Housing & Health Services Coordination Council

Policy & Barriers Committee

Council Member Feedback: Pending Decisions for the Council

January 12, 2010 2:30pm – 4:30pm
Brown Heatly Building, Room 3501

Introduction

At the first Housing & Health Services Coordination Council (HHSCC) meeting, Council members were asked to read the "Pending Decisions for the Council" document and provide guidance on three decisions that will direct ongoing research and data gathering efforts. Staff requested that members submit their feedback by December 31st so that these decisions could be posed for Council action at the next Council meeting.

In preparation for this meeting, the Policy & Barriers Committee is tasked with reviewing the member feedback and using this feedback to create a recommended course of action for the Council take.

How will the Council define service-enriched housing?

As stated in SB1878, the Council is required by law to submit a definition of "service-enriched housing" to the Texas Department of Housing & Community Affairs Governing Board for approval. Council members supplied several definitions for the Committee to consider:

"Housing, in a variety of settings, that offers residents timely access to health and social supports that promote independent living and allow them to remain in the community as long as possible."

"Housing that is supplemented by supportive services, which address individual and/or family needs that enhance personal or economic well being and foster independent living."

"Integrated, affordable, and accessible housing coordinated with, but separate from, personal assistance and supportive services for persons with disabilities and the elderly."

"Permanent affordable housing offered with facilitated services, provided on-site or off-site, without which the individual or family could not live independently in the community."

"Decent, safe, and affordable housing and access to the supports needed to maintain that living arrangement."

Housing Type

Several respondents discussed the need to not tie a service-enriched housing definition to one specific setting, such as only assisted living or only multi-unit development. One respondent said that making a continuum of housing settings available to consumers allows for them to have a real choice in their living arrangement, be it a public housing development or a naturally occurring retirement community. Another respondent stated that although assisted living is effective and should be considered; such developments must be highly regulated and are more expensive on a per capita basis. Therefore, including more integrated housing options within the definition of service-enriched housing can serve a significant number of persons within the targeted population whose service needs are less acute.

<u>Coordination of Housing & Services</u>

Respondents differed in their opinions of how the definition of service-enriched housing should explain how services are provided to consumers. Some do not think the Council should tie this definition to a specific model of service provision, be it on-site service coordination or off-site contracting of care. Some promote a range of formal and/or informal partnerships between service-enriched housing units and health and social service providers, effectively "marrying diverse multifamily facilities with service providers."

Two respondents gave differing examples of how they saw this coordination of housing and services playing out. The first, who promoted a very broad definition of service-enriched housing which does not specify a model for service provision gave this example of the range of service options which could be available to consumers:

"For example, an apartment complex that caters to low income older and/or disabled residents may hire a service coordinator, invite a DADS community care worker to co-locate, OR make arrangements with their local Area Agency on Aging benefits counselor to staff a clinic that connects residents with various programs."

On the other hand, a second respondent referenced a successful program developed by the City of Pittsburgh, which organized community housing for people with cognitive disabilities who were discharged from the state hospital system or developmental centers. The agency soon realized that these consumers needed supportive services and decided to arrange for or provide those supports themselves:

"Although people were happy, we soon realized that people needed more than four walls and a door – when we focused on getting people jobs and other meaningful activities, our retention rate soared."

Mobile teams of case managers were created to be available to consumers. Consumers rented apartments from normal community stock and the subsidized rent based on Section 8 formulas. This subsidy was paid directly from the city to the landlord.

"The mobile staff worked with the consumers on activities of daily living, shopping, employment and socialization. The intensity of services varied. It was based on the philosophy that people "transition" internally and should not have to move from one place to another as their needs change."

<u>Promotion of Service-enriched Housing Program</u>

Finally, respondents discussed whether or not the definition of service-enriched housing would include some language about how a service-enriched housing program would be administered. One respondent wondered whether the Council should recommend that State efforts should concentrate short-term development on service-enriched housing, creating the maximum number of facilities that funding will allow, or if the Council would promote a long-term approach, targeting a progression of increased housing capacity while finding ways to broaden and facilitate service delivery.

Who does the Council believe should be eligible for service-enriched housing & how will the Council define these special needs populations?

Priorities

Almost all respondents agreed that the elderly and those with a physical disability should be included in the population eligible for service-enriched housing. Additional populations which Council members felt should be prioritized are listed in the following responses:

1. People at risk of institutionalization based on barriers to living in a safe, decent, and affordable housing as opposed to group living. Respondents frequently cited the following populations as the most at risk:

   - People with mental health disorders.
   - People with substance abuse disorders.
   - People who are homeless and have a disability.

