



Housing Choice Plan

**Health and Human Services
Commission**

May 2022 - Revised

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Disclaimer

The *Housing Choice Plan* is a stakeholder-led roadmap for a statewide approach for addressing gaps in housing and support services and policy in the state of Texas. Closing the gaps identified in this plan will take action from all government and external organizations at the local, state, and federal levels. The findings and recommendations in this report are those of the Planning Group. This report was not authored by and does not reflect the views or opinions of the Texas Health and Human Services system, its component agencies, or staff.

Executive Summary

Social determinants of health are “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.” *

Housing is a critical component of health. In fact, the relationship between housing and health is so connected, housing is considered a social determinant of health, a condition where poor quality and inadequate housing conditions have a direct impact on both physical and mental health, leading to disease and illness. For people with mental health conditions, substance use disorders, and intellectual and developmental disabilities (IDD) (collectively referred to as the “target population”), the consequences of not having safe, decent, and affordable housing can compromise their wellbeing, homelessness, and/or loss of their ability to live as independently as possible in the community.

Texas has a shortage of over half a million affordable and available rental homes for renters who earn 30 percent or less than the area median income.¹ For a two-person household that equates to an annual income of \$17,900. This means there are only 29 affordable and available homes for every 100 of these low-income renter households in Texas.² In addition, 73 percent of these renters have a severe cost burden, meaning they pay more than 50 percent of their income on rent.³

Lack of adequate housing combined with appropriate supports frequently results in homelessness and concurrent cycling in and out of expensive public systems such

* World Health Organization. (n.d.) *Social determinants of health*. Accessed 8/14/2020. https://www.who.int/social_determinants/en/

¹ The FY2020 Area Median Income for Texas is \$74,500. Thirty percent of median income for a two-person household is \$17,900. (HUD, 2020)

² National Low Income Housing Coalition (NLIHC). (2020). *The gap. A shortage of affordable homes*. https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf

³ National Low Income Housing Coalition. (n.d.). *Housing needs by state*. Accessed 8/5/2020. <https://nlihc.org/housing-needs-by-state/texas>

as hospital emergency departments and inpatient hospital beds, detox programs, jails, prisons, and psychiatric institutions. This cycle has economic costs. The United States (U.S.) Interagency Council on Homelessness (USICH) reports studies that estimate a person experiencing chronic homelessness costs taxpayers as much as \$30,000 to \$50,000 per year.⁴

The Housing Choice Plan

In 2018, the Behavioral Health Advisory Committee (BHAC) recommended developing a *Housing Choice Plan*. In response, a group of diverse stakeholders was convened. The views and opinions expressed in the *Housing Choice Plan* are those of the Planning Group and does not reflect the views or opinions of the Texas Health and Human Services system, its component agencies, or staff.

The group met from January to October 2020 to assess the existing housing landscape for the target population, their housing needs and best practices for addressing those needs and develop recommendations. The group represented people with lived experience of mental health or substance use conditions or IDD, family members, providers, state agencies, managed care organizations (MCOs), and advocacy organizations (see Table 1).

Table 1: *Housing Choice Plan* Workgroup Organization Members

Amerigroup	Disability Rights Texas
Austin Area Agency on Aging	Healthcare for the Homeless, Houston
Austin Area Mental Health Clubhouse	Hogg Foundation for Mental Health
Austin Ending Community Homelessness Coalition	Kickapoo Traditional Tribe of Texas
Bluebonnet Trails Community Services	LeadingAge Texas
Corporation for Supportive Housing	Molina Healthcare
Dell Medical School	National Alliance on Mental Illness (NAMI) - Austin

⁴ U.S. Interagency Council on Homelessness, 2017. (n.d.) *Ending chronic homelessness in 2017*. Accessed 6/29/20 https://www.usich.gov/resources/uploads/asset_library/Ending_Chronic_Homelessness_in_2017.pdf

NAMI - San Antonio	Texas Homeless Network
NAMI - Texas	Texas Juvenile Justice Department
Network of Behavioral Health Providers	Texas State Affordable Housing Corporation
RecoveryPeople	Texas Workforce Commission
Texas Conference of Urban Counties	United Healthcare
Texas Department of Housing and Community Affairs (TDHCA)	United Ways of Texas
	Via Hope

The *Housing Choice Plan* includes a summary of existing housing options, best practices, gaps, barriers, and recommendations. A summary of recommendations is in the Introduction to the plan. Findings can be summarized into three key points:

There is a lack of affordable housing for *all* low-income persons in Texas.

Addressing the housing needs of the target population must include providing the supports some people need to find and maintain housing.

The current housing continuum available in most communities across the state needs to be more flexible and robust to accommodate the different needs and preferences of people at different points in their lives.

The *Housing Choice Plan* is an opportunity for people with lived experience of mental health or substance use conditions or IDD, family members, providers, advocates, and policy-makers to increase their understanding of this complex issue; advocate for changes at the federal, state, and local level; and work collaboratively to implement strategies and solutions for positive results.

Introduction

There is growing recognition of the important role housing plays in the lives of people with mental health conditions, substance use histories and intellectual and developmental disabilities (IDD). Without adequate housing options, people may remain in institutions such as state hospitals and state supported living centers or cycle through periods of incarceration and/or homelessness. Many do not have a consistent source of income or qualify for Supplemental Security Income (SSI) to pay for housing and living expenses, or Medicaid to pay for healthcare. Without these resources, people may be forced to consider housing options that are substandard, living conditions that are overcrowded, forego needed healthcare, or become homeless.

Lack of adequate housing has a negative impact on the physical and mental health of people. People experiencing housing instability, defined as paying too much for housing and/or moving frequently, have been found to “postpone medical care and purchase of medications, and have increased use of emergency departments and hospitalizations”.⁵ Those people also live in substandard housing conditions that compromise their health.^{6,7}

Definition of Housing used in this Plan

The plan includes housing programs and residential dwellings located in community settings. These types of housing are not an ‘institute for mental disease’ as defined by the Centers for Medicare & Medicaid Services (CMS), located on campuses separate from the community.⁸ Housing programs are primarily treatment oriented, have time-limited lengths of stay and operate according to a standard set of

⁵ Kushel MB, Gupta R, Gee L, Haas JS. 2006, Housing instability and food insecurity as barriers to health care among low-income Americans. *J Gen Intern Med.*21(1):71-7. doi: 10.1111/j.1525-1497.2005.00278.x.

⁶ Hernandez D. (2016, May). Affording housing at the expense of health: Exploring the housing and neighborhood strategies of poor families. *J Fam Hist.* 37(7):921-46. doi: 10.1177/0192513X14530970

⁷ Joint Center for Housing Studies. 2016, June 22. The state of the nation’s housing 2016. Boston: Harvard University; 2016
http://www.jchs.harvard.edu/sites/default/files/jchs_2016_state_of_the_nations_housing_lowres_0.pdf

⁸ See 42 CFR § 435.1010 for the definition of institutions for mental disease.

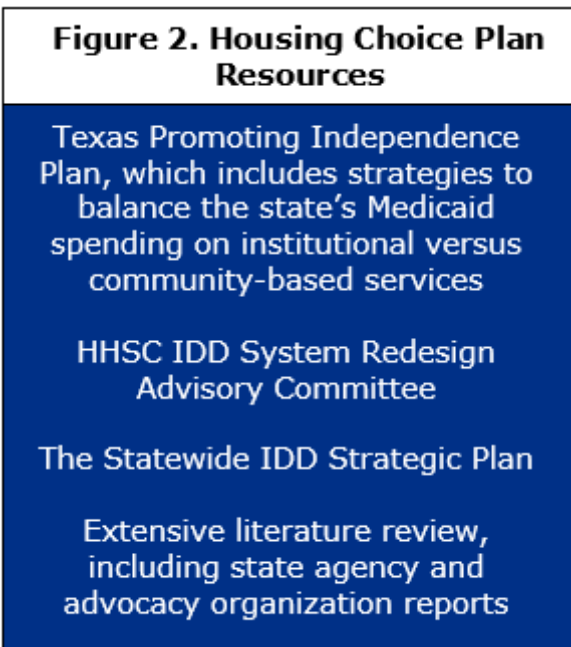
program rules. Housing programs are generally referred to as transitional housing and may serve as a step-down, interim option for people transitioning from institutional settings that require supports before being able to live independently. Residential dwellings are community-based housing that protect tenant rights and responsibilities through signed leases or other agreements. Residents may live in this housing as long as desired, so long as they comply with lease requirements.

Within this definition, housing options for people with mental health conditions, substance use histories and/or IDD fall along a continuum, based on the level of support and services provided to residents. At the highest range, housing provides multiple on-site services with a high staff to client ratio to help people maintain their housing. The least structured housing option is scattered-site affordable housing. These properties may also house residents who do not have a disability.

While the continuum depicted in Figure 1 represents the spectrum of housing needed to address the varied needs of this plan’s target population, some of these models are not available in Texas.

Methodology

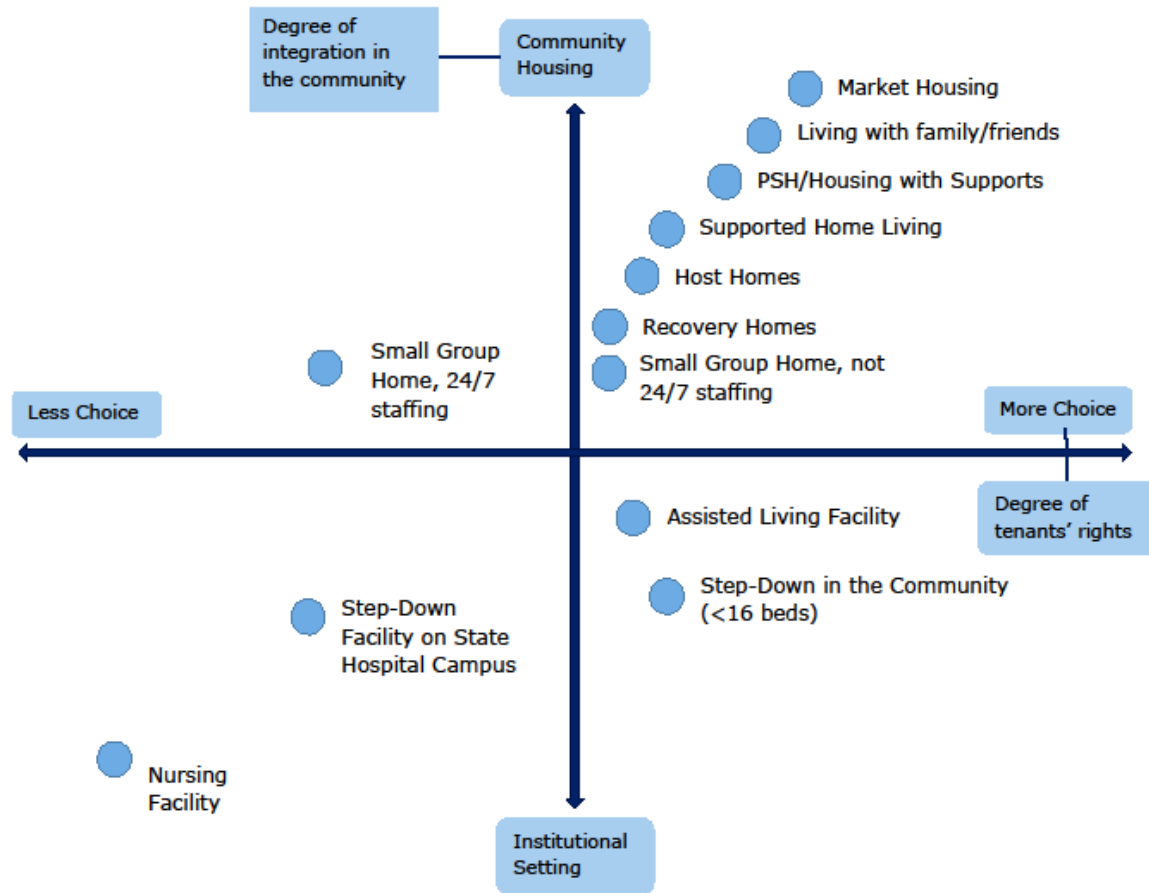
To inform the *Housing Choice Plan*, HHSC commissioned several surveys, focus groups, and regional housing summits between 2018 and 2020 to assess public



feedback on housing and support services for the populations of interest. Key findings of the surveys are provided in Appendix A. Figure 2 lists other resources consulted for the plan. Appendix B provides a full list of references.

Recommendations in this plan were developed by members of the *Housing Choice Plan* Workgroup. Recommendations were informed by findings from research and focus group interviews conducted for the plan. When available, members also considered recommendations from relevant plans and reports, including those developed by participating state agencies and their stakeholder committees. Members also contributed information on gaps and barriers based on their knowledge and experience.

Figure 1: The Housing Continuum



Recommendations are based on guiding principles developed by the workgroup. Members developed recommendations to address the gaps and barriers to housing identified in the resources described above. During this process, the group identified the four highest priority recommendations relevant to each chapter of the plan. Priorities were decided based on extensive group discussion, consensus decision making and, in some cases, a vote by members. A list of the guiding principles and full list of recommendations can be found in Chapter 8. Priority recommendations are provided at the end of this introduction.

Co-occurring Conditions

The plan is organized according to disability or disabling condition, with later chapters focused on other circumstances that impact the availability of housing for people with mental health, substance use and/or IDD. It is important to recognize, however, that these conditions can be co-occurring and that this impacts the type of housing and services needed. The *Housing Choice Plan* survey found that 41 percent of respondents with a mental health condition reported having a substance use history. Five percent of respondents with mental health conditions also reported having an IDD. Another 3.6 percent of people responding reported having all three disabilities – mental health conditions, substance use history and IDD.⁹

Gaps in the Housing Continuum

The *Housing Choice Plan* identifies significant gaps in the housing continuum for people in each of the target populations.

More independent community-based housing options outside of a group home model are needed for people with IDD.

More options within the housing continuum, with a range of staffing and structure based on individual needs, are needed for people with mental health conditions. This includes structured residential settings for those exiting psychiatric hospitals and group homes for people not able to live independently.

⁹ Texas Health and Human Services Commission, Center for Analytics and Decision Support Program Evaluation. (2020a). Perspectives on housing in the Texas disability community.

More recovery housing is needed to assist people with substance use histories, especially those that 1) accept households with children; 2) serve residents who need medically assisted treatment (MAT); and 3) meet national standards.

People with a history of justice involvement need housing that accepts people with their experience in the justice system.

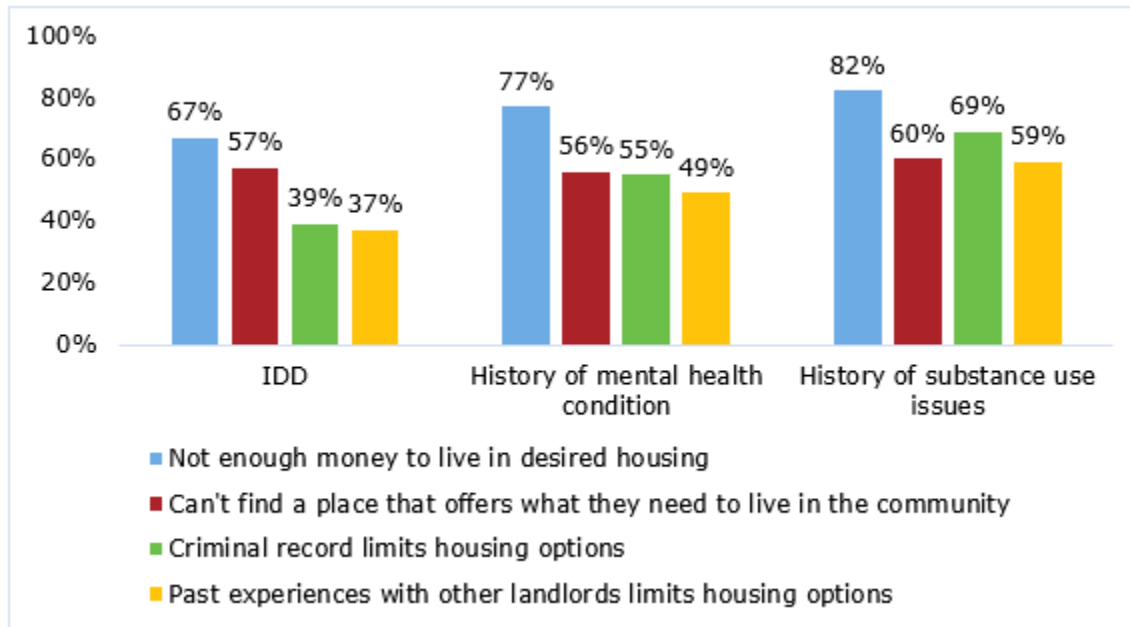
Older adults and people with physical disabilities, need more accessible, affordable, and integrated housing options.

Barriers to Housing Choice

Barriers to housing include obstacles experienced by people, and policies, rules and program guidelines that make it difficult to develop more housing that meets the needs and desires of people in the target populations. According to the *Housing Choice Plan* survey, the majority of people (67 to 82 percent of survey respondents) identified lack of income as the primary barrier to finding housing. Charts 1 and 2 identify barriers to housing and the supports people indicated they need to maintain their housing.¹⁰

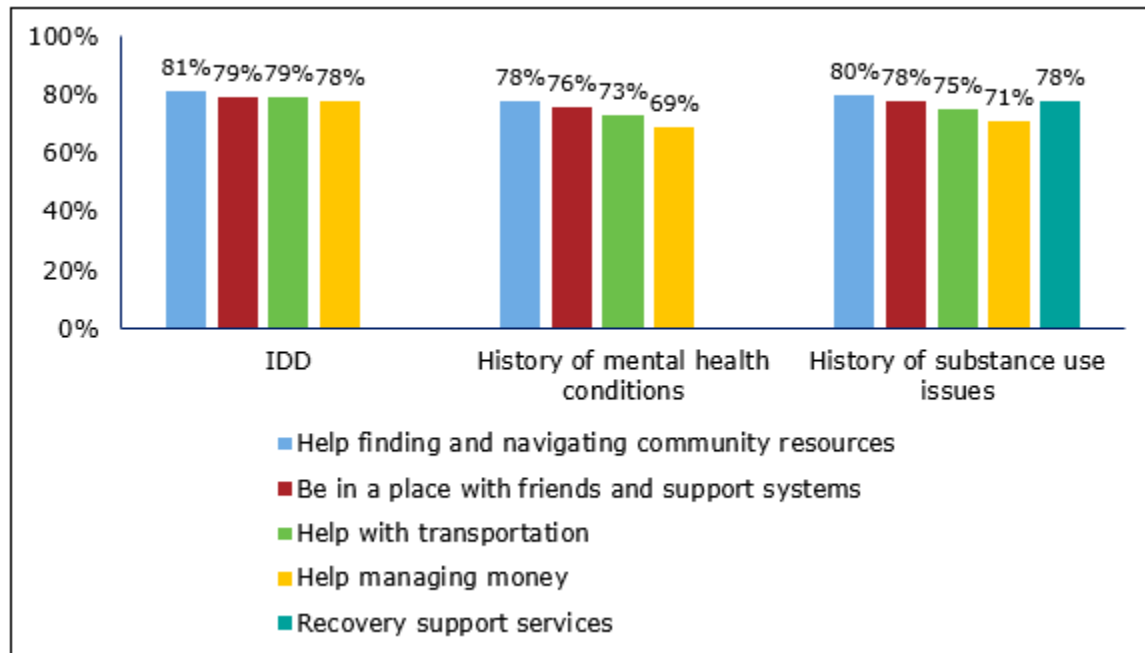
¹⁰ Note that percentages do not add up to 100 percent because respondents were able to select any number of challenges they face in trying to find housing.

Chart 1. Barriers to Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

Chart 2. Supports Needed to Maintain Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

This plan identifies many other barriers to housing, each discussed in the following chapters. Major findings include:

- Stigma is associated with each of the target populations. Neighborhoods are reluctant to accept people with disabilities living in their community for fear of increased crime and reduced property values. This results in local and state policies that limit access to integrated affordable housing.¹¹
- A primary barrier is the high cost of housing. As a result, many people live in unsafe and unsanitary housing.
- People need help navigating the complexities of the existing affordable housing system. While there is a lack of affordable housing overall, the housing resources that are available are offered through a myriad of programs that are challenging to navigate. There are so many housing programs that people need help finding those to which they can apply. There is no central source of information on affordable housing, or recovery housing.
- Existing policies that guide the provision of housing and services either create barriers to, or do not provide sufficient funding for, housing that addresses gaps in the housing continuum.
- Having a history of justice involvement creates significant barriers to housing, especially for people required to register as sex offenders, who may also have mental health or substance use disorders.
- Existing publicly funded housing programs lack adequate incentives to preserve housing that is at-risk of losing its affordability, and to create new affordable and service-enriched housing.
- Developers, especially those with a mission to develop affordable housing, lack the capacity and resources to successfully apply for funding under existing housing programs. Many of these programs are highly complex and require significant investments of time and money prior to receipt of funding.

Racial Disparities

The lack of affordable housing in Texas and the U.S. disproportionately impacts people of color. People of color are more likely to be low-income renters, rather

¹¹ Human Resources Code Chapter 123 provides some protections against housing discrimination against community homes. [HUMAN RESOURCES CODE CHAPTER 123. COMMUNITY HOMES FOR PERSONS WITH DISABILITIES \(texas.gov\)](#)

than median-income homeowners.¹² In addition, homeless and incarceration rates are higher for people of color.

This situation is the result of decades of racially disparate policies, beliefs, and practices, each with collateral consequences, such as lack of income, “restricted employment prospects, housing instability, family disruption, stigma, and disenfranchisement”.¹³ In the housing industry, racial discrimination by the real estate, bank and insurance industries followed policies that made it more difficult for people of color to purchase a home, thereby providing fewer opportunities for them to build wealth.¹⁴ In the criminal justice system, the high rates of incarceration are rooted in high rates of poverty, lack of educational and employment opportunities and discrimination within the system.

While the *Housing Choice Plan* does not directly address the issue of racial disparities in housing, there are many resources available to the interested reader (see Appendix C).

Impact of COVID-19

To reduce the spread of this highly contagious virus, Governor Abbott issued executive orders in March 2020, asking Texans avoid social gatherings in groups of more than 10 people and avoid bars, restaurants and gyms, where the risk of spreading COVID-19 was high. In accordance with Guidelines from the President and the Centers for Disease Control, the governor also prohibited people from visiting nursing homes or long-term care facilities and ordered temporary closure of schools.

During this time, many local governments issued shelter-in-place orders that resulted in the closure of nonessential business. These closures led to significant job losses. According to the Texas A&M Real Estate Center, a quarter of these job losses occurred in the accommodation and food services industry, which also has

¹² National Low Income Housing Coalition (NLIHC). (2020). The gap. A shortage of affordable homes. https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf

¹³ Nellis, A. (2016, June 4). The color of justice: Racial and ethnic disparity in state prisons. The Sentencing Project. <https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>

¹⁴ National Low Income Housing Coalition (NLIHC). (2020). The gap.

the highest concentration of workers who are renters.¹⁵ The state's unemployment rate, which was 3.5 percent in February, jumped to 13 percent in May.¹⁶

The *Housing Choice Plan* survey and some of the focus groups were conducted during the pandemic (March-August 2020). Due to COVID-19, many people in focus groups reported losing their jobs and most survey respondents (62 percent) reported struggling to pay their rent. Other reported COVID-19 related impacts included the loss of supports respondents normally receive to maintain their housing (50 percent) and not being able to move to their desired housing (43 percent).¹⁷

High rates of unemployment mean many people are no longer able to make their housing payments. At the time of publication, a national eviction moratorium has been extended until June 30, 2021. This moratorium protects tenants from eviction for nonpayment of rent only, but does not forgive debts. When the moratorium it ends, large numbers of households will be at risk of losing their housing due to past due rent owed.

Further pressure on the state housing market is expected when the 15,000 Texas inmates eligible for parole are released back to their communities. At present, these inmates remain incarcerated because they cannot complete required pre-release classes typically held in community settings. Most are either enrolled or pending placement in a class that must be completed before their release.¹⁸ These people are at high risk of becoming homeless due to the barriers people with justice involvement face when trying to find housing (see Chapter 5: Housing for People with Justice Involvement).

¹⁵ Miller, W. (2020, April 28) Residential rental protection and COVID-19. Texas A&M Real Estate Center. <https://www.recenter.tamu.edu/articles/tierra-grande/ResidentialRentalProtectionCOVID-19-2271>

¹⁶ Venkataramanan, M. (2020, June 19) Texas' unemployment rate for May slightly fell to 13% as economists say coronavirus pandemic will hinder recovery. Texas Tribune. <https://www.texastribune.org/2020/06/19/texas-unemployment-rate-coronavirus/>

¹⁷ Texas Health and Human Services Commission, Center for Analytics and Decision Support Program Evaluation. (2020a).

¹⁸ Priest, J, Hall, K & Ball, A. (2020, June 10). Let them out: Advocates want inmates granted parole freed as COVID-19 stalks prisons. USA TODAY NETWORK. <https://www.usatoday.com/story/news/investigations/2020/06/10/coronavirus-advocates-want-prison-inmates-granted-parole-freed-now/5327750002/>

Housing Choice Plan Priority Recommendations

The *Housing Choice Plan* workgroup developed the following recommendations. Many recommendations identified in the plan will require stakeholder advocacy efforts to support legislative action before they can be implemented. Responsibility for implementation of the recommendations does not rest with a single state agency or organization. Agencies, organizations, providers, and advocates throughout the housing and support services systems will need to collaborate with businesses, employers, and other entities across the state to prioritize and coordinate on recommendations identified in the plan.

Affordable Housing

Expand the inventory of affordable housing. Encourage collaboration between state agencies, community-based organizations, private and state hospitals, and MCOs to increase funding for affordable housing, including partnering with state and private hospitals to fund community-based affordable housing, and supporting state legislation (such as Senate Bill (S.B.) 1116, as filed, 86th Texas Legislature, 2019, which did not pass) to provide tax credits to entities, including MCOs, investing in supportive housing.

Preserve existing affordable housing. Explore the development of a state task force to identify tax credit and other federally subsidized properties at risk of losing their affordability, collect information to identify which properties are most at risk of exiting these programs and the best candidates for preservation. Engage the state task force in making recommendations for creating and implementing strategies to preserve at-risk properties.

Help tenants obtain and maintain their housing. Explore options to increase staff in aging and disability resource centers (ADRCs), local mental health authorities/local behavioral health authorities (LMHA/LBHAs), and MCOs to help people advocate for themselves in finding, obtaining and maintaining affordable housing. Staff assistance can include helping people view, inspect, and move into housing.

Help tenants obtain and maintain their housing. Explore the creation of a landlord risk mitigation fund to encourage landlords to accept tenants with a history of justice involvement, and a “barrier busting” fund to address barriers to affordable housing, such as costs related to criminal background checks or application fees, and to prevent evictions by paying for the amounts owed.

Housing for People with Mental Health Conditions

Develop a full continuum of housing with appropriate services. The continuum should be complete and flexible enough to address the diverse and changing needs of people with mental health conditions. Gaps in the current housing continuum include housing in tribal areas, step-down housing for people exiting psychiatric institutions or being diverted from psychiatric admissions or incarceration, permanent supportive housing, and group homes with varying levels of services and staffing.

Supportive services, including supported living and supported employment should be made available to allow people with mental health conditions to live as independently as possible in the least restrictive setting. Housing with supports are also needed to increase courts' options to divert people with mental health issues from the justice system.

