrier to residents. We do a criminal background check, and that check is designed to rule out individuals who have committed an assaultive crime. There are not sex offenders, there are not people who have assaulted others, certainly no one who has committed homicide. If you have made methamphetamine in your bathtub, you're not welcome; you might blow the building up.

And so we have to have the approval of the neighborhood to build, and I can assure you we would not have neighborhood approval if we did not do a criminal background check.

Now, it is not designed to rule out anyone who has a nick or a scrape or has had a brush with the law. Many people in many, you know, very upper-middle-class families have a family member who's had a scrape or a brush, and when you have a lower income, you all know that you can't necessarily afford the kind of legal counsel. And so you're going to have a few more dings, and we do work with that.

I think there's a great need to work with prison releasees, and I don't know how to approach that.

MS. LANGENDORF: Joy, you all are focusing on the single-room occupancy --

MS. HORAK-BROWN: Yes.

MS. LANGENDORF: -- which is an -- as I understand it, for the most part it's an individual --

MS. HORAK-BROWN: It is individuals.

MS. LANGENDORF: -- one person.

MS. HORAK-BROWN: People living alone. It's much like a college dorm room concept --

MS. LANGENDORF: Yes.

MS. HORAK-BROWN: -- where you have a furnished efficiency with a private bath, a refrigerator, and a microwave. And then you have beautiful community rooms, library, fully-equipped business center, a garden with a fountain, horseshoes, and --

MS. LANGENDORF: Yes. Okay. Thanks.

MS. HORAK-BROWN: What you thought you were going to get when you were in middle school dreaming of college.

(General laughter.)

MS. LANGENDORF: Okay. So you're not doing any -- I mean I'm just wondering, for folks with disabilities, oftentimes we're looking at somebody that needs a living attendant or something of that nature,

but --

MS. HORAK-BROWN: We do not have a provision for that. There are many individuals who do have home healthcare providers who come in, housekeepers, during the day. New Hope has a goal of 1,000 units of single-room occupancy housing, and as we're coming close to that goal, I'm already beginning to think if we shouldn't perhaps broaden our offers a bit.

And I believe that seniors would be our next logical move, because a good 60 percent of the people in our buildings now are seniors, but they need to be living alone at the moment. They may be married, they may have grandchildren, there may be all sorts of circumstances, but they're alone now. And there are seniors who are couples who need much the same sort of services that we offer, Jean.

MS. LANGENDORF: Absolutely. Thank you.

MS. HORAK-BROWN: Thank you.

MS. McGILLOWAY: Sorry, I have another question. And as Marc said, any question that I've asked, it's open for everyone to answer.

But, Joy, you were talking about the rents and what was included in the rent, and you spoke about the services that are provided is including the rent. Because

I was -- the reason I asked my previous question, where do you find the providers, is I'm concerned about -- or my question is, where do funds for services come from? Are they services that the individual alone qualifies for through a state agency or a federal program, or are they services that are provided through funds that you guys have raised, you know, separately from that?

MS. HORAK-BROWN: It's all of the above.

MS. McGILLOWAY: Okay.

MS. HORAK-BROWN: And we do, because of our rent ceiling, that we -- self-imposed by the way, it's not necessarily government restriction -- we are not able, with the income from the rents, to both care for the building beautifully and also provide the services. So we must, New Hope Housing, raise service dollars in the philanthropic community.

And certainly those agencies, such as the Star of Hope that's here and will be addressing you, must raise dollars as well so that they can offer services to the residents of our buildings. We can receive referrals from them. So much of what we depend on, all of what we depend on really for services is philanthropic dollars, Paige.

MS. McGILLOWAY: Yes. I do know that you have an application in with us for supportive services.

MS. HORAK-BROWN: We do, and we have all appendages crossed.

(General laughter.)

MS. McGILLOWAY: But I was just wondering if it was, you know, if it was programs provided by DADS or whatever the people who are getting services, other than those privately raised funds. But --

MS. HORAK-BROWN: Well --

MS. McGILLOWAY: -- it's all the above.

MS. HORAK-BROWN: -- the service providers that we collaborate with are accessing government as well as private funds for the services that they can offer and that we can refer to. And I'm not nearly as well qualified to speak to their mix of funding as will be others in the room.

MS. McGILLOWAY: Thank you.

MS. HORAK-BROWN: Thank you.

MR. GERBER: Thanks so much --

MS. HORAK-BROWN: Thank you --

MR. GERBER: -- Joy.

MS. HORAK-BROWN: -- all very much.

MR. GERBER: Jonas?

MS. HORAK-BROWN: Yes?

MR. SCHWARTZ: Joy, I have a question.

MS. HORAK-BROWN: Yes?

MR. SCHWARTZ: For your housing, how large is one of your units?

MS. HORAK-BROWN: Our units are going to be going forward in the buildings that we're developing now around 300 square feet. We have units currently that we've developed in the past that are closer to two ten, two and a quarter. And we're trying to increase the size of the units for increased livability. Certainly those ADA units are larger, they are all in excess of 300 square feet.

We're right on the horns of a dilemma always because you either offer housing to more individuals by shrinking the size of those units, and being certain that you have the wonderful expansive spaces that you can offer, and having a larger unit. And so it's something that we struggle with always.

MR. SCHWARTZ: Okay. I have another part of my question, and that is once an individual becomes a resident at one of your properties, and then they determine that perhaps circumstances in their life have stabilized to such a point that they want to move into a larger unit, then do you help them to make that transition?

MS. HORAK-BROWN: I would need to ask you to define what you mean by helping them make that transition. Typically -- I don't recall anyone coming to us asking us for suggestions as to where they might move, and we do not provide moving services. Is that -- was I understanding your question properly, sir?

MR. SCHWARTZ: To an extent. I was thinking about, just wondering if one of your residents comes and says, you know, I'm ready to move on to the next chapter --

MS. HORAK-BROWN: Right.

MR. SCHWARTZ: -- of my life, whatever that might be, you would hook them up with -- or I guess make referrals for them to services that may be helpful in that regard. Not that you would actually physically help them --

MS. HORAK-BROWN: Right.

MR. SCHWARTZ: -- transition from your property to somewhere else, but.

MS. HORAK-BROWN: We could point them to one of the fully-equipped business centers where we have individuals that can help you with Google, and do the sorts of searches we do, are familiar with all of the services of Harris County and the United Way, where they

do have websites where you can seek housing. So we do know how to move people in a direction where they can do some investigating on their own as to where to live.

I believe I would be reluctant to make a recommendation to someone because I can't certainly vouch for the housing and the management at another building, but for sure we do know the websites to look at so you can find places that you can access.

By the way, it might interest you to know that the average stay at one of our buildings is 20 months, though people are certainly not required to leave ever. And we have more than a few people who will walk in and say, I'm going out of here feet first. This is where I'm going to be forever, and I love being here. So we've got all sorts, just as any other property might.

MR. SCHWARTZ: Thank you.

MS. HORAK-BROWN: Thank you. And thank you all very much.

MR. GERBER: Thank you, Joy. Appreciate you being here.

Eva Williams with the Houston Area Aging and Disability Resource Center is here.

Ms. Williams, welcome, and appreciate you taking the time to join us this morning.

MS. WILLIAMS: Good morning. And I bring you greetings from the City of Houston Department of Health and Human Services, which is where the Harris County Area Agency on Aging and the Aging and Disability Resource Center that's serving the Gulf Coast is located. I know that's a lot, but we're all in a collaborative effort to start this Aging and Disability Resource Center.

But my presentation today comes from the perspective of being a direct service worker. My official capacity within the Aging and Disability Resource Center is as a benefits counselor. And as a benefits counselor, we get those direct calls from the public, and they have different issues regardless if they're a younger person with a disability, or a senior citizen with a disability.

And one of the issues that has been brought to my attention is the rental due dates, regardless of what type of housing it is. If you have a mortgage, you have flexibility of paying that mortgage by the 16th of the month and you're not penalized in most mortgages.

But when you're renting, your rent is due on the 1st. But social security, because of the large number of people that are now receiving social security benefits, they have opted to a payment cycling system now. You don't -- everyone doesn't get their check on the 1st of

the month. It depends on when your birthday falls, so if your birthday falls on the 15th of the month, you're going to get your check the Wednesday after the 15th.

And a lot of people incur late fees with their rent because they're not a check ahead, and they depend on that monthly check to pay that rent. So some flexibility in rental due dates, or if you know -- a landlord knows an individual doesn't get their check until the 20th of the month, maybe there could be some flexibility to say that your rent is due on the 20th of the month. That's one of the issues.

One of the other issues has already been raised. We encounter a lot of individuals who have been incarcerated and because of prison release programs the Area Agency on Aging is one of the organizations that they are given information from.

You may have gone into prison when you were 30, but when you come out you are now a senior citizen and you have some challenges. Number one is rent, because we have to help you get some funds, which is usually SSI, because you haven't contributed to social security and you may not have enough quarters to draw benefits.

And number two is housing. Having a felony conviction on your record affects where you can live. And

if you don't have a place to live, a lot of those individuals can become homeless, thus committing another crime because then they go back to prison and they have a place to stay. So that's an issue that has been brought to my attention.

And the last issue that I really had a challenge with was during Hurricane Ike. During Hurricane Ike we had some wonderful apartment facilities here for seniors, but all of them are not prepared for emergencies. And in the area where I reside, we have several senior facilities there, but our electricity was off for 12 days. And if you're on the 10th floor and you're living in a housing -- no matter if it's public housing or private housing, and you don't have any electricity, that is a great challenge and a great barrier.

If you're a diabetic, how are you going to keep your insulin refrigerated? If you need to go up and down daily because you can't cook, maybe the facility is all electric. Those are barriers that need to be addressed in terms of what type of emergency preparedness do these complexes have.

Do they have generators on-site, and if so, what parts of the complex, if not all, will operate based on those generators, what capacity is it? Or when we're

building new units, is it an idea that now we should incorporate some type of generators into the new units, you know, even if it's a smaller, safer generator that might power a one-bedroom apartment.

And basically those were my comments. Any questions?

MR. GOLD: Well, hi, again --

MS. WILLIAMS: Yes.

MR. GOLD: -- I really do appreciate all the wonderful work that you're doing, and everyone down here in the Houston area.

For the -- this will be more for the benefit for the council members -- the Area Agencies on Aging are in a contractual relationship with DADS, so DADS has a contract relationship with them. And we're also the Aging and Disability Resource Center's -- which is a really wonderful, fabulous concept that works very well with, I think, some of the things that we're trying to do here -- is also a project under the Department of Aging and Disability Services we have around the state, the Gulf Area is one of newer ones, we have an RFP to create a ninth one.

And I think it would be helpful, Ashley, if I sent you the website just devoted to the Aging and

Disability Resource Centers.

It's idea that the front door for getting all these private and not-for-profit organizations and the public and private organizations all coming together to sort of share a common intake basis so people don't have to go from agency to agency to agency, to organization to organization, so there's sort of common -- and my understanding from you as we were walking in this morning, that you're -- it's going to be co-located with the various sort of agencies, being able to share that information.

So I think it is something that -- again, I'll send you that website so you can be more informed how that works.

And then what are the opportunities as we're working on this Housing and Human Services Council?

MS. WILLIAMS: We're co-located at the Kashmere Multi-Service Center, and the good thing about that is that we've extended invitations for other agencies. We have Gulf Coast Community Services, which is a community action agency that will be located there. In our area we have Harris County Social Services that helps with rent and utility assistance.

And we have -- we're going to have a re-entry

program because the community where we're located has a very high number of ex-offenders who are moving back into the community, and it's an older community so they are moving in with their older parents, either their mothers or grandmothers or what have you.

So I can't think of all of the agencies that will be located there right now, but it's hopefully a one-stop shopping facility, that we're trying to merge that concept together where physically if you need assistance with food stamps, you'll be able to get it there, and you'll also be able to get your rental assistance.

Even though these are different agencies, the applications will be there, the worker will be there, they commit to a certain number of hours per week that we will actually have physical staff there.

MR. GOLD: And your public housing authority, are they a member, because in some VARCs they actually are part of that numbers show.

MS. WILLIAMS: I'm not sure. Like I said, I don't have --

MR. GOLD: Yes.

MS. WILLIAMS: -- a list and I --

MR. GOLD: Okay.

MS. WILLIAMS: -- wouldn't want to say

something that isn't --

MR. GOLD: Sure.

MS. WILLIAMS: -- correct. Well, one other suggestion that I might have is maybe a statewide electronic comparison chart of the different housing facilities that you have, and I'm going to use the Medicare prescription program as an example. You can type in a zip code and put in the medications that you take, and it will link you to all the plans that serve that area, and then you can choose up to three at a time and compare those plans.

Where maybe you might have a HUD 202 facility or a tax credit facility in the same zip code, and you can see what enriched services are available for those particular apartment locations, and if they're on a transportation route for -- in our area it's called Metro -- that doesn't serve all parts of the county. So you would need to know things like that. And if you -- or it's not accessible to transportation, did that apartment project provide, you know, some opportunities for transportation.

And to look at a side-by-side comparison would help individuals around the state, because we frequently have people who may have to move from Austin to Houston,

or vice versa, or have to move to El Paso because they have a PACE program there. And it would be helpful to have a statewide electronic database that we could compare that type of information.

MR. GERBER: That's a great idea. It's funny, because during Hurricane Ike, and I spent a lot of time working with the city of Houston on Hurricane Ike and Hurricane Rita/Katrina, really during those experiences did we then finally pull together a -- it was all hands on deck to put as much information onto a database to figure out where there were available apartments, tax credit apartments, regular, you know, market units, a whole array of units with -- you know, that were close to various services to meet the needs of, you know, those hundreds of thousands and evacuees.

It certainly has not been something that's been maintained, but should be, and it's -- and to the extent that it has been, it's been done vocally. I think that's a very strong suggestion. I appreciate that.

MS. WILLIAMS: Okay.

MR. GERBER: Any thoughts from council members?

(No response.)

MR. GERBER: Well, thanks for joining us.

MS. WILLIAMS: Okay.

MR. GERBER: Stick with us --

MS. WILLIAMS: Thank you.

MR. GERBER: -- and feel free to chime in on others.

And, Ashley?

MS. SCHWEICKART: I just want to make a quick comment.

Based on what Marc was saying about the ADRCs and learning more about our local provider network that's out there in the state, those who are on the Cross-Agency Committee already received this document at their committee meeting, and I was going to send it out to everyone for the next council meeting, but there is a document that staff has created about local providers, and ADRCs are on there, AAAs are on there to give everyone who many not have a background in those local -- what those local providers do in the way of services, that that document is on our website and I can make sure you all have it.

MR. GERBER: Great. And so for the public they can access their website --

MS. SCHWEICKART: They can all -- yes, they can all access it.

MR. GERBER: -- and that information's on

the -- well, we'll provide it to you before you leave.

And let me also mention to staff, because at the end of the day, the staff is going to take a pretty lead role in preparing the report that we're obliged to provide the legislature, so feel free to ask questions, and if there's things that come to mind, Marshall and Ashley and Brooke and Elena, that will enable you to do your work as well in this.

Eva, thank you again.

Let me invite Toni Jackson to come forward. Toni is representing the Texas Affiliation of Affordable Housing Providers, and is an attorney with Coats Rose, which has a big presence here in Houston.

MS. JACKSON: Good morning, everyone. As I've been sitting in the back, I've just been writing down some thoughts, basically on what has been discussed here. As Mr. Gerber indicated, I am an attorney and I practice in the area of affordable housing, and I represent developers, nonprofit agencies, as well as housing authorities. So I have worked no development in all aspects and all areas of the low and affordable housing arena.

I've also done some work in the areas of barriers and have actually worked with HUD, who actually a

few years ago created a department specifically for looking at barriers to housing. Now, this department has not looked as closely as your counsel is going to be looking in terms of health services, but in my work and as well as the work that I know HUD has been doing, we have come across some of those barriers that exist. I've also had the fortune of working with Jean in this area as well because the barriers do exist.

As Joy indicated earlier when she spoke, you know, first and foremost the biggest barrier that we all see out there is the barrier of housing itself, and being able to put the brick and mortar on the ground. The social services and the support services becomes a secondary issue from the standpoint of first being able to try to get the housing on the ground, but then trying to deal with the issue of being able to push those rents down to that level of the low and the very low incomes.

Housing authorities are able to address this, but a lot of other developers are not able to address this because the biggest barrier, as it relates to being able to put lower income housing on the ground, is the soft funds, or the funding itself. Housing authorities, because of the funds that they have, they're able to put some soft funds into the transactions that are able to be

coupled with tax credit developments or FHA developments so that we are able to push those rents lower.