   One respondent explained that persons with mental health disorders and substance abuse disorders, which are often co-occurring conditions, "are extremely under-funded right now and would significantly benefit from additional services, which would in turn relieve the burden on other public systems that are currently caring for them." Additionally, one of the biggest issues facing this population is finding housing, because "along with unstable rental histories, many have criminal convictions that make it impossible for them to even be considered for public housing."

2. People who need assistance with activities of daily living, particularly those populations that have permanent obstacles which prevent them from living independently in the community.

There were several alternative suggestions. One respondent said the Council could consider categorizing eligibility based on "the nature of the barrier to living in safe, decent, and affordable housing," rather than basing eligibility on the specific population. Another respondent also encouraged the Council not to limit eligibility to a specified population and when prioritizing service-enriched housing to those who are at risk of institutionalization, the risk could be operationalized by "looking at level of frailty, financial need, and absence of formal or informal supports."

Pilot programs should be where there is the greatest population of people who meet the above criteria.

Definitions

Elderly

Responses suggest that we use the federal definition of elderly, 62 and older, if we plan on seeking federal funds. A respondent noted that one benefit of adopting a stricter definition is that it will guarantee that consumers of service-enriched housing could be eligible for all of the various

services offered by state housing and health services agencies. However, discussion of using a more restricting definition recognized that this would eliminate many people from qualifying for assistance.

An alternative suggestion is to have those ages 55 to 62 considered "Near Elderly" and this term "can be used as an occupancy exception at an elderly property when market conditions don't provide enough elderly individuals to sustain occupancy."

Additional discussion arose as to whether or not the elderly could be a subset of persons with disabilities.

Disability

The common suggestion was to use the HUD definition of a person with a disability, which is: a person who has a physical, mental, or emotional impairment that[1]

1. Is expected to be of long-continued and indefinite duration,
2. Substantially impedes his or her ability to live independently, and
3. Is of such a nature that the ability could be improved by more suitable housing conditions

This definition includes: hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities.

Also, it was suggested that instead of setting a minimum age for defining an eligible person with disabilities, the Council could adopt a general definition of "a person of legal age under Texas Law, or who has been emancipated by court order."

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[1] US Code of Federal Regulations, Title 24 - Housing and Urban Development, CFR § 582.5
http://law.justia.com/us/cfr/title24/24-3.1.1.3.10.1.1.2.html (Accessed October 22, 2009

> Given questions 1 & 2, what are the essential services that will be offered through service-enriched housing?

In determining the definition of service-enriched and what groups should be eligible for service-enriched housing, it is also prudent to determine what services will be provided to those eligible. Respondents differed in what services they thought should be offered and also differed in the approach they take to make that determination.

Multiple Council members responded that the best method for determining which services should be offered is to tailor those services on an individual basis to the person's needs. One Council member mentioned specifically that they "would recommend providing similar services provided under the programs offered in New Jersey and California. In both programs, a 'plan of care' is established that is individualized per household." Both State programs identify a list of programs accessible by eligible consumers. The consumer then works with staff to negotiate and determine what services are most appropriate and necessary to enhance quality of life.

Other Council members' responses suggested that the Council needs to choose between providing only basic services covering "food, shelter, health" or offering "the full range of ancillary programs for enhanced lifestyle (job training and placement for disabled, social activities, etc.)"

Some Council members identified specific services that they believe should be offered as serviced-enriched housing. This is a list of the services some Council members feel should be offered:

Supportive Services:
- Home repairs to increase accessibility
- Adaptive equipment
- Home health
- Medication management
- Personal emergency response
- Attendant services
- Transportation services
- Home delivered meals
- Escort/companion services
- Employment
- Legal
- Primary health care
- Child care
- Education assistance
- Dental/vision
- Credit counseling
- Intensive case management
- Medication management assistance
- Prescription drug assistance

Housing Assistance:
- Tenant based rental assistance
- Housing first models
- Vouchers
- Mixed use developments with supportive services

One Council member points out that while having an array of options is beneficial for consumers, these options must all be funded reliably long-term. Funding sources do not account for "cost/expense growth." This Council member also predicts that there will be a continued trend "to shift more of the funding obligation for housing and supportive programs to the State level from the Federal level".