Consider funding for two dedicated housing positions in LMHAs/LBHAs.

One position would administer the supportive housing rental assistance program and the second position would partner with other entities (i.e., housing authorities, housing developers and landlords) to expand housing options for people with mental health conditions

Consider pursuing new funding sources to support increased housing for people with mental health conditions. Potential funding sources include social impact bonds, MCO investment in housing, increased funding for the state housing trust fund, Medicaid funding for tenancy supports, and changes to the Low-Income Housing Tax Credit program that incentivizes development of housing for this population.

Enhance oversight of Home and Community Based Services – Adult Mental Health (HCBS-AMH). Consider increasing program staff to increase oversight of providers and offer additional training, technical assistance and contribute to continued outreach to improve the quality of housing and services.^{19,20} Consider

¹⁹ HCBS-AMH properties currently do not have regulatory oversight – properties are evaluated using contract monitoring. Making this program subject to regulatory oversight would require writing regulatory rules and adding staff to complete survey activity as well as staff responsible for implementing policy and rules, curriculum and training, licensing, enforcement, etc.

²⁰ Training could apply to all services for people with mental health conditions and include principles of motivational interviewing, crisis resolution techniques, ongoing assessment of mental, physical and functional status, how to respond to behaviors associated with symptoms, and collaboration with the person's full clinical team.

allowing additional agencies, such as MCOs,²¹ homeless networks and jail diversion programs, to submit participant applications to the program.²²

Examine options for and the fiscal impact of shortening the number of hospital days required to qualify for HCBS-AMH (the current requirement is that people spend three or more of the past five years in a psychiatric hospital). Review and consider reducing other eligibility criteria regarding the number of jail and emergency room visits. Consider that HCBS-AMH is an entitlement program in which services must be made available to anyone who meets the eligibility criteria and that expanding eligibility criteria would require legislative direction and likely increase HHSC costs.

Consider developing strategies to incentivize use of the full continuum of housing options within the program. Consider increasing training requirements for providers who hire staff working in residential settings.

Housing for People with Substance Use Histories

Recognize national recovery housing standards. Promote adherence to standards established by Oxford House™ and the National Alliance for Recovery Residences (NARR) for recovery homes that receive state funding.

Incentivize the use of nationally recognized standards. Explore options to ensure that publicly-funded recovery housing providers meet nationally recognized standards, or;

- ensure that licensed facilities for recovery housing only refer to recovery housing that meet nationally recognized standards, and;
- consider providing funding to recovery housing providers to cover the cost of certification.

Update and strengthen existing state patient brokering and referral statutes. Patient brokering is used by some facilities to direct a third party to secure patients for them, for gain. Explore options to amend state statutes to reflect the National Alliance for Model State Drug Laws' recommendations and include recovery housing.

Explore options to expand recovery housing. Consider creative ways to increase funding, such as housing vouchers, housing support services, or revolving loan funds using funds from the Ryan White CARE Act, Mental Health and Substance Abuse Block Grants, or the Texas Targeted Opioid Response.

²¹ The intent is that MCOs could submit applications on behalf of participants.

²² The implementation of additional populations would require development of policies and procedures to more clearly define those eligible for the program.

Housing for People with Intellectual and Developmental Disabilities

Promote best practices in housing to be a part of a person’s service plan.

These practices include upholding standards for personal choice and self-direction regarding housing type and integrated location, who lives in the home, which services/supports to access, and how.

Expand housing options. Housing provided under Home and Community-based Services (HCS) and other HCBS waivers is a desirable option for many people and families of people with IDD. To expand HCS housing choices for people with IDD, consider housing models beyond current community-based settings, including community-based housing compliant with HCBS settings guidance and regulations.^{23,24} If not compliant with HCBS settings rules, alternative funding would be needed to develop these models.

Expand the availability of affordable, accessible and integrated housing.

Explore options to incentivize both private and publicly funded developers to set-aside affordable housing for people with disabilities through economic incentives.

Expand the accessibility of housing. Increase physical accessibility, internet access, and smart homes through new construction and retrofitting of homes, consistent with a person’s person-centered plan. Consider expanding home modifications beyond the current lifetime limits allowed under Medicaid waiver programs to allow people to have full access without lifetime limitations on modifications, both when they are receiving services in a family home and again when they transition to their own home or independent living as an adult.

Provide assistance with housing navigation. Explore creating a new position in each of the state’s 22 ADRCs to work in coordination with the 27 centers for independent living (CILs) to help families navigate the housing system and find housing options that meet people’s needs and are within their resource limitations. Educate families, people with IDD, advocacy organizations, and providers about the role of ADRCs and CILs and how to access their services.

Housing for People with Justice Involvement

Expand and enhance support services in housing. Support development of housing for people with justice involvement that includes access to support services, either on-site or at centralized location. People coming out of the

²³ Centers for Medicare & Medicaid Services (CMS) guidance pertaining to the home and community-based services (HCBS) Settings Rule, 42 CFR Part 430, 431 et al.

²⁴ Some alternative housing models are discussed in the appendix on best practices.

structured environment of jails and prisons need support and role models to re-enter society.

Promote fair chance housing practices. Promote fair chance housing practices through rule changes that encourage the development of “low barrier” housing for units built with state-administered funds, including:

- Guidelines that require landlords to use reasonable and specific look back periods for criminal history and, when feasible, assess whether a potential tenant has met other qualifications before considering criminal history;²⁵
- Directing TDHCA to issue written guidance, similar to that issued by U.S. Department of Housing and Urban Development (HUD), advising landlords that blanket rejections of people with justice involvement may be a Fair Housing violation if they disproportionately affect a protected class;^{26, 27}
- Revising requirements for state-administered programs that require landlords of state funded housing to conduct an individualized review²⁸ of all applicants with criminal histories;
- Assessing the Texas Workforce Commission’s responsibility for overseeing enforcement of fair chance housing requirements, and;
- Considering creating a risk mitigation fund for landlords that use less restrictive screening criteria.

Support transitional housing models. Explore options to create a Transitional Housing for Offender Reentry program similar to the one developed by Georgia State Board of Pardons and Paroles where people re-entering the community have the choice of moving into recovery residences or structured housing certified by approved accrediting bodies.

²⁵ A number of states and municipalities have passed similar resolutions. See Shriver Center on Poverty Law, *Second Chance to Come Home*. <https://www.povertylaw.org/article/a-second-chance-to-come-home/>. See also Austin Travis County Re-entry Roundtable publication *Texas Criminal Background Screening Guide for Rental Housing Providers*. https://www.reentryroundtable.org/wp-content/uploads/2018/04/Austin-Criminal-Background-Screening-Guidebook.final_.pdf

²⁶ See U.S. Department of Housing and Urban Development. (2016). Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions. https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR.PDF

²⁷ The 2019 State of Texas Analysis of Impediments to Fair Housing Choice identified criminal history as a barrier to finding safe, affordable rental housing. <https://www.tdhca.state.tx.us/fair-housing/docs/19-AI-Final.pdf>

²⁸ Individualized review is a review of the application in lieu of a blanket denial, to determine the circumstances of the person’s justice involvement, credit history or rental history.

Housing for Older Adults

Explore using Medicaid to fund housing options for older adults. Explore utilization of existing and new waiver programs to help low-to-middle-income older adults access assisted living.

Identify options to incentivize assisted living facilities to serve people receiving Medicaid services in order to increase the provider network.

Explore options to prevent unnecessary institutionalization. Identify opportunities to integrate housing with services. Consider piloting programs such as Support and Services at Home (SASH)²⁹ and Community Aging in Place – Advancing Better Living for Elders (CAPABLE)³⁰ for older adults.

Consider using tax credits to promote accessible housing. Consider developing a program that offers tax credits to homeowners and landlords that build or add accessibility features to homes (e.g. help people modify their housing to include accessible dwelling units for themselves as they age or for aging relatives). Consider increasing access to programs that offer funding for housing modifications.

Housing for People with Physical Disabilities

Promote housing that is accessible and visitable. Community advocates may support the establishment of federal minimum accessibility standards in all new federally funded single-family houses and town houses to meet minimum standards of visitability for people with disabilities.

Strengthen enforcement of existing accessibility regulations. Community advocates may support enforcement of state accessibility regulations.

²⁹ See <https://sashvt.org/>

³⁰ See <https://www.johnshopkinssolutions.com/solution/capable/>

1. Affordable Housing

HUD defines affordable housing as housing for which households pay no more than 30 percent of their income. Households that pay more than 30 percent for housing are considered to have a cost burden. These households experience challenges trying to balance paying for housing versus other necessities, such as food, clothing, and medical care. Households that pay over 50 percent of their income on housing are considered to have a “severe cost burden.”³¹

In Texas, 29 percent of families have a housing cost burden. This statistic is higher among people with extremely low and very low incomes,³² of which 74 and 65 percent, respectively, have a housing cost burden.³³

HUD does not measure cost burden for people with disabilities. HUD does provide data on people with disabilities with a “worst case housing scenario.” These are very low-income renters with a disability who do not receive government housing assistance, have a severe cost burden and/or live in severely inadequate conditions. TDHCA reports that “worst case housing needs affected 39.4 [percent] of unassisted very low-income renter households containing nonelderly people with disabilities in 2015....24.2 [percent] of very low-income renter households containing people with disabilities are severely rent burdened and pay more than 50 [percent] of their income towards housing....”³⁴ See Chart 3 for additional data.

Data from the National Low Income Housing Coalition indicate that housing costs in Texas are higher than most people with disabilities can afford. In Texas, the fair market rent (FMR) for a two-bedroom apartment in 2019 was \$1,055. In order for this to be affordable, a household would have to earn \$20.29 per hour. For people

³¹ U.S. Department of Housing and Urban Development. HUD User. PD&R Edge Home. (n.d.a.). *Rent burdens: Rethinking affordability measures*. Accessed 3/20/2020. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

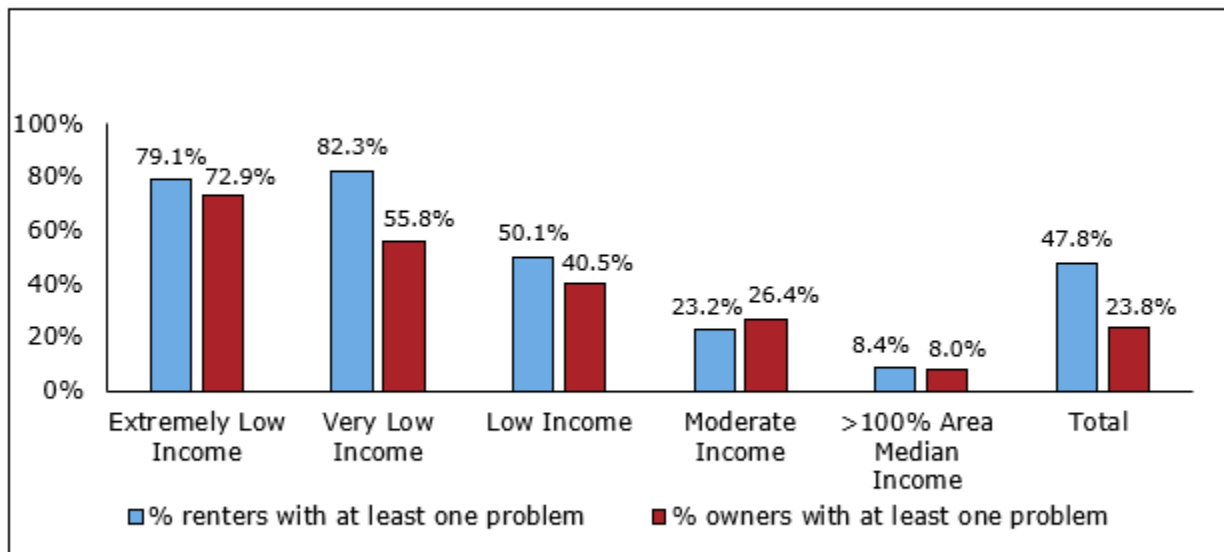
³² Extremely low-income households have incomes that are the greater of poverty guidelines or 30 percent of the area median income (AMI) calculated by HUD. Very low-income households have incomes at 31-50 percent of the AMI. Low-income households earn 51-80 percent of AMI and moderate-income households earn 81-100 percent of AMI.

³³ U.S. Department of Housing and Urban Development. Office of Policy Development & Research. (2019a). *Consolidated planning/CHAS data*. <https://www.huduser.gov/portal/datasets/cp.html>

³⁴ Texas Department of Housing and Community Affairs, Housing Resource Center. (2020). *State of Texas low income housing plan and annual report*. p. 40. <https://www.tdhca.state.tx.us/housing-center/docs/20-SLIHP.pdf>

receiving supplemental security income (SSI), an affordable rent would be \$231 per month or less.³⁵ In 2020, a Texan with a disability receiving SSI would have to pay 101 percent of their monthly income to rent an efficiency unit and 114 percent of their monthly income for a one-bedroom unit.³⁶

Chart 3. Households with one or more Housing Problems, Texas 2011-2015



Source: U.S. Department of Housing and Urban Development. 2011-2015 CHAS, Table 1 and Table 8.

* Housing problems are defined as: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is overcrowded; and 4) household is cost burdened.

** All quotes from individuals, service providers, MCOs and Municipal associates are from focus groups conducted by the University of Texas Health Science Center, San Antonio.

³⁵ National Low Income Housing Coalition (NLIHC). (2019). *Out of reach 2019*. https://reports.nlihc.org/sites/default/files/oor/OOR_2019.pdf

³⁶ Technical Assistance Collaborative. (2012). *Taking integrated permanent supportive housing (PSH) to scale: The Louisiana PSH program*. <http://www.tacinc.org/media/10896/Louisiana%20Brief.pdf>

"We have seen the cost of housing almost double in the last 10 years, and because of that, the affordable housing supply hasn't even kept up with the number of people priced out of market as the rent went up."

Municipal association**

Further exacerbating the situation is the fact that rental costs across the country are rising four times faster than other commodities. Rent increases, tenure conversions or demolitions are also contributing to the reduced availability of affordable housing. On the national level the number of units renting for under \$600 dropped over 3 million from 2012 to 2017. Texas is one of the states experiencing the largest decline in low-cost rental units.³⁷

Existing Continuum of Housing Options

Funding to reduce the housing cost burden among lower income households is available from a variety of local, state, and federal sources. HUD is the most recognized federal agency that funds affordable housing, but the Internal Revenue Service (IRS) oversees the largest federal affordable housing program, the Low-Income Housing Tax Credit (tax credit) program. The U.S. Department of Agriculture (USDA) oversees housing for rural areas. On the state level, TDHCA is the primary funding source for affordable housing. At the local level, local Housing Finance Corporations (HFCs) issue mortgage revenue bonds, and local cities and counties use other funding to support their area's housing priorities.

An overview of programs that fund housing people with disabilities is provided below. More detail on these and other funding sources is provided in Appendix D.

³⁷ Joint Center for Housing Studies of Harvard University. (2020). *America's rental housing 2020*.
https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Americas_Rental_Housing_2020.pdf

Table 2. Public Funding Sources for Housing People with Disabilities

State or Local Agency	Housing Program	Funding sources
TDHCA	<p>Section 811 Project Rental Assistance (PRA): Subsidized multifamily rental housing with units set aside for extremely low-income people with disabilities exiting institutions such as nursing facilities and intermediate care facilities for people with IDD, people with serious mental illness and youth with disabilities exiting foster care. Rental assistance is provided through TDHCA, services are provided through the HHSC and Texas Department of Family and Protective Services.</p>	HUD
TDHCA	<p>Low-Income Housing Tax Credit Program (LIHTC or housing tax credit program): Funds multifamily rental housing for low-income households. Funds are awarded: 1) in association with Mortgage Revenue Bonds noncompetitively, and 2) competitively based on criteria and priorities outlined in the Qualified Allocation Plan (QAP).</p>	Internal Revenue Service
TDHCA and local governments	<p>HOME Investment Partnerships Program (HOME): Expands the supply of decent, safe and affordable housing for extremely low, very low and low-income households. For TDHCA, this includes funding for rental housing assistance for up to 24 months under the Tenant-Based Rental Assistance program.</p>	HUD
TDHCA	<p>Homeless Housing and Services Program (HHSP): Assists large urban areas to provide programs to prevent and end homelessness.</p>	Texas State General Revenue
TDHCA and Local Governments	<p>Emergency Solutions Grants (ESG): Funds homeless prevention, outreach, shelter operations, essential services, and “rapid re-housing” to help people who are homeless or at-risk of homelessness quickly regain stability in permanent housing. TDHCA awards ESG funds competitively to private nonprofit organizations, cities, and counties.</p>	HUD

State or Local Agency	Housing Program	Funding sources
TDHCA	<p>The Texas Multifamily Direct Loan (MFDL) Program: This program is funded through sources including HOME, National Housing Trust Fund, and other loan repayment funds. The program allows for the new construction or rehabilitation of multifamily rental housing. In many cases, these program funds are used on developments also receiving Mortgage Revenue Bond and/or tax credits. This program has a set-aside for supportive housing development.</p>	HUD, Loan Repayment Funds
TDHCA and local governments	<p>Multifamily Mortgage Revenue Bond (MRB) Program: Provides below market rate interest loans for the construction or rehabilitation of affordable rental housing. Funds are generated through the sale of bonds to investors. The lower interest rate on the bond helps reduce project debt, thus keeping rents more affordable.</p>	Bond sales
Texas Department of Agriculture and local governments	<p>Community Development Block Grant (CDBG): Funds awarded on a formula basis to states and communities to provide decent housing, develop public facilities, and undertake public infrastructure improvements and economic development activities, principally for low- and moderate- income people. In Texas, state CDBG funds are not used to support housing, but some local CDBG programs fund this.</p>	HUD
Public Housing Authorities (PHAs)	<p>Housing Choice Voucher (HCV) Program (Section 8): Funds rental subsidies for very low-income households. Households use vouchers to lease privately-owned housing that meets HUD standards. PHAs may develop priorities and set asides for their vouchers, including priorities for people with disabilities. TDHCA is a PHA for areas of the state that do not have one and sets aside a portion of its HCVs for people exiting institutions.</p>	HUD
PHAs	<p>Public Housing: Permanently affordable housing for very low-income households that pay no more than 30 percent of their income on housing. Many PHAs have long waiting lists for housing vouchers, and many have closed their waiting lists. When they are opened, it is usually for a limited time period.</p>	HUD

State or Local Agency	Housing Program	Funding sources
Continuums of Care: Local and statewide collaborations of housing and service providers	HUD Continuum of Care (CoC): Nationally competitive grant that requires applicants to develop a comprehensive plan to address homelessness and identify funding priorities. Funds permanent supportive housing (PSH), which is housing combined with supportive services, and rapid re-housing, which provides rental assistance to move homeless people into housing as quickly as possible.	HUD
HHSC	Supportive Housing Rental Assistance Program (SHR): Funds are allocated to LMHAs/LBHAs to assist people with mental illness who are homeless or imminently homeless. Funds rent and utility assistance, deposits, move-in costs, and other one-time/time-limited expenses to keep people housed or moved quickly into housing. ³⁸	Texas State General Revenue and Mental Health Block Grant Funds

Gaps in the Housing Continuum

Housing Affordable to Extremely Low-Income Households: The primary gap in the affordable housing continuum is housing affordable to extremely low-income households with incomes below 30 percent of the median income. The average FMR for a one-bedroom apartment in Texas in 2020 was \$892 per month.³⁹ The 2020 SSI payment was \$783 per month, making market rate housing unaffordable to many people with disabilities.⁴⁰

³⁸ Note that Medicaid cannot be used to pay for room and board, making it necessary to use other funding sources to support these costs.

³⁹ National Low Income Housing Coalition (NLIHC). (2020). *Out of reach 2020*. https://reports.nlihc.org/sites/default/files/oor/OOR_2020.pdf

⁴⁰ Social Security. *Understanding Supplemental Security Income SSI Benefits – 2020 Edition*. <https://www.ssa.gov/ssi/text-benefits-ussi.htm#:~:text=Generally%2C%20the%20maximum%20Federal%20SSI%20benefit%20changes%20yearly.,supplement%20the%20Federal%20SSI%20benefit%20with%20additional%20payments>. Accessed 2/3/2020

"Ma'am, I've pretty much given up. I'll tell you that straight. Something happens and I lose my housing now, where I'm living, even though it's costing me 80% of my income? What do you think happens there if I'm put on the streets again? I'm done."

Person interviewed for *Housing Choice Plan*

Housing Programs and Independent Housing with Services: Subject matter experts, people with lived experience and their families highlighted a lack of available housing with appropriate services. Participants cited a need for housing with different levels of staffing and services based on the specific needs of people, particularly models that provide more structured environments, on-site staff and services, and higher staff to client ratios for people with higher needs. This includes housing for people who are transitioning from state psychiatric institutions but are not ready to live independently in the community. Comments from participants related to this gap included needs for:

- Housing with service coordinators or caseworkers on-site;
- Housing offering a greater support for people who begin to decompensate;
- Housing for elders, transition age youth, people with traumatic brain injury, people who cross over more than one category of need; and
- Housing with non-traditional service providers, such as peer supports.

Homeownership Opportunities: Most programs designed to promote homeownership in Texas serve households earning 80 percent of the median income or higher.⁴¹ Without assistance, homeownership is typically far beyond the reach of people whose sole source of income is SSI.

Other gaps identified in meetings and interviews are listed below:

- housing near public transportation
- shared housing programs (for example, pairing homeowners with people in need of housing or roommate matching programs)
- housing in rural areas
- housing accessible to people with physical disabilities

⁴¹ See <http://www.tdhca.state.tx.us/overview.htm>

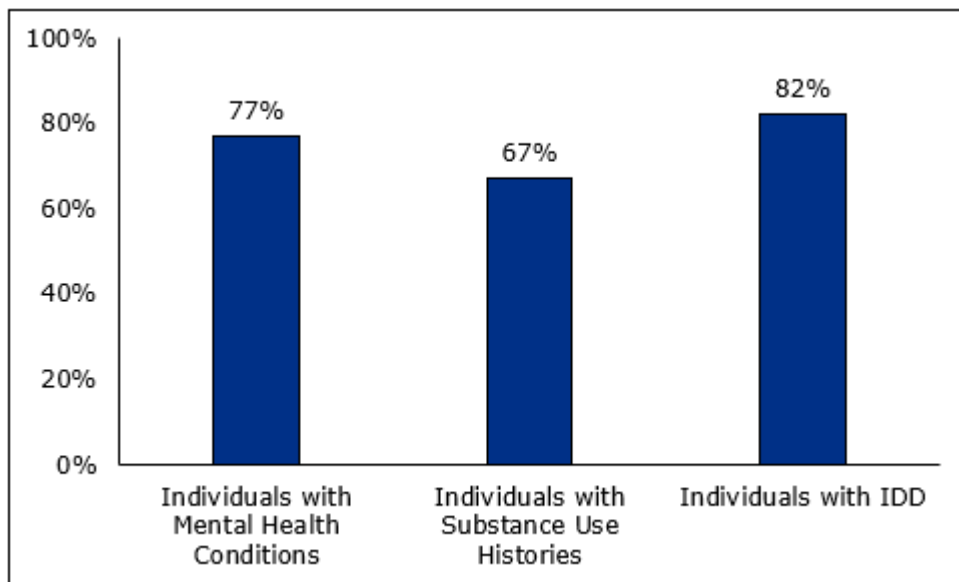
Barriers to Housing Choice

"I don't know if they really thought about it. Transportation's a big thing for somebody. Not everybody has a car, and if you're telling us to live in certain areas, maybe it doesn't have the transportation that someone would need. So, it can be a little bit frustrating."

Person interviewed for *Housing Choice Plan*

The *Housing Choice Plan* survey found that most respondents did not have enough money to live in the housing they desired (see Chart 4, below). Another 56 to 60 percent could not find a place that offered what they need to live in the community. Other challenges to finding adequate housing included a criminal record and past experience with other landlords, such as evictions or negative references.⁴²

Chart 4: Survey Respondents Needing Money to Afford Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

The majority of persons and family members who responded to the survey indicated their primary place of residence was with family or friends or living by

⁴² Texas Health and Human Services Commission, Center for Analytics and Decision Support Program Evaluation. (2020). *Perspectives on housing in the Texas disability community*.

themselves. However, providers answering the survey had a different perspective. Upwards of 47 percent of providers responded that people in each target population did not have a place to stay.⁴³

Discrimination: The Texas Fair Housing Act and the U.S. Fair Housing Act protect all people from discriminatory housing practices in the sale, rental and financing of dwellings based on disability. As of January 28, 2020, 60 percent of all Fair Housing Act complaints filed in Texas concern allegations of denial of reasonable accommodations and disability access.⁴⁴

Housing Navigation: Another barrier is the challenge of navigating the complex affordable housing system. Unlike Medicaid, which has one federal and one state agency administering the program, there are at least four federal and five state agencies that each fund an array of housing programs.⁴⁵ Further, many of these programs are administered on both the state and local level, each of which set their own funding priorities. The situation is particularly onerous in Texas, because it is geographically large and has over 400 public housing authorities that operate under federal policies established by HUD.

People interviewed for this plan noted that the complexity of housing systems results in local caseworkers who often do not have adequate knowledge about resources and are unable to refer people to the programs that might help them the most. A National Alliance for Mental Illness (NAMI) San Antonio study reported that veterans' housing vouchers were going unused because veterans did not know about them.⁴⁶

Not in My Back Yard: Zoning regulations, neighborhood opposition and negative stigmas about people with disabilities and/or people with low incomes prevent the development of affordable housing in many neighborhoods. Participants noted that many properties that accept housing vouchers are in poor condition and in neighborhoods with high crime and drug activity. This limits community integration,

⁴³ Texas Health and Human Services Commission *Perspectives on housing*.

⁴⁴ Humphrys, E. (2020 April). At last: New service and emotional support animal guidance from HUD. *Civil Rights Reporter. Texas Workforce Commission*. Issue 3. <https://www.twc.texas.gov/files/jobseekers/civil-rights-reporter-april-2020-twc.pdf>

⁴⁵ Federal agencies include HUD, USDA, IRS and the VA. State agencies include TDHCA, Texas Department of Agriculture, Texas Veteran's Commission, Texas Department of State Health Services and HHSC.

⁴⁶ Edwards, D & Glenn, B. (2020). *NAMI stakeholder interview summary. NAMI feasibility study*. National Alliance for Mental Illness, San Antonio.

which has been associated with improved mental health, decreased substance use, better housing retention and improved subjective wellbeing.⁴⁷

"I can't believe that ...people can discriminate in housing based on affordable housing for people with low-income....with zoning and letters of support, it just allows cities to block affordable housing in their communities if they want to, and that's a huge barrier."

Municipal association

Limitations with Housing Vouchers: People who receive vouchers are often unable to find a landlord to accept it. National research found that only 69 percent of households who received vouchers from large metropolitan PHAs successfully secured a rental unit within the designated timeframe.^{48,49} A 2012 study in Austin, Texas found that only 6 percent of units surveyed accepted HCVs, had rents that qualified for the program, and did not have minimum income requirements.⁵⁰ Landlords chose not to participate due to lack of financial incentive, stigma about voucher holders, and intolerance for dealing with the federal bureaucracy.⁵¹

LIHTC Low Income Housing Tax Credit Policies: The tax credit program is successful in developing housing affordable for families with incomes at 60 percent of the area median income, but often requires the addition of rental subsidies, such as HCVs, to make it affordable to households earning lower incomes. The application process is complex and competitive, requiring a significant investment of time and money to complete. For this reason, mission driven organizations, such as nonprofit organizations established specifically to develop housing for people with low-incomes or disabilities, experience challenges using this program.