Other organizations or other developers aren't always able to do that, and without those funding sources available, then we're -- it's a lot harder for developers to put that type of housing on the ground. Developers are constantly looking at it, we are constantly discussing this with TAP, but, again, the biggest barrier is the soft funds.

This becomes an even bigger problem when we start talking about those -- building housing in cities and places outside of the larger metropolitan cities. So when you get into the rural areas, and even the smaller cities, who are wanting to address these concerns, the local jurisdictions just simply don't have the HOME funds, or the other types of soft funds, to put towards these types of housing developments, and so this is where the issue becomes.

About a year ago I worked on a development with a CDC in Dallas called Central Dallas CDC. And they had an incredible mission with a particular development that they were trying to work on there where they were putting together a combination of housing in a historic building that existed in downtown Dallas.

That building is going to have, on the first floor, commercial ventures; on the second and third floors, social services for the residents that are going to be living there; on floors four through eleven is going to be affordable housing and 50 of the 114 units will be for very low renters, and those renters also are formerly homeless renters, or renters with disabilities; and then the top two floors are going to be for market -- for sale and for rent market rate.

But in order for us to be able to do that development, let me tell you what funds had to go into that transaction. In addition to the low income housing tax credits, we utilized new market tax credits, we utilized historic tax credits, CDBG funds, some HOME funds out of special interest vouchers from the Dallas Housing Authority, and 12 other grants were utilized for that transaction.

So that's a lot of soft money that went into that transaction in order for them to be able to push those rents down to a significant amount so that persons with very, very, very low incomes were able to, in fact, live there and be able to live in these facilities.

Before we are able to even get to, or start addressing the health and supportive services issues, the

issues of being able to get to the very low income is a real issue as it relates to the soft funds. Then we next go to the issues of trying to put the supportive services out there.

As Joy indicated, most of the developers who are doing this are usually partnering with those social services that already exist on either the city, state or the federal level. And the biggest problem that all of us have seen in this area is the issue of coordination. And there's not a city that I've worked in that has not complained about this issue, tried to address it, but has been unable to address it as successfully as they would like.

I believe that this council is going to go just do volumes in order to be able to address this coordination. But it is a very, very real issue in terms of the issue of coordination.

The other issue, or barrier in terms of developers being able to put the social services, or particularly more specifically the health services that are needed for the disabled community, is an issue of licensing and liability.

Many will tell you very frankly -- you know, the owners will say, you know, I'm in the housing

business, or I'm in the brick and mortar business, I'm not in the medical business. And that brings on and addresses a whole different level of liability and issues that many of the developers, as well meaning as they may be, are simply not equipped to do.

And, again, if they even want to do it, a lot of times the funding is not there for them to be able to provide those services. So therefore, the gap gets created between us creating, or putting affording housing on the ground, and then that affordable housing then going to that next level and being housing that is actually, in fact, created for those persons who are disabled, those elderly persons who are unable to live independently.

And it leaves the gap between us working with the independent living situations versus when we now start moving into skilled nursing care, nursing home, and other specialized social service facilities. So those are some of the biggest issues or barriers that we tend to see in the area of affordable housing.

I wanted to also address the comment that was made just a moment ago as it related to the flexibility of rent payments. I think it's not a situation that landlords are not willing to be flexible, but landlords who work for an owner, owners have a mortgage payment that

they have to make also. And so we would really have to do some real looking at how we would be able to work on a flexibility of payment of rents, because of the mortgage payment that is required for the owners.

When we are at the closing table, we are trying to work out those kinds of details, but a lot of times when you are looking at all of your projections as it relates to your rents coming in, to have a lot of flexibility there. Our hands are really tied because of the mortgage on the construction site, and more importantly on the permanent side because of the type of permanent financing that we're getting.

So, again, this is something that we have to work on as we're working through the financing, but it is, it's one of those situations that is probably easier said than done. Thank you.

MS. MARGESON: Toni, the project that you mentioned in the metroplex Dallas, that's not an SRO. Right?

MS. JACKSON: No, it's called City Walk at Akard. It's going to be, like I said, downtown Dallas. But, no, it's not an SRO.

MS. MARGESON: How are you going to identify potential tenants for those units?

MS. JACKSON: Very similar to what you had to do here with your definition. We had to create a definition, or follow the guidelines for -- as it relates to the homeless definitions, and like of lot of areas of the world, very few definitions out there are very consistent.

And even in the homeless, you know, community, there are various definitions of homelessness, as Joy mentioned, chronic homelessness, just, you know, recent homelessness. But basically what they ended up going with is a person who has been homeless within the last six months would be able to fill the homeless units, and then there's also a definition for those units for the disabled.

MS. MARGESON: Do you know that definition?

MS. JACKSON: Not off the top of my head, unfortunately. I've closed a few deals since then and I don't remember.

MS. MARGESON: I need to get contact information from you.

MS. JACKSON: Okay. No problem at all. No problem.

MR. GOLD: I do have a comment regarding what you stated regarding issues that housing providers may

have with regard to licensing roles. I think it's very significant, by definition under Chapter 247 of the Health and Human Services Code, if you are providing housing, but you're also providing certain long-term services and supports, being it assistance with ambulation, food, Medicaid administration, you do got your form work on related individuals, you are by definition an assisted living facility, and then would require that sort of licensing.

MS. JACKSON: But that --

MR. GOLD: So I don't know if that's a barrier or not, but it's certainly an issue.

MS. JACKSON: But that is just it, that is why many developers stopped --

MR. GOLD: Right.

MS. JACKSON: -- at that place of --

MR. GOLD: Right.

MS. JACKSON: -- moving into giving out medication or providing food and those --

MR. GOLD: Yes.

MS. JACKSON: -- kinds of things. Past generally doing like a community room that may serve food, they try not to cross that line --

MR. GOLD: That's right.

MS. JACKSON: -- because of the licenses and the liability that exists as a result of having crossed from the independent living to then moving to skilled nursing and nursing care.

MR. GOLD: Yes. No, I'm very glad you brought that up because that is, again, for the education my colleagues here. I mean that is certainly a consideration there --

MS. JACKSON: Right.

MR. GOLD: -- and it's a very serious consideration.

MS. JACKSON: Right. And particularly because, again, like I said, you know, the monies are generally not there to compensate a developer or owner who that is not normally what they, in fact, do. There are some organizations obviously that do that, but very few, as many of you already know, that do it on the affordable level. It is generally, you know, those market rate services that are provided.

And so those, you know, providers that are looking at trying to even get into it on the affordable level, again, the biggest issue is the money issue, and the soft costs just simply have not been there. It is so much easier for the individuals to be able to get those

services, but to get those services in a broader-based manner for a development -- it's very similar to with the tax credit program.

One of the requirements of the tax credit program, when we submit our application we must say that we're going to provide six social services. And oftentimes, particularly when we're doing meetings with neighborhoods, they say, Well, what are those social services.

And as I tell many communities, unfortunately, we cannot tell you right now what those social services will be because until we see the make-up of the population of tenants that we're going to have, we don't want to tell you we're going to do, you know, GED programs when what we really need is, you know, English as a second language programs. So until you know what that population is, it's hard to, in fact, offer anything.

The same thing even with the, you know, health services. If you -- you know, you could go out and try to contract, you know, with one agency, but if you only have one tenant that really requires -- has those needs and, you know, 20 tenants that require another need, it's just really hard to say when you're on the front end.

And because of the change in population, and

the movement of a tenant population versus an ownership population, it's just very hard to set up a more broad-based service provider, and that's why, you know, it's so much easier for the services to be provided to the individuals.

So looking at situations like making certain you're near transportation, making certain that you're trying to at least partner or at least know what organizations are out there to provide the services and those kinds of things are what the owners are doing. But, again, without those soft costs, it's just really hard for owners to be able to go to that next level of being able to provide the services.

MR. GOLD: Thank you very much.

MS. JACKSON: You're welcome.

MR. GERBER: Any questions for Toni?

(No response.)

MR. GERBER: Great. Thank you.

Oh, Jean, did you have one?

MS. LANGENDORF: No, I just had a comment, which I think as we're deliberating on our definition and sort of what we're trying to create or encourage from the council, I think Marc's point of the licensing really, for me, gives a real frame work of what we're not trying to be

looking at. And so to me license means facility, and that's a very simplistic view.

But I know from the developer's side Toni made real good points. You know, there is that, not fear of, but it's stepping over a line to where it becomes -- it no longer is housing, it becomes something else. So I think as we're looking at service-enriched, I think that's the beauty of this concept is we're not looking at doing -- we're not looking at stepping over into the licensing arena.

MR. GERBER: Any other thoughts?

(No response.)

MR. GERBER: Next up is Ben Campbell with the Texas Assisted Living Provider Advocacy Group.

Ben, welcome.

MR. CAMPBELL: Thank you, Mr. Chairman, members.

First, a little discussion about who I represent. I represent TORCH, Texas Organization and Community Health. We represent a little over 350 facilities in the state of Texas, a good many, and I'll get the -- we just did a survey and I'll have that at the, either the Dallas or the Austin meeting for you, we'll give you a dichotomy of how many do private pay versus

Medicaid to give you some idea of what we do.

But I wanted to tell you first that the majority of our members are located in -- and they're operating a small group of facilities -- we have our large members that are private -- well, publically held companies that do Medicaid. Most of the privately held companies, or corporate owned companies, are a member of the national association.

So our interest in today is to tell you that, number one, we appreciate all of the help that both Health and Human Services and DADS did for us during the session on relieving some our problems on getting timely reviews and -- what's the term --

I'm looking at you, Marc.

MR. GOLD: Plan reviews or survey reviews?

MR. CAMPBELL: Survey. Surveys is the word, yes. It really helped and we're looking forward to this council alleviating some of the coordinating issues that we've had in the community with other providers that has already been mentioned.

I wanted to take just a second to maybe give you a little information that perhaps you haven't thought about, and we're seeing a paradigm shift in our industry because of the economic times. And let me take just a

moment to kind of go into that with you.

Most of our industry is private pay. The ones that do Medicaid, they do it for a whole host of reasons. The smaller units do it because that's their market because they decided to be in the minority community, they're minority-owned companies, they service that market, they want to be close to the people that -- their residents want to be close to their families. We have the same kind of issues that you talk -- you've heard talked about this morning, they need to be on mass transit -- have a mass transit available to the facilities and that sort of thing.

What's happening in our industry is the economy has impacted the entire spectrum, and let me explain that. Mom and dad work really hard, they've been very successful, they planned very well for their retirement, and they can afford and desire to live in some of the high rise, very exclusive, very expensive assisted living. They start out in independent living and then they move into an assisted living depending upon their issues, and life is good.

And then all of a sudden they lose half of the value of their retirement, and their attorney calls them, or whoever's taking care of their investments for them,

and say, Well, you can continue living where you're living, but not for the rest of your life as we expected because the funds won't be there. And so they start looking for something a little cheaper that will fit into the financial planning.

And that starts happening all the way down the line. So I'm not exaggerating, but, you know, there may be people living in a unit that is $10,000 a month, and then they start looking for 8-, or 9-, or 5-, or whatever the number is, and then those at 5- -- and it starts that and we're seeing that trickle down in our industry.

How does that impact what we're talking about today? Because the members that are a member of our association that do Medicaid bids do it for a host of reasons, but one of the reasons is to fill that bed. The reimbursement is not -- is only around half of our cost report, so the cost shift is to the private pay.

When you start having economic pressures coming down, as a businessman I'm sitting here looking and I've got five beds out of 100 beds that are Medicaid, and all of a sudden now -- and I have those there because they're aunts or uncles of one of my other residents, so I mean there's a whole host of reasons, but then all of a sudden I'm getting calls looking for space because of this

trickle down.

And so what we're going to -- what I'm afraid of, from a public policy point of view, is over time you're going to see the pressure from those facilities to get out of the Medicaid business because of just the economics.

How does that impact? That impacts -- it's very disruptive to the families, it's obviously very disruptive to the individual. We need -- we being the private sector and the public sector -- we need to be thinking about that because I applaud the AG Department's retirement community program, I consult with two different small towns, we run into the same problem that the lady prior to me.

And because cities -- the small towns, rural towns, they perceive a need, there is a need there, but trying to put fit that need with the economics of today's environment is very difficult and challenging. And I only can echo everything she said. It's the frustrating part of trying to do that.

But what's happening is, what we're seeing in our industry, second only to California, Texas has the largest number of retired peoples moving to Texas to retire. That's great. The problem is there are two

economic factors going into play here. Number one, people moving out of the state are coming in, they're coming in for a whole host of reasons.

Obviously environment and economics and the tax structure is friendly to a retiree, but they're also -- we're seeing a lot of people moving into our certified rural communities, which we were advertising, and it's great for our small towns, the problem is when Phyllis and I move in to that town at age 60, and our needs change, and I've already settled in and I've got my roots into that community and I want to stay there, there's not any options for me as my needs change.

The other dynamic that we're seeing in our industry is a lot of people are moving out of, as you get ready the baby boomers, as we get ready to retire, we start downsizing. We also start looking for communities that are senior-friendly, which means -- you know, there are communities out there that, it's kind of refreshing, they're economic development pinch is if you're a large employer, we're really not interested in you coming to town.

Because they're all about trying to keep their property taxes down, they're all about not having an impact on their schools because, as we all know, that's

the largest property tax bill we pay. So it is also very conducive for the boomers to move out to, and I'm thinking of, right now, the Glenroses, and I'm sure there are some around in this area, but you're an hour, hour and a half into Ft. Worth, it's a rural setting, it's a great economic engine for those towns.

The problem is, and they've addressed the issue on medical care, most of them are working towards that end, it's now what are we going to do about housing. And so I'm not here with any answers. I'm here to perhaps shed a little bit different light on what we're seeing from just the industry side and the economic side about what's happening in our industry.

There is a squeezing down from top to bottom. Is there anything that can be done? Yes, you can -- there's maybe a couple or three things we can do on the regulatory and the registration side. The problem is, you get really close -- you know, if you do that then you have to start looking at health and safety issues, are we -- you know, we still got to have that as our first objective of making sure that these facilities are a safe environment for our residents to live in.

The economics are economics. I mean it's just the banks -- I'm looking at the banker over there -- the

banks have got their own challenges today. All of the -- part of what I have seen -- and I'm really anxious to get with the lady that spoke earlier -- when I was working with one city, and I'll give you a real quick analysis, I don't want to tell the city's name, but they had an economic study -- come do an economic study on their community.

It has a county-owned hospital that's having problems. They're about 40 miles -- 30 miles rather, from a larger town. It's a bedroom community that, you know, most of the people commute into the larger town. They shop there, their entertainment is there, the do a lot of their healthcare there. The hospital was kind of concerned about what was happening because it's also an aging community, it hasn't had the benefit yet of the new growth.

And so they did the study, and much to their shock, within a one-mile radius of the courthouse, it's a county seat, 78 percent -- I'm sorry, 48 percent of the population was over the age 60 and controlled 78 percent of the wealth. Well, if you're a rural hospital and you get that information, you're not hitting the panic button, you're cramming it through the desk, because they have no facility, they have no nursing home, they have no assisted

living, they have no long-term care.

And they realize that as this population gets ready to do something, there's nothing for them locally so they're going to move to the bigger town. And when they take -- when they move, they're going to take their economic impact to the community with them. And so it's a real problem for them.

So they went out, they contacted the Association, they were really interested in trying to attractive assisted living. The problem with it is -- there's a need, the problem is there's not enough public -- private pay to make it economically viable for the large Medicaid population that's there as well.

So we've been searching for different ways to maybe do public/private. We've done all sorts of things. I'm just giving that as an example to you so that you can kind of understand that there are a lot of things going on out there that probably two years ago wasn't even an issue on the table.

And it's certainly not in our industry. Our industry is, and was, poised to have double digit growth numbers because of the baby boom, and -- but we're seeing now this trickle down problem that ultimately is going to have a problem with us on a public policy point of view.

So the Association -- I'm going to leave with you the fact that the Association, as in the past, is very aggressive and very interested in trying to help address these needs. We can't provide -- we can provide part of the solution, but I think what you all are about, which is the coordinating effort to help all the rest of us kind of work together -- and one suggestion that I have on the -- and I think the idea about the statewide database is great.

I was involved in putting together a similar statewide database for healthcare providers, and I will tell you that it's a nightmare, a programming nightmare. Let me tell you how we solved it. We just -- we put this database up, we loaded it with all of the docs that are licensed in the state of Texas with whatever information was out there public. And then we sent a letter out to all of them, and we said, This is on the website, and anybody's going to have access to.