⁴⁷ Chinchilla, M, Gabrielian, S, Glasmeier, A & Green, MF. (2020). Exploring community integration among formerly homeless veterans in project-based versus tenant-based supportive housing. *Community Mental Health Journal*, 56(2), 303-312. doi: [10.1007/s10597-019-00473-x](https://doi.org/10.1007/s10597-019-00473-x)

⁴⁸ Households generally have 60 days from the time of receipt to find housing that meets HUD standards and will accept the housing voucher.

⁴⁹ U.S. Department of Housing and Urban Development. HUD User. PD&R Edge Home. (n.d.a.). *Rent burdens: Rethinking affordability measures*. Accessed 3/20/2020. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

⁵⁰ Austin Tenant's Council. (2012). *Voucher holders need not apply: An audit report on the refusal of housing choice vouchers by landlords in the austin msa*. <http://www.austintexas.gov/edims/document.cfm?id=211114>

⁵¹ U.S. Department of Housing and Urban Development. *Rent burdens: Rethinking affordability measures*.

Potential for Significant Loss of Affordable Housing: Texas properties that were allocated tax credits prior to 2002 can opt out of affordability requirements after only 15 years in service.⁵² Before this can happen, the owner must follow a “qualified contract process,” which involves looking for a qualified buyer to keep the property affordable. If the search is not successful, the property can exit the tax credit program and increase its rents. Per the University of Texas at Austin, in 2018 Texas had “as many as 834 properties with 79,788 units...entitled to go through the qualified contract process, and assuming no additional restrictions, many of these properties could cease offering affordable rents as early as 2022.”⁵³

⁵² Loney, L & Way, H. (2018). The low-income housing tax credit program in Texas: Opportunities for state and local preservation strategies. *University of Texas at Austin. Entrepreneurship and Community Development Clinic, School of Law.*

⁵³ Loney, L & Way, H. The low-income housing tax credit program in Texas. p 2. This reflects the housing tax credit inventory as of July 2018. The number is based on an estimate of properties past the 15-year compliance period.

2. Housing for People with Mental Health Conditions

Mental illnesses are conditions that affect a person's ability to think, feel, control his or her moods, and manage relationships and daily functioning. Many people with mental health conditions are able to live independently and manage their condition with few or no adverse experiences that might cause them to lose their housing. Those with a more serious mental illness have a harder time finding housing that is affordable, located in a safe neighborhood and welcoming to people living with mental health conditions. For those who find housing, symptoms of mental health conditions, such as confused thinking, excessive fears, or extreme mood changes, can interfere with their ability to maintain housing.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 16.3 percent of adults in Texas have a mental illness. The prevalence is higher among younger adults, ages 18-25, (21.6 percent), than those age 26 or older (15.4 percent). Approximately 3.8 percent of adults in Texas age 18 or older are estimated to have a severe mental illness.⁵⁴

A 2019 point-in-time count in Texas found that 18.8 percent of homeless people surveyed had a "serious mental illness."⁵⁵ This is based on observation and self-reporting conducted during a one-night count of people experiencing homelessness. National data from SAMHSA indicate 30 percent of people experiencing homelessness have some form of serious mental illness.⁵⁶

One factor leading to the high numbers of people with mental health conditions in the homeless population was the deinstitutionalization of people from mental health hospitals into the community, where adequate services were not available. Prior to the 1960s, hospitals were the primary home for people with mental health

⁵⁴ Substance Abuse and Mental Health Services Administration. (2018). *2016-2017 NSDUH state prevalence estimates*. <https://www.samhsa.gov/data/report/2016-2017-nsduh-state-prevalence-estimates>

⁵⁵ U.S. Department of Housing and Urban Development. (2019). HUD 2019 continuum of care homeless assistance programs homeless populations and subpopulations, Texas. https://files.hudexchange.info/reports/published/CoC_PopSub_State_TX_2019.pdf

⁵⁶ Substance Abuse and Mental Health Services Administration. (2011). *Current statistics on the prevalence and characteristics of people experiencing homelessness in the united states*. https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/hrc-factsheet-current-statistics-prevalence-characteristics-homelessness.pdf

conditions. Deinstitutionalization was made possible by the introduction of psychotropic medications, which were easier to administer than psychotherapy.⁵⁷

The U.S. Supreme Court decision in *Olmstead v. L.C.* in 1999 furthered the movement toward community-based solutions. This decision states that public entities must provide services in the most integrated setting appropriate to people with disabilities when treatment professionals have determined that (1) community services are appropriate; (2) the transfer to from institutional care to a less restrictive setting is not opposed by the person; and, (3) the placement can be reasonably accommodated, taking into account the resources available and the needs of others with disabilities.⁵⁸

The move to community-based treatment has not been matched with adequate supports to help people with mental health conditions sustain themselves in the community. As a result, some people stopped taking their medications, decompensated, and experienced a return of symptoms of their mental illness. Without adequate support, some became homeless and cycled through shelters, emergency rooms and jails as a makeshift solution to caring for their needs. This cycle continues today and is exacerbated by a patchwork of housing options that do not meet the needs of people with mental health conditions.

Existing Continuum of Housing Options

People with mental health conditions reside in a variety of settings. According to the *Housing Choice Plan* survey, most people with mental health conditions live with family or friends, or on their own. Nearly one-half (47 percent) of mental health service providers reported their clients have no place to stay.

Boarding Homes

A boarding home is a shared living environment in which residents pay room and board and may receive some meals, a separate or shared room, and access to

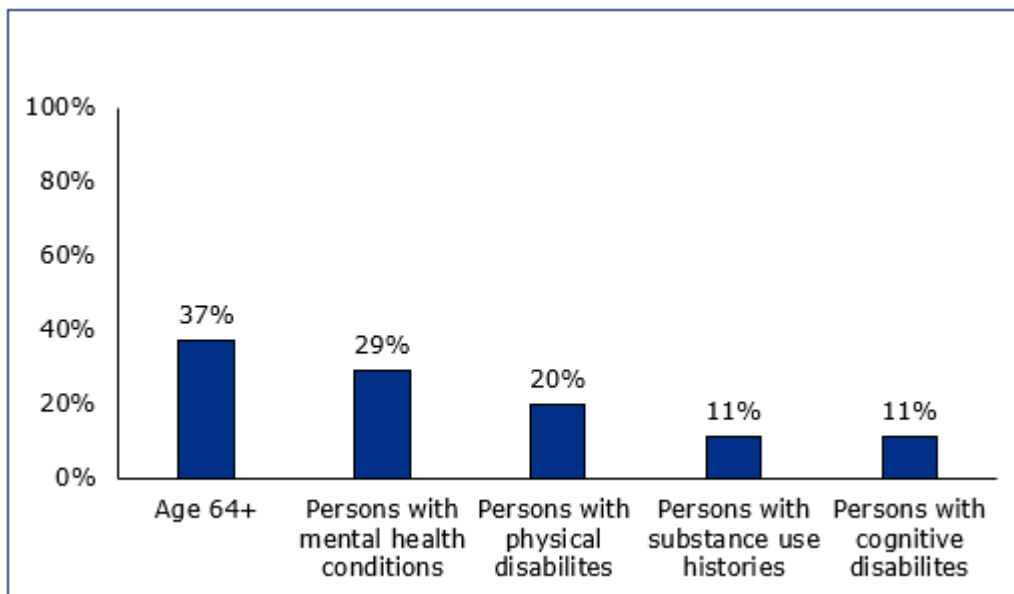
⁵⁷ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Policy and Global Affairs; Science and Technology for Sustainability Program; Committee on an Evaluation of Permanent Supportive Housing Programs for Homeless Individuals. *Permanent supportive housing: Evaluating the evidence for improving health outcomes among people experiencing chronic homelessness*. Appendix B, *The history of homelessness in the united states*. (2018). Washington (DC): National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK519584/>

⁵⁸ *Olmstead v. L.C.*, (98-536) 527 U.S. 581 (1999).

shared living space. As described in Section 269.001 of the Health and Safety Code a 'boarding facility' is an establishment for older adults or persons with disabilities that has rooms for rent and may offer other services, such as community meals, light housework, meal preparation, transportation, grocery shopping, money management, or laundry services. Owners/operators that provide personal care services are not considered to be operating a boarding home and should be licensed under Chapter 247 of the Health and Safety Code.⁵⁹

There is not a complete listing of boarding homes in Texas. The last known count of boarding homes in Texas came from a 2008 report that identified 850 residences across the state.⁶⁰ Information on residents in these boarding homes is provided below.

Chart 5. Characteristics of Boarding Home Residents, 2008



Source: Health Management Associates, 2008.

Because boarding homes are among the least expensive housing available, they are typically occupied by very low-income people who have few other options. This

⁵⁹ Because they provide personal services, these facilities should be registered as an Assisted Living Facility (ALF) under Health and Safety Code, Chapter 247. If they are not registered as an ALF, the state will investigate them and require they reduce their census, cease providing personal care services or become licensed.

⁶⁰ Health Management Associates. (2008). Report on Texas boarding homes HB 1168. Submitted to the governor and the Texas legislature January 2009.

<https://www.readkong.com/page/report-on-texas-boarding-houses-h-b-1168-8181713>

includes people whose sole source of income is SSI.

"I have income from Social Security. I'm 68 years old, so I'm on retirement. I get \$851.00 a month, and \$700.00 goes to the place I live in. That leaves me \$151.00 for transportation, medicine, anything I might need. I haven't had no clothes. These both came out of [an agency] clothing closet. This is the only pair of shoes I've worn this year. Those socks were given to me."

Person interviewed for *Housing Choice Plan*

Texas does not license or regulate boarding homes. At one time the Texas Department of Aging and Disability Services⁶¹ had an assisted living license type meant to provide oversight for this housing, but that was repealed in 2010. New guidance for boarding homes was passed by the Texas Legislature in 2009 (see House Bill (H.B.) 216, 81st Legislature, Regular Session, 2009). This legislation required HHSC to develop model standards for boarding homes. Counties and municipalities are not required to adopt these standards but may require boarding homes to obtain permits and require those with permits to comply with the standards.⁶² According to a state analysis, local governments that enacted regulations for boarding homes may have created barriers for people with disabilities. Some types of barriers could potentially violate the Fair Housing Act.⁶³

Group Homes

The term "group home" is used to describe different housing models in different contexts. With regard to housing for people with mental health conditions, this document uses the term to refer a setting where a small number of unrelated people who need care, support, or supervision can live together. A distinguishing characteristic is the inclusion of trained staff, onsite staff supervision, support, and

⁶¹ The Texas Department of Aging and Disability Services (DADS), was incorporated into the Health and Human Services Commission in 2016.

⁶² As of 2020, four municipalities have adopted state standards and report on their boarding homes. However, there are many more municipalities and counties that have developed their own set of standards and interpret this to mean they do not need to report information to the state.

⁶³ Texas Department of Housing and Community Affairs. (2019). *State of Texas analysis of impediments to fair housing choice, 2019*. <https://tdhca.state.tx.us/fair-housing/docs/19-AI-Final.pdf>

sometimes therapy.⁶⁴ Unlike HCS group homes for people with IDD, group homes for people with mental health conditions are not funded or regulated by the state.

One Medicaid program that supports group homes is the Home and Community Based Services – Adult Mental Health (HCBS-AMH) program for people with severe mental health who frequently use psychiatric hospitals, emergency rooms and/or jails. The housing provides services based on a person’s level of need, which may include activities that encourage participation in community activities, use of natural supports, social interaction, participation in leisure activities, and development of living skills.⁶⁵

Transitional Housing

There are few transitional housing options in Texas, most operated for formerly homeless or incarcerated people. Transitional housing helps people to ‘get back on their feet,’ gain employment and save money before moving to the community. The length of time a person can stay in this housing is limited and determined by a policy or program restriction. This housing does not include residential reentry centers operated by the Texas Department of Criminal Justice and is not funded or regulated by the state.

Permanent Supportive Housing

PSH is described in the Affordable Housing chapter of this plan. The housing provides supportive services integrated with affordable housing and length of stay is based on resident choice. PSH’s services include counseling, employment, medication management, and recovery supports.

⁶⁴ There is no Texas statute that establishes a licensure for group homes serving people with mental health conditions. An Assisted Living Facility (ALF) “Type E” was defined under Section 247.030 of the Health and Safety code, but repealed in 2010. This Section licensed small facility providers that primarily served people who only needed general supervision and medication assistance. The facilities were not licensed to provide assistance with activities of daily living. See Health Management Associates. (2008). Report on Texas boarding homes HB 1168. Submitted to the governor and the Texas legislature January 2009. <http://boardinghome.org/wp-content/uploads/2013/12/BH-Boarding-Houses-Report-01-09.pdf>

⁶⁵ Texas Health and Human Services Commission. (n.d.b.). *Home and community-based services adult mental health provider manual*. Accessed 4/13/2020. <https://hhs.Texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/hcbs-amh/hcbs-amh-provider-manual.pdf>

"I like the idea if I could have this kind of housing that the case manager would follow me through....And then, they check up on you, and they might recognize some symptoms or triggers that you're having, they could say, 'Hey, when's the last time you went to your doctor? Maybe you need to go.' It's nice to have that kind of support sometimes especially when I'll be starting back to live on my own again."

Person interviewed for Housing Choice Plan

Publicly Subsidized Affordable Housing

People who can live independently may qualify for federal, state and locally subsidized affordable housing (see Affordable Housing chapter). This includes programs that subsidize affordable homeownership and rental housing. Some of these programs are not affordable to those whose sole source of income is SSI, which is common among people with a serious mental health condition. Also, many do not provide services or supports to help people maintain their housing.

Independent Living with Services

Section 811 Project Rental Assistance (PRA) provides financing for affordable housing in return for a set-aside of units designated for certain people with disabilities, including those with mental health conditions. Residents must be eligible for or enrolled in Medicaid. While Section 811 does not fund services, services are available from HHSC and the Department of Family and Protective Services.

Independent Living without Services

Many people with mental health conditions live in private apartments or homes, often sharing them with others (e.g., family, friends, roommates) to make them more affordable. These properties are typically rented from private landlords and do not provide rental assistance. They also do not offer services.

Gaps in the Housing Continuum

Lack of Affordable Housing. A central theme in this plan is the lack of affordable housing, costing no more than 30 percent of a person's income, located in safe neighborhoods and of decent quality. Aligned with this is lack of housing near public transportation, job opportunities and grocery stores. Outside of publicly subsidized housing, boarding homes are the most available low-cost resource for people with mental health conditions.

"Well, first of all, when you call our [local PHA] the first thing it says is, "There's a three- to four-year wait," which is discouraging, I think, to people. And then, when I was trying to call them, they hung up on me three or four times."

Person interviewed for Housing Choice Plan

Lack of an Array of Housing with Varying Levels of Structure. A full continuum of housing for people with mental health conditions requires an array of housing with varying levels of structure, staffing and services. Services and supports in this housing should be targeted to the specific needs of residents. Because people's needs change over time, the continuum should also be robust enough to allow people to move between housing with different levels of structure.

Models Especially Needed in the Texas Housing Continuum

Permanent Supportive Housing. Although PSH is a proven model for helping people with mental health conditions achieve greater housing and mental health stability, it is not widely available in Texas. State performance contracts with LMHA/LBHAs direct them to provide PSH, but fund services and rental assistance, not housing development. Most PSH in Texas is built through a combination of funding from TDHCA and HUD. These funding sources are complex and may require significant financial investment to even apply for funds.

Group Homes. Texas lacks state funded group home or shared housing options for people with mental health conditions. Group homes provide structure and support for people who are not ready to live in independently. Unlike the situation for people with IDD, where Medicaid supports multiple housing options, only one Medicaid program, HCBS-AMH, supports group homes for people with mental health conditions. HCBS-AMH has restrictive eligibility requirements and housing is regulated only through provider contracts. Besides these, boarding homes are the only other group home option in Texas.

"I would like to see more affordable housing situations, but even if a person can afford their housing doesn't mean they're mentally capable of doing so. I think we need to have more services that help people manage once they're in that apartment."

Service provider

HCBS-AMH serves people with serious mental health conditions who frequently use inpatient hospitals, jails and/or emergency rooms. HCBS-AMH may be improved by lowering program eligibility criteria, and increasing staff training and monitoring, however, this would have a fiscal impact. Changes in rate structures would increase consumer choice in housing. Making this change would also potentially require development of regulatory rules and training to providers. Additional survey staff will also need training related to the mental health needs related to these residents.

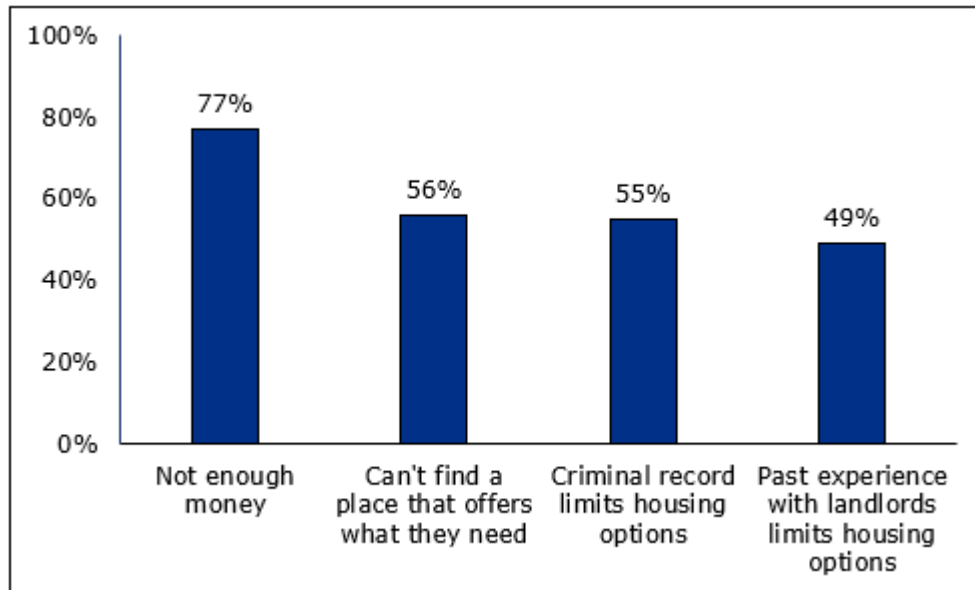
Housing Programs

- *Residential Treatment.* This is not a housing program, but rather a treatment option. Residential treatment is inpatient treatment, but less intensively staffed than a hospital. It is included here because residential treatment helps people obtain the support they need to move into the community. Treatment programs are time-limited and may be difficult to access. However, residential treatment could be provided as part of a housing program continuum, possibly in a campus setting that provides a community-like environment.
- *Transitional Housing.* Transitional housing refers to temporary housing for homeless persons. This housing provides a stable environment in which homeless people can develop the skills and resources they need to live self-sufficiently in the community. Transitional housing programs have become less common in Texas and the U.S. as homeless providers have shifted to the best practice of offering Permanent Supportive Housing in its place.
- *Step-Down/Step-Up Housing.* While there is growing interest in this housing option, there are only a few such programs operating in Texas, both serving as pilots to test the model. Step-Down refers to settings that help people transition from a psychiatric hospital back to community life. Step-up programs help a person avoid psychiatric hospital admission by providing additional structure and support.

Barriers to Housing Choice

Chart 6 depicts *Housing Choice Plan* survey responses regarding barriers to housing for people with a mental health condition.⁶⁶

Chart 6. Challenges to Finding Adequate Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

Supports people with mental health conditions need to live in desired housing are depicted in Chart 7.⁶⁷ People with lived experience revealed the following additional barriers to obtaining and maintaining stable housing:

- Much of the housing is too expensive
- People cannot afford housing even when working two jobs
- There is a long waiting list for rental assistance
- Transportation to services is critical, but it is less expensive to live outside of the central city, where there is less public transportation

⁶⁶ Note that percentages do not add up to 100 percent because respondents were able to select any number of challenges they face in trying to find housing.

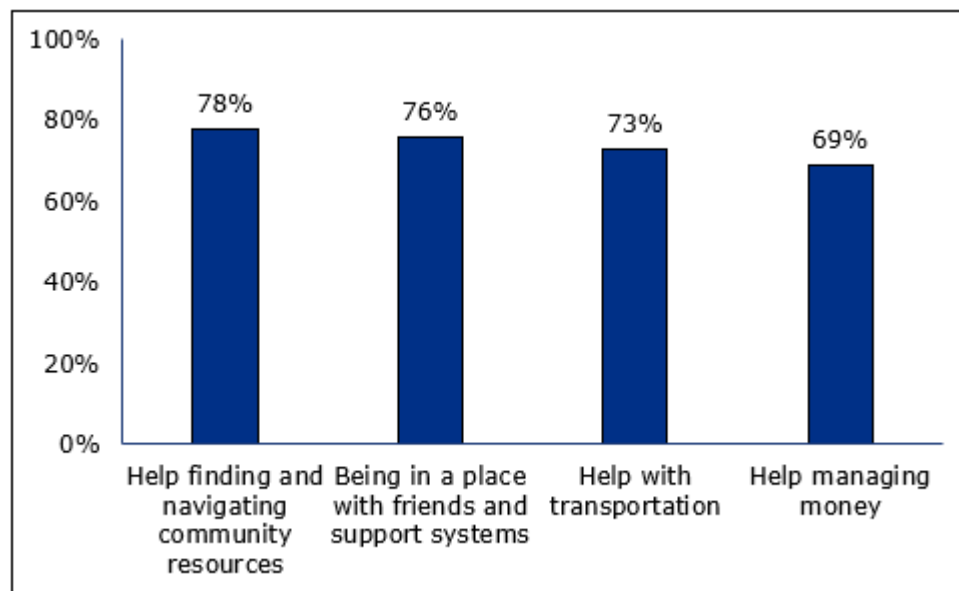
⁶⁷ Note that percentages do not add up to 100 percent because respondents were able to select any number of challenges they face in trying to find housing.

"I don't want to live way, way far out. I wanna live closer to family where I can be around them. They can be around me, or I have people that can get to me closer, quicker."

Person interviewed for *Housing Choice Plan*

- Some people require help with activities such as dressing, bathing, food access and preparation, and appointments, etc.

Chart 7. Supports Needed to Live in Desired Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

Other Barriers to Housing

Poor Quality Boarding Homes. Due to federal fair housing laws, local governments may not be able to establish or enforce ordinances to address the maintenance and operations of boarding homes above and beyond other housing in the community. As of the most recent state report on boarding homes (from 2020), only four municipalities were reporting to the state.⁶⁸ The vast majority of boarding homes in Texas are unlicensed and unregulated.

⁶⁸ Texas Health and Human Services Commission. (2020, December). [Boarding home facilities report as required by house bill 216, 81st Texas Legislature, Regular Session](#).

Slim financial margins and lack of staff training and oversight may result in unsafe and unsanitary conditions in boarding homes. While there are many 'good players', some owner/operators exploit and neglect residents. Because there is a shortage of representative payee services for residents on SSI, some owners fill this role, which can leave tenants vulnerable to financial exploitation.⁶⁹ It might be beneficial to establish more organizations that provide low or no cost representative payee services in order to reduce financial exploitation. Adult Protective Services can help, but only on issues related to abuse, neglect, and exploitation.

"...Like the shady family-run, personal-type boarding homes, which is where a lot of people end up having to live. ... They would require that their payee check be turned over to them, or ... they would be the payee for people, which is actually an okay thing if they're trustworthy. ... But it's really problematic when the person is not trustworthy or when the resident is going to move around a lot."

Municipal association

Creating ordinances with standards above and beyond those of other households can result in fair housing discrimination and higher start-up and operating costs. In addition, there are limited to no resources available to help owners/operators provide appropriate support to their residents. Increased regulation may cause some homes to close due to lack of resources or be repurposed for a different use.

Limited Durations of Inpatient Treatment. Inpatient psychiatric treatment is not a housing program, but policies concerning how this service is delivered affect a person's ability to live in the community. Without adequate supports, such as those offered by inpatient services, people with a mental health condition are at risk of decompensating, which can cause them to lose their housing.

2009. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb216-boarding-homes-facilities-dec-2020.pdf>

⁶⁹ Dexheimer, E. (2018, September 26). Boarding homes face no oversight. *Austin American Statesman*. <https://www.statesman.com/news/20160923/from-the-archive-boarding-homes-face-no-oversight>

Federal policies limit the number of inpatient days in a psychiatric institution eligible for payment under Medicaid or Medicare.^{70,71} Medicaid beneficiaries, in fee-for-service and managed care, who are 20 years of age and younger or 65 years or older may be admitted to a freestanding private- or state-run psychiatric facility. Medicaid MCOs may pay no more than 15 days per month in inpatient treatment in free-standing psychiatric hospitals for people ages 21-64. Medicare has a lifetime limit of 190 days for inpatient psychiatric care. Both policies limit the availability of care when mental health symptoms are the most severe.

Stigma. Mental health conditions are highly subject to negative preconceptions and stigma. Fear of people with mental health conditions may create barriers to obtaining and maintaining housing.

Lack of Awareness of One's Condition (Anosognosia). Anosognosia is an inability of a person to accept mental health condition. Around 57 to 98 percent of people with schizophrenia have some form of anosognosia.⁷² Lack of insight into one's condition, including the consequences and manifestations of that condition, means a person cannot see they need help, and most likely will not seek it. This increases their risk of mental health decompensation and puts their housing at risk.

⁷⁰ Inpatient services for people who are considered incarcerated are not eligible for Medicaid reimbursement, regardless of age.

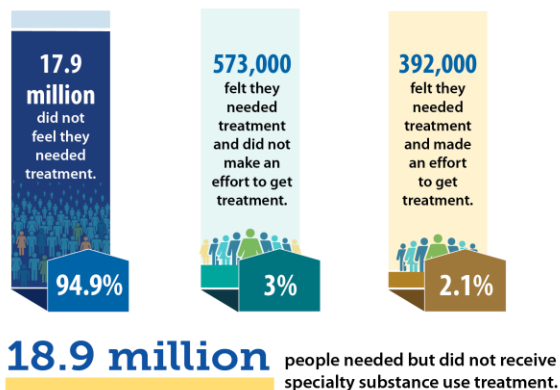
⁷¹ Inpatient services for people who are considered incarcerated are not eligible for Medicaid reimbursement, regardless of age.

⁷² Lehrer DS & Lorenz J. (2014), Anosognosia in schizophrenia: hidden in plain sight. *Innov Clin Neurosci*.11(5-6):10-17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4140620/>

3. Housing for People with a History of Substance Use

People with a history of substance use represent a diverse population that ranges from recreational use to addiction. They may or may not perceive themselves to have a problem, want to change their behavior, engage in substance use services, or obtain or maintain a degree of recovery. Over time, people may move through some or all of these phases. This highlights the need for a spectrum of housing options to meet their diverse and changing needs.

Perceived Need for Substance Use Treatment in 2018*



* Perceived need for substance use treatment among people aged 12 or older who needed but did not receive specialty substance use treatment in the past year: 2018.

21D0140

Source: SAMSHA, 2019b.

According to the Surgeon General, substance use histories develop as a result of misusing substances in a manner, situation, amount, or frequency that could cause harm to the person who uses the substances or to those around them. Over time, repeated misuse can lead to changes in brain functions that governs substance seeking, reward, stress, decision making and self-control. This progression can lead to the development of a substance use disorder, commonly called addiction.

Prevention and treatment of addiction is as successful as those for other chronic conditions, such as diabetes, or heart disease.⁷³ Approximately 9 percent of U.S.