And when they click -- you can search by discipline, if I want to know about cardiologists in a five-mile radius of my zip code, then there it is and I can drill down and I can click on a doctor and then it comes up with what was there, which was -- and I can do up to three docs. The information about that doc is what the

state has.

If the doc wants to refresh that or add to it, they have a login on the backside that allows them to populate that site with more of their information so that we -- it was a nonprofit putting this together -- so that we didn't have the cost of trying to do that. It cut our cost considerably, but more importantly it cut the time table for us going live by 50 percent. So I would really love working with you and giving you some insight on that when you get started.

MR. GERBER: We would welcome that. Ashley, I know --

MR. CAMPBELL: Thank you very much.

MR. GERBER: -- will get in touch with you about it.

Any questions for Ben?

MS. LANGENDORF: I have a comment --

MR. GERBER: Please.

MS. LANGENDORF: Well, two things actually. There has been some work on a housing database --

And, Ashley, could we invite -- invited testimony by John Henneberger at the next -- or our hearing in Austin? -- because he has a framework of it.

I'm just not sure where it's going, but I know

a lot of us from different agencies have worked a committee with John and that something was going to be lost, just what's been described, where you can type in what you need and it would come up. It used to be around and then the computer got stolen, it's a long story.

(General laughter.)

MS. LANGENDORF: Back in the day when you didn't put your server stuff somewhere else.

But I think that -- we've heard that from several people this morning, and I know from the work that we've done trying to do information referral for folks outside of our own city, you really need something statewide that has the good information. And many, many, many other states, I know in the disability community for sure, have created things, and other states have created them using social serve or whatever.

I think that's -- if we can help -- push nothing else, if we can kind of push that up to being, I think it's a real important. Populating it is, of course, one of the hardest things. But I really like the concept that you were mentioning, that there's a portal that me, as a housing provider, can enter my information and control it.

MR. CAMPBELL: Yes, and you can expand on it as

much as you -- as little or as much as you want.

MS. LANGENDORF: Yes, I think that --

MR. CAMPBELL: Whatever. And I think that's put the onus back on the provider, you know, to provide that information, because if they want everybody to know that they're on the bus line or whatever the deal is, let them do that.

MS. LANGENDORF: Yes. The other thing as far as the rural communities and the impact of the baby boomers, or just impact in general of those of us who are aging and are choosing to live in rural communities, there are limited facilities for sure. I mean many of them, as Marc knows, over the years, the nursing facilities definitely have, for probably not being able to meet some of the standards for sure, but just a shift, but I'm wondering, and I'm sure from the human service side we can get an update, maybe from some of the home care providers, what kind of growth they're seeing.

And I don't know if we have invited testimony coming, or if we have any home care providers here today, but I know in the community where I live, which is a small area, a rural area, there's been more of a growth because we find a lot of people do want to try to stay in their homes, or go to a smaller apartment or something of that

nature, but they're looking at trying to have the services come into their home.

So I'd be interested -- I mean I understand where you're coming from, from more of a facility-based, but I'm wondering in home care what the growth they're having. So if we could have somebody come, if they're not here today, from that community, I would love to hear from the home care providers.

MR. GOLD: Yes, I can tell you, again, DADS is really internally involved in all these programs. We are -- for the most part we license assisted living facilities, we license also the home health providers called -- it is a long acronym that covers a number of things. There's been an outrageous, huge growth. In fact, the growth has been so large we can't keep up with all the regulatory aspects to it.

So certainly Anita Bradbury with the Texas Association for Home Care, and Hospice would -- could talk to you about issues that her industry is facing right now. And I just want to respond, and, again, I'm not supporting or not supporting, just as a point of information, this goes back to the previous speaking, Jean, and the issues regarding assisted living and licensing and whether or not this council's going to be

looking and including within the service-enriched conversation assisted living.

I think we need to keep in mind that there's assisted living and there's assisted living. We --

MS. LANGENDORF: And that's maybe a presentation I can make.

MR. GOLD: Yes. I mean there's --

MR. CAMPBELL: I think you --

MR. GOLD: -- like TORCH where you have these small, more integrated sort of facility types versus the 280-bed or 300-bed facilities, but not for us to at least, I think, consider them as part of the conversation.

Again, it's not an endorsement, it's not a rejection. They do provide a lot of whatever service-enriched means, they do provide a lot of that, and I know from certainly from some of our activities regarding promoting independence and relocation, about 24 percent of the population actually choose, and the choice is assisted living.

So I think we need to think about, you know, the size perhaps, and just keep that part at least on the table, but -- then it goes back to the conversations about the licensing requirements. I mean it's all very confounding. But I think it needs to be at least

considered.

MR. CAMPBELL: Well, I think because just the shear numbers of the growth in all aspects of the folks that have talked before me, but home healthcare certainly is --

MR. GOLD: Yes.

MR. CAMPBELL: -- exploding. But even in the provider side, even in the specialized outpatient facilities, there's just stuff going on incredibly in that area. What we're seeing, and a lot of members are getting calls saying, you know, they want -- residents are wanting services that are outside of what we're licensed to do, example, some rehab.

Okay. So there's a lot of conversation going on right now, and actually some facilities being amended or added on to are the new ones, are being designed with having some cooperative effort from -- I think somebody mentioned having an on-site clinic, a wellness clinic not an urgent care type thing, to rehab, PT, course type of facility that's embedded in that facility.

We're just going to have to get outside the box because otherwise the numbers will kill us. And what I've been talking to the legislators about is we've got to start incentivizing employers and individuals about long-

term health -- long-term disability insurance, because as the baby boomers hit, if we're not -- I mean the numbers are going to just drown us because of just the shear volume of the problem.

I'd like to stand up here and tell you that we need increase in reimbursements, but everybody knows that. And then because -- I don't want to say that because the first thing Marc's going to say, Great, I want to give you 30, 40, 50, 60 percent increase. Where do you suspect I should get this?

(General laughter.)

MR. CAMPBELL: Well, in the next legislative session there'll be special challenges in that area. So that -- I think that in and of itself is going to cause us to have to work more with boards like this to start coming up with more creative things, ways of looking at doing something other than the way we've been doing them in the past, and that's primarily my message for you today.

Thank you very much.

MS. GOTHART-BARRON: Can I have your contact information before you go?

MR. CAMPBELL: Yes, ma'am.

MS. GOTHART-BARRON: Just a business card.

MR. CAMPBELL: Yes, I served in the legislature

for 12 years, and I represented rural areas, so my passion is the rural areas. It's harder since ‘03 when the population shifted and the balance of power in the legislature when to the urban and not the rural, but I think the rural guys are coming back because we are seeing this population shift. It's not urban flight, it is not the families moving out for schools, it's the seniors moving out for a different quality of life.

And as I tell everyone, I moved to Dripping Springs when it was rural --

(General laughter.)

FEMALE VOICE: That's west Austin now.

MR. CAMPBELL: -- and affordable, which it's neither now. So the only option I have is to move further out, and I'm gladly going to do that.

Thank you very -- I will get contact information for all of you. Thank you.

MR. GERBER: Thank you, Ben. Appreciate it.

Why don't we take a couple of minutes break, which is good timing -- or Ben's suggestion. I know there are some other invited testimony. We'll come back and we'll for about another hour, and then my intent would be about 12:15 to try to take a little lunch break.

Ashley is going to go around, and if you have

not yet given her an order -- I think the intent is to just order in sandwiches and we'll take a fairly quick lunch break, give folks here a chance to visit and then come back and hopefully not keep folks as late as -- I know we have the room reserved till 3:00, hopefully we'll be done well before then.

But, Ashley, anything in particular we need to know about the -- about lunch orders? Do you -- how are we working that?

MS. SCHWEICKART: Oh, as long as I can get your money and then I can make the order myself. And there's a break room also, if we're breaking for about five minutes right now, there's also -- just so people know, there's a break room -- right outside by the opposite entrance than the one right here there's a break room.

MR. GERBER: Great. Great. We'll come back in about 10 minutes.

(Whereupon, a short recess was taken.)

MR. GERBER: -- passed, why don't we go ahead and reconvene.

Kathy Schoeneberg, I think is the next up with the Texas Organization of Residential Care Homes.

And is Kathy here? Any sign of Kathy?

(No response.)

MR. GERBER: Going once, going twice.

(No response.)

MR. GERBER: Okay. Dr. Elaine Parker Adams is the presiding officer of the Texas Traumatic Brain Injury Advisory Council.

And welcome to you, Doctor.

DR. ADAMS: Good morning.

MR. GERBER: Good morning.

DR. ADAMS: I'm Elaine Parker Adams, and I'm also the mother of a child who is now 34 who has a traumatic brain injury, and the presiding officer of the Texas Traumatic Brain Injury Advisory Council. And we do some work somewhat like the work that you do.

It seems as if we've been mostly hearing from providers, and so I guess I'll be the -- in the role of the advocate. I'm going to give you some information about traumatic brain injury, and then some of the issues relating to housing that tie into that particular injury.

Traumatic brain injury occurs when there's an injury, a trauma that causes damage to the brain, and it can be focal, which means the person has an injury that is one location of the brain, or it can be diffused where it affects multiple areas. For example, if you're in an automobile and your head swings and you jolt your brain,

that's going to be a diffuse injury because you're going to affect multiple parts.

It can be a closed injury; in an enclosed injury the person has nothing that breaks through the skull. And a person with a closed injury, in terms of how they appear, may appear physically not to have an injury at all. So that's why it's called sometimes the invisible injury. And with an open injury, that person's trauma is going to cause a break in the skull and perhaps penetration of the brain itself.

How many people have traumatic brain injury? In the United States the Centers for Disease Control report that 1.4 million individuals sustain a traumatic brain injury each year. Now, some of those will be mild injuries, a person falls, hits their head, wakes up, no long-term effect.

Some will be severe injuries, and severe injuries are life long. And so one of the illusions we have to -- or delusions, I guess you would say, you have to with is we see these injuries, these fellows from Afghanistan and Iraq are coming back with, those are usually severe trauma, so those are severe TBIs.

And although it might seem from the story line that the person is going to recover and become their old

selves, they will have a long-term injury; it will be life long. So it will have residual effects. It doesn't go away. If you'll even the gentleman who's the reporter, you remember the anchorman that was injured, he has difficulty sometimes with words because his short-term memory, long-term memory have been affected.

Fifty thousand people die from traumatic brain injury, and one of the issues that we are dealing with today is that in the ‘70s, a person with a traumatic brain injury probably would not have recovered. Now, you're going to see people who can live very long lives with a traumatic brain injury, thus the need for long-term housing.

Two hundred and thirty-five thousand people are hospitalized; 1.1 million are treated and released from an emergency department -- or the emergency room. We see the guys on the football fields, and although you see professionals when you watch your weekly games, every day there is some child playing a sport, there is the likelihood that someone will have a concussion that day.

Many people don't even go to the emergency room. They simply wake up and say, Well, nothing happened, and they go on. So they don't get treated. They may have an injury, however, that reflects itself in

behavior where they're not as sharp as they were before, or they have a little bit more need for time when they're answering questions.

And so the risk factor for traumatic brain injury is when we're going to see a lot more men involved than women, or males versus females, mainly because of the risk taking. The number is about 1.5 times as many men as women.

The two age groups that are at the greatest risk are zero to four year olds, shaken baby syndrome, children with falls, children being dropped, children having assaultive situations where somebody slams them against an object that causes brain injury. And then the other group that is at a very high risk would be individuals 15 to 19. So you can tell that you've got a young population that if it's a healthy population, could withstand a head injury and live a very long life and have needs over a long period of time.

The group most likely to die from a TBI would be individuals 75 years or older. This is something where your condition when you have the injury is going to have a lot of impact on your recovery ability. And so you have -- for example, in my case, we have children who are -- now have lived longer lives since their injuries

than they lived before the injury. So a 16 year old -- my 16 year old was injured and is now 34 years old, and I actually even have a neighbor who has a similar situation.

One thing I mentioned a neighbor is that everybody's condition will now be the same. So we need to know what is the impact of traumatic brain injury, and an example of a difference would be my son works, he olds a job; my neighbor's son is still at home and he spends most of his time with his family.

But like I, his family is getting to an age where we will not be able to take care of children who are bigger than we are, weigh more than we are, and as we kind of get fragile and start to break down, this is when there is a big need for transition into housing.

Some of the outcomes of traumatic brain injury that need accommodation. A person may have a physical impairment, and that might include speech impairments where the person has an injury to the left side where our left brain is going to have a lot to do with our speech control. And in some cases the speech pattern might be one where the person speaks what they call word salad, they're clear but not understandable.

In other cases the person is very understanding, and understands you and can communicate,

but it's very difficult for you as the hearer to understand them. Some will have paralysis, a lot of times you have TBIs with cervical -- with C5 -- spinal cord injuries, headaches, vision, seizures, muscle spasticity, and fatigue. ‘

My son, for example, holds a job, he works until 5:30 and then he comes home and at six o'clock he's in bed. He simply can do no more until he has had about three or four hours of sleep.

Now, on the cognitive side, a lot of injuries will affect cognitive behavior. You're concentration and attention, your perception, often a person with a traumatic brain injury takes conversation very literally, and so they may -- you may say something and it may be something facetious, you know, bring me a pink elephant and -- if you can find one, and you look up and there's a pink elephant that's sitting in your room.

Planning and organizing, written and oral communication, memory, short-term, long-term memory, judgment, sequencing, and orientation. So they're going to have some cognitive issues that if managed can still allow them to work and to do other service and other activities in the community.

The third group would be behavioral and

emotional issues, anxiety, self-esteem. The person may not be the person they were before the accident. That's one of the effects that my son, for example, has.

And this is very hard because the 16 year old knows who he is, or she is, and then now they're a new person and they remember what that old person was all about and the kinds of pathways that person would have been able to follow, and that they now have a different pathway that may not be exactly what they have always wanted.

Mood swings, restlessness, excessive emotions, depression, sexual dysfunction, lack of motivation, difficulty coping, self-centeredness. So these three groups that I've mentioned, the physical, the cognitive, and the behavioral are some of the issues that a person who's offering housing is going to have to address.

How significant are these needs? John Corrigan, a researcher, was reporting on some of the issues that were most important to a person with a traumatic brain injury, and housing was the one that was the most frequently encountered impediment.

So housing is a major issue. It's a big concern for a lot of reasons. There's a limited availability of affordable housing, but also there is a

lack of support service for independent living. And this is exactly what your council is all about, how to provide not just a room to sleep in, but those things that support that individual who's living inside that room.

According to Corrigan, adults want to have options and the freedom to choose among them. And these include a lot of quality of life activities that would be provided either through the housing or with housing and community services. What kinds of issues are we dealing with? One would be the fact that the housing should be appropriate for age, gender, physical ability, cognitive ability, behavioral needs, medical needs, and skill status.

Because we've mentioned earlier that the big group that's getting injured, the largest, would be young people zero to four, and teenagers. You can see there would be an ill-fit by placing adolescents, or young adults such as the ones coming back from war, in a senior residential structure. Big conflict. The seniors upset, they don't want all these teenagers running around, and the teenagers are probably extremely bored, and that's part of why they're running around. So it's not going to be a good mix.

Housing providers should also identify

resources and services already available in the community. Sometimes we almost seem to feel we have to start from scratch every time we come up with a proposal. You have services that are in the community, but we need to be able to coordinate -- and I've heard that word over and over again, coordination -- so that you don't have to, for example, have a fitness center in the housing if there is a fitness center that's available by walking or by other kinds of transportation.

You would try to negotiate good rates or reasonable rates, or possibly even have some sort of grant that would allow those students or children or teenagers or individual with TBI to avail themselves of those services.

The housing should be easily accessible to schools, treatment centers, and community resources, and we've heard several times the issue of transportation come in. And public transportation is a good offer. Sometimes you have to go beyond just the bus, though. A person may need to have taxi service. And, for example, here in Houston Harris County provides a half of your taxi service cost.

And I'll give you an example. I'm not talking about a person getting a cab because they want to go to

the movies. Again, I'm going to use my son as an example so you know that we have a real person attached to these issues. He got a job in the city working for the police department, but it was a shift job. And as the latecomer on the force, not the police force, but as a clerical person, he got a shift that was ending in the middle of the night.

Well, you're not going to have -- I don't think most of us would stand out on the street corner waiting for a bus that's going to take about an hour or more to come. So essentially he was able to get vouchers to help pay -- he pays for his own voucher, his half, but they are going to get matched by the county, the person can transportation, they can then keep working and paying taxes and being a person that contributes to the community.