⁷³ American Society of Addiction Medicine. (2019, October 21). Short Definition of Addiction. *The ASAM Magazine*. <https://www.asam.org/Quality->

adults have overcome an alcohol or drug problem, of which 46 percent self-identified as being 'in recovery'.⁷⁴ However, only 4.6 percent of people with an alcohol use disorder and 9.2 percent of those with an illicit drug use disorder received any specialized substance use treatment.⁷⁵

Housing options for people with substance use histories should be based on the severity and complexity of their disease or disability, their internal and external strengths and assets (known as recovery capital) and their personal goals. The higher the disease complexity and severity and lower the capital, the more support needed for success. People seeking abstinence-based recovery may choose a sober living home while those who do not perceive they have a problem or do not want to stop using alcohol or drugs may prefer an alternative environment.

Existing Continuum of Housing Options

Within the continuum, some housing options (e.g. recovery housing and recovery respites) are designed to support abstinence-based recovery goals. They maintain alcohol and illicit drug free living environments through the use of drug screening, house rules and peer accountability. Other housing options (e.g. Housing First and boarding homes) are designed to meet the needs of people who have values and priorities that recovery homes may not be able to accommodate.

Recovery Housing

Recovery houses are peer-led substance-free living environments that support people in recovery from addiction. While recovery residences vary widely in structure, they all reinforce a substance-free lifestyle, peer accountability, direct connection to others in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed

[Science/publications/magazine/public-policy-statements/2019/10/21/short-definition-of-addiction](https://www.samhsa.gov/data/science/publications/magazine/public-policy-statements/2019/10/21/short-definition-of-addiction)

⁷⁴ Kelly JF, Bergman B, Hoepfner BB, Vilsaint C, White WL. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug Alcohol Depend.* 181:162-169. doi:10.1016/j.drugalcdep.2017.09.028

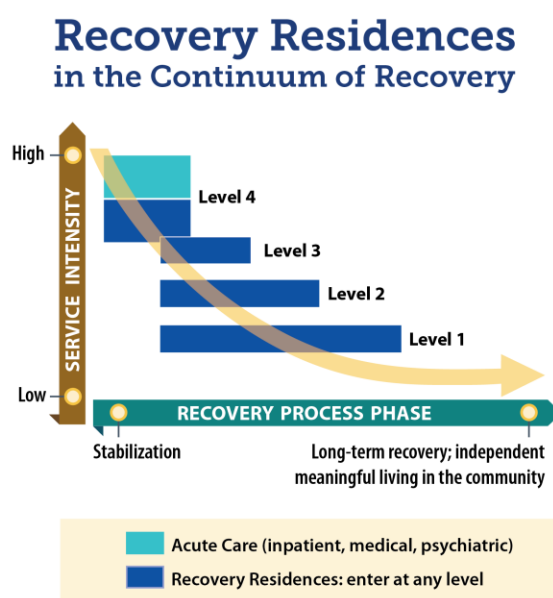
⁷⁵ Substance Abuse and Mental Health Services Administration. (2019b). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/>

by a licensed prescriber, such as those approved by the Food and Drug Administration for treatment of opioid use disorder or co-occurring disorders.⁷⁶

A comprehensive census of recovery homes does not exist, but a recent study estimated there are 907 recovery homes in Texas.⁷⁷ Oxford House™ is the largest recovery housing provider with nearly 280 homes in Texas.

The NARR has established national best practice standards and identified four general types of recovery housing, known as levels of support. These levels vary in the type and intensity of services they provide in order to meet the diverse and changing needs of people in recovery. In most recovery homes, residents determine their length of stay. Others provide a high level of support for a specific amount of time, ranging from months to years, with the expectation residents will “step down” to a lower level of support.

Figure 3: Recovery Residences in the Continuum of Recovery⁷⁸



⁷⁶ Substance Abuse and Mental Health Services Administration. (n.d.b.). *Recovery housing. Best practices and suggested guidelines*. Accessed 5/20/2020. <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>

⁷⁷ Jason, LA, Wiedbush, E, Bobak, TJ & Taullahu, D. (2020). Estimating the number of substance use disorder recovery homes in the united states. *Alcoholism Treatment Quarterly*. doi: 10.1080/07347324.2020.1760756

⁷⁸ National Association of Recovery Residences. (2012, September 20). *A primer on recovery residences: Frequently asked questions*. <https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf>

Source: NARR, 2012

Level I residences are democratically run houses where residents elect officers and vote on decisions. Residents are expected to work, share expenses and pay rent. Although each house is autonomous, they often receive external guidance and support. Residents who return to substance use are generally not appropriate for a Level I and should be linked with a higher level of support or care. Oxford House™ is the best example of these residences.

Texas operates a revolving loan fund to help open new Oxford Houses, and contracts with Oxford House, Inc. to support the growth and fidelity of the Oxford House™ model.⁷⁹ Oxford Houses are self-run, self-supported peer-operated recovery homes that offer a structured environment to prevent recurrence of use. The state of Texas supports services to people in 2,119 Oxford House™ beds.

Level II residences are typically located in residential neighborhoods. Unlike Level I houses, they have a house manager or senior resident who is either paid or receives a reduction of rent. Beyond social model recovery and mutual support, there are typically few to no services offered on-site. Residents are usually required or strongly encouraged to attend 12-step or other mutual support groups in the community. Residents are expected to attend house meetings, work or go to school and pay rent. Sober living homes are good examples of these residences.⁸⁰

Level III residences employ and supervise certified or trained staff who provide non-clinical services, such as recovery coaching, recovery wellness planning, recovery support groups, and life skills training. Level III residences are referred to by various names and serve people who need a high level of support or oversight to remain in the community. Since many people cannot afford to pay out-of-pocket for this level of support, some Level IIIs solicit donations and grants or leverage supplemental revenue streams.

Texas Targeted Opioid Response (TTOR) funds will allow the state to add recovery residences that accept people participating in Medically Assisted Therapy (MAT). The TTOR funds are being used to establish eight MAT specific recovery residences in metro rural areas, with a plan to open two more. Houses will be certified Level III recovery residences, each housing 8-12 Residents.

Level IV residences offer licensed residential treatment in addition to the services

⁷⁹ This loan program is available from the Texas Health and Human Services Commission.

⁸⁰ Polcin, DL, Korcha, RA, Bond, J, & Galloway, G. (2010a). What did we learn from our study on sober living houses and where do we go from here? *Journal of Psychoactive Drugs*, 42(4), 425-433. <https://doi.org/10.1080/02791072.2010.10400705>.

found in Level IIIs. Therapeutic communities^{81,82} are a good example of Level IV facilities. In Texas, some licensed supportive residential facilities are Level IVs.

Local and state governments are restricted from regulating housing for people in recovery from substance use issues above and beyond the regulation of other homes in a neighborhood. As a result, two fidelity and oversight mechanisms have been developed and are widely used. Most states use one or both of the following approaches:

- NARR approach. NARR has 30 state affiliates, including the Texas Recovery Oriented Housing Network, that certify recovery homes that meet national standards. Certification allows for consumer choice and for providers to distinguish themselves. Affiliates are responsible for administering a grievance process for complaints against providers. Valid and unresolved complaints can lead to the temporary suspension or permanent revocation of a certification.
- Oxford House™ approach. Oxford House™ is a large network of recovery homes across the US and abroad. Local and regional representatives provide support in opening homes and maintaining fidelity to the Oxford House™ model. Texas contracts with Oxford House, Inc. to help start and maintain residences.

Recovery Respite

Recovery respites are nonclinical, alcohol and illicit substance free living environments that act as a safety net for people with substance use histories who are on a waiting list for a publicly-funded treatment bed, need to re-stabilize before returning to a recovery home or supportive housing, or have been discharged from an institution before securing a safe place to stay. They closely resemble recovery housing but are designed to meet short-term needs. While staff provide supervision and recovery support, respites are not appropriate for people needing acute medical care or detoxification. Texas has only a few of these abstinence-based shelters.

Housing that is not Recovery Focused

The following housing types do not require residents to abstain from substance use.
Boarding Homes

⁸¹ De Leon, G. (2000). *The therapeutic community: Theory, model, and method*. Springer Publishing Company. <https://doi.org/10.1891/9780826116673>

⁸² De Leon, G. (2010). Is the therapeutic community an evidence based treatment? What the evidence says. *International Journal of Therapeutic Communities* 31, 2, summer 104-128.

Boarding homes are privately run homes in which residents share rooms and living space for a relatively low cost. Approximately 11 percent of boarding home residents have a substance use condition.⁸³ This housing is described more fully in the chapter on housing for people with mental health conditions.

Housing First

Housing First is a model in which people are provided housing without preconditions or requirements to achieve abstinence or participate in treatment or services.

Research indicates that some people with low recovery capital (chronic homelessness) and high disease severity (co-occurring severe mental illness and substance use histories) who previously received addiction treatment services can experience a significant decrease in substance use and the need for future treatment when placed in Housing First as compared to treatment.⁸⁴

"People with chronic [substance] use conditions, they really need a very specialized form of housing to start with. Like a sober living, or recovery-based housing....You don't take a treatment-first approach; you do housing first, and then treatment..."

Service provider

Halfway Houses

In Texas, Halfway Houses refer to centers where residents reenter the community from incarceration. In other states, this term describes housing that helps people transition from homelessness to permanent housing. Residential reentry centers in Texas are not a housing option that aligns with the *Housing Choice Plan* Guiding Principles because, despite being a housing option on the Texas Department of Criminal Justice continuum of reentry, they are used as a means of oversight in compliance with conditions of parole.

⁸³ Health Management Associates. (2008). *Report on Texas boarding homes HB 1168. Submitted to the governor and the Texas legislature January 2009.*

<https://www.readkong.com/page/report-on-texas-boarding-houses-h-b-1168-8181713>

⁸⁴ Padgett, DK, Stanhope, V, Henwood, BF & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing housing first with treatment first programs. *Community Ment Health J.*, 47(2): 227–232.

Subsidized Housing

People with substance use histories can sometimes qualify for affordable housing subsidized by the federal, state or local government. Affordable housing models are described in the Affordable Housing chapter of this plan.

Gaps in the Housing Continuum

Interviews with people with lived experience identified an insufficient supply of recovery homes, particularly for women with children. Recovery housing is also in short supply for men with children, lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) people, and people prescribed MAT. Recovery housing in rural areas is also limited.

Barriers to Housing Choice

The *Housing Choice Plan* survey found that lack of income is the primary barrier to housing choice among people with substance use histories.⁸⁵ See Chart 8 for detail on barriers to housing and Chart 9 for data on housing supports needed by people with substance use histories.

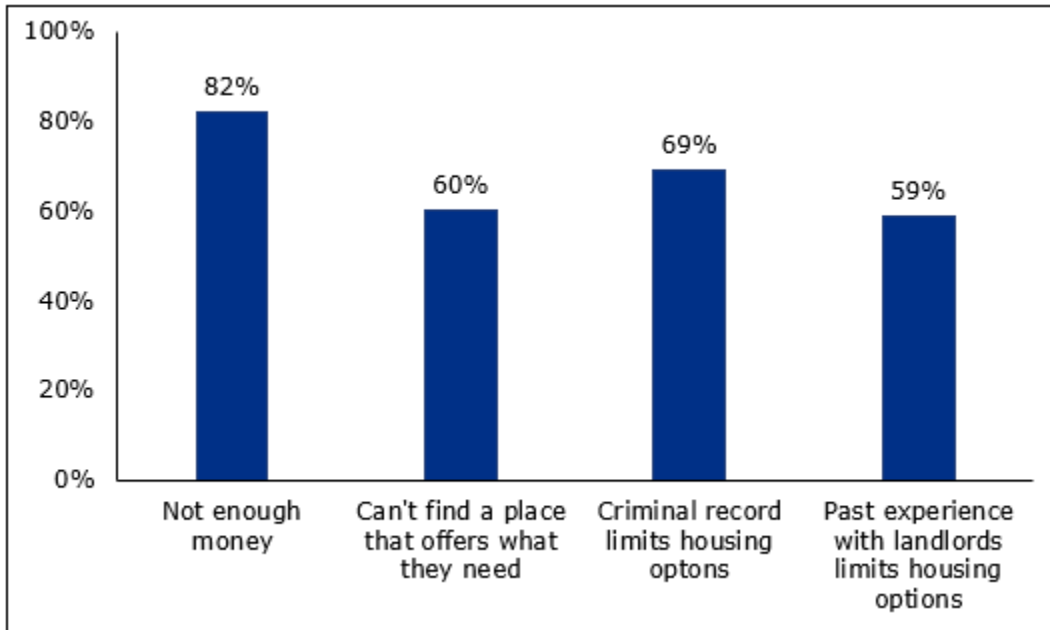
People with lived experience reported that recovery housing is not just sober living; it is a lifestyle with accountability. In addition, their housing needs change over time. Participants stated recovery residences should have a certification process to incentivize best practices.

"When I was a newcomer it would not be a good time to live alone. It was better for me to live with other peers with lived experience. Eventually, I was ready to move onto my own living."

*Person interviewed for *Housing Choice Plan**

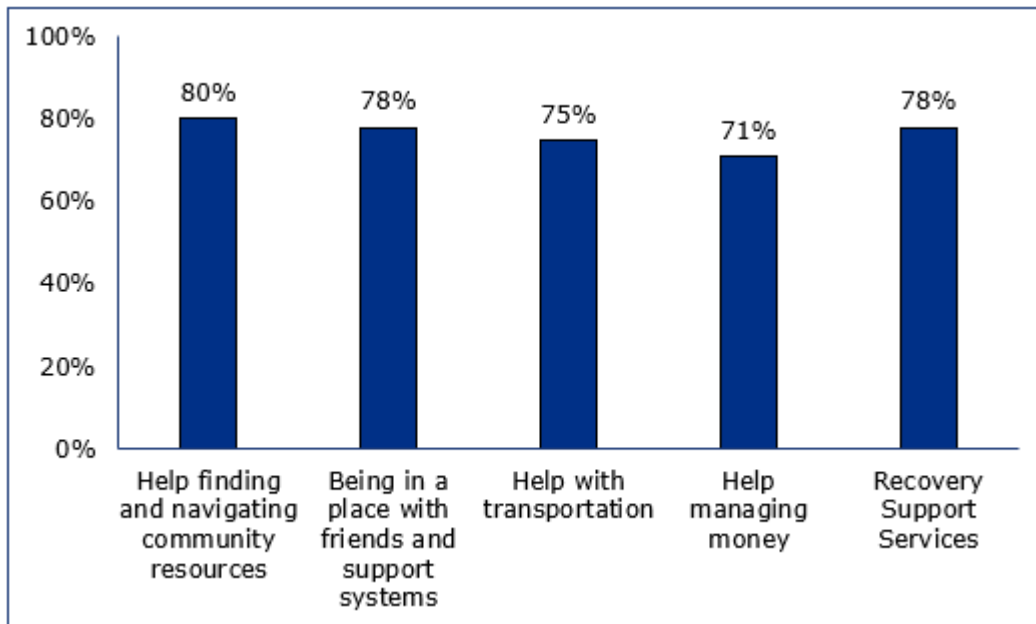
⁸⁵ Texas Health and Human Services Commission, Center for Analytics and Decision Support Program Evaluation. (2020a). *Perspectives on housing in the Texas disability community*.

Chart 8. Challenges to Finding Adequate Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

Chart 9. Supports Needed to Live in Desired Housing



Source: HHSC, Center for Analytics and Decision Support, 2020.

People don't know what to ask for and what that means. People find housing through word of mouth referral. There is no consistent database.

Person interviewed for Housing Choice Plan

Lack of Accurate Information. There is no comprehensive directory of recovery homes in Texas. Many people in need do not even know that recovery housing exists, much less have the information and support they need to choose the type of housing that would support their goals.

Unethical Referrals. Word of mouth and referrals to find recovery homes may increase the risk of conflicts of interest or patient brokering.⁸⁶ For example, a treatment provider or a urine analysis lab seeking clients compensates a recovery housing provider for referring or requiring a resident to use those services. Although state statutes passed in the 1990s prohibits this activity,⁸⁷ these business practices persist. At the federal level, the Eliminating Kickbacks in Recovery Act of 2018 passed but without any civil monetary penalty or civil damage remedy.

Lack of Oversight, Education and Quality Incentives. While Texas licenses clinical residential facilities and the clinical components of bundled services, federal fair housing guidelines restrict it from regulating recovery homes above and beyond other housing. A nonclinical recovery home does not legally require a special license or training. This leads to quality ranging from well-respected homes to those that use poor, unsafe or potentially fraudulent practices. Voluntary certification to national best practices is available, but few recovery homes pursue this certification. Oxford Houses maintain uniform standards because they must obtain a charter from Oxford House, Inc., which includes specific standards.

Neighborhood Opposition. Addiction is highly stigmatized, which contributes to pressure from neighborhoods that resist the presence of recovery homes. This may lead to harassment of residents and property owners, as well as discriminatory

⁸⁶ Patient brokering trades a client to a treatment program in return for money, perks or other compensation from that treatment center. In some cases, a broker will contact a treatment program or sober home with a prospective client and solicit a kickback or commission or charge a fee in exchange for the client's information.

⁸⁷ See Texas Occupation Code: Title 3. Subtitle A. Chapter 102. Solicitation Of Patients - Subchapter A. Texas Health and Safety Code. Title 2. Subtitle H. Chapter 164. Treatment Facilities Marketing and Admission Practices.

ordinances and enforcement by local government. These factors force many recovery homes to locate in less desirable neighborhoods, where there is less local opposition.

Federal Barriers to Affordable Housing. Federal guidelines for HUD funded public housing, housing choice vouchers and Section 8 project rental assistance prohibit households in which any member is actively engaged in substance use or convicted of methamphetamine manufacturing. PHAs may also deny admission for three years to household members evicted from federally assisted housing because of substance related activity. PHAs may also create their own admission rules, which can further restrict access. Federal policy excludes shared living environments and eligibility requirements used in recovery residences.

Policies pertaining to social security disability insurance (SSDI) further limit housing choice. While people in recovery from substance use disorder meet the civil rights definition of “disabled,” they do not qualify for SSDI based on a substance use diagnosis. Many housing models rely on SSDI as a stable source of revenue.

Comorbidity of Substance Use and Mental Health. Approximately half of people with a substance use history also have a mental health condition.⁸⁸ Finding housing for this population is more challenging because they confront stigma for both conditions. People with mental health conditions may also have difficulty accessing recovery housing if they take medications that are potentially addictive or subject to misuse for non-medical purposes.

⁸⁸ National Institute on Drug Abuse. (2018). *Comorbidity: Substance Use disorders and other mental illnesses*. <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses>.

4. Housing for People with Intellectual and Developmental Disabilities (IDD)

People with IDD and low incomes who relied on publicly-funded housing historically lived in institutional settings, funded by Medicaid. In the 1980s, the federal government started granting waivers from Medicaid rules that allowed states the flexibility to design alternatives to institutional care. The HCS waiver is one such program. Developed in 1985, HCS is designed to allow people to receive services in small group homes⁸⁹ or their own home, a host home or family home.⁹⁰ In addition to the housing offered under this program, there are a number of alternative housing models being used by people and their families.

Existing Continuum of Housing Options

People with IDD can live in virtually any type of housing environment, depending on level of disability. More than half of people with IDD responding to the *Housing Choice Plan* survey reported living with family and friends. Another one-quarter reported living by themselves. Employers and providers of services reported 36 percent of the population had no place to stay.⁹¹

The examples below are common housing options used by people with IDD.

Group Homes

Group homes for people with IDD provide shared housing with onsite staff. The most common form of group homes in Texas are the 2,950 HCS three and four person residences. The Deaf Blind and Multiple Disability waiver offers assisted living and 1-3 bed homes with 24-hour support from a home health agency.⁹²

⁸⁹ Program language refers to these types of small group homes as three and four person residences.

⁹⁰ Texas Health and Human Services Commission. (2010). *Home and community based services handbook*. Section 1000, introduction, revision 10-0. <https://hhs.texas.gov/book/export/html/4353>

⁹¹ Texas Health and Human Services Commission. *Perspectives on housing in the Texas disability community*.

⁹² This waiver is small but does have housing options.

This type of housing is located in community settings and operated by providers that contract with the state. Residents share living expenses such as rent, utilities, and groceries and are responsible for room and board. On-site providers oversee operation of the home and ensure the safety of people. Service providers help people access the services they need to achieve their desired outcomes and ensure their health and safety.

Congregate Housing in Campus Settings

Some families use their own funds to establish communities located on campuses, segregated from the larger community. Campuses are often quite large and offer housing in cottages. Some campuses also have a dormitory that can house more occupants. Living in these campuses –can cost as much as \$3,600 per month.⁹³ Campus residents generally have their own room but share the kitchen and common space. Usually there are group activities and shared chores. Most models offer learning and social activities for residents. Personal assistance services and other supports are paid through Medicaid or by the family.⁹⁴

Living with Family

People with IDD who receive Medicaid are increasingly choosing to live with a family member.⁹⁵ Per a 2019 survey, 83.1 percent of family and friends stated that the person they support lived at home.⁹⁶ Fourteen percent of people receiving HCS reside in their own home or with family. Other Medicaid waivers such as Texas Home Living (TxHmL)⁹⁷ and Community Living and Support Services (CLASS)⁹⁸ serve people living exclusively or almost exclusively (92.6 percent) in their own or family home.⁹⁹

⁹³ Housing cost is based on a review of campus-based housing options identified on the Texas Parent to Parent website. Information is from websites for these communities and may not be current.

⁹⁴ Navigate Life Texas. (n.d.). *Housing choices for young adults with disabilities*. Accessed 3/2/20. <https://www.navigatelifetexas.org/en/transition-to-adulthood/housing-choices-for-young-adults-with-disabilities>

⁹⁵ Hewitt, A, Agosta, J, Heller, T, Williams, AC & Reinke, J. (2012). Families of individuals with intellectual and developmental disabilities: Policy, funding, services and experiences. *Intellectual and Developmental Disabilities*. Vol. 51, 349-359.

⁹⁶ Texas Health and Human Services Commission. *Intellectual and developmental disabilities (IDD) surveys: Perspectives on housing*.

⁹⁷ Texas Home Living (TxHmL) program provides essential services and supports so that people with IDD can continue to live with their families or in their own homes.

⁹⁸ CLASS serves individuals with a related condition who need habilitation services. These people have a qualifying disability, other than a diagnosis of an intellectual disability, that originated before the age of 22 and that affects their ability to function in daily life.

⁹⁹ Texas Health and Human Services, January 17, 2020.

Living with family is often the only option for families whose adult children are not enrolled in Medicaid and do not qualify for publicly assisted affordable housing programs. Some families depend on their child's SSI to make ends meet. This makes it hard for families to financially support their child to live outside the home.

Living on Their Own

Some families have been able to arrange housing in which their family member lives alone or with roommates. This can be an apartment in a private market complex. Some families purchase or rent housing. In these situations, services may be paid for through Medicaid or private funds. Some people have also been able to purchase their own home.

Families of people with IDD indicate their preferred housing for their child is accessible, located in safe neighborhoods, and near family and friends and public transportation. Families also want housing with supports to help their adult children live in the community, and staff who are "honest, caring, and organized". Families also want assistive technology to monitor the safety and well-being of their family member.¹⁰⁰

Gaps in the Housing Continuum

"The options are also very limited, either a group home or private facilities which are expensive. A local private facility is \$4,000/month for room and board."

Service provider

Housing options. Housing provided under HCBS waiver programs is a desirable option for many people and families of people with IDD. However, some people want other alternatives to current and institutional settings. Families, and people with lived experience, want access to the same array of affordable housing available to the larger population. These should be community-based and compliant with HCBS settings guidance and regulations.¹⁰¹

More home living support options so people can live at home and more choices in housing including alternative, creative housing options may be beneficial.

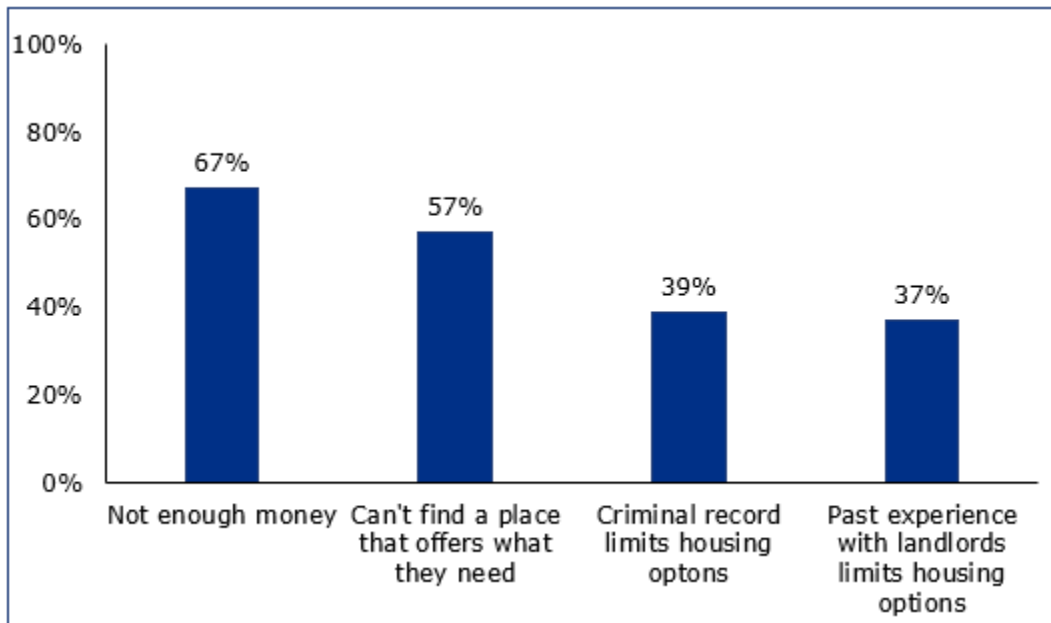
¹⁰⁰ Texas Parent to Parent interview, March 30, 2020.

¹⁰¹ Centers for Medicare & Medicaid Services (CMS) guidance pertaining to the home and community-based services (HCBS) Settings Rule, 42 CFR Part 430, 431 et al.

Barriers to Housing Choice

People with IDD and their families experience barriers to affordable housing and challenges navigating the complex system of Medicaid and other support services. Charts 9 and 10 provide data on barriers to housing and the supports people need to live in the housing of their choice.¹⁰²

Chart 10. Challenges to Finding Adequate Housing



Source: HHSC, Center for Decision and Analytic Support, 2020.

Other barriers to accessing community-based housing are listed below.