How would the services differ between community homes versus apartment living? I've heard several expressions of concern about assisted living. I think I hear this idea that we'd want to have a house -- or apartment building and you rent your room and then you do your thing. I think we really -- if this council is going to serve its purposes, the purposes has to deal with the fact that there may be for individuals with disability a

need for additional services besides just this shelter.

In the case of community homes, you want to provide family-style living, and that includes shared space. So you need the kitchen, you need the recreation room, you need the space for family visits.

Someone mentioned the private bedroom. Very important because the private bedroom is where your tenant, or renter, or client is going to be able to express his or her personality. This is where you put your favorite football player on the wall, or your shrine -- I'm a New Orleans fan, so your shrine to the Who Dats and the Saints. And you can be yourself, you can have something identifying you.

You also want to have a person on-site who is going to be available 24/7 as a manager. There may be a need that comes up at an odd hour and if you, especially in the community home, have no one in charge, it's likely to be a catastrophe.

There should be accessibility to health professionals 24/7. Health professionals don't necessarily have to be in the building, but there should be an ability to get care 24/7.

And in the case of the housing that's community housing, there ought to be an approach that looks at case

management. Every individual is a case, and so you need to know what are the uniquenesses of that particular case, what are the uniquenesses of that individual.

With the apartment living, we back off a little bit, give a little bit more independence. And to get that independence, someone's going to have to train that client in problem solving, financial responsibilities, activities of daily living, you do have to change the sheets every now and then, you do have to clean up after yourself. And in the case of a person with TBI, they may need to be reminded. They'll be cooperative, but there's that reminder that you need to initiate an action.

And there should be vocational support so that this individual can, if possible, earn an income of his or her own. SSI, by the way, does permit you to have some part-time income.

You should have an accessibility that allows the person to go to school, to go to a job, but also to participate in the community by going to community events, cultural events. This is going to be a person you want to be -- your objective is to make them well-rounded, not just to keep them sheltered.

And in this case they may also need to have 24/7 connectability to a health professional. This

doesn't mean that the housing is going, again, have to have its own clinic, but it does need to have some way that the person can access help if it's needed.

Those are just some of the issues that we face with the traumatic brain injury, and I'll be happy to answer any questions that you have.

MR. GERBER: I think that's a very helpful overview for those of us who may not be as familiar with the challenges that persons with a traumatic brain injury face.

And are there any questions from members of the council?

(No response.)

DR. ADAMS: Thank you.

MR. GERBER: Thank you, Dr. Adams. Dr. Adams, let me ask you one quick question, I'm sorry, before you step away. Have there been any unique best practices or models that, as you've searched for services here for your son, and as you've worked through your organization, that really stand out to you, that are things that -- I mean obviously you've highlighted a number of different practices, but is there an organization or a concept that particularly stands out as they're getting it right and it's worthy of our attention?

DR. ADAMS: It doesn't have to be housing?

MR. GERBER: No, no.

DR. ADAMS: Okay. One of the things, my son has been at home, he lives at home, and any time he lived off of our home, he lived in places that were just regular locations like apartment complexes without services. He could have used services.

For example, the TBI is often naive, they're vulnerable to being exploited, and so I can recall when he went to college he had an apartment, and I think half of the campus moved in, and then I had to go and move half of the campus back out. The kids didn't want to go all the way home that night, so they would just camp out at this place.

But in terms of services, I would think DADS would be a very good example. He has a full-time job and this was something where DADS was one of the state support agencies that helped him. They provide a counselor, if you are going to need counseling. And one thing that often haunts TBIs is depression, so he has a counselor.

He also has a person who is a workforce, a work place counselor. When he took on the job, this individual monitored his work for a period for time to be sure that he was able to do the job well and to give him advice on

how to improve his work.

He has various kinds of testing. This was excellent, because testing -- psychological testing, preparation for workforce could be very expensive if you go about it on your own. They provide this as part of their service, so he was tested to find out where he was psychologically. He had been given tests before by TIER [phonetic], so there was a pattern that we could establish in terms of his progress.

So I think DADS was probably the agency that was the most helpful in terms of him being able to be self-sufficient.

MR. GERBER: Are you seeing any housing models that are standing out to you?

DR. ADAMS: Housing models I think are going to become vital. I have gone online and seen some in other areas of the country, and I think that you have some in -- I believe there are some in the area around Dallas, some very nice places; I know there are some facilities that are opening and have been available in Houston; there's a long-term one in Galveston.

There are places that have served TBIs, but in some cases -- in fact, my neighbor, for example, has a son who's lived at home, and he's now at a stage where they

need to find a place for him to live. And they brought him to long-term housing locations, but he has felt that the services were lacking.

The brochures look great and they promise a lot of things, and I don't know how much the influence of having lived at home where things are always focused on you -- you know, this child had 17 years of being at home, so he has had a lot of personal attention and may not be so aware that that's not necessarily what he'll get in long-term housing.

There's a lot of interviewing that needs to take place, a lot of preparation of the parents, the understanding that if it's a group home there -- a group is more than one, it's not going to be all about you. Back in the apartment complexes, you can't necessarily assume that the person who has the injury is -- when they say, I understand what you're telling me, I'm going to follow the rules, they may or may not have gotten all of it and you may have to repeat it.

You know, it's heavy work. TBI is a very unique kind of situation because no two people have the same injury outcome. So it's got to be customized and this is where it becomes, you know, more difficult for those of you who are providing housing.

It would be nice if you could say, Well, okay, this is what we need. But there really isn't a single this is what you need in this situation. You're going to have individuals that have a variety of needs, including some who will need the accommodations for wheelchairs and other kinds of services for those who cannot be ambulatory.

MR. GERBER: Thank you again.

Any other questions for Dr. Adams?

(No response.)

MR. GERBER: Appreciate your leadership in this area.

DR. ADAMS: My pleasure.

MR. GERBER: Thank you for joining us today.

Once again, is Kathy here? Just a final call for Kathy Shoeneberg.

(No response.)

MR. GERBER: Betty Nunnally, I believe is here, is the Vice President of programs for Star of Hope Mission.

And, welcome. Thank you for being here, and your patience.

MS. NUNNALLY: Thank you. Thank you for having me.

Now, I'm with Star of Hope Mission in Houston, and we care for homeless clients; been in business since 1907, and I've been with Star of Hope for 20 years. So we see about a thousand people a night in our programs. We saw a little over 6,000 different individuals last year, and about 1,000 of those were new. So we see quite a few people coming through.

Let me start by telling you about a man in my neighborhood. You may have -- you may know somebody like this in your neighborhood, or you may have some on the street. People refer to him as The Crazy Man, or The Homeless Guy. He's about 50 years old, he wears several tattered, worn, dirty coats in winter and in summer, he has a collection of things he keeps at the door of the old bank that closed up about a year ago, he has a satellite dish, a TV that sits on a chair that's not connected to anything, a grocery basket, and some other things.

We see him standing on the corner by the light, sometimes at the gas station, sometimes in front of the grocery store. Sometimes sweeping the street at the light where he kind of steps out into the street and is sweeping it. Sometimes he paces at the bus stop, sometimes he's talking on a phone that we know doesn't work. He's smelly, he's dirty, he wears filthy and holey clothes.

And he doesn't think he needs any help.

I'm here to talk about the part of the homeless population dealing with mental illness. As Joy said a couple of times, that's a group we're seeing, that it's sort of a new situation in Houston, or at least at Star of Hope.

About 10 years ago at our women and family shelter we had six rooms dedicated to single women who were homeless. Most of those women are dealing with mental illness. Right now we have 15 rooms and we're still not quite meeting the need.

A typical homeless person who's mentally ill might be a 45 year old woman who's lived in many places over the last year after a long time of not getting along with family members. She has children, probably didn't raise them or hasn't seen them in a while. She has a long history of physical, mental, and sexual abuse that starts back when she was a child. She receives a disability check, but her family cashes the check and she doesn't see any of the money. That's one of the types of clients that come in to our women and family shelter.

And the other might be a 55 year old male, Vietnam veteran, put his life on the line for his country, he uses drugs to cope with the horror that he saw in his

two terms of duty the seven years when he was seeing action in Vietnam. He now lives under a bridge and he uses drugs to escape the demons that are in his head from the time he served. It just doesn't seem fair.

The current inadequate answers that we have in Houston are all temporary. Personal care homes don't seem to be a very long-term situation for the clients that we see. They spend time in jails, and hospitals, and abandoned buildings, from shelter to shelter, and in the streets. Each one of these places leaves vulnerable people victims to predators who are just really out to take advantage of them very often.

It's very difficult to get people who need it into HCPC, which is our county psychiatric hospital, and if they do qualify to get in, most often they're out within three days. Many of them receive disability checks, but aren't in a position to cash them. The gaps that we see include diagnosis, medication, a place to stabilize, and a long-term, safe living situation.

At Star of Hope what we're doing to help these client is we started a program called Cornerstone, a very small program at our mens program. It's for men who will never be able to live on their own out in the street. Again, it's a very small program, it's mostly older men.

We have a veterans program at our mens center where the men can live there every day, but they go to the VA for services. Many of these people are also dealing with mental illness.

We've increased the rooms at our women and family shelter from six to 15 so we can serve up to 69 women a night in a room, and last night we also had 55 single women on the floor sleeping in our overflow on sleeping bags. That's something new that we're doing, and we just allow them to stay unlimited until we can help them find someplace else, or get them in a room. But it's hard to find a place because it's hard to find referrals for these women.

We also have an outreach van that goes in the community for this guy like in my neighborhood where we try to build a relationship with these folks to get them, at some point, to come in for help. A lot of times they wind up coming in if they get sick, you know, have an infection in their foot, some reason like that.

And then we've just recently designed a small pilot program for single women. It would be in an apartment complex and the idea would be to stabilize them for a year, or maybe two, so that at some point they will be able to get back in a regular program, maybe get a

part-time job and live, at some point, self-sustainable.

These programs we're doing, they're just a drop in the bucket. Our community really does need a better response, and the only solution is long-term service-enriched housing. So we jumped at the chance to be able to come and talk to you.

Like I say, we provide shelter and programs for homeless folks, and we've been very good at being able to get a lot of people in, and then sending them out into referrals. Our system is just really getting clogged with these folks because there's no place to send them to be better off. And so we really need any help that this community can provide, the state can provide. We would love to be a part of that answer. So thank you.

MR. GERBER: Appreciate that.

Any questions from members of the council?

MS. MARGESON: What percentage of the people that you assist, do you think, have mental illness?

MS. NUNNALLY: Of the people we see? It's about 35 percent, of the adults. So we saw about 6300 people last year, about 1500 of those were children, so we're looking at 1500 to 2000 adults dealing -- and I mean if you add depression in, we're probably talking 95 percent, but serious mental illness about 35 percent.

MR. GOLD: And you, when you're talking about mental illness, are you including substance abuse with that, or you're talking just --

MS. NUNNALLY: I'm not.

MR. GOLD: -- psychological diagnoses.

MS. NUNNALLY: Schizophrenia, paranoia, the things that come with -- along that line, yes. No, I'm not talking about substance abuse. However, we think substance abuse might be the cause, or the response to it very often. I think it often gets mixed up.

MS. MARGESON: So really if you factor in the children, you're saying that really half of the adult population, because it sounds like a third of the people you see are kids. Right?

MS. NUNNALLY: Well, a third of the -- about 30 to 40 percent, we say 35 percent, of the adults we see would be dealing with serious mental illness.

MR. GERBER: Any other questions?

Jonas?

MR. SCHWARTZ: Ms. Nunnally, you said that personal care homes are not -- long-term or personal are a permanent solution. And I just wondered if you could elaborate on that a little bit?

MS. NUNNALLY: I think for the clients that

we're seeing, the quality of the personal care homes they have access to are less than quality. And so they feel abused and they don't stay and they leave.

MR. GOLD: Could I ask an operation definition, I guess, because we're all about operational -- I mean that's really one part of the barriers, and one part of the mission is the education.

You use the term personal care facility, or care home. That has a whole different connotation to me. Are you referring to like a -- it will be typically a board and care facility? Okay.

MS. NUNNALLY: And very often a home that might have 20 people or less living in it where a woman or a couple is running it, something like that.

MR. GOLD: And all they really are providing is just room and board, they're not providing any support assistance or medication, administration, assistance, they're just providing room and board?

MS. NUNNALLY: I wouldn't say -- some might be providing a little more than that.

MR. GERBER: And perhaps --

MS. NUNNALLY: But it probably wouldn't be certified case management or something. They might be dispensing medication or helping them with showers or

making sure they make their bed or something like that.

MR. GOLD: Yes, because --

MS. NUNNALLY: Meals, there might be meals -- there would be meals.

MR. GOLD: Because I mean that really gets into like an earlier conversation, and it's like the issues they're going to -- this council's going to have to deal with. There's a lot of board and care homes that should be licensed and are not licensed, they're really operating under the radar.

And many individuals with co-occurring behavioral health issues, or their primary diagnosis is a behavioral health issue, end up -- at least they're not under the bridge, which a lot of people end up, are in these board and care facilities that'll accept the SSI check, but they will not -- and shouldn't be really providing any other sort of assistance, because if they do, then, by definition, they do fall -- if it's four or more individuals, then they fall into that whole realm of assisted living.

So I'm just thinking, you know, for us it's getting all those definitions of what we refer to. But I think that's the big issue here, is they're collecting that check, it's a minimal amount of care, and that's all

there seems to be, so.

MR. DAUSTER: You talked about a third of the population that you serve being individuals with mental health issues. And then you said, but if you include depression you'd probably call it 95 percent?

MS. NUNNALLY: Yes, sir.

MR. DAUSTER: Is there a way to sort of tease out -- I mean being homeless is frequently going to be a depressing situation, but yet you all probably also are seeing a population of people with chronic mental depression that is so strong that it may be a contributing factor to being on the streets.

Is there a way to sort of speak and to give us what between 33 and 95 percent that might look like?

MS. NUNNALLY: The people dealing with chronic depression that we think is really life altering where they would not be able to work or exist on their own would be part of that 35 percent.

MR. DAUSTER: Okay.

MS. NUNNALLY: Yes, sir?

MR. BRIONES: On all your statistics, is that just being the mental, or physical disabilities too?

MS. NUNNALLY: I'm only talking about mental --

MR. BRIONES: Just the mental.

MS. NUNNALLY: -- in the examples I've given.

MR. GERBER: What percentage are presenting with physical disabilities?

MS. NUNNALLY: Probably, in our shelters, less than 5 percent. Now, we do have issues with people coming in with long-term illness. This has improved in the last six months, but we had a lot of people being released from hospitals where an ambulance would come and drop them off, maybe with a wheelchair, in their nightgowns, eleven o'clock at night and said, Here you go. This guy's homeless, he has no place to go. That's improved, but not stopped.

And then generally our staff calls another ambulance to take them because we're not equipped to handle somebody who's in a health crisis.

MR. GOLD: So where do they go from you?

MS. NUNNALLY: Back to the hospital.

MR. GOLD: Back to the hospital.

MS. NUNNALLY: Or to a different hospital.

FEMALE VOICE: Different, yes.

MS. NUNNALLY: Yes. Yes, so we also have issues with health, but right now we -- you know, we're dealing with a huge population with many different issues, so, but the mental health is the group that we are have

the largest volume of no answers for. There aren't any answers in the city.

MS. MARGESON: When you said you see a thousand people a night, do you actually shelter a thousand people?

MS. NUNNALLY: Yes. We have four programs. Our three largest are a Women and Family Emergency Shelter, we sleep about 350 to 400 a night; and then a Women and Family Transitional Living Center, where we have a program for 12 to 18 months with six months of follow-up where we do substance abuse treatment, a phenomenal three-month program, personal development classes, career development classes; they get jobs, we have counseling, we have wonderful childcare programs.

And then beyond that -- well, for the men in the same facility we have a Mens Development Center with -- the downstairs is emergency care and upstairs is a long-term program and a transitional living component.

Following those two we have a program for up to three years, they have their apartment but we provide some case management, some accountability, some classes, and they have to -- to qualify that they have to be sober for a year, if that's their issue, and have had the same job for three months so that we feel like they're income is sustainable. And that's been a wonderful start. We've

just recently started that in the last couple of years.

That's where this little pilot program where we're talking about having single women dealing with mental illness is going to be. It would be an apartment in their own name, and we just provide some other services there for those women.

MR. GERBER: Jean?

MS. LANGENDORF: I'm in the continuum of care then, as I understand it. The folks that you work with in those short-term periods then I'm guessing some of them get referred over to --

MS. NUNNALLY: We do, yes.

MS. LANGENDORF: -- Joy's program.

MS. NUNNALLY: Some of our successful clients are, yes, living in the SRO. Absolutely.

MS. LANGENDORF: Okay. Yes. That sounds good.