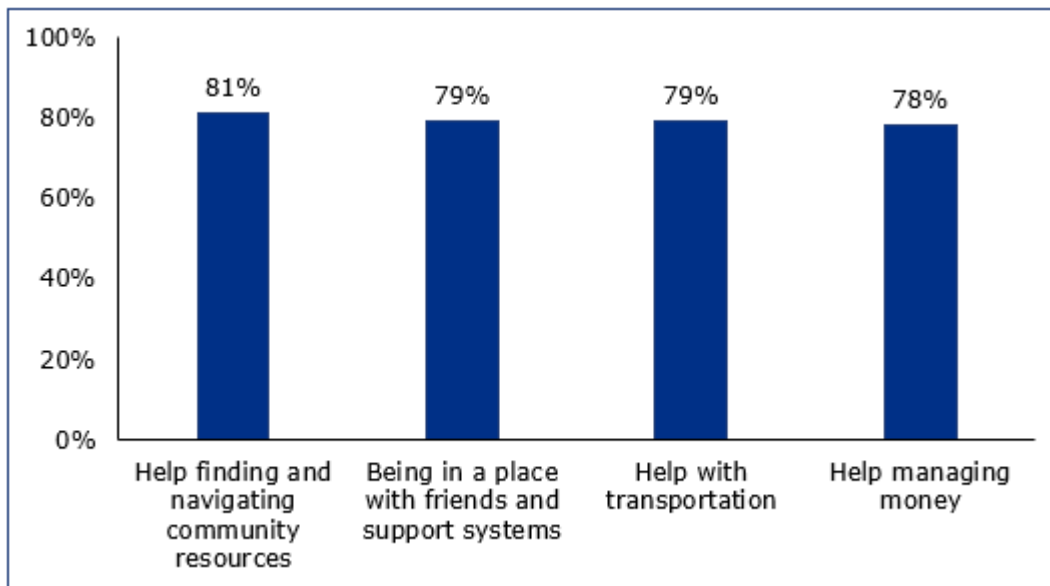
Perceptions about Housing Choice. People with IDD and their families want housing that supports independence and integration in the community. Unfortunately, few people with IDD or their families believe they have housing options. A national report found that only 55 percent of people with IDD said they were able to choose where to live, who to live with, and what neighborhood to live in.¹⁰³ Texas data from the 2016-17 National Core Indicator report found that only 21 percent of

¹⁰² Percentages do not add up to 100 percent because respondents were able to select any number of challenges they face in trying to find housing.

¹⁰³ Friedman, C. (2019). *There's no place like home: A national study of how people with intellectual and/or developmental disabilities and their families choose where to live.* The Arc of the United States and CQL | The Council on Quality and Leadership. https://futureplanning.thearc.org/assets/CFP_Housing_Survey_Technical_Report-80e6eb718c816d07a15a9972df06a6e73b1393d5b56ae145acc058fce243cd93.pdf

respondents stated they had input on where they live when not living in a family home.¹⁰⁴

Chart 11. Supports Needed to Live in Desired Housing



Source: HHSC, Center for Decision and Analytic Support, 2020.

Support Services and Staff Qualifications. Family members are worried about who will take care of their child when they grow old. Over 25 percent of family caregivers are over the age of 60 years.¹⁰⁵ A common concern among family members is that their loved one will have to live somewhere they do not want to live, such as a nursing home or institution.¹⁰⁶

"Families won't let go until they have confidence they have something that will work for them."

Service Provider

In addition to housing, people with IDD and their families want support services to help them maintain their housing of choice. However, many family members are reluctant to help their adult children live outside the home due to concerns about

¹⁰⁴ NCI. (n.d.). *National core indicators: Texas state report: 2016-2017*. Accessed 4/2/2020. <https://www.nationalcoreindicators.org/states/TX/report/2016-17/>

¹⁰⁵ Hewitt, et al. Families of individuals with intellectual and developmental disabilities.

¹⁰⁶ Friedman, C. (2019). *There's no place like home*.

https://futureplanning.thearc.org/assets/CFP_Housing_Survey_Technical_Report-80e6eb718c816d07a15a9972df06a6e73b1393d5b56ae145acc058fce243cd93.pdf

the quality of care available in these settings. In interviews, family members expressed concerns about the lack of oversight and high turnover among staff at HCS 3-4 person residences.¹⁰⁷ HCS homes are not licensed by the state, and the state has limited options to enforce compliance with safety standards.

Affordable Housing. The 2019 Disability Services Survey and 2018 IDD Services Survey conducted by HHSC further document a need for more affordable housing options and opportunities for independent living.^{108,109} The primary area of concern for family and friends responding to these surveys was the lack of housing. Nearly half of survey respondents were concerned about housing availability, waitlist status and affordability. Thirty percent were concerned about independence and quality of housing, and 18 percent were concerned about program coordination and navigation.¹¹⁰

Accessible Housing. For people with IDD, making homes accessible is key to promoting independence and choice in housing. This includes improvements to accommodate physical disabilities, but also assistive technology that can reduce dependence on personal aides and keep people safe. Many assistive devices can be purchased inexpensively. More complex systems can be costly.

Meetings with family members support these survey findings. Responses to questions about housing revealed the following barriers:

- Need help navigating the affordable housing continuum, which is complex. While there are housing navigators in each of the state's 22 ADRCs, these work part-time and focus policy and advocacy for accessible, affordable housing. They do not help people find housing.
- Limited affordable housing options for those who are not eligible for Medicaid waiver services. Competition for affordable units with other low-income people makes it hard for people with IDD to access this housing.
- Need help finding information on alternative models for housing people with IDD, including how to find a place, how to finance the housing, and how to meet other families and find potential roommates.

¹⁰⁷ Haller-Stevenson, E. (2019). *Community feedback session summaries.*

¹⁰⁸ The 2019 Disability Services Survey solicited general feedback with IDD services.

¹⁰⁹ The 2018 IDD Services Survey identified areas of improvement within IDD services.

¹¹⁰ Texas Health and Human Services Commission. *Intellectual and developmental disabilities (IDD) surveys: Perspectives on housing.*

[We] need more options that support individuals with disabilities to live independently. Group homes are too restrictive, and individuals cannot live with family long-term. Out of 30 clients - none could live alone in an apartment just with support services....[They] need someone to help them with certain tasks throughout the day.

Service Provider

- Need to educate property owners and people about reasonable accommodation and tenant rights.

5. Housing for People with Justice Involvement

People with mental health conditions, histories of substance use and/or IDD may also have histories of justice involvement that exacerbate an already difficult housing situation. People adjudicated of certain offenses are barred from several federally subsidized housing programs, while local public housing authorities can institute further limitations on who they accept. Private market housing¹¹¹ may also refuse tenants with justice involvement. Texas property law allows landlords to consider a person's justice involvement as part of their screening criteria. A history of justice involvement often creates barriers to regular employment, and thereby the means to afford rent and security deposits. Because of the time spent in prison or jails, people with justice involvement may also lack credit and rental history required by most landlords. Perhaps the biggest barrier is an unwritten but pervasive one – stigma that makes landlords and neighborhoods unwilling to accept people with histories of justice involvement.

In Texas, an estimated 20 to 24 percent of Texas prison inmates have a mental health condition.¹¹² In Texas jails,¹¹³ about 30 percent of inmates have at least one serious mental illness.¹¹⁴ The percentage of inmates with less severe mental health issues, such as mild depression, is even greater; researchers estimate that over half of people incarcerated in U.S. prisons and jails have at least one mental health problem.¹¹⁵

Substance use is also prevalent among people who are incarcerated. The Bureau of Justice Statistics found that over half (58 percent) of state prisoners across the nation and nearly two-thirds (63 percent) of sentenced jail inmates met the clinical

¹¹¹ Private market housing includes apartment complexes and other rental properties.

¹¹² Boyce, B. (2017, August). *New jail screening and mental health procedures*. [PowerPoint slides.] Texas Judicial Council.

¹¹³ A prison is a state or federal facility that detains people who have committed crimes deemed serious by the legal system. A jail is a temporary detention facility operated by a city or county and holds people while they await trial, or have sentences of one year or less.

¹¹⁴ Hogg Foundation for Mental Health. (n.d.). *Texas department of criminal justice and local criminal justice agencies*. Accessed 4/29/2020. <https://hogg.utexas.edu/public-behavioral-health-services-in-texas/texas-department-of-criminal-justice-and-local-criminal-justice-agencies>

¹¹⁵ Hogg Foundation for Mental Health. *Texas department of criminal justice and local criminal justice agencies*.

criteria for substance use disorder from 2007 to 2009. In comparison, only 5 percent of the general population age 18 or older met these same criteria during this period.¹¹⁶

Up to 10 percent of the population in U.S. prisons and jails have been identified as having an IDD.¹¹⁷ Researchers report, “prison inmates are four times as likely and jail inmates more than six times as likely to report a cognitive disability than the general population.”¹¹⁸

Many people with histories of justice involvement also have histories of homelessness. Research indicates that 15 percent of incarcerated people experienced homelessness in the year before they were admitted to prison.¹¹⁹ Those incarcerated only once are seven times more likely to experience homelessness than the general public. Those who have been incarcerated multiple times are 13 times more likely to experience homelessness than the general public.¹²⁰

For many people released from a jail or prison, one of the only housing options is often a homeless shelter. A study in New York City found that over 30 percent of single adults in homeless shelters were recently released from correctional institutions.¹²¹ Another study found that 23 percent of sheltered homeless had an incarceration within the previous two-year period.¹²²

¹¹⁶ Bronson, J & Berzofsky, M. (2017). *Indicators of mental health problems reported by prisoners and jail inmates, 2011-2012*. Bureau of Justice Statistics. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5946>

¹¹⁷ Sick, R. (2015). *Issue Brief: Justice and people with IDD*. American Association on Intellectual and Developmental Disabilities https://www.aaidd.org/docs/default-source/National-Goals/justice-and-people-with-idd.pdf?sfvrsn=683b7f21_0

¹¹⁸ Vallas, R. (2016). *Disabled behind bars. The mass incarceration of people with disabilities in America’s jails and prisons*. Center for American Progress. <https://www.americanprogress.org/issues/criminal-justice/reports/2016/07/18/141447/disabled-behind-bars/>

¹¹⁹ Greenberg, G & Rosenheck, R. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services*. Vol 59, No. 2, 170-177. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2008.59.2.170>

¹²⁰ Couloute, L. (2018). *Nowhere to Go: Homelessness among formerly incarcerated people*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/housing.html>

¹²¹ New York City Department of Homeless Services. (2004, January 24). *Summary of DOC/DHS data match*. (Draft of data analysis submitted for review as part of the New York City Department of Correction and Department of Homeless Services Discharge Planning Initiative).

¹²² Metraux, S, & Culhane, DP. (2006). *Recent incarceration history among a sheltered homeless population*. https://repository.upenn.edu/spp_papers/61.

Lack of housing makes it difficult for justice involved people to re-establish their lives in the community. As noted in a report by the Council of State Governments Justice Center, without a stable residence, it is nearly impossible for newly released people to reconnect positively to a community. More often than not, when these people are not linked to the services and support that could facilitate their successful reintegration, they end up re-incarcerated for either violating the conditions of release or for committing a new crime.^{123, 124}

Existing Continuum of Housing Options

Residential Reentry Centers (Halfway Houses)

In Texas, residential reentry centers (often referred to as halfway houses) most commonly refer to dwellings where residents are re-entering the community from incarceration. These facilities limit residents' activities, including requiring permission to leave the house and mandating residents participate in programs and conduct a job search. Failure to comply with these rules can result in a parole revocation.¹²⁵ Residential reentry centers in Texas are not a housing option that aligns with the *Housing Choice Plan* Guiding Principles, because despite being a housing option on the TDCJ continuum of reentry, they are used as a means of oversight in compliance with conditions of parole. As such, this facility type is included in this plan as an information item.

Recovery Housing

For individuals with justice involvement and substance use histories, a common option is recovery housing. A national study of Oxford Houses found 30 percent of the residents living in these houses were on probation or parole.¹²⁶ According to the Oxford House™ fiscal year 2018 report, 77 percent of Oxford House™ residents had

¹²³ Langan, PA & Levin, DJ. (2002). *Recidivism of prisoners released in 1994*. U.S. Department of Justice, Bureau of Justice Statistics.
<https://www.bjs.gov/content/pub/pdf/rpr94.pdf>

¹²⁴ Cortes, K & Rogers, S. (2010). *Reentry housing options: The policymakers' guide*. Bureau of Justice Assistance. The Council of State Governments Justice Center.
https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_Reentry_Housing.pdf

¹²⁵ Portman, J. (n.d.). *When is a prisoner released to a halfway house?* Lawyers.com. Accessed 4/23/2020. <https://www.lawyers.com/legal-info/criminal/criminal-law-basics/when-is-a-prisoner-released-to-a-halfway-house.html>

¹²⁶ Jason, LA, Davis, MI & Ferrari, JR. (2007). The need for substance abuse after-care: Longitudinal analysis of oxford house™. *Addictive Behavior*, 32(4), 803-818.

been jailed for an average of 13.4 months.¹²⁷ Another study found that 29 percent of the residents in recovery housing were referred through the justice system.¹²⁸ More information on recovery housing is provided in the chapter on housing for people with substance use histories.

“The issue is not just because they have a substance disorder....It’s usually the result of those conditions or activities that have negatively impacted their ability to maintain housing or access it, so they’ve ended up in the legal system through jail, or they have not been a good neighbor, or they’ve not paid their rent, or they’ve used ...Those are the activities that create the barriers....and honestly, there are people through the criminal system that are precluded.”

Managed care organization

Permanent Supportive Housing

PSH is defined as the combination of permanent affordable housing with supportive services, intended to help residents maintain residential stability. Supportive services may include coordinated case management, mental health and health services, substance use treatment, and vocational and employment services. Supportive housing has been shown to be successful in reducing justice involvement among residents. PSH is discussed in the affordable housing chapter of this plan.

The Texas Medicaid program also offers the HCBS-AMH program for adults with justice involvement and serious mental health conditions. This program is described in the chapter on housing for people with mental health conditions.

Private Market Nonsubsidized Homes and Apartments

Private market housing options in the community may be difficult for people with justice involvement to access. These properties are typically too expensive and

¹²⁷ Oxford House, Inc. (2019). *Annual report FY 2018. Oxford house™: Self-run, self-supported recovery housing.* <https://oxfordhouse.org/userfiles/file/doc/ar2018.pdf>

¹²⁸ Polcin, DL, Korcha, RA, Bond, J, & Galloway, G. (2010a). What did we learn from our study on sober living houses and where do we go from here? *Journal of Psychoactive Drugs*, 42(4), 425–433. <https://doi.org/10.1080/02791072.2010.10400705>.

require a rental and credit history that justice involved people do not have. Many also have tenant selection policies that screen for criminal convictions.

Some people live with family or friends following their release, however, family and friends are not always able or willing to take them in.¹²⁹ Some people in the household may have been victims of offenses committed by the person. If there was a sex offense, the house may not meet local ordinance requirements regarding distance from a school or childcare center.¹³⁰ Families in federally assisted housing may not be able to take in members due to tenancy selection restrictions. People may choose not to return home because of dysfunctional relationships that are not conducive to recovery.

For many people with justice involvement the primary option available may be privately-owned homes that rent out a room. The landlord could be a family member, friend or someone who chooses not to screen for justice involvement.

Boarding homes are also privately owned and operated. Information on boarding homes is provided in the chapter on housing for people with mental health conditions.

A final option is private apartments in the community. These apartments are available to the public and not specifically designed for people with justice involvement. Often, the only properties that people with justice involvement can afford, or be accepted into, are subpar apartments located in high-crime and high-drug trafficking areas.

Gaps in the Housing Continuum

Affordable Housing: The primary gap in the housing continuum for people with justice involvement is housing affordable to people with very low or no income.

Housing for people with mental illness, substance use disorders and/or persons with IDD who must Register as Sex Offenders. Within the population of people with justice involvement, there is an especially critical housing need among those required to register as sex offenders. Families may be unwilling to take these

¹²⁹ Council of State Governments. (2005). *Report of the re-entry policy council* <http://restorativejustice.org/rj-library/report-of-the-re-entry-policy-council-charting-the-safe-and-successful-return-of-prisoners-to-the-community/5410/#sthash.mewpv9W.dpbs>

¹³⁰ See section on barriers to housing for a discussion of the impact of child safety zones.

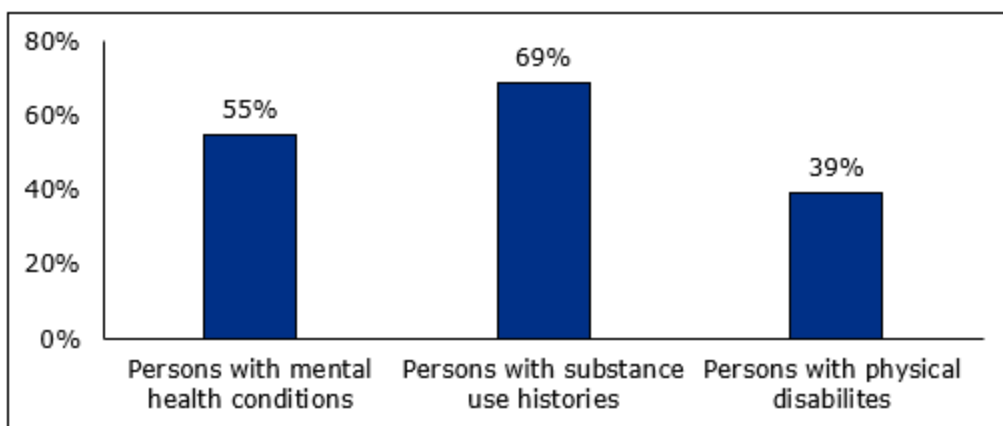
members in if the victim is still in the home or they do not want to be listed in a sex offender registry.^{131,132} Private housing is hard to find because of stigma. Young adults required to register as sex offenders face an additional barrier as even residences that serve this population prefer not to serve youth because they lack maturity and experience in living independently.

Recovery Oriented Environments. There is also a lack of housing in environments conducive to successful reentry into the community. Restrictive zoning practices and neighborhood opposition limit many halfway houses, sober homes and affordable housing units to areas with high drug-trafficking and crime rates. As such, many people with justice involvement live in neighborhoods where they are at risk of re-engaging in illicit behaviors and being victimized.

Barriers to Housing Choice

The *Housing Choice Plan* survey found that many people with mental health conditions, substance use histories and/or IDD have barriers to housing related to a history of justice involvement.¹³³

Chart 12. People with Housing Barriers related to Justice Involvement



Source: HHSC, Center for Analytics and Decision Support, 2020

¹³¹ Under Melissa’s Law in Texas, sexual assaults involving an incestuous relationship also have higher penalties.

¹³² Chapter 62, Texas Code of Criminal Procedure

¹³³ Texas Health and Human Services Commission, Center for Analytics and Decision Support Program Evaluation. (2020a). *Perspectives on housing in the Texas disability community.*

Stigma. People with justice involvement are stigmatized by their criminal history, which limits their housing options. One person participating in a discussion group held for this plan had been homeless for 13 years and had no recent job or credit history. He could not find a place that would even consider his application.

"They give you a list of zip codes, and they don't tell you that these people do not take felons. And so, when you apply, you don't know that they don't take felons. They put you through the process, they take your money for the application fee, and then they tell you that they don't take felons. So, I think that there should be a better way for us to find out if they accept felons or not. Because that's a waste of money and a waste of time."

Person interviewed for *Housing Choice Plan*

Child Safety Zones. The Texas Sex Offender Registration Program does not prohibit registered sex offenders from living or going near places frequented by children, but Texas community supervision and parole laws, as well as city ordinances, may require the imposition of a "child safety zone". These zones prohibit certain people from going in, on, or within a specified distance of locations where children commonly gather (i.e. schools, day care facilities, or playgrounds). A violation of the "child safety zone" can result in the revocation of the offender's probation or parole.

Lack of Information. As mentioned in other chapters of this plan, there is a lack of centralized information on housing services available to justice-involved people. Some counties have reentry guides, but these are quickly outdated and difficult to find in rural areas. Finding a place that will accept people who are convicted of certain offenses, lack transportation and/or need specific supports with mental health, substance use or IDD is even more difficult to locate.

HUD Policies. Federally subsidized housing made available through HUD is one of the most common sources of affordable housing. Three major HUD housing programs - public housing, housing choice vouchers and Section 8 project-based rental assistance - ban people registered as lifetime sex offenders.

Tenant Selection Policies. PHAs are also allowed to decide their own tenant selection rules, which further limits housing for people with justice involvement. PHAs rely on criminal records, prior rental history (including evictions) and credit history as part of their tenant screening process. While federal regulations advise PHAs to consider the nature of applicants' offenses, how long ago these occurred and evidence of rehabilitation, "...they do not require PHAs to do any individualized

evaluations of whether or not a specific applicant is likely to pose a risk to the safety of existing public housing residents...".¹³⁴

"It is very difficult to find housing if you are recently sober, have a criminal record or prior evictions and/or have been homeless for a while. If you have drug convictions and felonies, good luck. People with criminal histories have to find someone without a criminal record to get a lease and stay in the house without being on the lease."

Person interviewed for *Housing Choice Plan*

While many public housing providers are prohibited by law from renting to people with certain convictions, private landlords retain discretion as to when and to whom they rent their properties. However, some private landlords are hesitant to rent or lease property to people with a history of justice involvement, citing fear of being sued if that person commits a crime on their property.

Texas property law allows landlords to consider a person's justice involvement as part of their screening criteria.¹³⁵ The Texas Civil Commitment Office primarily finds housing for its clients by driving around neighborhoods meeting property managers and cold calling housing managers.¹³⁶ This one-on-one approach has also been used successfully in finding housing for people who are homeless. However, it is time consuming and there are not enough resources to do this for all people.

2016 guidance from HUD's Office of General Counsel states that although people with justice involvement are not a protected class under the Fair Housing Act, tenant selection policies that limit their access to housing can be considered a violation of the Act if, without justification, the burden of restrictions falls on people of one race or national origin over another. Even if the provider had no intent to discriminate, arbitrary bans on people with histories of justice involvement are likely to violate the Fair Housing Act. The guidance suggests that housing providers

¹³⁴ Human Rights Watch. (2004). *No second chance*.

<https://www.hrw.org/node/255543/printable/print>

¹³⁵ Texas Property Code Sec. 92.3515. Notice of Eligibility Requirements includes "criminal history" as one of the criteria that landlords may use to reject rental applications. Texas Property Code Sec. 92.025. Liability for Leasing to Person with Criminal Record, describes a landlord's potential liability if they approve an application from someone that has a criminal history.

¹³⁶ Texas Civil Commitment Office. *Housing Choice Plan. State Agency Survey of Housing Needs and Resources*. (2020).

consider the type of crime and length of time since conviction when reviewing housing applications.¹³⁷

Lack of HUD Funding for Justice Involved. Another barrier to housing for people with justice involvement is the lack of HUD funding for housing serving this population. There are no HUD programs targeted specifically to this population.

Because of their challenges in finding housing, many people with justice involvement qualify for programs targeted to people experiencing homelessness. However, many people with justice involvement do not qualify for programs targeted to chronically homeless people, which are a focus of HUD funding. In the HUD definition, a person with a stay of more than 90 days in a prison or jail does not qualify as chronically homeless because this time is considered a “break in homelessness.”¹³⁸

¹³⁷ U.S. Department of Housing and Urban Development. (2016). *Office of general counsel guidance on application of fair housing act standards to the use of criminal records by providers of housing and real estate-related transactions.*

https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR.PDF

¹³⁸ The HUD definition of chronic homeless requires that one is homeless continuously for 12 months or four times over the course of three years, or on at least four separate occasions in the last three years, as long as the combined occasions total at least 12 months.

6. Housing for Older Adults

A safe, affordable place to live can allow an older adult to remain in their community as they age, known as aging in place. Many older adults prefer to age in place rather than live in assisted living or nursing facilities, although some may choose to live in a facility because it meets their needs.

Studies show that living at home with the support of in-home services can cost significantly less than care in an assisted living facility or nursing home. Despite this, some older adults experience barriers accessing the supports they need. Older adults with mental health conditions, histories of substance use and homelessness, and/or other disabilities can experience even more barriers and may require additional supports to obtain and sustain housing.

Behavioral Health

Approximately 20 percent of adults age 55 and older experience a mental health disorder, with depression and anxiety disorders being among the most common.¹³⁹ In Texas, 34 percent of adults ages 55 and older experience some form of depression.¹⁴⁰ Adults age 65 and older die by suicide at a higher rate than other age groups, accounting for nearly 16 percent of all suicides while comprising only 12 percent of the total U.S. population.

Alcohol and psychoactive medication misuse are the most prevalent types of substance use issues older adults experience. Substance use can cause serious side effects, including falls, confusion, and delirium, that are associated with a high rate of emergency department use, hospitalizations, and mortality.¹⁴¹

Homelessness

¹³⁹ Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. (2008). *The state of mental health and aging in America issue brief 1: What do the data tell us?* https://www.cdc.gov/aging/pdf/mental_health.pdf

¹⁴⁰ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2015). *BRFSS prevalence & trends data*. <https://www.cdc.gov/brfss/brfssprevalence/>.

¹⁴¹ Substance Abuse and Mental Health Services Administration. (2012). *Older americans behavioral health issue brief: Series overview*. <https://d2mkcg26uvq1cz.cloudfront.net/wp-content/uploads/Series-Overview-Issue-Brief-1.pdf>

Estimates indicate 25,848 Texans were homeless in 2019.¹⁴² The majority of adults experiencing homelessness are between 50 and 64 years old.¹⁴³ Nationally, homelessness among people age 65 and older is expected to more than double from over 44,000 in 2010 to nearly 93,000 by 2050. Recent studies show that emergency homeless shelters are increasingly serving older adults.¹⁴⁴

IDD

Nationwide, researchers estimate the number of people age 60 years and older with IDD will nearly double from 850,600 in 2010, to 1.4 million by 2030.¹⁴⁵ In 2017, approximately 644,483 Texans have IDD and 73 percent live with and receive care from their family.¹⁴⁶ Of those living with family caregivers, 19 percent live with a caregiver aged 60 or older¹⁴⁷. In these circumstances, both generations require different supports to age in place.¹⁴⁸ People with IDD are at higher risk for developing chronic health conditions at an earlier onset and therefore have unique service and support needs. Some may be more susceptible to dementia. The National Institutes of Health estimates 50 percent of people with Down syndrome will develop Alzheimer's disease as they age.¹⁴⁹

Existing Continuum of Housing Options

Finding affordable housing that fits older adults' needs and income limitations can be a challenge. The following is an overview of specific types of housing that

¹⁴² U.S. Interagency Council on Homelessness. (n.d.). *Texas homelessness statistics*. <https://www.usich.gov/homelessness-statistics/tx/>

¹⁴³ Age 50 and older is identified as the benchmark by experts for categorizing older adults who are homeless because many in this age bracket typically do not qualify for Medicare or social security benefits.

¹⁴⁴ National Health Care for the Homeless Council. (2013, Sept.). Aging and housing instability: Homelessness among older and elderly adults. *In Focus*. https://nhchc.org/wp-content/uploads/2019/08/infocus_september2013-1.pdf

¹⁴⁵ Factor, A, Heller, T, & Janicki, M. (2012). *Bridging the aging and developmental disabilities service networks: Challenges and best practices*. Chicago, IL: Rehabilitation Research and Training Center on Aging with Developmental Disabilities, Lifespan Health and Function, University of Illinois at Chicago. https://www.acf.hhs.gov/sites/default/files/aid/bridgingreport_3_15_2012.pdf

¹⁴⁶ Tanis, ES, Lulinski, A & Wu, J, Braddock, D & Hemp, R. (2020). The state of the states in intellectual and developmental disabilities. Department of Psychiatry, University of Colorado. www.stateofthestates.org

¹⁴⁷ Tanis, et al., The state of the state.

¹⁴⁸ Factor, et al. Bridging the aging and developmental disabilities service networks.

¹⁴⁹ National Institutes of Health. (2017). *Alzheimer's disease in people with down syndrome*. <https://www.nia.nih.gov/health/alzheimers-disease-people-down-syndrome>

currently exist presented in order of higher to lower care levels. Residential facilities that provide higher levels of care, such as skilled nursing facilities and memory care units in nursing facilities are not included in this list because they are institutional in nature, and not considered housing.

Assisted Living Facilities

Assisted living facilities (ALF) typically provide meals, assistance with personal care services and medication, skilled nursing services for limited purposes, and health maintenance activities.¹⁵⁰ Many residents of ALFs pay for their housing and care out of pocket. Medicaid STAR+PLUS Home and Community Based Services Program may cover assisted living for those who meet eligibility criteria.

Adult Foster Care

Adult Foster Care (AFC) provides a 24-hour living arrangement with supervision in an adult foster home for people who are unable to continue living independently in their own homes because of physical, mental or emotional limitations. AFC providers and residents must live in the same household and share a common living area. With the exception of family members, no more than three adults may live in the foster home unless it is licensed by the state. The client pays the provider for room and board.¹⁵¹

Independent Living Communities

Independent living communities (ILC) are an option for older adults who need little assistance and want to live in a community of their peers. The makeup of ILCs can range from separate housing settings to apartment/condominium settings. Communities may offer activities, transportation, light housekeeping or other basic supportive services. Most ILCs are private pay.

Continuum of Care Communities

These retirement communities provide a range of care options from independent living to assisted living to nursing facility care to memory care units. Residents can move to a higher level of care as their health requires it. The entry fee or deposit for this type of housing ranges from \$20,000 to \$550,000, excluding monthly

¹⁵⁰ Texas Health and Safety Code §247.002.

¹⁵¹ Texas Health and Human Services Commission. <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/adult-foster-care-afc>

costs.¹⁵² This high cost prohibits people with low incomes from living in these communities.

Aging at Home

Older adults who have a safe and affordable place to live may choose to stay at home as they grow older. For these people, it is important to identify any modifications needed to make their home accessible or aging friendly. Community organizations can assist with installation of grab bars and ramps. More information on accessible housing can be found in the chapter on housing for people with physical disabilities.

Permanent Supportive Housing

Permanent supportive housing is affordable housing that does not have a time limitation and provides an array of services. Supportive housing is generally intended for people or families who have barriers to independent living. More information on supportive housing is provided in the chapter on affordable housing.

Most often, the rent in supportive housing is no more than 30 percent of a household's income. Supportive housing provides services to help the tenant sustain their housing, including mental health support, health and wellness activities or connection to substance use treatment.¹⁵³ The most comprehensive models have a multidisciplinary team providing wrap-around services.^{154,155}

One example of a supportive housing model, not currently used in Texas, is the Hearth program operating in Massachusetts. This program identifies older adults who are homeless and connects them with subsidized housing with supportive

¹⁵² Caring.com. (n.d.). *Find continuing care retirement communities near me*. Accessed 8/5/2020 <https://www.caring.com/senior-living/continuing-care-retirement-communities/#:~:text=This%20amount%20varies%20by%20community,charge%20extra%20for%20additional%20services>

¹⁵³ Corporation for Supportive Housing. (2011, Oct. 20). *Ending homelessness among older adults and elders through permanent supportive housing: Policy paper prepared for the national convening on ending elder homelessness*. https://www.chapa.org/sites/default/files/ELI_policypaper_final.pdf

¹⁵⁴ Brown, RT, Thomas, ML, Cutler, DF, & Hinderlie, M. (2013). Meeting the housing and care needs of older homeless adults: A permanent supportive housing program targeting homeless elders. *Seniors housing & care journal*, 21(1), 126–135.

¹⁵⁵ Goldberg, J, Lang, K, and Barrington, V. (2016, April). How to prevent and end homelessness among older adults: Special report. *Justice in aging: Fighting senior poverty through law*. <https://www.justiceinaging.org/wp-content/uploads/2016/04/Homelessness-Older-Adults.pdf>

services. Supportive services can include anything from securing furniture to connecting the older adult with medical care.¹⁵⁶

Another model that has been frequently used to provide affordable housing to older adults is the HUD Section 202 program. This housing has been built in Texas and provides subsidized rental housing with on-site support activities such as cleaning, cooking, transportation and service coordination.

Subsidized Housing

The need for affordable housing among older adults is significant and growing. Information on the array of subsidized housing options can be found in the chapter on affordable housing.

Gaps in the Housing Continuum

Affordable Housing. As with all other populations, there is a lack of housing affordable to households with low incomes. Older adult households are more likely to experience “worst-case” housing needs, meaning they spend more than half of their income on housing or live in severely poor conditions. Spending this much on housing expenses can force older adults to cut back on other necessary expenses, such as food, transportation, and health care.

There is also a lack of housing for households with middle incomes. Many of the choices available to older adults are either very expensive, as in privately operated independent and assisted living options, or subsidized for people with low and very low incomes, or more affordable senior housing built with public funding. Experts estimate the need for mid-market housing is increasing, projecting the senior living industry will need to triple in size to meet the anticipated demand by 2040.¹⁵⁷

Barriers to Housing Choice

Lack of Affordable Assisted Living Facilities. ALFs are increasingly choosing not to accept Medicaid for payment, making the cost of these facilities out of reach for many older adults. The Medicaid reimbursement rate is lower than what ALFs can receive through private pay, and Medicaid only reimburses facilities for health care

¹⁵⁶ Brown, et al. Meeting the housing and care needs of older homeless adults.

¹⁵⁷ LeadingAge. (n.d.). *Addressing the gap in senior housing today: Creating opportunities in the mid-market.* Accessed 8/5/2020.

services, meaning the facilities lose revenue on Medicaid residents' room and board.^{158,159}

Availability of Support Services. The availability of community-based long-term services and supports (LTSS), such as attendant care and caregiver support, can impact a person's ability to age in place, especially for older adults with special needs. Older adults may experience a decline in physical functioning as they age and require certain supports to age in place. Older adults with mental illness, cognitive or behavioral conditions, and those with a history of homelessness need specific supports to access housing and remain independent.

Organizations such as area agencies on aging, LMHAs/LBHAs, and nutrition service providers offer important LTSS to help older adults remain in their community. However, researchers indicate the supply of LTSS is not keeping up with demand.¹⁶⁰ An older adult's location in relation to services and programmatic funding issues can also create barriers in obtaining services.

¹⁵⁸ Individuals pay room and board because Medicaid cannot be used for those components.

¹⁵⁹ Gerace, A., (2011, July 28). Assisted living residents face challenges when transitioning from private pay to Medicaid. *Senior Housing News*.

<https://seniorhousingnews.com/2011/07/28/assisted-living-residents-face-challenges-when-transitioning-from-private-pay-to-medicaid/>

¹⁶⁰ Reinhard, S, Accius, J, Houser, A, Ujvari, K, Alexis, J & Fox-Grage, W. (2017). Picking up the pace of change: A state scorecard on long-term services and supports for older adults, people with physical disabilities, and family. *Long-Term Services and Supports State Scorecard 2017 Edition*.

<http://longtermscorecard.org/~media/Microsite/Files/2017/Web%20Version%20LongTerm%20Services%20and%20Supports%20State%20Scorecard%202017.pdf>

7. Housing Options for People with Physical Disabilities

People with physical disabilities are disproportionately at greater risk than the general population for substance use and mental health issues. Multiple risk factors such as potential self-medication related to physical health problems, lack of assessment and identification of potential mental health or substance use disorder issues, and a lack of accessible and appropriate prevention and treatment services contribute to this risk.

Substance use rates among people with disabilities are two to five times higher than those for the general population. Prevalence rates approach or exceed 50 percent for people experiencing Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), and/or mental illness as compared to 10 percent of the general population.¹⁶¹ People with certain conditions such as deafness, arthritis, and multiple sclerosis experience substance use prevalence rates at least double the general population.¹⁶²

Mental health disorders are also linked to physical disabilities. People with disabilities report higher rates of stress and depression than people without disabilities. These people experience depressive symptoms due to such stressors as abuse, loss of roles, poverty, environmental barriers, and/or lack of access to appropriate health care.¹⁶³ Research shows that people with physical disabilities are at least three times more likely to experience depression than the general population.¹⁶⁴

As with other populations, finding housing that is affordable, accessible and adequate continues to be a challenge for people with a physical disability and a co-occurring mental health or substance use issue. The need to expand housing

¹⁶¹ Weiss, TC. (2013, July 22). Addiction and substance abuse among persons with disabilities. *Disabled World*. <https://www.disabled-world.com/medical/pharmaceutical/addiction/serious.php>

¹⁶² Ibid.

¹⁶³ Noh, J. W., Kwon, Y. D., Park, J., Oh, I. H., & Kim, J. (2016). Relationship between Physical Disability and Depression by Gender: A Panel Regression Model. *PloS one*, *11*(11), e0166238. <https://doi.org/10.1371/journal.pone.0166238>

¹⁶⁴ Ibid.

opportunities for people with disabilities has been a consistent recommendation included in HHSC's biennial *Promoting Independence Plan*.

The following is input from people with disabilities provided for a 2004 report by the Texas Council on Developmental Disabilities (TCDD). This information was collected by United Cerebral Palsy of Texas based on comments from 27 focus groups held around the state and individual interviews of people with disabilities. Although the focus group findings are dated, they echo themes heard today. Many of these themes have been, and continue to be, expressed by members of the Promoting Independence Workgroup, which meets to review the state's compliance with Olmstead.

- The community of people with disabilities is varied, and so are their needs.
- The preferred housing situation is to have individualized modifications.
- There are different levels of accessibility needs, so the same housing designs will not work for everyone.
- Most of the participants were not content with their living situation and had difficulties due to need for physical modifications.
- They also experienced issues related to safety, inadequate transportation, long waits for accessible housing, substandard housing, and discrimination.
- Most said they preferred to live as independently as possible as opposed to living in a group setting.¹⁶⁵

The statements above are supported by a study on housing for people with disabilities conducted by Harvard University. This study re-affirms the importance of individualized solutions to housing, based on each person's need and preference:

It's important to acknowledge that individuals with similar disabilities will not universally desire the same things. One "type" of individual will not necessarily be best served by one "type" of setting. We need to build and support many different housing types and sizes and give individuals with disabilities choice about what works best for them.¹⁶⁶

¹⁶⁵ Texas Council for Developmental Disabilities and Texas Council for Prevention of Developmental Disabilities. (2004). *2004 Texas biennial disability report*.

¹⁶⁶ Connery, M. (2016, April). *Disability housing: What's happening? What's challenging? What's needed?* Harvard University, Joint Center for Housing Studies, p. 29.

Existing Continuum of Housing Options

This section focuses on existing options for affordable and accessible housing.

Affordable Housing

A comprehensive discussion of the array of affordable housing available to people with disabilities can be found in Chapter One and Appendix D of this report.

Accessible Housing

The lack of accessible housing is an obstacle to people with physical disabilities who want to live in the community. Many people with disabilities need home modifications to allow them to maintain their safety. Common home modifications include adding handrails and ramps; widening doors; adjusting countertops and cabinets to appropriate heights; installing buzzing or flashing devices; installing accessible showers, toilets, and sinks; and customizing other modifications based on each person's unique needs.

One of the recommendations from the TCDD 2004 report was to require TDHCA to actively promote efficient and effective architectural barrier removal and home modification services that address the needs of people with disabilities through the provision of technical assistance and training related to architectural barrier removal. TDHCA's barrier removal fund, and other state housing resources for people with disabilities, are described below.

Amy Young Barrier Removal Fund

Through the *Amy Young Barrier Removal Program* (AYBR), Texas offers people with disabilities an alternative to institutionalization through one-time grants of up to \$22,500 for home modifications to increase accessibility and eliminate critically hazardous conditions. Eligible homes are defined as single family dwellings, rental units, or manufactured housing units.¹⁶⁷

This program is funded by the Texas Legislature via the Texas Housing Trust Fund (HTF) at TDHCA. A total of 165 households were served by this program in 2019

¹⁶⁷ Texas Department of Housing and Community Affairs. (2020). *Housing trust fund. Amy young barrier removal program, Program manual*.
<https://www.tdhca.state.tx.us/htf/forms/docs/AYBR-ProgramManual.pdf>

and 2020.¹⁶⁸ Funds are awarded to cities, counties, public housing authorities, and nonprofit organizations that work directly with low-income people at the local level.

Rural Texas Community Development Block Grant Program

The Promoting Independence Workgroup recommends using a portion of the state's annual federal CDBG allocation for affordable housing or removal of architectural barriers for people with disabilities. CDBG funds, administered by the Texas Department of Agriculture (TDA) and larger cities and counties, can be used for this purpose. The funding is competitive and each government entity receiving the funds must develop a plan describing how they will be used. A number of communities across Texas allocate their CDBG funds for home modifications to improve accessibility. Housing Navigators working for ADRCs also advocate with these communities and housing developers to promote affordable and accessible housing.

Medicaid Minor Home Modifications

People enrolled in the Texas Medicaid waivers have access to funding for minor home modifications (MHM). In HCS and Texas Home Living (TxHmL), the lifetime limit is \$7,500. Home modifications are services that include improvements to the person's living quarters to allow for community living and ensure safety, security, and accessibility. Minor home modifications, funded by Medicaid, do not include major home renovations, remodeling or construction of additional rooms. In STAR+PLUS and the Medically Dependent Children's Program (MDCP), there is a lifetime limit of \$7,500 in MHM per member with \$300 per year for repairs, replacement or additional modifications. The Community Living Assistance & Support Services (CLASS) and DBMD waiver programs have a \$10,000 lifetime limit on minor home modifications.

Gaps in the Housing Continuum

Housing that is safe and accessible for adults with disabilities or mobility issues is important for maintaining independence and living in the community. Around 39.5 percent of adults 65 and older have a disability or chronic condition that impacts their daily life. Finding accessible housing can be challenging. The HUD Office of Policy and Research evaluated the U.S. housing stock and found that less than five

¹⁶⁸ Personal correspondence, TDHCA.

percent is accessible for people with moderate mobility difficulties and less than one percent is accessible for wheelchair users.¹⁶⁹

The available funding for accessibility modifications may not cover the cost of installing the modifications. Adding a ramp to a door, widening the doors and renovating showers are generally more expensive than people can afford. People with physical disabilities are nearly twice as likely to live in poverty as the general population. In 2013, 61.2 percent of working-age adults with disabilities had incomes below 200 percent of the federal poverty line compared with 28.8 percent of working-age adults without disabilities.¹⁷⁰ Such nominal incomes make it nearly impossible to fund home modifications out of pocket.

According to advocates, there are few federal requirements to build or refurbish accessible apartments and homes. What requirements there are have been poorly enforced. According to disability advocates, Section 504 of the Rehabilitation Act of 1973 is rarely addressed by housing authorities and developers, and rarely enforced by HUD.¹⁷¹

Barriers to Housing Choice

Cost of Housing Modifications. Responses from the 2004 Texas and West Virginia focus groups for people with disabilities suggest available funding for accessibility modifications may not cover the cost.^{172,173} Features such as steep stairs, narrow walkways, and hard-to-reach cabinets may become inaccessible and create safety hazards for older adults and for those with physical disabilities. Home modifications can be made to make a house safe and accessible, however these can be expensive. Experts estimate various modifications range from just under \$1,000 for installation of grab bars and handrails and up to \$35,000 for full remodeling or room additions.

¹⁶⁹ U.S. Department of Housing and Urban Development. HUD User. (n.d.b.). Assessing the accessibility of America's housing stock for physically disabled persons. *PD&R Edge Home*. https://www.huduser.gov/portal/pdredge/pdr_edge_research_101315.html

¹⁷⁰ Vallas, R, Fremstad, S & Ekman L. (2015, January 28). A fair shot for workers with disabilities. Center for American Progress. <https://www.americanprogress.org/issues/poverty/reports/2015/01/28/105520/a-fair-shot-for-workers-with-disabilities/>

¹⁷¹ ADAPT. (2018, August 26). ADAPT'S housing platform. Accessible, affordable, integrated housing. <https://adapt.org/housing/adapts-housing-platform/>

¹⁷² Texas Council for Developmental Disabilities. *2004 Texas biennial disability report*.

¹⁷³ Danko, M. (2007). Assessing the barriers to community living: Accessible housing in a rural state, *Housing and Society*, 34:1, 31-44, doi: [10.1080/08882746.2007.11430543](https://doi.org/10.1080/08882746.2007.11430543)

Lack of Accessible Transportation. Affordable housing is often located in areas without public transportation or paratransit.¹⁷⁴ Texans with disabilities living in rural areas especially face challenges getting to the grocery store, medical appointments or to visit friends.

¹⁷⁴ Paratransit represents transportation services that supplement mass transit by providing individualized rides without fixed routes or timetables.

8. Housing Choice Plan Guiding Principles and Recommendations

Housing Choice Plan Guiding Principles

Choice

- People with disabilities should have access to the same range of housing choices as everyone else, in addition to housing options that address their specific needs.

Evolving Needs

- Housing options should reflect the unique and evolving needs of people.

Range of Housing Models

- Housing, ranging along a continuum of models, should be safe, stable, person-centered, cost appropriate, and ideally follow best practices.
- Housing should allow access to support services, based on the needs and preferences of each person, with a goal of advancing their recovery and independence.

Education

- Education, transparency and advocacy are key to informed choice. People may need help identifying their goals, determining which housing supports their goals, and navigating their housing options.

Community

- Everyone should have the opportunity to live in a community, and to participate in community activities, to the extent they desire.
- Housing should be available in rural and urban areas, and include access to community amenities, such as transportation, grocery stores, and work opportunities.

Housing Rights and Responsibilities

- Residents should have full rights, responsibilities, and legal protections.

Funding

- Housing may require diversified funding from public and private sources, including existing and new funding, to help people reach their fullest potential.

Housing Choice Plan Recommendations

Overarching Recommendation

The *Housing Choice Plan* workgroup developed the following recommendations. Many recommendations identified in the plan will require stakeholder advocacy efforts to support legislative action before they can be implemented. Responsibility for implementation of the recommendations does not rest with a single state agency or organization. Agencies, organizations, providers, and advocates throughout the housing and support services systems will need to collaborate with businesses, employers, and other entities across the state to prioritize and coordinate on recommendations identified in the plan.

The housing continuum for persons with mental health needs, substance use histories and/or IDD must reflect the fact that people's needs change over time and do not follow a linear progression. The continuum must allow flexibility for people to move in and out of housing with different levels of support, based on their needs at any given time.

Affordable Housing Recommendations

Priority Recommendations

Expand the inventory of affordable housing. Encourage collaboration between state agencies, community-based organizations, private and state hospitals, and MCOs to increase funding for affordable housing, including partnering with state and private hospitals to fund community-based affordable housing, and supporting state legislation (such as Senate Bill (S.B.) 1116, as filed, 86th Texas Legislature, 2019 which did not pass) to provide tax credits to entities, including MCOs investing in supportive housing.

Preserve existing affordable housing. Explore the development of a state task force to identify tax credit and other federally-subsidized properties at risk of losing their affordability, collect information to identify which properties are most at risk of

exiting these programs and the best candidates for preservation. Engage the state task force in making recommendations for creating and implementing strategies to preserve at-risk properties.

Help tenants obtain and maintain their housing. Explore options to increase staff in ADRCs, LMHA/LBHAs, and MCOs to help people advocate for themselves in finding, obtaining and maintaining affordable housing. Staff assistance can include helping people view, inspect, and move into housing.¹⁷⁶

Help tenants obtain and maintain their housing. Explore the creation of a landlord risk mitigation fund to encourage landlords to accept tenants with a history of justice involvement, and a “barrier busting” fund to address barriers to affordable housing, such as costs related to criminal background checks or application fees, and to prevent evictions by paying for the amounts owed.

Other Recommendations

Examine policies regarding tax credit properties’ affordability period.

Support the Housing and Health Services Coordination Council at TDHCA in reviewing the tax credit statutes and administrative rules¹⁷⁷ to consider providing input on the following:

- Explore changes in language to ensure applicants commit to a “Right of First Refusal” (ROFR).
- Identify opportunities to extend the ROFR notice period to one year rather than the current 180 days.
- Explore opportunities to extend affordability periods by allocating points for applicants that agree to increased affordability periods, for example from 35 years to 55 years of affordability.
- Identify ways to discourage developers from exiting the program through the qualified contract process.

Expand the availability of affordable housing.

- Explore options to help property owners maintain existing subsidized housing as affordable by providing funding improvements to these properties.

¹⁷⁶ Increasing staff at MCOs for this purpose may impact capitation rates.

¹⁷⁷ 10TAC §10.407, 10TAC §10.408

- Encourage the development of real estate investment trusts or something comparable to compete in the private market to acquire and preserve naturally occurring affordable multi-family housing.
- Consider increasing funding for the state housing trust fund.
- Encourage state agency collaboration in applying for HUD funding for mainstream housing vouchers for persons with disabilities, and support prospective tenants in identifying, securing and maintaining housing.
- Consider allowing use of HHSC Healthy Community Collaborative funds for development of affordable housing.
- Support continued successful collaborations between TDHCA and HHSC including the Section 811 PRA program, Project Access and other housing initiatives.

Promote initiatives and practices that support people’s ability to obtain and maintain affordable housing.

- Explore ways to increase training and legal guidance to tenants and housing providers on reasonable accommodation and appealing denials.
- Expand opportunities to increase life skills training for people who need help maintaining housing (e.g. budgeting, maintenance, conflict resolution).
- Encourage MCOs to hire a Housing Transition Specialist to assist members in finding and maintaining housing.
- Encourage MCOs to use value-based payment agreements that incorporate provision of tenancy supports to members.
- Consider development of a two-year Performance Improvement Project with MCOs to begin to test the impact of housing initiatives on health outcomes and use of Medicaid.
- Explore additional funding opportunities that would allow for longer-term studies to identify which health outcome measures correlate with housing initiatives.

Explore options to use Medicaid to pay for tenancy support services rendered with the person not present. This is especially helpful when case managers and housing specialists are advocating on behalf of tenants to their landlords.

Recommendations for Housing for People with Mental Health Conditions

Priority Recommendations

Develop a full continuum of housing with appropriate services. The continuum should be complete and flexible enough to address the diverse and changing needs of persons with mental health conditions. Gaps in the current housing continuum include housing in tribal areas, step-down housing for persons exiting psychiatric institutions or being diverted from psychiatric admissions or incarceration, permanent supportive housing, and group homes with varying levels of services and staffing.

Supportive services, including supported living and supported employment, should be made available to allow persons with mental health conditions to live as independently as possible in the least restrictive setting. Housing with supports are also needed to increase courts' options to divert people with mental health issues from the justice system.

Consider funding for two dedicated housing positions in LMHAs/LBHAs.

One position would administer the supportive housing rental assistance program and the second position would partner with other entities (i.e. housing authorities, housing developers and landlords) to expand housing options for persons with mental health conditions.

Consider pursuing new funding sources to support increased housing for persons with mental health conditions. Potential funding sources include social impact bonds, MCO investment in housing, increased funding for the state housing trust fund, Medicaid funding for tenancy supports, and changes to the tax credit program that incentivize development of housing for this population.

Enhance oversight of Home and Community Based Services – Adult Mental Health (HCBS-AMH). Consider increasing program staff to increase oversight of providers and offer additional training, technical assistance and outreach to contribute to continued quality of housing and services. Consider allowing additional agencies, such as MCOs, homeless networks and jail diversion programs, to submit participant applications to the program.

Examine options for and the fiscal impact of shortening the number of hospital days required to qualify for HCBS-AMH (the current requirement is that people spend three or more of the past five years in a psychiatric hospital). Review and consider reducing other eligibility criteria regarding number of jail and emergency room visits. Consider that HCBS-AMH is an entitlement program in which services must

be made available to anyone who meets the eligibility criteria and that expanding eligibility criteria would require legislative direction and likely increase HHSC costs.

Consider developing strategies to incentivize use of the full continuum of housing options within the program. Consider increasing training requirements for providers who hire staff working in residential settings.

Other Recommendations

Expand affordable housing opportunities.

- Consider offering homeownership programs that provide larger subsidies to people who have a disability. Promote the Habitat for Humanity model. Habitat homeowners help build their own homes alongside volunteers and pay an affordable mortgage.
- Review opportunities to take advantage of federal dollars for homeownership development in rural housing programs; e.g., Department of Agriculture, Veterans Land Board.
- Consider options to implement a transitional housing pilot for people with mental health conditions and coming out of the criminal justice system.
- Explore opportunities to expand access to TDHCA Project Access vouchers for all state hospitals (in addition to Austin State Hospital) to enroll people in this program.

Address barriers to housing.

- Consider creating an optional certification for board and care homes with an interest free loan to help them meet certification requirements.
- Expand opportunities to provide training on the tax credit program and other state-administered housing programs to help less experienced mission-driven developers that focus on housing very low-income persons successfully apply for funding.
- Expand opportunities to provide ongoing education and outreach to the public, developers, and landlords to reduce stigma around housing persons with mental health conditions.

Enhance the HCBS-AMH program.

- Consider funding to support HCBS-AMH services for persons exiting jails until they are enrolled in Medicaid. Proactively conduct outreach to people exiting jail to connect them to housing and supports (including peer supports).
- Strengthen coordination of HCBS-AMH services with medication management services, such as Assertive Community Treatment, Forensic Assertive Community Treatment and Assisted Outpatient Treatment.

Recommendations for Housing for People with Substance Use Histories

Priority Recommendations

Recognize national recovery housing standards. Promote adherence to standards established by Oxford House™ and the NARR for recovery homes that receive state funding.

Incentivize the use of nationally recognized standards. Explore options to ensure that publicly-funded recovery housing providers meet nationally recognized standards, or;

- ensure that licensed facilities for recovery housing only refer to recovery housing that meet nationally recognized standards, and;
- consider providing funding to recovery housing providers to cover the cost of certification.

Update and strengthen existing state patient brokering and referral statutes. Patient brokering is used by some facilities to direct a third party to secure patients for them, for gain. Explore options to amend state statutes to reflect the National Alliance for Model State Drug Laws' recommendations and include recovery housing.

Explore options to expand recovery housing. Consider creative ways to increase funding, such as housing vouchers, housing support services, or revolving loan funds using funds from the Ryan White CARE Act, Mental Health and Substance Abuse Block Grants, or the Texas Targeted Opioid Response.

Other Recommendations

The state should consider adopting a standard definition of recovery housing. Optional definitions are below.

- A safe and supportive living environment that prohibits residents' use of alcohol and illicit drugs on and off the premises with direct connection to peer support and other recovery support services and, if needed, referral to clinical addiction services. (National Council on Behavioral Health)
- Recovery housing means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders. (SUPPORT ACT 2018)
- Recovery houses are safe, healthy, family-like substance-free living environments that support people in recovery from addiction. While recovery

residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits people in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders. (SAMHSA, 2019)

Promote state legislation that recognizes both Oxford House™ and the National Alliance for Recovery Residences (NARR) national standards.

Community advocates may support the establishment of standards in state legislation that would:

- Promote truth in marketing and advertising by:
 - Restricting the use of the terms “recovery housing,” “recovery home,” “recovery residences,” “sober home,” “sober housing,” “sober living” or similar language in marketing to providers who meet nationally-recognized best practices as evidenced by a current Oxford House™ charter or NARR certification;
 - Making it unlawful to make false and misleading statements about the services provided, staff qualifications, certifications or accreditations, identity or location of recovery housing. Recovery housing must uphold Texas’ Deceptive Trade Practices Act (DTPA), regardless of whether any customer was misled or deceived;
 - Requiring any treatment facility providing outpatient services along with a housing component to clearly label its program as such; and
 - Requiring any treatment facility and recovery housing provider to document conflicts of interest, including self-referrals, and to disclose any conflicts of interest to customers prior to making a referral. When alternatives exist, customers must be given a choice in third-party clinical service providers, such as outpatient treatment or urinalysis lab.
- Incentivize the use of nationally-recognized standards by linking funding allocated for Level I, II, and III recovery residences, as defined by NARR, to nationally-recognized standards and
- Increase fair housing protection for persons who are disabled and choose to live in recovery housing that meet nationally-recognized standards; and

- Evaluate options to create state level incentives to increase compliance with nationally-recognized quality standards by funding both Oxford House’s and the NARR state affiliate’s capacity to implement a strength-based evaluation of recovery homes, which includes training and technical assistance that guides them towards nationally recognized standards. This can be implemented in targeted areas and strategically expanded overtime.