MR. GERBER: Any other questions?

(No response.)

MR. GERBER: Ms. Nunnally, one of the -- Marc and I get the pleasure of also co-chairing the Texas Interagency Council on the Homeless, and one of the things that we worked on this last legislative session was with the eight big cities to secure an additional $20 million of which Houston's received, you know, three point

whatever million of that.

Has that made a difference in any -- obviously there's a lot of need and it's a drop in the bucket, but have you seen any of those funds coming to your organization, or more broadly, have you -- how have you seen those funds applied here within the city? If there's a bit of attention paid to it by city leadership? Just curious what the reaction's been within the practitioner community.

MS. NUNNALLY: Well, I think it's a very beneficial thing for our community. Yes, we do receive some of the funds at our Women and Family Transitional Living Center; we get that. But, again, it's kind of a drop in the bucket for the issues that are here.

MR. GERBER: Are you all receiving any of the ESGB funds as well the Department administers, any of the additional homeless --

MS. NUNNALLY: We get a few here and there. We are a Christian organization, we're faith-based, and so we don't take -- we generally don't take federal funds in our shelter programs, but we do in the transitional living part. So, yes, we have funds, some of those. And we've gotten some help with construction projects and we get the CACFP money for feeding children under 17, 17 and under,

so we do take advantage of some of those funds.

MR. GERBER: See I was joking on Habitat for Humanity as a Christian organization as well, that I love and I have a lot of respect for the work that they do, and for a long time they didn't take federal money, and I'm glad they've seen the light and now take -- am I right -- because --

MS. NUNNALLY: Our transitional living program started in 1986 and that was why it sort of started as a separate program --

MR. GERBER: Sure.

MS. NUNNALLY: -- so that Star of Hope would be able to take advantage of that and provide a good service, but there are some restrictions that we prefer not to have in our --

MR. GERBER: Sure.

MS. NUNNALLY: -- emergency shelters.

MR. GERBER: Fair enough. Thanks for all the work that you do.

Any other questions from members of the council?

Jonas?

MR. SCHWARTZ: I have one additional comment. Back to your comment about personal care homes, I just

wanted you to be aware that there was piece of legislation that passed this last time, and the Health and Human Services Commission is in the process of developing some standards, if you will, for personal care homes that cities will have the option to voluntarily adopt, if they choose to do so.

So that work is in process, and those will be out shortly for municipalities to review and determine whether or not they want to implement them.

MR. GOLD: And, Jonas, I'm not sure I followed every variation of that piece of legislation. Was there a component in there for registration, or was it just the model standards?

MR. SCHWARTZ: Marc, if memory serves, I think it's just the model standards.

MR. GOLD: Okay.

MS. NUNNALLY: That would be a benefit to us as far as referrals go.

MR. GERBER: Thanks for being here. Appreciate it.

MS. NUNNALLY: Okay. Thank you very much for the work you're doing.

MR. GERBER: Thank you. We'll draft up some folks during the public comment period in as well.

Tony Koosis is here from Houston Center for Independent Living.

And, Tony, I'm sorry we don't have a better break --

FEMALE VOICE: No, I'll get the overhead mike.

MR. GERBER: Oh, great. There you go. Well, then we have a great arrangement. We're doing it. Great.

MS. KOOSIS: This is the part I always hate the most.

We appreciate the time that we have here today to study this very important issue of housing and service coordination. To be honest, when I first read the charge of the committee, I was thinking that the major focus would be how to tie the services together and how that limits the ability of the consumer to make a choice. So I'm very glad that you are also mentioning about off-site services.

And you can see from some of the commenters, that there are some informal connections being made and that -- though in some instances there are barriers for, you know, the level of care that some of the developers have. For example, we had a model program that was operated by a charity locally where they had personal assistance services for some of the residents at the

apartment complex.

They decided to sell the apartment complex because they were losing money, and the developer that bought the complex, or took it over, didn't want to be involved in services. And so for quite a period there was a lot of fear from the residents that they would no longer have the service. They weren't able to get a local nonprofit to provide the services, but they're doing it as a training exercise. There's no guarantee that that service will still be there.

And Houston also has another program. It's a 24-hour attendant service. Originally there were three model programs -- it was about 25 years ago -- the only one that remains is this 24-hour service on the southwest side of Houston. And many times the Department of Aging and Disabilities Services has tried to end it just because of the fact of being a lone model and the difficulty of operating it.

But also Harris County now is under managed care, and so their argument with the residents was, well, you know, you can get your attendant care service through your HMO so you don't really need that. And they were very effective advocates so that at least for the near term we can expect to see that program continue.

The issue there, because the services are connected, is that there are more people interested in the service than can live there. So, you know, there may be 30 people on the waiting list for the attendant care service, but they don't have any apartment openings, so they can't move in. So that's one example where tying services together could be a real constraint on consumer choice.

But we have heard a lot of things about the coordination, and it does seem that there would be ways to -- that the state could give direction and encouragement.

One of the other issues is, everybody says, Housing is the big issue, which housing is the big issue, is that the state Department of Housing and Community Affairs is by legislative mandate constrained to spend 5 percent or less in city -- in metropolitan or urban areas.

Ninety-five percent of all of their budget must go to rural areas, and the issue there comes up that you may have the housing once you have connection to the transportation, or you don't have the connection to the medical facilities. And so the state should look at -- we are hopeful that the state legislature will look at a way

to make a more equitable balance for the urban areas.

For example, in the latest report by the Houston Housing Authority, they identified that if they had the money for it, they have 40,000 families with people with disabilities that will be eligible for their voucher program. So that's 40,000 people in one city. So you can imagine statewide the kinds of money that would be required.

So the more options that we can provide in housing that is affordable, that is out of the community, the more ways that we can break down the barriers between what a private nonprofit can do and a for-profit, they can connect in certain ways so that the services can be offered. That's going to be beneficial. And, you know, it's going to be an ongoing exercise.

One other option that we take a real interest in is that on the federal level, it did pass a legislation to create a national housing trust fund, and this is a program that's going to be funded at billions of dollars. They're starting it this year with one billion dollars, but each state has to decide how their program will work.

So we're hopeful that the state will set aside literally -- you know, during creation of the program,

they will set aside monies for people with disabilities to create a number of different funding streams for apartments and homes, and even -- you heard mention of repair, because in many communities, large and small, the city government doesn't have programs to help for rehabilitation.

So if a person wants or needs to -- maybe they have a sudden disability, they went to the hospital, they developed a stroke -- we had this instance -- the person gets ready to come home, and there's no way -- you know, they don't have any money saved up so the person doesn't even have a ramp into his home. That maybe the state could set up a statewide fund for barrier removal that would be available to individual consumers, and then that might be a way of getting around the restriction against providing funds to urban areas, or urban cities. So that might be something you might want to look at.

And we certainly do appreciate that the committee has come here, we look forward to working with you. We have always been dedicated to the idea that community inclusion is best, not just for the individual, but for the community as well. So anything that assists in that process is going to build and strengthen the community and the state.

MR. GERBER: Tony, thank you very much.

Are there any questions for Tony?

(No response.)

MR. GERBER: I'd just like to interject a couple of things -- I'm going to ask Brooke maybe to speak for just a moment, because I think you made some very important points about the Department's programs, and I think for the benefit of the committee it's just to sort of keep that broader perspective.

The program that we spend 5 percent of for persons with disabilities statewide, it's -- we refer to it around TDHCA as the 95/5 rule, is for our HOME program. HOME is one of the more flexible programs in the federal government, and it allows us to do everything from scraping up a home and replacing it with a new, safe, decent home to barrier removal, and a variety of other -- and voucher assistance, and a slew of other things with it.

Because urban areas get their own direct allocation of HOME funds, the legislature has gone and determined that the state should spend 95 percent of its money exclusively in principally rural areas, or what are called non-participating jurisdictions, meaning jurisdictions that don't participate in the HOME program,

and get their own direct allocation.

And so there is the opportunity for us here locally, and I know the city of Houston puts quite a bit of money in, as do I know other jurisdictions, that receive direct allocations of HOME money into meeting need.

I think certainly -- you know, we would certainly hope that the outgrowth of this would be a discussion with the legislature about the needs that we -- you know, that we heard, although I know that you'll be active in sharing your thoughts with them as well, about, you know, the need, frankly, for more services and more help, and more ability to use the HOME program potentially as a tool should the legislature decide that that's appropriate balanced off with those other needs.

It's a little delicate because, as you can hear me hedging, all of us who work in state agencies are prohibited from lobbying the legislature. The challenges in working in poverty programs is that, you know, everyone needs an awful lot, and we hear the struggles that our stakeholders are facing. And if I did any rural workshop, those folks on the rural side would say, We have just as much need for those dollars as other communities in need. So striking that balance becomes a real challenge.

But I hear what you're saying, and I think that how we use that 5 percent, how we maybe potentially look to  if the legislature is willing to expand that 5 percent, and what kinds of creative partnerships we can do with cities to try to make sure that we at the state level set a tone for using those funds to meet the needs of persons with disabilities, and the elderly I think would also be important.

Two other things I wanted to mention to you: We received in the last legislative session an additional award of funds for the housing trust fund.  Housing trust funds are great flexible sources of funds, although the way the federal government's going these days in administering programs, because we administer quite a few on the sustainable side, I suspect that these new HTF funds at the federal level will come with lots of strings attached to them.

But at the federal -- at the state level, we've tried to have our housing trust funds come with very broad allowances of use.  One of the things that we've heard from the disability community is the need for barrier removal.

And, Brooke, do you want to touch for just a moment on how that is proceeding?

MS. BOSTON: Certainly.

MR. GERBER: Because I think it's --

MS. BOSTON: My name is Brooke Boston, and I'm a Deputy at the Agency for Mike. And we have, for the housing trust fund activity that is for barrier removal, we have done two round tables, the NOFA has been -- is partly in routing, it should actually be going in the *Register* in the next probably week or two. And then organizations can apply to provide barrier removal services, and that's urban or rural.

And we're very excited about that. We collaborated a lot with the Disability Advisory Work Group that we have in how to craft that to make sure that it had the right controls in place without adding too many regulations that were unnecessary. So that'll be coming out soon.

MR. GERBER: How much is going to be in that NOFA? Ballpark it.

MS. BOSTON: It's between a million and two million.

MR. GERBER: Okay. We're all sort of struggling with the rescission and other things that are in play right now, because these are general revenue funds. So exact dollars are a little bit tricky to figure

out at the moment, but we'll work through it.

MS. MARGESON: How many applicants are you looking to fund?

MR. GERBER: With that particular program our hope would be --

MS. BOSTON: Realistically, for --

MR. GERBER: It's what?

MS. BOSTON: Probably maybe 10 I would think. If it's around a million dollars -- you know, the organizations, I would imagine, would, you know, apply for 100,000 or more, so.

MS. MARGESON: And how much of that would be administration and how much for actual construction or retrofitting?

MS. BOSTON: I would need to double check the NOFA. The administration isn't very high. I mean it is enough for the recipient --

Jean, do you remember?

It is enough for the recipient organizations to administer the program, but it's a pretty small amount, and almost all the money goes directly into the construction on the property. And one of the functions that we made sure was in this NOFA was that the entities who are going to providing the barrier removal services

for that household need to make sure they're working with someone who really understands how to meet the needs of the individual and not that there's just like a standard barrier removal process that you go through.

So while -- you know, obviously one individual may have certain needs, another individual's needs may be quite different. And to make sure that the recipients of these monies have a very individualized approach with their customers.

MR. GERBER: Do you want to touch anything -- touch a little bit on the HOME program as well, and add anything there? That translates into -- that 5 percent for the HOME program for use anywhere in the state for persons with disabilities translates into about four plus --

MS. BOSTON: It's about two.

MR. GERBER: I was thinking it was a bi-annual --

MS. BOSTON: Because we get --

MR. GERBER: -- I was thinking it was bi-annual --

MS. BOSTON: -- about 40 million a year.

MR. GERBER: You're right.

MS. BOSTON: Yes.

MR. GERBER: -- sorry --

MS. BOSTON: No, that's okay.

MR. GERBER: Biannually.

MS. BOSTON: Sure, the one thing I would like to note, and some folks who are on our Disability Advisory Work Group know this is an issue and we've been trying to work through it, is that with our HOME money we do serve organizations and people with disabilities outside of that 5 percent, but they reside in those rural non-participating jurisdiction areas.

And one of the things we're kind of talking through with the Disability Advisory Work Group is how to make sure we're counting that in a way that doesn't count against the 5 percent. But so we are able to serve additional organizations serving those populations in rural Texas.

And there are a lot of good programs with HOME. We do rental activity, we do single family, which would include home buyer assistance, owner occupied rehabilitation, and there actually is a barrier removal function within our HOME funds as well. It has a little bit more regulations than the trust fund would, but, so there is even more than just the base amount that I alluded to in the trust fund.

MR. GERBER: And, well, sort of just sort of free thinking here about TDHCA programs for a moment. You know, one of the things that has come up in this region that I think's important to note is that there are many dollars to the tune $650 million that are being proposed for Hurricane Ike recovery. There is similarly going to be at least that amount, if not more, for a second round of Hurricane Ike recovery because the state's getting about three billion, and by the time we're done it'll be probably a billion and a half going into housing.

It is the intention of the Department not to waive, unless ordered by a court or some other like entity, to waive any of the visitability or accessibility standards that apply using those dollars. I know that makes it sometimes a little bit more tricky for people who are building single family homes or -- now, when it comes to rehabilitation of an existing house, we are encouraging and seeking those accessibility features in there, but, you know, we want to be reasonable about it.

But when it comes to new construction -- there's going to be a lot of new construction -- our intent is that we meet not only the letter, but the spirit and intent of our federal and state laws in trying to meet both the visitability and accessibility requirements of

our programs, and certainly meet the fair housing requirements, which in no small part incorporate a lot of discussion about satisfying and meeting the needs of persons with disabilities.

So just as a statement of where we're coming from housing development, because tomorrow you'll hear there's going to be a round of hearings here in Houston and in Beaumont and up in Groveton and down in the Valley about how that billion and a half dollars in housing money is going to get spent, and in a lot of ways that's going to be sort of the big housing picture for this part of the state over the next couple of years, and a lot of construction's going to happen.

And I feel it's incumbent on our department to make sure we're doing that in a way that's not only compliant, but also it goes beyond to try to meet the needs of all of our citizens.

Paige, you guys at the corporation have some programs as well, then I know you referred to the one that Joy's applying for. Do you want to go touch for just a moment on that? Maybe it's a good point here to just by way of awareness of sort of --

MS. MARGESON: Yes.

MR. GERBER: -- the fund that you guys have

available to help address accessibility and how you've approached it in the past?

MS. MARGESON: Okay. Well, unfortunately the round just closed on January 8, and the program that we're talking about is the Texas Foundation's Fund. And, of course, it's nowhere near the one or two million that you guys would have available under your NOFA, but it allows entities to come in, nonprofits and municipal -- rural municipal local government to come in and apply for grants of $50,00 that they can use to do either construction, rehab, modification, critical repair, as well as provide support of housing services to nonprofits that actually own property. And so we hand those out.

The fund happens once a year. Last year we did two rounds given that we had the hurricanes and we had one specifically for entities to apply for hurricane relief to just do critical repair from any damage that the hurricanes might have caused.

So if you haven't, you know, heard about that program before, please keep it on your radar. Unfortunately we just had applications, we had over 18 come in for $250,000, and, again, we'll award five at $50,000 a pop hopefully in the first quarter of this year.

MR. GERBER: But it's fair to say that, getting

sort of back to Joy Horak-Brown's point, this $50,000 can go a long a way in helping to address some need. And it's a variety of various funds that come together to make really remarkable things happen. And so it's an important -- it's one of many tools that are out there, and that's worth just highlighting that because it has made a difference to certainly those who've received it, and those it continues.

We enjoy -- our best projects are the ones that have a lot of community support where -- you know, city HOME funds, you know, the grant community, you know, the foundation community has stepped in where the corporation has put in funds, understanding that, you know, these are projects that really can't take on debt. They've got to have the all the money up front.

And so it's a lot of need, and thank you for being the prop for us doing some educating on housing. So thanks for your patience.

Sure. Go ahead, Jean.

MS. LANGENDORF: Just in support -- and I know, Tony, you're well aware of the state law that supports the visitability in the homes, or Senate Bill 623 as those of us in the disability community so affectionately refer to it -- our concern in Austin from the news articles that we

see coming out of Galveston for sure, and even some discussion in Houston, it's a state law. So the visitability in new construction, we know the Department's going to follow the law.

Our greater fear is that it is a state law and we want to make sure it stays. So just something as far as continuing to be able to see new homes that are developed with our tax dollars to have visitability that allows a person and people to come that has disabilities. I mean it's something, you know, we all support.

So I'm just -- from -- you're big here in Houston and the impact is -- the discussion is really going to be more down here than it is up in Austin. So I know we can count on your all's support.

MR. GERBER: And I hope you'll let us know at the Department what you're hearing locally and we you see. You know, we've got really about 18 programs that are being set up, and we're all for local control, but Jean's exactly right, it's state law, there's federal laws that apply, and we're talking about literally thousands of homes that will be built with these funds, and so we want to make sure they're done in a compliant way.

Anything else you want to add, Tony?

MS. KOOSIS: What's that?

MR. GERBER: Anything else you'd like to add?

MR. GOLD: Actually, I have just one question. You mentioned the national trust fund. Is that pending legislation or what's that status on that?

MS. KOOSIS: It was passed last year at the end of the Congressional session. It didn't receive any funds. It is in line to receive a billion dollars this year. The fund originally was set up to receive a minimum of a billion dollars every year depending on the, you know, the revenue of the government.

And so that was one reason they didn't fund it last year. But it is supposed to be getting a billion dollars that's tied into some other pending legislation on jobs, so it's expected to pass.

MR. GERBER: Yes, just to expand on it a little bit, it's really tied to the profitability of the GSEs, Fannie and Freddie, and we all know how well --

MR. GOLD: Yes.

MR. GERBER: -- that worked out. So I think this one -- and I haven't heard what the status is of the one billion, although since you're going to see the freeze that's been proposed, and what that potential impact might be, but it could be really exciting for all of us to sort of figure out what Texas's share of it will be and what we

can do with it to meet the needs of this and other communities.

MS. KOOSIS: Well, as far as visitability, I will mention one last thing. Our center, the Houston Center for Independent Living, to this day is the only center in the United States that got a local visitability ordinance passed. It took us five years, and because of the power of the builders, honestly, it is only voluntary.

But we were able to get an annual appropriation so that anyone that wants to have visitable features in their home, if they're participating in the home buyer program, can use that, the builders recompense for their expense. But the thing that sealed the deal because the builders -- any place that visitability has been proposed, they always come up with an estimate of 2- to $5,000 added on to the cost of a home.

So we had a nonprofit -- he was a builder that was developing housing for a nonprofit, and he said, I will build one according to my usual plan, and then I will build one that's visitable next door to it to see how much difference there was in the cost of the home; $47.50. And as soon as he said, the representative from the builders association said, We believe in universal design and we're behind you all the way, because they'd lost that argument.

So I would remind the builders that there are plenty of models where they don't even have to design it, but it is visitable and it is a way to increase their business because as we get older, even if the home owner doesn't have a disability, they're going to have relatives that are with disabilities, and this will make their lives much more easy and much comfortable, and that the ARP is very much behind it.

So those are kind of carrots you can toss to the builders, but we will certainly toss them here locally.

MR. GERBER: Thank you, Tony. Appreciate it. Appreciate you --

MS. KOOSIS: Thank you.

MR. GERBER: -- being here.

Brooke, do you want to add something?

MS. BOSTON: Yes, if it's okay, I just want to mention another funding source that we have that we've been talking about for people with disabilities, and also I have a little bit more information on the National Housing Trust fund.

Relating to the National Housing Trust Fund, HUD is the agency that's going to have oversight for that, and they actually have draft rules and regulations out

right now that are going to govern that. And the regulations that out right now cover how they are nationally going to allocate the money among the states.

They're requesting any input on those regulations by February 2. So they're in draft form, and my understanding is that not long after that -- it doesn't mean the money is there, per se, but they are going to be the regulations that will govern it as the money becomes available, so,

MR. GERBER: How much will Texas expect to receive?

MS. BOSTON: That's the formula that's out for --

MR. GERBER: That's the other --

MS. BOSTON: -- comment.

MR. GERBER: That's right.

MS. BOSTON: We don't know, yes.

MR. GERBER: But best-case/worst-case scenario?

MS. BOSTON: I don't know.

(General laughter.)

MS. BOSTON: The regulations don't say a number at all. They just refer to methodology.

MR. GERBER: I keep -- I've heard 25 to 75 million as a --

MS. BOSTON: Sounds good to me.

(General laughter.)

MS. BOSTON: We'll take it.

MR. GERBER: Okay.

MS. BOSTON: And then the other thing I wanted to mention, and it's an important program that we have -- and I apologize for not mentioning it earlier -- is our project access, which is we use some of our Section 8 housing vouchers, and in a few short years we've increased it from 30 vouchers to 60 vouchers, and those vouchers are used to help people who are in institutions.

Once they have the services that they need, they can get one of these vouchers, and it allows them to come out of institutions. And so that's been very, very successful, and it's been in partnership with DADS, and actually, thanks to the collaboration of our Disability Advisory Work Group that kind of helped us get some of the wheels rolling and identify some of the challenges.

But that's been moving very, very smoothly, and actually they're all fully being utilized right now. And there's --

MR. GERBER: And we try to make -- those vouchers are portable, and we try to move them -- we try to pass them off on a --

MS. BOSTON: Yes, we usually --

MR. GERBER: -- PHA so we can recapture the voucher and keep them --

MS. BOSTON: Correct.

MR. GERBER: -- circulating.

MS. BOSTON: Correct. We ask whatever PHA kind of has that individual in its area -- we give then a voucher from TDHCA to get them out of the institution, but then we work with the local PHA to see if they can kind of port them and accept that individual, which then frees up our voucher again. So over years we've served far more than 60 people. I want to say we've exceeded serving 200 people at this point.

The other thing I'll mention is HUD is going to be releasing a NOFA that will let TDHCA apply for more vouchers, specifically for people with disabilities. A portion will be for the institutionalization, but a portion will be not limited to that population, as long as it's a population with disabilities.

And so actually at our next Disability Advisory Work Group we're going to be discussing kind of how we want to structure our application to HUD for that. So lots of good stuff going on.

MR. GERBER: Daryl Jones is a real estate

developer who's here.

And, Daryl, would you like to come up and -- at our TDHCA board meetings we have a strict five-minute time limit on developers, so.

(General laughter.)

MR. JONES: Well, I'll try and --

MR. GERBER: That's not any pressure.

MR. JONES: -- and do that.

MR. GERBER: Glad you're here.

MR. JONES: Good afternoon. My name is Daryl Jones. I'm here with the Integral Group out of Atlanta, and I certainly appreciate the opportunity with speaking with you all. I'm here with a colleague of mine, Vicki Lundy Wilbon, whose a partner with the firm.

We are urban real estate developers and investment managers, have done a lot of affordable projects, probably over 50 tax credit deals, and we've developed a lot of independent living using Section 42 of the program, low income housing tax credit program, we also develop private pay assisted living.

I'm really here today to talk about the continuum of care, and I think this has been covered some today, but I want to make a special appeal to the committee, if you will. As you know, if you are someone

of need, or have means, I should say, there's a continuum of care in place where you can go. If you're elderly, you're can go from independent to congregate to assisted living to nursing home, and that works very well.

The real issue is if you're someone of modest means, and in the range of the 20 percent of median income individuals who would be able to qualify for Medicaid, those individuals, they don't have a continuum of care today. I mean currently they can use independent living through the tax credit program, or public housing, and they can live independently. They can also live in a nursing home with skilled nursing.

But there is a big gap today for those individuals once they get to the point where they can't live independently anymore, and what you have is you have a lot of individuals hanging on to independent living, probably far longer than what they should be there because the last thing you want to do if you're not ready for a nursing home is to move into a nursing home facility.

Not to mention, just as public policy, it probably costs three to four times the amount to care for someone in a nursing home facility relative to assisted living. So the real -- and I know there's been some discussion today about whether affordable assisted living

is going to be under the purview and really what you look at on this committee. This is really an appeal to really take a hard look at that.

There have been several states who have recently, some more so than others, that have really worked towards making the Medicaid reimbursement and the tax credit program work together. It was almost as if they were written not to work together, and it really is a challenge.

So I'm recognizing -- I think, the development community does recognize that that is a real challenge of how you get them to work together. The state of Florida has done a good job at it, the state of Indiana, Wisconsin, and most recently the state of Pennsylvania.

The appeal is in part to make this part of what you look at as a group, but also to look at other models that have been created, many of them still in their infancy because I think many other states are struggling with the same challenges that you are in how do you create that continuum of care.

I think you should be applauded as a committee for taking a look at this, and certainly appreciate the time that you've given us today, and giving me today to speak.

MR. GOLD: I just want to make one comment back to you --

MR. JONES: Sure.

MR. GOLD: -- as a person who used to live in Atlanta. When it used to be really pretty back -- a long time ago.

(General laughter.)

MR. GOLD: Texas does -- we do have a Medicaid function where we will support individuals through our nursing facility waiver, and assisted living is an option. We don't force anyone.

You know, you're very, very correct. The reimbursement rate has been a significant issue for us, and we've had many of the provider-base voluntarily withdraw from that program and voluntarily give up their contracts because of reimbursement issues which then impacts an individual's choice across the state.

MR. JONES: Absolutely.

MR. GOLD: So we definitely have significant pockets where that services is not available.

MR. GERBER: I would just add we're looking -- we've looked at Pennsylvania, we've looked at Illinois as well, as a model. I wonder if there's anything in particular about models in the states that you've looked

at and that you do your business in that sort of stand out for you, just in sort of a comparing, contrasting --

MR. JONES: And they all handle then very differently. And then particularly on, you know, the Medicaid reimbursement side because you have a licensing procedure, you've got an intake procedure, then you're got a reimbursement procedure. How those procedures work together as one, the best model is sort of where they all do work together well, where the rules of the way the Medicaid reimbursement works don't necessarily conflict with the tax credit program.

And there's been some conversation back and forth whether it's on the size of the rooms, or whether it's a lot of state QAPs say, Well, you have to have a full kitchen, which doesn't necessarily make sense. Some states see elderly as disabled, some -- which also causes some problems -- some -- there are many different aspects of this. I don't think there is any one particular thing.

But it starts to working together when the private development community can see an opportunity to really feel -- everyone recognizes this is a need, but until you can get these things working together, it's pretty tough to fill in.

MR. GOLD: Just for your information like that,

in fact, through DADS and the related surplus waivers under our managed-care programs we do get a very specific definition of what that assisted living setting needs to look like, and certainly the focus is more on an apartment-like setting than more congregate sort of housing arrangement where you have two or three people, roommates within a particular area. And we do have some requirements around kitchens, or limited kitchens, it didn't have to be necessarily a full kitchen, but limited kitchen.

But we can certainly -- if we haven't shared that information with Ashley and everyone, we certainly will provide that data.

MR. JONES: Great. That'd be great.

MR. GOLD: But you're very right. I mean those are all very much tied into, and it's a very complicated discussion.

MR. JONES: Absolutely.

MR. GERBER: Sure. Jean?

MS. LANGENDORF: And this is more for my education on tax credits. Of course, I'm going to look at Brooke, even though that's several years ago.

But I know there was a development that had been proposed under the tax credit to be -- it was more

for individuals with developmental disabilities rather than somebody who was elderly, but it was one population, and there was something in the code, a tax credit code, that would not allow that.

Is it just a difference between people with developmental disabilities as opposed to elderly it's allowed, or what's -- I guess we need to look at -- from my understanding of the tax code with tax credits, that there's some limitations.

MR. GERBER: Is this their appeal to the general use provision?

MS. BOSTON: Yes.

MS. LANGENDORF: Yes. Thank you.

MS. BOSTON: Mike may be able to answer it. He's been pretty well briefed on it.

MR. GERBER: And Brooke ran the program for many years. But there had been in place in Section 42 a provision that would -- that required that basically all tax credits had to be available for general use.

MS. LANGENDORF: For general, yes.

MR. GERBER: Everyone could have access to them. When the Department -- the Department and many states tried to take the view that you can meet general use across your program, and meet the needs of a variety

of different communities. Let's say you had -- for example in some states where they served, you know, Native Americans, where they served persons with disabilities, where they served, you know, other unique populations; in Texas it's been the SROs like Joy's program, like Foundation Communities.

We've funded a home for teen moms down in San Antonio who -- you know, kids 12 to 20 who have children and a safe place for them to go to if they choose to, you know, to have their children affiliated with the SEED [phonetic] system; a variety of those kinds of things all were -- had different legal opinions of did it violate the general use provision.

Congress finally sorted through that and said it doesn't. And so the good news is that we have much more flexibility in what's allowed and --

MS. LANGENDORF: Oh, it doesn't violate --

MR. GERBER: It doesn't violate --

MS. LANGENDORF: -- the general use. Okay. Because you can look at it as a whole -- is that what --

MS. BOSTON: Well --

MR. GERBER: Well --

MS. BOSTON: -- historically, what you're talking about, it would have been potentially a violation,

but it's been changed.

MR. GERBER: Right.

MS. LANGENDORF: Oh. Okay.

MR. GERBER: So fortunately no longer unless you can meet the needs of special needs populations.

Anything else you want to add on that, Brooke?

MS. BOSTON: No, that's perfect.

MR. GERBER: Okay.

Daryl, anything else?

Any other questions for Daryl?

(No response.)

MR. GERBER: Great. Thanks for coming.

MR. JONES: Thanks for your time.

MR. GERBER: I wouldn't fly from Atlanta just for this.

MR. JONES: Well, we had other meetings, but this was a big part.

MR. GERBER: Well, we're glad you're here. We appreciate it.

MR. JONES: All right. Thanks for having us.

MR. GERBER: Let me ask Ralph Fabrizio to step. Is Ralph still here?

Welcome. And if you'd state your name and who you're with?

MR. FABRIZIO: Hi. My name is Ralph Fabrizio, and I'm with myself. I'm an addict in recovery who had the benefit of living in a group home for a little over four years. I opened up five group homes here in Texas, four of which are in Houston, and then the first one in Corpus Christi.

Those group homes are known as Oxford Houses. I don't know if anybody has ever heard of the Oxford House, but that's the organization that I entered into when I returned to sobriety after trying to figure it out for about 10 years.

And there have been a lot of studies that have been done on Oxford Houses; they have a website, oxfordhouse.org, DePaul University out of Chicago has done extensive research on Oxford Houses, they came up with several publications, one of which is a publication called *Creating Communities*. And by and large, group housing works for people in recovery.

And I guess the folks that I may be here to represent would be those that are not disabled physically or mentally but rather that they have drug and alcohol problems. A couple that folks that spoke mentioned parolees. You know, what happens to them when they get out was just barely touched on.

One of the problems that most of us have when we're trying to get our lives reestablished is where to go. You know, we all agree on that, that housing is the big issue. What folks in my class of people need really is just somewhere to go and live among peers that have the same kind of a problem, and within a very small intimate setting.

There have been some mention to some boarding houses or other houses that are kind of flying under the radar that are not licensed and not providing services, but rather are just peer supportive. One of the things that I'd like to encourage those that are involved in any of that stuff as far as taking a look at what's acceptable and what's not, is to place emphasis on oversight, what goes on in those houses.

And also to encourage them to set standards of reciprocation, because I know that for me part of my return to health, emotionally, spiritually, what have you, was am I giving back to the community. Am I being required to either work full-time or do a minimum of 20 hours volunteer work; which I was employed full-time, that didn't apply.

But part of -- I think what helps human beings in general, and addicts and alcoholics specifically in

their participation with the community and in their return to health is by not just sitting back and waiting for a handout, sitting back and saying, you know, help me, poor me, but actually participating in their own recovery, whatever their recovering from.

I own one of the Oxford Houses now. I'm so blessed. I celebrated five years of sobriety in October, and my family is actually entering into transitional home situations where we're buying a house actually on Monday and we're starting one up, it's a house for women that my mom is running; she's got 15 years in recovery.

So I just wanted to come and advocate for Oxford House. I know that TDCJ has been looking closely at seeing what they could do along the lines of vouchers and what not as far as getting a contract for Oxford House outreach workers to come -- because Oxford House in and of itself, and Oxford House that is self-supported, democratically run and expels relapsers can function well enough until the wrong combination of people gets in, then it kind of goes astray. I've seen that time and again here in Texas.

There's a great need for oversight by an Oxford House outreach worker for Oxford House, which is why I mentioned any type of group situation that is around. If

anything like that gets developed on a much larger scale where you have an intimate setting of people that are -- that become family -- and I don't know that it's intended for long-term. Folks that come into transitional living, it's transitional, they start at square one and they kind of get themselves together and they move on. I don't know if it would benefit anybody if they were to stay around for any great length of time, like some of the folks that have a need to based on their own condition.