Explore options to expand public awareness of recovery housing.

- Explore opportunities to publicize benefits of nationally recognized standards;
- Explore options to establish and maintain a list or registry of certified recovery housing and update regularly;
- Expand access to housing navigators to help people locate housing;
- Expand access to recovery housing;
- Explore opportunities for state-funded Level I, II, and III recovery residences, as defined by NARR;
- Identify ways to increase the size of the state revolving loan fund for Oxford Houses and expand eligibility to include NARR-certified providers;
- Identify opportunities for technical assistance and support;
- Coordinate with the NARR state affiliate and Texas Oxford House™ to promote quality standards, track recovery homes and provide technical assistance; and
- Identify ways to prepare homes for compliance with Oxford House charter and NARR quality standards.

Consider pursuing other funding and partnerships.

- Consider using SAMHSA National Outcome Measures for Block Grant and discretionary funding to measure outcomes of recovery homes.
- Support partnerships between recovery homes and other recovery support providers, like recovery community organizations or statewide recovery coaching networks.

Recommendations for Housing for People with Intellectual and Developmental Disabilities

Priority Recommendations

Promote best practices in housing to be a part of a person’s service plan.

These practices include upholding standards for personal choice and self-direction regarding housing type and integrated location, who lives in the home, which services/supports to access, and how.

Expand housing options. Housing provided under HCS and other HCBS waivers is a desirable option for many people and families of people with IDD. To expand HCS housing choices for people with IDD, consider housing models beyond current community-based settings including community-based housing compliant with HCBS settings guidance and regulations. If not compliant with HCBS settings rules, alternative funding would be needed to develop these models.

Expand the availability of affordable, accessible and integrated housing. Explore options to incentivize both private and publicly-funded developers to set-aside affordable housing for people with disabilities through economic incentives.

Expand the accessibility of housing. Increase physical accessibility, internet access, and smart homes through new construction and retrofitting of homes, consistent with a person's person-centered plan. Consider expanding home modifications beyond the current lifetime limits allowed under Medicaid waiver programs to allow people to have full access without lifetime limitations on modifications, both when they are receiving services in a family home and again when they transition to their own home or independent living as an adult.

Provide assistance with housing navigation. Explore creating a new position in each of the state's 22 ADRCs to work in coordination with the 27 CILs to help families navigate the housing system and find housing options that meet people's needs and are within their resource limitations. Educate families, people with IDD, advocacy organizations, and providers about the role of ADRCs and CILs and how to access their services.

Other Recommendations

Expand the availability of affordable, accessible and integrated housing.

- Promote local collaborations to pursue housing options funded under HUD and USDA programs for people who choose to live in their own home or apartment.
- Explore the development of additional incentives in the tax credit program to increase development of housing for persons with IDD.
- Support people with IDD, family members, providers, and advocates to participate in the development of priorities for the tax credit program, to ensure their needs are met.
- Explore opportunities to increase utilization of the Project Access program to help move people with IDD out of institutions and provider-run congregate living arrangements.
- Consider replicating the HHSC Supportive Housing Rental Assistance program for people experiencing mental illness to serve persons with IDD.

Promote adequate quality support services. Encourage use of trained staff in housing funded by the state to enable people to live as independently as possible in the community.

Improve the accessibility of housing.

- Promote physical accessibility, internet access, and smart homes through design of new construction and retrofitting of homes, consistent with a person's person-centered plan.
- Explore ways to promote universal design features in housing supported with state funding. Universal design is the design of buildings or environments to make them accessible to all people, regardless of age, disability or other factors.
- Encourage the development of barrier removal and modifications in housing, to ensure accessibility inside the home, such as interior ramps, bathroom modifications, widened hallways, and making parking accommodations accessible.
- Enhance communication and information sharing with families on resources and funding for assistive technologies.
- Promote the development of housing that has access to accessible, reliable transportation, especially in rural areas.

Expand education about reasonable accommodation under the Fair Housing Act.

- Educate families, people with IDD and property managers about the reasonable accommodation process.

Explore options to create a website with an online library of resources for families. Topics could include information on affordable, high-quality housing options; groups advocating for quality housing and residential options in Texas, and models of affordable housing across the state and country. The website also could:

- Help family members connect with one another to develop affordable, accessible, integrated alternative, and innovative housing models consistent with HCBS settings guidance and regulations;
- Provide information to families on how to finance development of affordable, accessible, integrated, alternative and innovative housing models; and
- Provide families and people with IDD with an easy to use, comprehensive checklist of issues to consider when looking for housing, such as accessibility features, cost and location, access to reliable transportation, etc.

Recommendations for Housing for People with Justice Involvement

Priority Recommendations

Expand and enhance support services in housing. Support development of housing for people with justice involvement that includes access to support services, either onsite or at centralized location. People coming out of the structured environment of jails and prisons need support and role models to re-enter society.

Promote fair chance housing practices. Promote Fair Chance housing practices through rule changes that encourage the development of “low barrier” housing for units built with state-administered funds, including:

- Guidelines that require landlords to use reasonable and specific look back periods for criminal history and, when feasible, assess whether a potential tenant has met other qualifications before considering criminal history;
- Directing TDHCA to issue written guidance, similar to that issued by HUD, advising landlords that blanket rejections of persons with justice involvement may be a Fair Housing violation if they disproportionately affect a protected class;
- Revising requirements for state-administered programs that require landlords of state funded housing to conduct an individualized review of all applicants with criminal histories;
- Assessing the Texas Workforce Commission’s responsibility for overseeing enforcement of Fair Chance Housing requirements, and;
- Considering creating a risk mitigation fund for landlords that use less restrictive screening criteria.

Support transitional housing models. Explore options to create a Transitional Housing for Offender Reentry program similar to the one developed by the Georgia State Board of Pardons and Paroles, where people re-entering the community have the choice of moving into recovery residences or structured housing certified by approved accrediting bodies.

Other Recommendations

Explore opportunities to establish housing navigators for persons with justice involvement. Explore options to increase staff in ADRCs to collect information on tenant selection criteria for affordable housing in their region. The

housing navigator could partner with Legal Aid to help tenants overcome barriers to accessing affordable housing properties due to restrictive tenant selection criteria.

Promote education and outreach to reduce stigma. Explore opportunities to educate property managers, property owners, developers, community organizations and advocates on the benefits of affordable housing and impact on neighborhoods.

- Promote education to local public housing authorities on how to review rejections of applications based on federal exclusions.
- Promote education to landlords on limited liability for leasing to people with justice involvement
- Explore opportunities to increase public awareness of the return on investment achieved by providing housing for persons with justice involvement.

Consider providing information on tenant responsibilities. Seek approaches to encourage providers to educate people about tenant rights and responsibilities and being a “good tenant.”

Recommendations for Housing for Older Adults

Priority Recommendations

Explore using Medicaid to fund housing options for older adults. Explore utilization of existing and new waiver programs to help low-to-middle-income older adults access assisted living services.

Identify options to incentivize assisted living facilities to serve people receiving Medicaid services in order to increase the provider network.

Explore options to prevent unnecessary institutionalization. Identify opportunities to integrate housing with services. Consider piloting programs such as Support and Services at Home (SASH) and Community Aging in Place – Advancing Better Living for Elders (CAPABLE) for older adults.

Consider using tax credits to promote accessible housing. Consider developing a program that offers tax credits to homeowners and landlords that build or add accessibility features to homes (e.g., help people modify their housing to include accessible dwelling units for themselves as they age or for aging relatives). Consider increasing access to programs that offer funding for housing modifications.

Other Recommendations

Consider providing homeowners and landlords with tax incentives to make housing more affordable to older adults. Consider creating state tax incentive programs to reduce property tax burden to low-income homeowners and renters. For example, “circuit breakers” are used to reduce the property tax burden of older homeowners, and many such initiatives also extend the tax savings to renters.

Explore opportunities to increase housing accessibility. Consider providing grants or low-interest loans to homeowners and landlords in exchange for retrofitting housing to include accessibility features. Create volunteer programs to help homeowners and tenants with home modifications and maintenance so people can live longer in their own homes.

Recommendations for Housing for People with Physical Disabilities

Priority Recommendations

Promote housing that is accessible and visitable. Community advocates may support the establishment of federal minimum accessibility standards in all new federally funded single-family houses and town houses to meet minimum standards of visitability for persons with disabilities.

Strengthen enforcement of existing accessibility regulations. Community advocates may support enforcement of state accessibility regulations.

Appendix A. Survey Results

The following surveys conducted by HHSC provide further support of the need for affordable, accessible and integrated housing for the target population:

- An HHSC survey of over 3,600 individuals, family members and caregivers, and providers of services conducted for this plan that collected information on the current housing status of individuals, their preferred housing, barriers to housing choice, and supports needed to live in the community.¹⁷⁸
- The LMHA/LBHA housing survey;¹⁷⁹
- A survey of participants and LMHA/LBHAs regarding the HCBS-AMH program;¹⁸⁰
- the 2019 Disability Services Survey;¹⁸¹ and,
- the 2018 IDD Services Survey.¹⁸²

¹⁷⁸ Texas Health and Human Services Commission, Center for Analytics and Decision Support Program Evaluation. (2020a). *Perspectives on housing in the Texas disability community*.

¹⁷⁹ **Texas Health and Human Services Commission, Mental Health Programs, Policy and Planning. (2020b). Report on the LMHA/LBHA housing survey.** This survey was conducted in 2019 to assess the capacity of LMHAs/LBHAs to provide supportive housing services and rental assistance to individuals with serious mental illness.

¹⁸⁰ University of Texas-Austin, Texas Institute for Mental Health (TIEMH). (2019a, August). *LMHA/LBHA interviews for the HCBS-AMH Program: High needs populations*. University of Texas-Austin, Texas Institute for Mental Health (TIEMH). (2019b, December). *Participant satisfaction with the HCBS-AMH program: 2019 interview results*. In 2019, TIEMH interviewed participants in the HCBS-AMH program to assess their perceptions of and satisfaction with the program, and with LMHAs/LBHAs about their high need populations, and gaps in current programs or services.

¹⁸¹ Texas Health and Human Services Commission, Centers for Analytics and Decision Support, Program Evaluation. (2019a). *Intellectual and developmental disabilities (IDD) surveys: Perspectives on housing*. The 2019 Disability Services Survey focused on soliciting general feedback with IDD services. Findings were used to inform the IDD Strategic Plan.

¹⁸² Texas Health and Human Services Commission. *Intellectual and developmental disabilities (IDD) surveys: Perspectives on housing*. The 2018 IDD Services Survey focused on identifying areas of improvement within IDD services. Findings were used to inform the IDD Strategic Plan.

HHSC Survey Results

Housing Choice Plan survey

- The primary barrier to housing is lack of income

Survey of Local Mental Health Authorities/Local Behavioral Health Authorities

- Almost 75 percent of respondents strongly agreed that clients need help finding affordable housing.

IDD Services Survey and Disability Services Survey

- Individuals, families and friends of individuals with IDD services are least satisfied with housing services as compared to all other disability services.

Home and Community Based Services-Adult Mental Health (HCBS-AMH) surveys:

- 96 percent of participants are satisfied with their current housing services, but 32 percent identified some reservations.
- Among providers, the most frequently mentioned gap in service was housing and programs for people experiencing homelessness.

Texas Health and Human Services: Perspectives on Housing in the Texas Disability Community

Center for Analytics and Decision Support

June 2020

Background

In 2019 the Behavioral Health Advisory Council directed HHSC to develop a *Housing Choice Plan* that outlines the spectrum of available and needed housing for three populations: IDD, individuals with mental health conditions, and individuals with substance use issues. These populations are collectively referred to as “individuals with disabilities.”

The *Housing Choice Plan* must include an array of housing models available within the housing continuum as well as models that are needed but not currently available. To assess the current and desired living situations for individuals with disabilities, HHSC’s Center for Analytics and Decision Support (HHSC CADS) conducted an online survey between May 15 and June 15, 2020. The survey was promoted through flyers to LMHA/LBHAs; announcements on GovDelivery, HHSC social media, HHS websites, and managed care bulletins; and emails to organizations, advocacy groups, workgroups, and advisory committees.

Sample

HHSC CADS received 3,629 completed responses out of 4,013 initiated surveys (90% completion rate). Respondents included individuals with disabilities (“individuals”), caregivers of individuals with disabilities (“caregivers”), and employees who serve individuals with disabilities¹⁸³ (“employees”). As shown in Table 1, the majority of respondents were employees, followed by caregivers and individuals. The average age for all respondents was 45 years old (std. dev. = 13 years) and the most common counties for respondents to live or work in were El Paso, Travis, Harris, Hidalgo, and Tarrant (not shown).

¹⁸³ Most employees worked for LMHA/LBHAs, local IDD authorities, or MCOs.

Table 1. Type of Disability by Respondent Type

	Individuals N = 839	Caregivers N = 1,022	Employees N = 2,152
IDD	16%	68%	64%
History of Mental Health Conditions	83%	45%	86%
History of Substance Use Issues	55%	20%	71%

Notes. Column percentages shown. Percentages sum to more than 100% because respondents could select multiple disabilities. Prepared by the Center for Analytics and Decision Support, HHSC.

Survey Results

Current Living Situation

The first goal of the survey was to assess the most common current living situations of individuals with disabilities. Individuals and caregivers were limited to the choice of one living situation, whereas employees could choose up to three common living situations among the individuals they serve. Across all disabilities and respondent types, living with family or friends was the most common current living situation. However, current living situations varied by disability type, as described below.

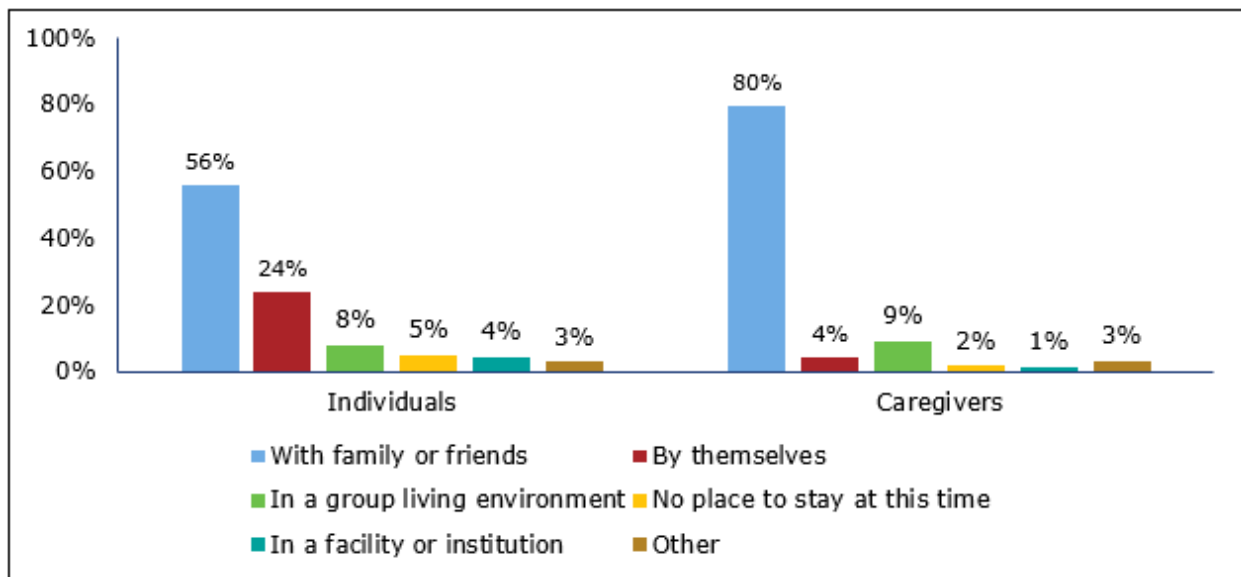
Individuals with an IDD

More than half of individuals with an IDD reported that they live with family or friends and almost a quarter reported that they live by themselves (

Chart 1). Eighty percent of caregivers reported that individuals with an IDD live with family or friends (

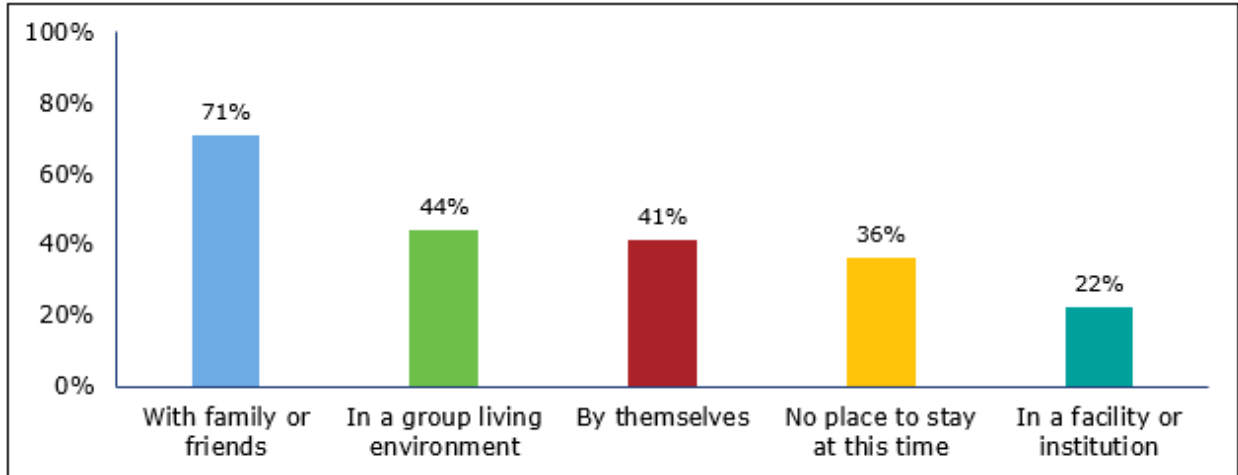
Chart 1). Employees indicated that the three most common living situations for individuals with an IDD are with family or friends, in a group living environment, or by themselves (Chart 2).

Chart 1. Current Living Situations for Individuals with an IDD, as Reported by Individuals and Caregivers



Source: HHSC, Center for Analytics and Decision Support

Chart 2. Current Living Situations for Individuals with an IDD, as Reported by Employees



Source: HHSC, Center for Analytics and Decision Support

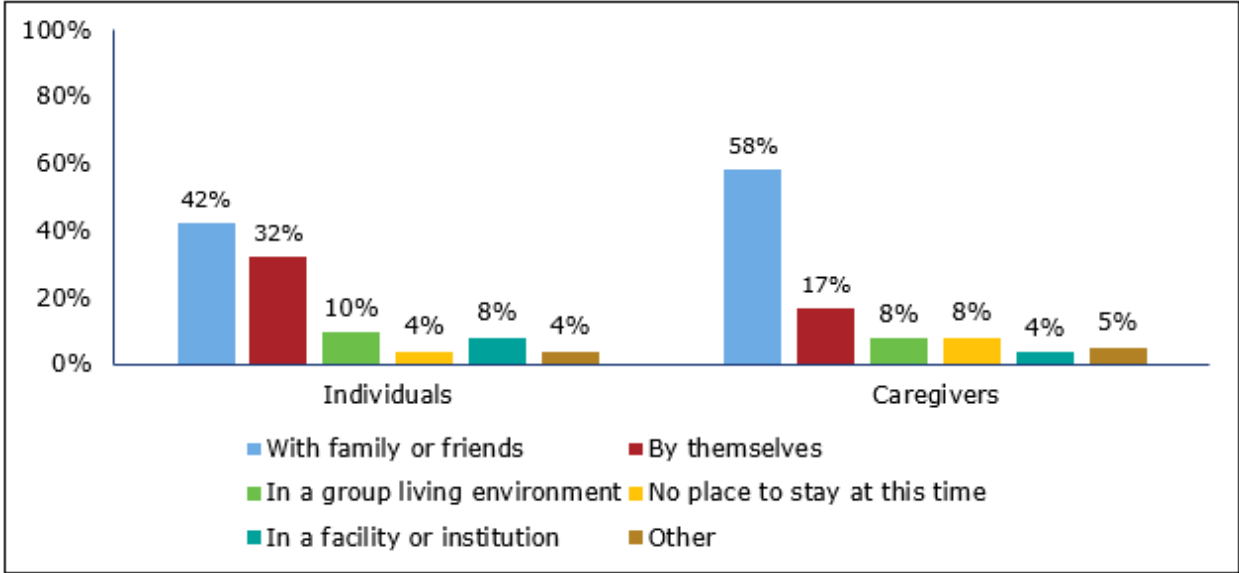
Notes. Percentages sum to over 100% because employees could choose up to three common living situations.

Individuals with a History of Mental Health Conditions

More than 40 percent of individuals with a history of mental health conditions reported that they live with family and friends and almost a third reported that they live by themselves (Chart 3). Caregivers reported that individuals with a history of mental health conditions primarily live with family or friends (Chart 3). Although the majority of employees reported that living with family or friends is common among this population, nearly half of employees indicated that many of these individuals do not have a place to stay (

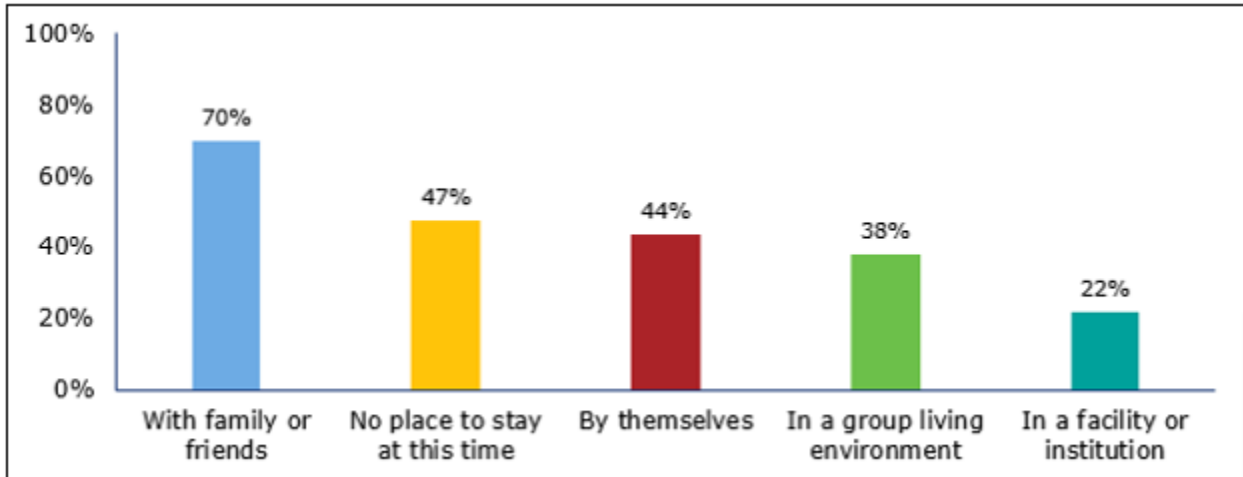
Chart 4).

Chart 3. Current Living Situations for Individuals with a History of Mental Health Conditions, as Reported by Individuals and Caregivers



Source: HHSC, Center for Analytics and Decision Support

Chart 4. Current Living Situations for Individuals with a History of Mental Health Conditions, as Reported by Employees



Source: HHSC, Center for Analytics and Decision Support

Notes. Percentages sum to over 100% because employees could choose up to three common living situations. Prepared by the Center for Analytics and Decision Support, HHSC.

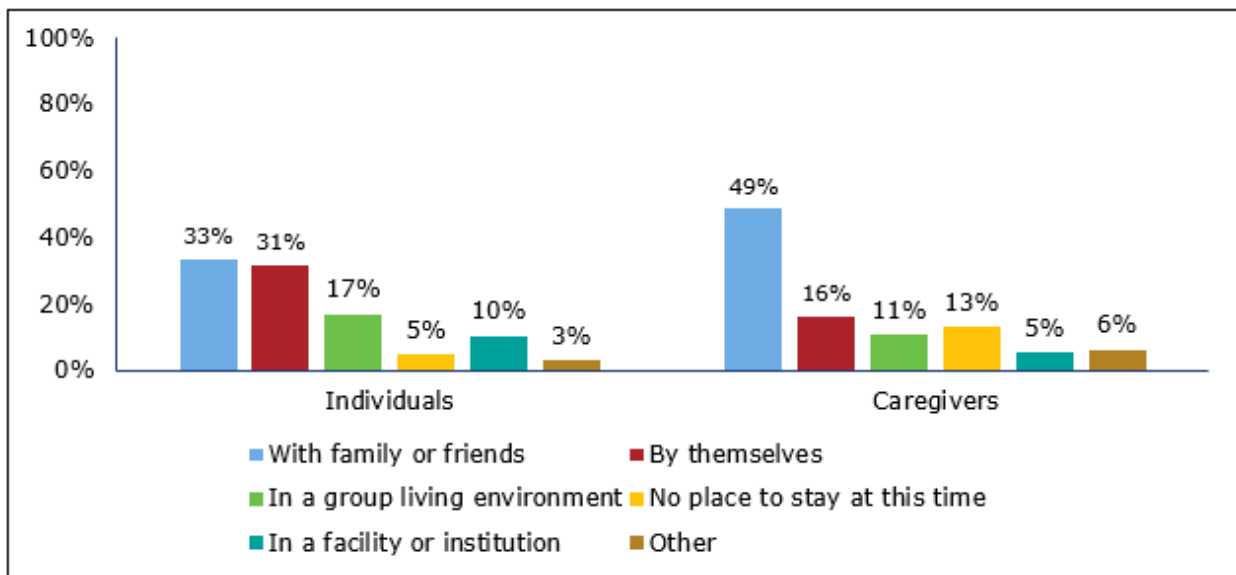
Individuals with a History of Substance Use Issues

Approximately one-third of individuals with a history of substance use issues reported that they live with family or friends and another third reported that they live by themselves (

Chart 5). Almost half of caregivers reported that individuals with a history of substance use issues live with family or friends (

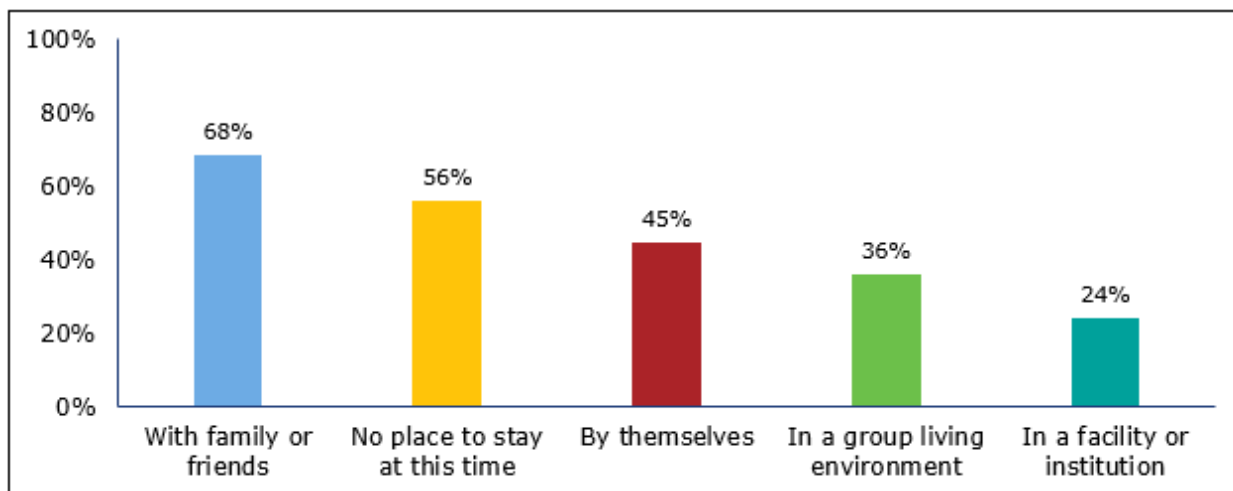
Chart 5). Although the majority of employees reported that living with family or friends is common among this population, more than half indicated that many of these individuals do not have a place to stay (Chart 6).