There was something else, which escapes me, but I'll leave it at that. Thanks.

MR. GERBER: Well, congratulations.

And any questions for Mr. Fabrizio?

(No response.)

MR. GERBER: Great. We're glad you're here. Appreciate you taking the time to join us.

Marshall, what's the word on lunch?

MR. MITCHELL: I haven't heard.

MS. BOSTON: I think it's here.

MR. GERBER: Is it here?

MR. MITCHELL: Okay.

MR. GERBER: Would it be the will of the council to -- anyway, this doesn't have to be like committee meeting; we can pause for lunch and come back.

There's several more folks to hear from; I want to be sensitive to their time, or we can do another one or two.

Would it be the will of the folks maybe to stop for a few minutes, grab a quick lunch and --

MR. CARMICHAEL: We might see if it's convenient for the people who haven't spoken yet, if there's somebody who's under a time frame.

MR. GERBER: Certainly. Great point.

Marla and Mary and Phyllis and Lex are who I have still here, and are you able to hang with -- is there anyone who can't hang with us for -- till after lunch?

MR. CARTER: I can't --

MR. GERBER: Well, come up forward then.

MR. CARTER: I'm sorry. I can't. I tried to stay as long as I can.

MR. GERBER: No, that's very good.

MR. CARTER: My name is Troy Carter. I'm president of the Adult Daycare Association of Texas, and I appreciate the invitation to speak to you. It's going to be brief.

I have worked with Marc in the past on Money Follows the Person and other issues around adult daycare actually. And how I got involved is because adult daycare tends to work in the spectrum of trying to find the needs

for individuals that we serve.

We in the adult daycare industry pick up an individual from their home, take them over to our facilities, give them nursing care because we are a licensed nursing facility, we feed them, give them activities, take them on field trips, take them to their doctor visits, and we do all of that for a very economic price.

And we are -- we get involved with the Money Follows the Person because the Star Plus program is involved with it here in Harris County. And they often look for additional services for those clients who come out of the nursing home who go into the community. They give them an option and say -- well, because one thing they realize is that you may remove a person from a nursing home, but a person who's been in a nursing home wasn't responsible for taking their own medicine, wasn't responsible for taking care of their own medical needs.

So what they say is, you've got a nurse, let's do some medication management and some medication training so that client know when to take that shot, or when to take the -- or test themselves for diabetes. Your facility can do that for us.

And we don't want developers in the long-term

business. We want them to stay in the development business. We want them to understand that the services are there, from a provider side, in long-term care for elderly and people with disabilities.

One of the issues that I know that we have in Money Follows the Person is housing. That's the number one thing, you know, how do we find the housing, what housing is available. And then we want developers to start looking at how do you wrap around long-term care services.

There are some pilots that's taking place and some services taking place in Minneapolis I just visited, because I'm on the national board for adult daycare too, and it's a housing community that has an adult daycare actually smack in the middle of it. It also has PT/TO clinics and clinic in the middle of it with -- and they have a spectrum, they go from -- literally from independent living to, you know, long-term care services on this one campus. So it's -- those models for housing are out there.

And we don't want to get into the housing business. We want to stay in the long-term care business. We want to stay in the service business. So we want to figure out how do we partner with that need that exists.

Because if the developers don't get to the point where they don't look at these wrap-around services, then they're just going to be shelters and they're not going to meet that long-term need of the clients.

And that's where we see we can fit in as providers. Yes, we experience everything that was spoken of this morning about the differences in economics and what's happening now, because our business is growing because those people who could afford the assisted living at the $5,000 rate no longer can, and they're looking for options. So adult daycare becomes a viable economical option for them during the day.

And that's the same thing they do for housing, that we can merely be a resource for a developer that says, Hey, I've got an adult daycare down the street, you know, if you want to attend, they'll come pick you up. Most of our adult daycares now are getting more sophisticated, adding, you know, workout facilities and exercise rooms and those kind of things in the wellness programs, so that we can meet the need of the growing population that exists.

And I commend you for the work that you're doing. I commend you for trying to put something together. I think that Texas needs it, and Texas has

something that we tout constantly throughout the nation called Star Plus, as far as integrated care. And I'm one that is in support of Star Plus and that managed-care model because I've seen it where it made a difference in the lives of seniors that fee-for-service did not make a difference, where that integrated care was the key to improving that person's life and keeping them in the community.

So I just wanted to do my little part on encouraging you to keep up that -- putting those pieces together. And thank you for inviting me.

MR. GERBER: Thanks. That's a very important piece of the puzzle.

Any questions for Tony -- I'm sorry, for Troy.

MR. CARTER: Troy. My brother's name is Tony, I've been called Tony all my life.

(General laughter.)

MR. GERBER: Sorry about that.

MR. CARTER: Thank you all.

MR. GERBER: Thank you. Troy, let me ask you, have you been able to partner with any of developers out there where there's been -- have you --

MR. CARTER: Well, no, really.

MR. GERBER: -- gotten closer to --

MR. CARTER: A lot of them don't want to get involved in it.

MR. GERBER: Right.

MR. CARTER: I mean, honestly, when you approach them --

MR. GERBER: Sure.

MR. CARTER: -- they just don't want to see -- they don't see the connection that it could -- and the difference that it can actually make to their projects. We welcome, as an association, those opportunities to sit down with them.

MR. GERBER: You know, we've had -- I wish Toni Jackson was still here -- we had a, you know, kind of --

Brooke, it makes me think about the list of services that was we provide. Obviously this is a very expansive and costly service. But it does sort of make you wonder about sort of the list of things that we give points for.

Basically the tax credit program is -- we do 45 to 60 units a year -- properties a year, each with about -- you know, ranging from 150 to -- yes, 100 to 250 units roughly. And it's a point chase. We'll receive applications -- like this year we've already got about 2200 applications, and those who get the most points for

the more services they provide, you know, win. And it would be nice to add this -- look to this next year, maybe an outgrowth of this discuss.

So, Brooke, why don't we add that to our QAP list.

MR. CARTER: Well, to be honest with you, Marc can contest for it, we've been arguing about rates in the state of Texas for 20 years now, but we do it at a very economical price. Believe or not, the pick up, the feeding them, and doing the activities we do that for about $30 a day per person for Medicaid -- under Medicaid rates, to be honest with you.

MR. GERBER: You're arguing with the right person then.

MR. CARTER: All right.

(General laughter.)

MR. GOLD: Like I say, I used to be a young man when we started that conversation.

MR. CARTER: Right. Right. So, but -- and Marc has been very supportive, and we've had support in both DADS and HHSC around what we do as an industry, in the adult daycare industry. But we do it at an economic price.

And because we have what we have -- what we

call -- we have all the services in one location, it tends to make it more economical to provide those services for those people who may -- it's not for everybody, but it's -- for those people who utilize it, it really works. We have facilities that have kind of automatically became places for people with mental health -- we have facilities that kind of automatic -- just by nature became facilities for people with MR disabilities, or brain injuries.

So there's no one fit for everyone in adult daycare. It's just what need the community actually has.

MR. GERBER: Sure.

MR. CARTER: And that's why we can fit within the housing spectrum because we can -- there are adult daycare owners that will adjust their business model to meet the need for that housing community so that those people don't have to sit in their house all day long, or their apartment all day long, they can have an outlet during the day. And that's what adult daycare comes in.

MR. GOLD: And, again, I'm not here to lobby, as I stated. But I think that is really one of the most important concepts -- again, it's not for everyone, but it does provide an opportunity for those who are living alone in an apartment to have a component of that socialization.

And socialization is a key factor often to keep

someone in the community and not to feel isolated. There's an expression of living in an institution of one. And so adult daycare, again, for those who are appropriate, does provide that really necessary component.

MR. GERBER: Great.

Yes, Jean?

MS. LANGENDORF: Does your all's association include the PACE program, or the --

MR. CARTER: Yes.

MS. LANGENDORF: -- ONLOC [phonetic] model? Okay.

MR. CARTER: Yes, they are a member of our -- the PACE program are a member -- they are members of our association.

MS. LANGENDORF: Okay. I'm just curious. We are going to El Paso and that's where the PACE program is, if I'm --

MR. CARTER: Yes. Yes.

MS. LANGENDORF: -- not mistaken. I don't know -- I used to live in El Paso and we funded the beginning of that, when I worked for the city we funded the beginning of that, but truly it's a great model, I mean for folks that are elderly, and it keeps them in their homes. But I didn't -- I'm curious, and I'm not

sure that we've reached out to them, but if that PACE program has developed any housing attached to it, to your knowledge? That's a big question in El Paso?

MR. GOLD: No, no. I mean the PACE model -- very quickly, it's a managed-care program that actually coordinates both Medicare and Medicaid dollars, sort of actually really pools that information --

MS. LANGENDORF: Yes.

MR. GOLD: -- and it's really based off an adult daycare model where the people get sort of assistance, but then they're responsible. I think that's a very good point as we talk about PACE.

We also have a PACE site -- we have two additional PACE sites now in the state of Texas. El Paso was the first, and we've had one in Amarillo, and we just opened -- I think it was last week, one in Lubbock area.

But it really does help, again, to try to support individuals to remain in the community, to live independently, and provide them the necessary services, because the individuals then go to the adult daycare facility to provide services so there -- it's -- I'm glad you brought that up, because --

MS. LANGENDORF: No, El Paso --

MR. GOLD: -- it really is a good model.

MS. LANGENDORF: -- if we might have staff see if we can have them come, because I'd really like to hear -- I mean they've been around a good amount of time now, and how -- what their challenges are with the folks they're serving to remain in the community, what their housing challenges are.

Because I know from my experience in El Paso, and I think we'll find this while we're there, but a lot of folks do stay within their families, and may not, you know, stay within their families.

MR. GOLD: Yes.

MS. LANGENDORF: It's more -- it's definitely not much of an institutionalized city --

MR. GOLD: Oh, no.

MS. LANGENDORF: -- as far as having institutions.

MR. GOLD: No.

MS. LANGENDORF: So I just think that would be a real good piece. I really appreciate you coming, because I had not kind of connected the dots on those two programs until you were talking about it, how -- you're right, it's the socialization.

MR. GOLD: And the other sort of side benefits of that is when people use adult daycare, and you're very,

very right, it's usually with individuals who are living with families, and it really gives that opportunity for the family to continue working and having their life, but at the same time they're filling the obligations to their loved one, their family member.

And so there's a place for them to go to be safe and actually a constructive and relaxing place to receive services and then at night they go back into the family situation, and it keeps the whole family sort of an intact model.

It's been very -- actually it's very interesting that -- highly significant, I think it's still true, utilization of adult daycare has been in the Rio Grande Valley, in fact, predominantly that's where it's been and people have argued it's been a cultural issue, but for all the things you're saying, Jean, it's -- absolutely you're right on target with it.

MS. LANGENDORF: But I think the PACE model, because of their long experience, I would -- I really would like to hear from them of where they lose the clients -- I mean where they lose individuals that would be coming there because their housing situation deteriorates --

MR. CARTER: That would be --

MS. LANGENDORF: -- you know, and what their barriers and what their challenges are. I think that would be a real good educational thing.

MR. CARTER: That would be a real good education in El Paso because then that -- you would see that, the difference if they lose a client because of housing. We shouldn't be losing a client --

MS. LANGENDORF: Exactly. Yes.

MR. CARTER: -- because of housing, so.

MS. LANGENDORF: Yes.

MR. CARTER: And that's what I mean when I say that we can be a good component for the housing for seniors --

MS. LANGENDORF: Yes.

MR. CARTER: -- and people with disabilities who choose adult daycare because that shouldn't be an option -- or barrier for them to be able to still have some resemblance of life and be able to exist outside of the four walls in their living area.

So I just want to thank you again. And --

MS. LANGENDORF: That's great.

MR. CARTER: -- Marc, you know I'm always ready if you have any questions to add to it. So thank you.

MR. GERBER: Appreciate you being here. Thank

you.

Why don't we pause there. I know some folks, maybe to wait a few minutes, but why don't we go. I think the room is around the corner here where there's some sandwiches and -- or whatever we ordered -- and we will come back as fast as we can, but certainly our intent is not to take more than -- let's try to, if we can, limit it to 20-30 minutes, if we can, and we'll reconvene then.

And my thanks to everyone in the public who's being patient as we kind of work through these. It's very, very helpful to us.

(Whereupon, at 1:17 p.m., the meeting adjourned, to reconvene later this same day, Wednesday, January 27, 2010.)

A F T E R N O O N  S E S S I O N

(Time Noted: 1:55 p.m.)

MR. GERBER: -- Turner, will you come up forward.

Marla is with AARP as the Associate Director.

We're glad you're here. Thanks for your patience, and --

MS. TURNER: Great. Thank you. I'm glad that you're here.

I'm actually wearing two hats today. Okay. One is as an employee of AARP, and the other is as the first vice chairperson of the Harris County Area Agency on Aging Area Planning Advisory Council. So I am wearing the two hats, and we do a lot of work together.

What I did want to talk about very briefly is the aging agenda that the Houston-Harris County Area Agency on Aging, along with lots of other organizations did come up with about three years ago. It stemmed from -- our AAA Advisory Council has mayoral appointments on it, and so every year the appointees meet with the mayor.

At the time we were meeting with Mayor White. And our topic for that meeting happened to be how do we make Houston-Harris County a more elder-friendly

community, thinking if we're elder-friendly we're going to be people-friendly, whether it's, you know, mothers with young children, or the disabled community, we would be an elder -- well, we would be a friendly -- people-friendly community.

Through that process we had six or seven different domain groups, one of which was housing. And through the housing work group, which was composed of various organizations within the community, profit, nonprofit, local government agencies, we did come up with recommendations.

A lot of that was to promote outreach and research, and some of the ideas have already been discussed here today, which I think is wonderful, such as a website with housing options and education in terms of, you know, what exactly is -- what is assisted living versus a personal care home versus independent living, and the whole continuum of care, because so many times people refer residents to places without knowing what they really are or without even explaining to the families where they're sending them, and there's like shock.

So there was another piece also promoting intergenerational programming, working with schools that have community volunteer groups and having them work with

seniors in their homes, and there is a high school here that already does this, on home repairs, on simple home repairs, because these are the things that really make it difficult for seniors to live within their homes.

As I said, a lot of these ideas were already discussed, and I don't want to go through all of them. But also partnering with our local government agencies more in terms of code enforcement and ideas to improve housing options for seniors.

One of the huge problems that we have in this area, which I'm sure is true in every urban community in the state, is that we have -- obviously the land is a lot cheaper the further out that you go, so developers are going in and building these wonderful retirement communities.

People want to move out there to be close to their children, and here's a perfect place, and then they get out there and they are totally isolated. There are no wrap-around services, there is no transportation, they can't get to the pharmacy, to the doctor, nothing is around them, and no way of getting there, which puts a great burden on the family, as well as the older person who doesn't want to be a burden on the family, but can't afford to take a cab from The Woodlands down to the

medical center, or, you know, which a 50, $60, $70 cab trip here. So it's a huge problem.

We have found, again, as everybody else has, that transportation is the one area, the one domain group that actually went through every one of the other areas, and we are addressing that.

The connectivity, the accessibility, and the affordability -- and I'm so glad to see your definition there, because I think you've got it down perfectly. One of the things that AARP is doing, we have a huge livable communities agenda and staff in our Washington office, and we've done all sorts of things.

Unfortunately, Houston -- or Texas hasn't really been one for the big markets, we are now making it one of the big markets, and we are working -- as we speak, we are working on doing a lot here in terms of the neighborhood revitalization, empowering residents of communities to take over their communities to make those decisions and to work with neighborhood associations to really assist in that in terms of everything from housing to safety, that safety is a huge problem in some of our older low income communities.

And really working with the community as a whole based on a model that we have done in Louisiana

after Hurricane Katrina hit there and they went into a neighborhood called Holly Grove and that's what they've done and they've been extremely successful.

That's all I have to say, but I do want to thank you for being here.

MR. GERBER: Marla, I have some questions about -- I'm glad you mentioned intergenerational housing. We've done some and we've even adopted a policy, but there are challenging properties to do for lots of different reasons.

MS. TURNER: Right.

MR. GERBER: What do you think are the attributes of a strong intergenerational housing policy? What sorts of things do you think, you know, as you've seen properties that are intergenerational that, you know -- obviously the high school and the home repairs -- I mean just big trends or themes sort of stand out for you?

MS. TURNER: I see the social benefits of it. I've seen kids who were gang members, as in this high school that I'm talking about, who have worked with seniors in their homes and have found that grandparent image that they never had before, and the effect that that's had just on their own lives.

And I've seen the seniors who may not have grandchildren here who just relish that, and those relationships have sometimes gone beyond just, Oh, yeah, the kids from the high school are coming today and, you know, they're going to do yard work, or they're going to, you know, paint the outside, or fix the gutters, but it turns into a true relationship.

And I think in terms of, you know, in this country so often it's children versus seniors, and we have never really found that medium ground. I think it's done a lot in terms of understanding and acceptance.

MR. GERBER: I appreciate you mentioning it, because I think we've had other members of the legislature who've been interested in this issue, and I think refinement of the intergenerational policy, working with other agencies that have a stake in it, and members for the legislature care about it, I think is really going to important, because I think the rewards are huge. And when it works, it works just tremendously. So I'm glad to hear you mention it.

Any questions for Ms. Turner?

(No response.)

MR. GERBER: Thanks for being here.

MS. TURNER: Okay. Thank you.

MR. GERBER: Appreciate it.

Phyllis McKenzie. Phyllis is the Director of Homeless Programs for Gulf Coast Center, and, I'm sorry that she was not able to stay with us.

Is Lex Frieden still here?

(No response.)

MR. GERBER: Lex had to go as well.

Betty Streckfuss?

MS. STRECKFUSS: My foot just went to sleep.

(General laughter.)

MR. GERBER: Oh, my timing's perfect --

MS. STRECKFUSS: But the rest of me is alert.

MR. GERBER: -- as it always is.

MS. STRECKFUSS: Thank you very much for being here.

And, Ashley? Is Ashley here?

MR. GERBER: She's right --

MS. STRECKFUSS: I appreciate her -- oh, thank you -- for the communication.

I am Deputy Speaker pro tem of the Silver-Haired Legislature. And housing is not my expertise; healthcare issues are. I'm also a member of the Legislative Committee on Aging. And housing will be a big issue we've already identified, at our first meeting, that

is chaired by Senator Lucio, and we will be visiting the problems associated with senior housing.

There are others in the Silver-Haired Legislature that are much more able and prepared to talk about housing than I am, and you'll hear from them, I'm sure, when you're in Dallas and El Paso and Austin. We have a very vocal group of senior advocates in our Austin contingency and my constituents that are there, or my co-members.

But I do want to encourage you in thinking of the Silver Haired Legislature in developing resolutions. We do debate the issues and they will go before our board, they will be heard before the Committee of Aging and -- of Insurance and Aging. And that committee is chaired by Dr. Bruce David, who is a gerontologist.

And we work hard on our resolutions, and we do beat the drum loudly with our own representatives. I'm the Harris County representative of the TSHL organization at large. You can imagine what a big job that is. And I have made a promise to myself I would visit all the legislatures and talk about the issues facing seniors. Housing, of course, in this instant, as you've heard from Marla Turner, is enormous. And it is as big as the county.

And I do try to visit -- I said I was going to visit every legislator during the interim period until I found that a third of the representatives live here and one-fourth of the senators, so now I have sort of drawn back on that promise to myself and said if I meet them socially or in a committee hearing, I'm going to put a checkmark by their name.

But do remember the Silver-Haired Legislature, please, and let us know if there is any way that we can write resolutions that will support you in further legislature with the 82nd State Legislature.

One more thing I would like to say is, look at ways of rewarding volunteers in senior housing. There are so many like myself that volunteer because we're paying back. But there are young people, as Marla discussed, that are volunteering and finding the reward in itself as a volunteer, but I was a representative to the 2005 White House Conference on Aging, and we discussed ways to reward civic engagement.

I would like for you to tuck away the thought that people that work as volunteers in senior housing could be rewarded with equal hours, or perhaps even just half the time in college education credit -- I mean not credits, but hours, tuition hours, if not for themselves,

for their children or grandchildren, and that would be an enormous boost to people that are sometimes getting on a bus, taking public transportation themselves to go act as volunteers in the housing developments.

We need those people, we want them engaged, but let's not make everybody think that a party at the end of their career as a volunteer is all they're going to get. That's thin soup, and we need to put a little bit of meat in it. Thank you.

MR. GERBER: Thank you.

MS. STRECKFUSS: Oh, any questions?

MR. GERBER: I have just a request. We would certainly welcome -- obviously it's very really appreciated that you're here. I know that you do have folks in the Silver-Haired Legislature who are very engaged in housing issues. We've heard from them on our board, and we've heard, certainly, public comment that you all have given at different points.

I think it's some of the most informed that's out there, and we would welcome hearing -- many of your members are taking advantage of specific services, and are uniquely positioned to sort of see the linkages. And I think it might be helpful for this committee if there's a way for the legislative members in your organization to

perhaps distill that in some way for the committee, and if you would be the lead on that, or one of your colleagues, to share that with the committee.

I think it would be very helpful to some of us to -- as a lot of what we're doing -- you see there's a cross-agency subcommittee -- a lot of what we're doing is trying to figure out how to connect the dots, and all too often that doesn't happen and it falls and hits the backs of people who -- all of us that are up here have a good will trying to figure out how to address. So that would be very helpful to us if --

MS. STRECKFUSS: Yes. Okay.

MR. GERBER: -- you were --

MS. STRECKFUSS: It is just an act of encouragement, and we certainly need to encourage anyone that's going to participate in a problem as huge as housing. Or not exactly the problem, but let's call it the issue of. I hate to think of everything as a problem, and I'm sure you do too.

MR. GERBER: Well, it's a great opportunity. I mean all of us I think see the richness of our programs, and all of us -- I think you can hear from, you know, from AG to the Corporation to those who are -- you know, bankers and nonprofits who -- you know, we all see pieces

of it that work, but we all know that we're, to some extent, siloed, and we're trying to break that down to get greater effectiveness and efficiencies.

And, you know, we need to hear more from those who are hearing directly from the services in order to really know how does this back up on, you know, on you, how has something not worked. And I think you all are uniquely positioned to do that because you have a lot of folks who really --

MS. STRECKFUSS: Okay.

MR. GERBER: -- do provide very great feedback. It's been helpful to us in our programs, we look forward to it --

MS. STRECKFUSS: And I got --

MR. GERBER: -- as we work through this.

MS. STRECKFUSS: -- you have my contact information, and anything I can do to help --

MR. GERBER: Thank you.

MS. STRECKFUSS: -- this committee increase its actions, I'd appreciate knowing and I'll do my best to help.

MR. GERBER: Appreciate it.

MS. STRECKFUSS: Thank you.

MR. GERBER: Thank you.

Any questions for Ms. Streckfuss?

(No response.)

MR. GERBER: I'm going to, I'm sure, mess up the name, but Mari Okabayashi? How bad did I do?

MS. OKABAYASHI: You did it just fine.

Good afternoon. My name's Mari Okabayashi. I'm chairman for the Advisory Council for Harris County Area Agency on Aging, and I'm glad that you all are here, and I'm glad that you are taking this information from the public.

Seniors, their numbers are increasing, as you all are well aware, because the boomers are aging. Fifty percent of the population who turn 50 this year will probably reach the age of 85, which was unheard of, you know, 10 years ago, in that number. And as we age, definitely our services -- much more services are needed, so, especially in terms of housing.

Several years ago one of my neighbors fell down and broke his hip. He wanted to stay at his house after he got out of the hospital and be taken care of there. But when I went to check his house out, when I went through his master bedroom into his bathroom, I got very claustrophobic. I had my husband measure the door frame, and it was only 20 inches wide. There was no way he could

get his walker in there. And then when he -- if he could, the area in his master bathroom was very small.

So the area of visitability and making homes ADA compliant is extremely important. I know, you know, new construction, most of them -- a lot of new construction will fall under this realm, but not all new construction will. And let's face the facts: If we retrofit a home and try and adapt it to peoples with disabilities, it's extremely more expensive than if you had done it in the first place. So I'd like to see all new home construction have some form of accessibility.

And the other aspect is connectivity between senior housing and the services. I know it's been brought up. Transportation from the suburban areas to the medical center and the medical care that a lot of seniors need is just not there.

For instance, the town of Katy, just outside of Houston. Katy is in three counties, and just within Katy, if you wanted public transportation, sometimes you could not cross -- the public transportation will not cross county lines. That makes it extremely difficult for a senior to get around.

There is a coalition now going on there that they're working to try and combat this so that the flow of

transportation is a lot more easier for people with disabilities and the seniors to get around. That us definitely a concern when we're planning for homes for seniors.

And the other thing is wrap-around services. The Director of Health and Human Services here for the City of Houston many years ago -- several years ago talked about wrap-around services. He is an advocate for this area, and I'm glad to see in your definition of service-enriched housing, that you're covering this.

This is a very important because -- Thanksgiving my group goes out and serves hot meals to frail seniors who are unable to get around. We deliver in the morning, and one of our deals when we go out is to make sure that they have all the services available that they need; not just the nutrition, but whether it's dental, hearing, home repairs. We're looking to make sure that we cover their whole environment, not just nutrition.

And the other thing, I like seeing a proactive stance definitely. That's a good thing. And in the long run it will be easier and more cost effective if we do take a proactive stance. One area is have the healthcare professionals that will be working with seniors and disabled, especially the seniors, have a course in

gerontology.

A lot of the doctors who graduate from medical school have not taken a course in gerontology and don't always understand the ramifications of drug interaction as a senior, because it's not the same as for a 30- or 40-year-old. There are differences. And we're doing a disservice to the seniors if we don't try and cover this area of concern.

And I definitely think we're on a good start here and appreciate your attention to this information. Any questions?

MR. GERBER: Thank you for your thoughts.

Any questions or thoughts?

(No response.)

MS. OKABAYASHI: Thank you.

MR. GERBER: Thank you very much.

I think that's the last person I signed up. Is there anyone else who would like to say a word, or offer a thought, or even just introduce themselves to the committee, you don't have to offer anything, but it would just be nice to know that you're here. Anyone who'd like to do that, to do so?

Please --

MS. STRECKFUSS: Do you allow additions to

testimony?

MR. GERBER: Sure. Come on.

MS. STRECKFUSS: I'm so sorry I didn't mention this, but you're probably all aware that we have an enormous Asian community in Houston, and there is an endeavor on the part of that Asian community -- I think it numbers about 300,000 now in Harris County -- and there is an organization called Vietnam TeamWork Housing Group, and I happen to have the privilege of being on the board for the Hiep Luc, I believe I may be pronouncing it right.

But I did want to make you aware that there is that organization and we meet in -- across from Hong Kong City Mall in case any of you are interested in visiting those TeamWork offices.

And also, one more little plug for Silver-Haired Legislature. Mari mentioned the gerontology deficit, the education in gerontology and geriatrics, and that was one -- that was the ninth in importance in our resolutions in the Silver-Haired Legislature last year. We hope to get supporters for legislation to be written on that issue. But we do need more gerontologists.

In that line of thinking, the Texas Silver-Haired Legislature does have an online academy that has been blessed by the Governor, and he introduces it, you

can find it on tx.shl.org, the online academy, and you can actually get CME -- or CEUs in gerontology-accredited courses, and I think we have five now that have been written by various geriatric specialists, or gerontologists across the state.

So thank you for letting me put in those few words.

MR. GERBER: Yes, and I appreciate doing that. It's exciting to hear you have that capability. It's also, I think, an important word of caution to the -- to us on the council that there are very diverse communities that are not necessarily represented by all of us up here.

We're going to try our level best to -- but would certainly hope that we -- and encourage Ashley and her team to make sure that we're really reaching out as best we can to make sure that as we do these forums, and truly the ones on the road, that we make sure that we have reached out to our -- you know, to all parts of the community, and giving everyone an equal chance to come and testify and offer comments on this.

And hopefully this is the start of -- you know, this is a set of four forums. My intent is, as my staff has discovered in my four years of being head of TDHCA, that I do like to travel around the state, and I think

it's important to hear what people are saying and what their views are.

And so we will likely, depending upon sort of how our work proceeds, do more of these to try to get the impact -- hear about the impacts on definitions, on programs, on policy ideas that we might recommend from Texans who are impacted by them.

Staff team, any closing thoughts, comments, logistical details? We meet again February 8 in Austin?

MS. SCHWEICKART: Yes, Austin. So our next public forum, which actually coincides with our quarterly council meeting for anyone who wants to hear about that, is Monday, February 8, starting at 10:00 a.m., and it's in the Stephen F. Austin Building, Room 170, which is their large public hearing room.

And so that will be, you know, like this meeting in terms of hearing from representatives. There might be a different group of people because obviously there's a different group in Austin. But, yes, so that's what's happening. And I will be sending out the agenda tomorrow.

MR. GERBER: Jean.

MS. LANGENDORF: Oh, yes. So the meeting's going to be a public hearing -- I mean it's going to be a

public hearing and then a meeting? Do we have like when we're going to actually meet and when we're going to have the public hearing?

MS. SCHWEICKART: Yes, so it says this in the agenda, but basically we're going to get all of kind of more of the normal council -- you know, every quarterly council meeting items out of the way, have the public testimony before there's any discussion by the council on the definition of service-enriched housing so we can receive all the comments and feedback from the public before we make that decision.

MS. LANGENDORF: Okay.

MS. SCHWEICKART: So, yes,.

MR. GERBER: But it'll be a full day, and --

MS. SCHWEICKART: Yes.

MS. LANGENDORF: A full day.

MR. GERBER: Although my hope is that we can also -- and this is a nice set up, I'm glad we have the city council annex chambers, but my hope is that maybe in the future we could -- it would be nicer to maybe do more round table in style, so we'll try to work on that and maybe have -- maybe a little more cross dialogue with folks from -- who have come from, you know, some distance to join us and participate in the conversation,

understanding that, obviously, there'll be a formal council meeting on the 8th as well.

But we'll try our best to make it so we can have that dialogue and give and take a little more effectively in a different surrounding.

Any thoughts from council members that you all would like to offer?

(No response.)

MR. GERBER: Does everyone have a subcommittee assignment?

MS. SCHWEICKART: Yes, they do.

MR. GERBER: Does everybody have the details on how to get reimbursed and all those good things?

MS. SCHWEICKART: I have -- so for those who came a little bit late, I have travel vouchers for you to fill out. That way we can make sure that everyone -- Governor appointees are reimbursed. Yes.

MR. GERBER: Great.

MS. MARGESON: I just have a comment, that I think staff did a really good job of getting the word out, and we had diverse testimony. And, you know, I always kind of dread these things because sometimes no one shows up. So it was great to have made the trip and it was really worthwhile to hear everyone's input, so. I don't

know how you did that, but kudos to you.

MR. GERBER: Ashley and Marshall did --

MS. SCHWEICKART: Definitely not --

MR. GERBER: -- tremendous work, and we appreciate it.

MS. SCHWEICKART: -- not just us. A bunch of people helped getting the word out, and we thank everybody who did, who learned about these and passed the information on and on and on to different organizations, so.

MR. GERBER: And we've had council members who've been providing names and --

MS. SCHWEICKART: Yes.

MR. GERBER: -- contact information as well so --

MS. SCHWEICKART: Yes.

MR. GERBER: -- if there are names -- now that you've seen one of these, if there are others that we should contact and send formal invitations to, send us those names, we'd be glad to do that --

MS. SCHWEICKART: Yes.

MR. GERBER: -- as well.

MS. SCHWEICKART: I mean, you can always e-mail it to me.

MS. GOTHART-BARRON: Ashley, have you checked on parking at the Stephen F. Austin Building?

MS. SCHWEICKART: Oh, yes. Okay. That's something that I was also going to send out when I send out the agenda. We have the top floor of the nearby state parking garage reserved for everyone who is going to be attending and speaking at the meeting. And so I am going to send out a map to show you guys where that parking is, and it's free all day. I made sure that that is -- I don't know the name of the parking garage off the top of my head, but I will send that out by e-mail.

MS. MARGESON: It's Garage E.

MS. SCHWEICKART: Is it?

MS. MARGESON: Garage E.

MS. SCHWEICKART: Okay.

MS. MARGESON: 1604 Colorado.

MS. SCHWEICKART: But, you know, DPS, they may not have given me the closest one.

MS. MARGESON: Okay.

MS. SCHWEICKART: I'm just saying -- I don't want to say it right now and then be wrong. So I should send that out. But we do have the top floor of a parking garage reserved for this council, for the meeting.

MR. GERBER: Great. Well, if there's -- no one

else would like to say anything. Thank you all for making the trip in. I think it was a worthwhile day and look forward to seeing you all on the 8th.

(Whereupon, at 2:24 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: Houston, Texas

DATE: January 27, 2010

I do hereby certify that the foregoing pages, numbers 1 through 196, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Leslie Berridge before the Texas Department of Housing and Community Affairs.

02/02/2010
(Transcriber) (Date)

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