Chart 5. Current Living Situations for Individuals with a History of Substance Use Issues, as Reported by Individuals and Caregivers



Source: HHSC, Center for Analytics and Decision Support

Chart 6. Current Living Situations for Individuals with a History of Substance Use Issues, as Reported by Employees



Source: HHSC, Center for Analytics and Decision Support

Notes. Percentages sum to over 100% because employees could choose up to three common living situations.

Reporting Patterns by Respondent Type

Across all disability types, caregivers were least likely to report that individuals with disabilities live by themselves. This may be because individuals who require caretakers are likely not currently capable of living on their own. In contrast, individuals who participated in this survey may be a higher functioning subset of individuals with disabilities, and thus more likely to live on their own. This would explain why the “living by themselves” category was more common among individuals self-reporting than it was among caregivers reporting on individuals with disabilities. It would also explain why this living situation was the second most common among individuals, but the third most common among employees reporting on the individuals they serve. Because they serve many people, employees may have the broadest understanding of the various living situations among this population. While there are likely selection biases inherent in each respondent group, together these multiple perspectives provide a more accurate picture of the current living situations of individuals with disabilities.

Satisfaction with Current Living Situation

Individuals also rated their level of satisfaction with their current living situation (caregivers and employees were not asked this question). Across all living situations, most individuals (74 percent) are satisfied with their current living

situation. Specifically, 88 percent of individuals living in a group living environment, 78 percent of those living by themselves, and 77 percent of those living with family or friends reported being satisfied with their living environment. Approximately half (52 percent) of those living in a facility or institution reported being satisfied with this living environment. In contrast, only nine percent of those without a place to stay reported being satisfied with their living environment.

Impact of COVID-19 on Current Living Situation

Because the survey was launched during the COVID-19 pandemic, respondents were asked whether the pandemic has affected the housing climate for this population. Employees were more likely than individuals or caregivers to report that COVID-19 has affected the housing situation of the clients they serve. Specifically, 62 percent of employees reported an impact from COVID-19, whereas only 19 percent of caregivers and 27 percent of individuals reported an impact. Across respondents who reported that COVID-19 did affect housing, the biggest impact was financial in nature. Respondents indicated that individuals affected by COVID-19 are struggling to pay their rent (62 percent), have lost some of the supports they normally receive to maintain their housing (50 percent), and are unable to move to their desired housing (43 percent).

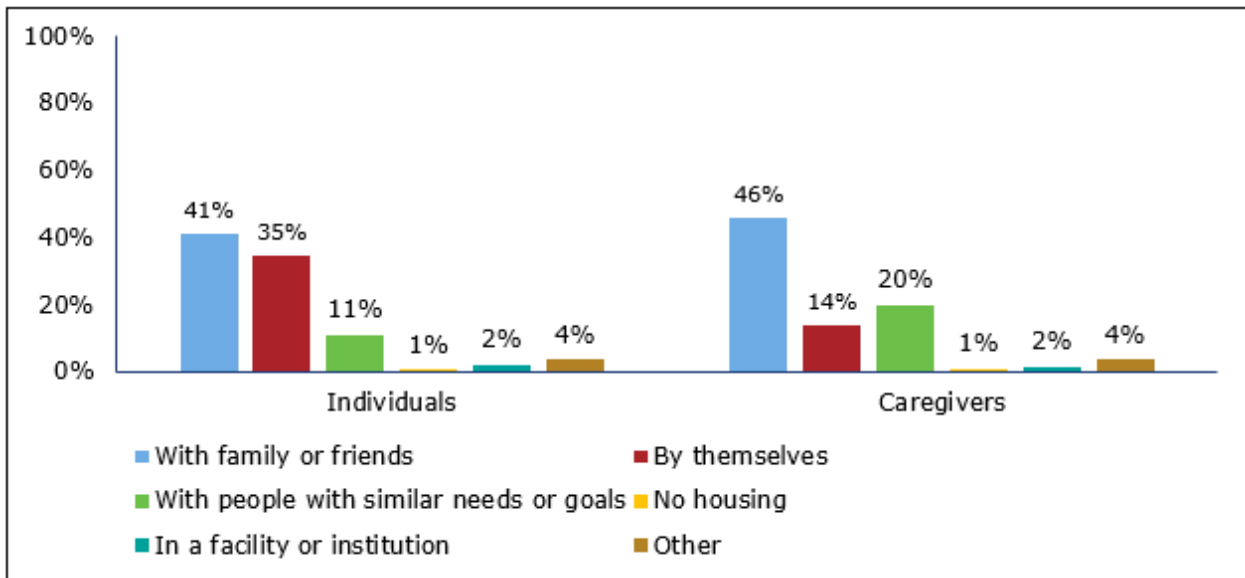
Desired Living Situation

The second goal of the survey was to assess what type of housing individuals with disabilities would most like to live in. The desired living situation differed by disability and respondent type. The top two desired living situations for individuals with an IDD are with family or friends and by themselves. Caregivers rated family or friends as the most desirable living situation (Chart 7), whereas individuals and employees rated living with family or friends and living by themselves as similarly desirable (Chart 7,

Chart 8,

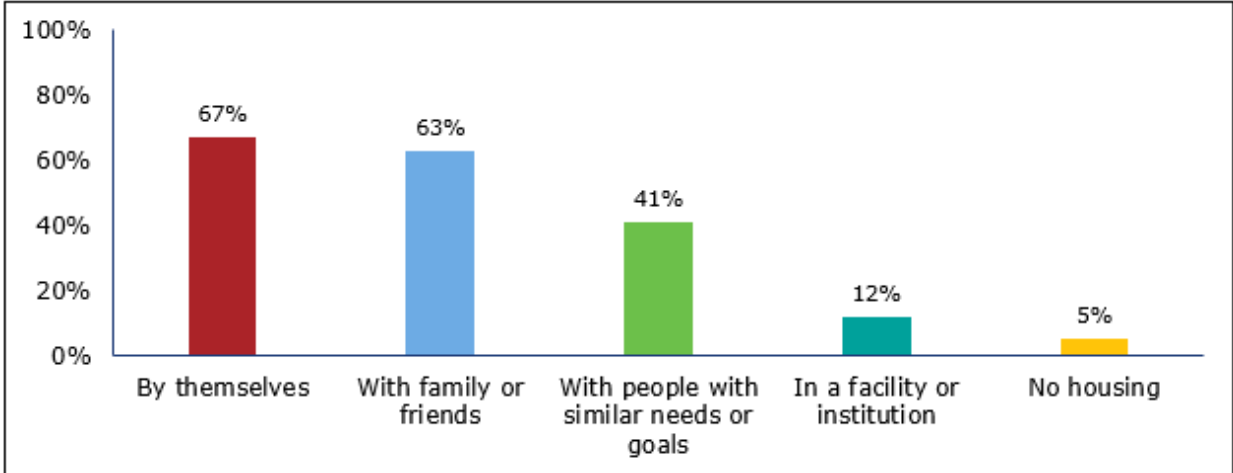
Chart 9).

Chart 7. Desired Living Situations for Individuals with an IDD, as Reported by Individuals and Caregivers



Source: HHSC, Center for Analytics and Decision Support

Chart 8. Desired Living Situations for Individuals with an IDD, as Reported by Employees



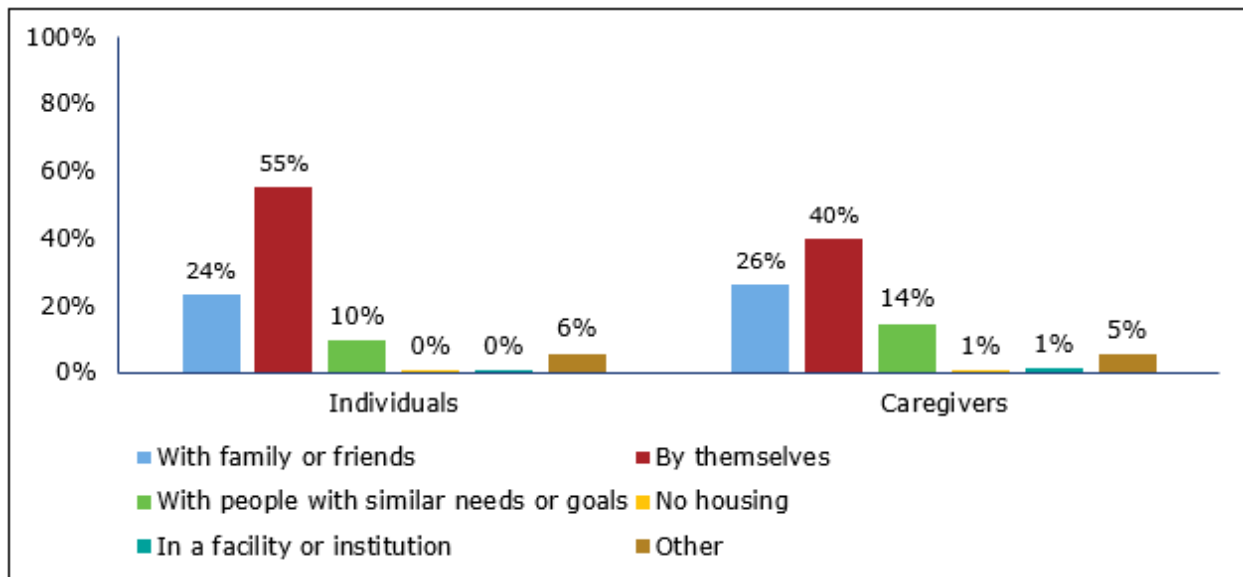
Source: HHSC, Center for Analytics and Decision Support

Notes. Percentages sum to over 100% because employees could choose up to three common living situations.

The desired living situations for individuals with a history of mental health conditions or for individuals with a history of substance use issues were very similar. In order of preference, the desired living situations for these populations are (1) by themselves, (2) with family or friends, and (3) with people with similar needs or goals (

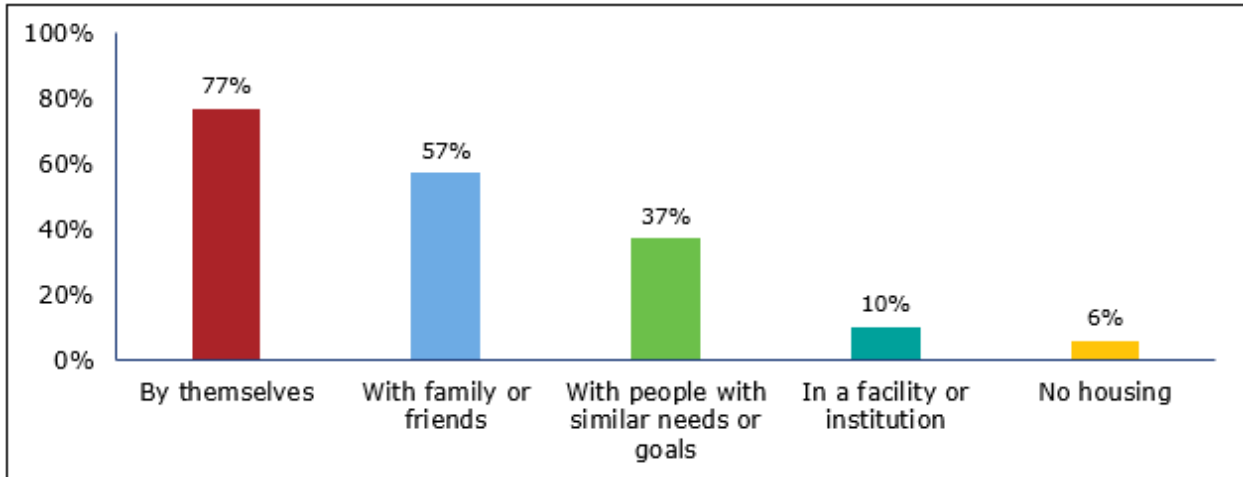
Chart 9, Chart 10). These rankings did not differ by respondent type.

Chart 9. Desired Living Situations for Individuals with a History of Mental Health Conditions or a History of Substance Use Issues, as Reported by Individuals and Caregivers



Source: HHSC, Center for Analytics and Decision Support

Chart 10. Desired Living Situations for Individuals with a History of Mental Health Conditions or a History of Substance Use Issues, as Reported by Employees



Source: HHSC, Center for Analytics and Decision Support

Notes. Percentages sum to over 100% because employees could choose up to three common living situations.

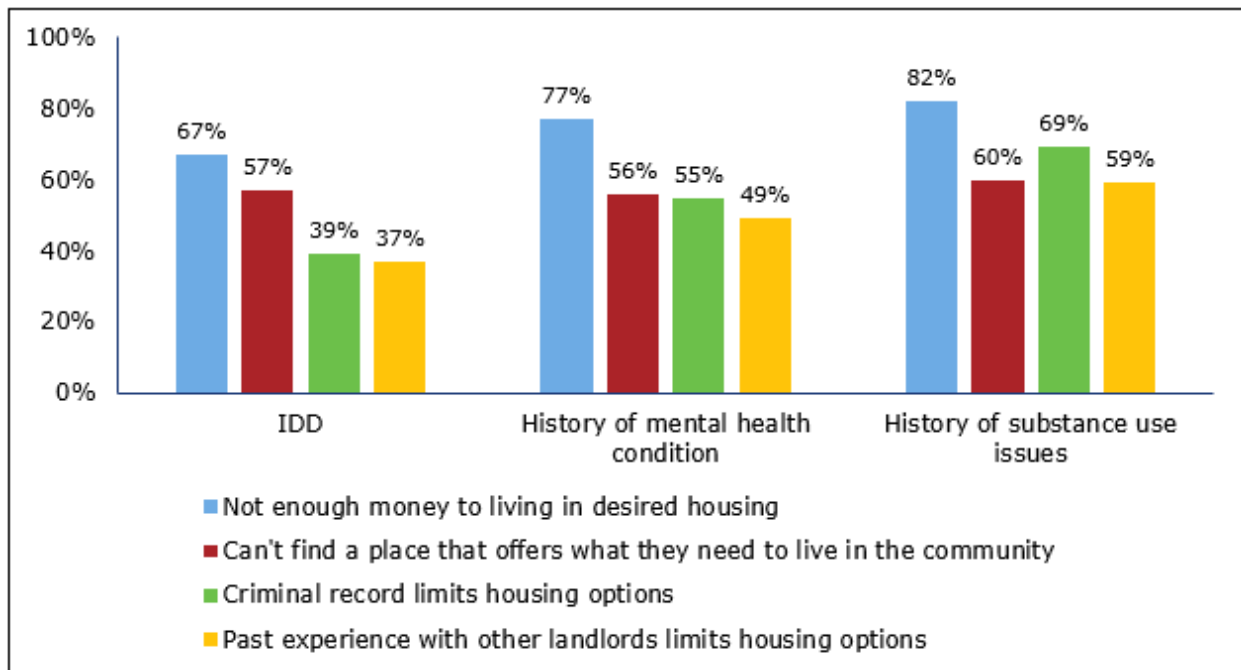
Finding and Maintaining Desired Housing

Challenges to Finding Adequate Housing

Respondents were asked to rate six challenges that individuals with disabilities might experience in finding housing.

Chart 11 shows the four most cited challenges to finding adequate housing for each disability. The most commonly endorsed challenge across all disability types is not having enough money to live in the desired housing. For clients with an IDD, not being able to find a place that offers what they need to live in the community is a secondary challenge. For clients with a history of mental health conditions or substance use issues, secondary challenges are not being able to find a place that offers what they need to live in the community, having a criminal record, and past experience with other landlords. Having a criminal record is more commonly cited as a challenge for individuals with a history of substance use issues than it is for individuals with a history of mental health conditions.

Chart 11. Challenges to Finding Adequate Housing, by Disability Type



Source: HHSC, Center for Analytics and Decision Support

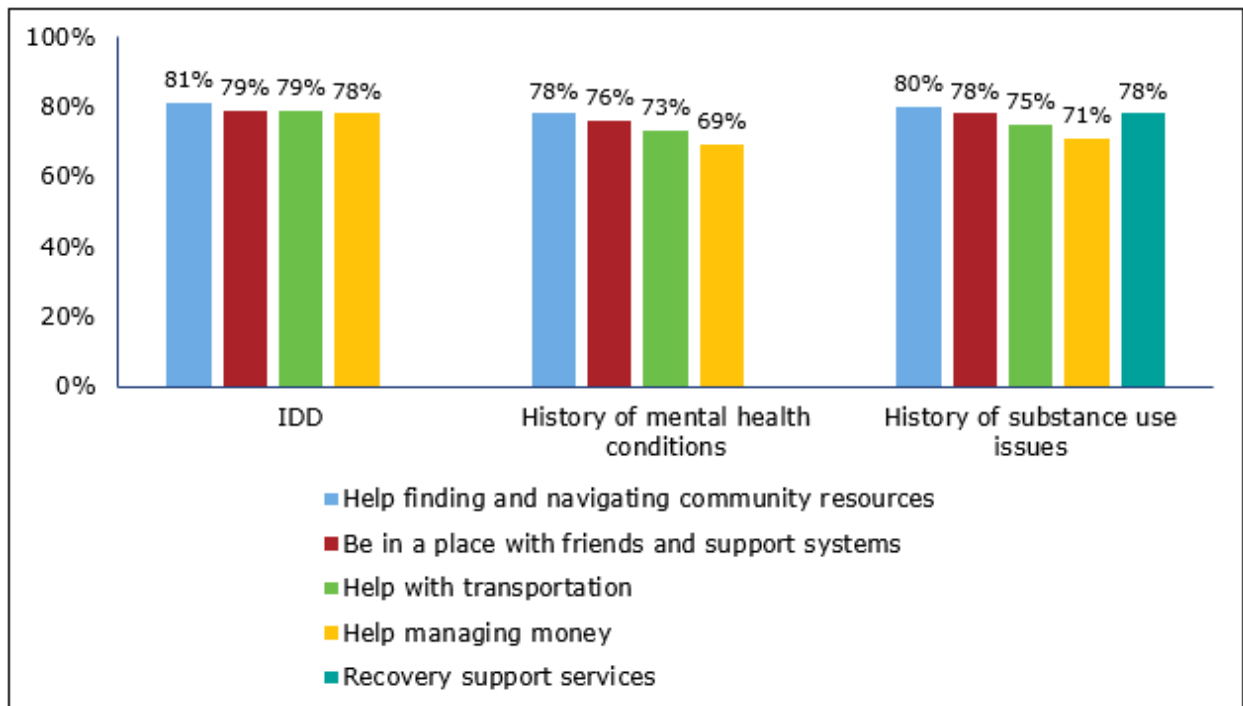
Notes. Results indicate the percentage of respondents who selected “agree” or “strongly agree” for the respective item.

Supports Needed to Live in Desired Housing

Respondents were asked to rate 10 supports that individuals with disabilities would need to be able to live in their desired housing.

Chart **12** shows the most cited supports needed for each disability. For individuals with an IDD and individuals with a history of mental health conditions, the four most needed supports are (1) help finding and navigating community resources; (2) being in a place with friends and support systems; (3) help with transportation; and (4) help managing money. For individuals with a history of substance abuse, the four most needed supports are (1) help finding and navigating community resources; (2) being in a place with friends and support systems; (3) recovery support systems; and (4) help with transportation.

Chart 12. Supports Needed to Live in Desired Housing, by Disability Type



Source: HHSC, Center for Analytics and Decision Support

Notes. Results indicate the percentage of respondents who selected “agree” or “strongly agree” for the respective item.

Respondents were asked to rate five descriptions of living environments that would best support the health and wellness of individuals with disabilities. Respondents indicated that living environments should (1) encourage peer support and leadership, and (2) encourage residents to work, volunteer, or go to school. For individuals with an IDD, the environment should also facilitate fun, community-building activities. For those with a history of mental health conditions or a history of substance use issues, the environment should also be drug- and alcohol-free.

Conclusion

HHSC CADS assessed the current and desired living situations for three populations: individuals with an IDD, individuals with a history of mental health conditions, and individuals with a history of substance use disorders.

Results indicated that individuals with an IDD mostly live with family or friends. These individuals are satisfied with this living situation and would like to either keep living with family or friends or live by themselves. Many individuals with a history of mental health conditions or substance use issues live either with family/friends or by themselves. However, approximately half of the employee respondents indicated that these individuals often have no place to stay. This underscores the need to increase the availability of housing for individuals with disabilities, especially those with histories of mental health conditions or substance use issues. The majority of individuals with either of these health issues would prefer to live by themselves, so providing them with the necessary tools to find and maintain affordable housing is critical.

To best support individuals with disabilities, it may be worthwhile to increase the prevalence of affordable housing options and provide assistance in navigating community resources. Respondents also indicated that housing options that offer support systems, encourage group activities, and foster growth are essential to a healthy living environment.

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Chapter Eight: Recommendations

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Tsemberis, S, Gulcur, L, & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94, 651–656.

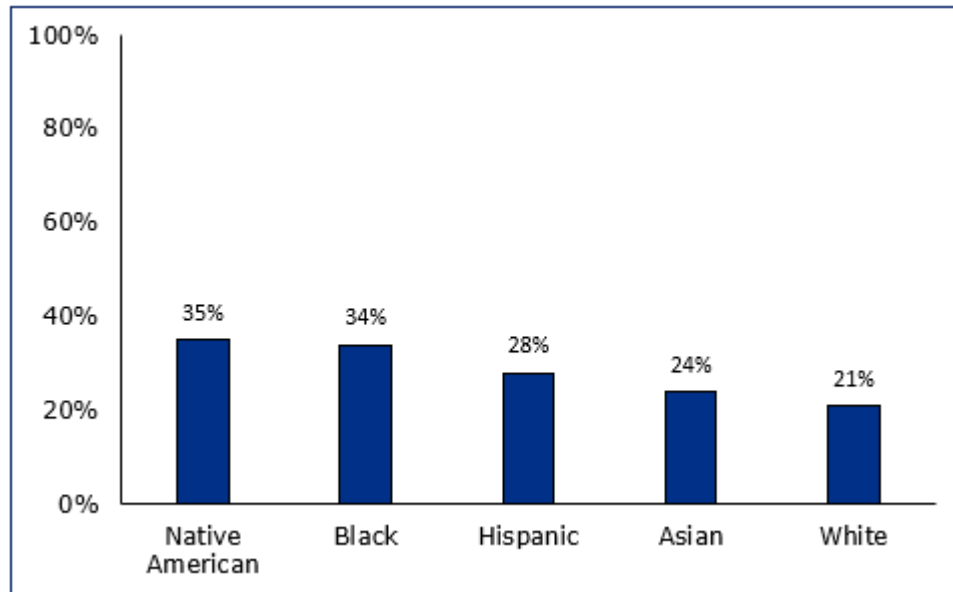
Tuten, M, DeFulio, A, Jones, HE & Stitzer, M. (2012). Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification. *Addiction*;107(5):973-982. doi:10.1111/j.1360-0443.2011.03750.x

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Appendix C. Racial Disparities in Housing and the Justice System

The lack of affordable housing in Texas and the U.S. disproportionately impacts people of color. People of color are more likely to be low-income renters, rather than median-income homeowners. Among extremely low-income renters, Native Americans, Blacks and people of Hispanic origin have the highest representation.¹⁸⁴

Chart 3: Percentage of Extremely Low-Income Renters by Race and Ethnicity



Source: National Low Income Housing Coalition, 2020.

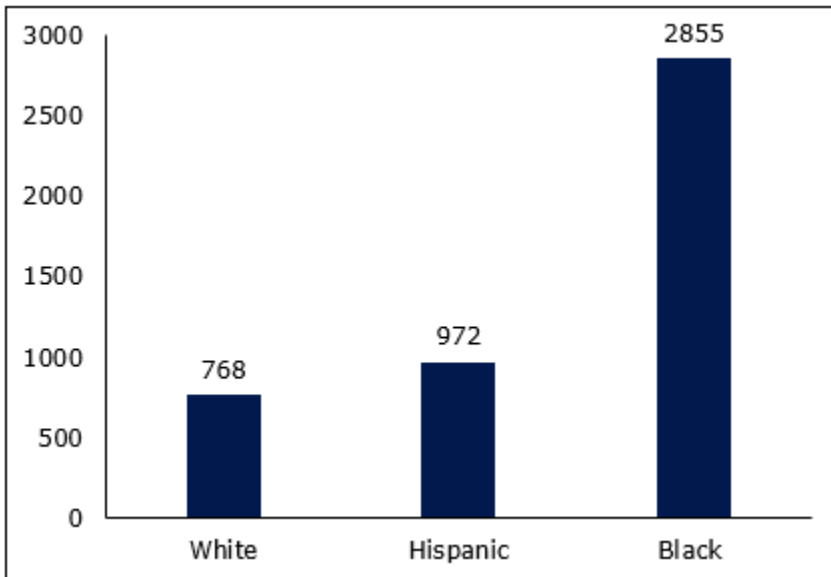
Blacks are also disproportionately represented in the Texas homeless population. According to data reported by the HUD, Blacks comprised 37.2% of the homeless

¹⁸⁴ National Low Income Housing Coalition (NLIHC). (2020). *The gap. A shortage of affordable homes.* https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf

population in 2019, as compared to 12.1 percent of the Texas general population.^{185,186}

As indicated in the table below, the incarceration rate for Blacks in 2019 was also significantly higher than that for Hispanics and Whites. This is significant because justice involvement is a significant barrier to accessing housing.

Chart 4: Texas Incarceration Rates per 100,000 by Race and Ethnicity



Source: Prison Policy Initiative, n.d.

Resources on racial disparities in housing are listed below:

National Low Income Housing Coalition (NLIHC). (2020). *The gap. A shortage of affordable homes.* https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf

Nellis, A. (2016, June 4). *The color of justice: Racial and ethnic disparity in state prisons.* The Sentencing Project.

¹⁸⁵ U.S. Department of Housing and Urban Development. (n.d.b.). *HUD 2019 continuum of care homeless assistance programs populations and subpopulations, Texas 2019.* Accessed 8/5/2020. https://files.hudexchange.info/reports/published/CoC_PopSub_State_TX_2019.pdf

¹⁸⁶ Ibid.

<https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>

Rothstein, R. (2017). *The Color of Law. A Forgotten History of How Our Government Segregated America*. New York; London: Liveright Publishing Corporation, a division of W.W. Norton & Company.

University of Texas at Austin, Institute for Urban Policy Research & Analysis. (2018). *The state of black lives in Texas. Housing report*.
<https://utexas.app.box.com/v/2018-black-lives-tx-housing>

Appendix D. Affordable Housing

Affordable Housing for People with Disabilities

The following is a list of publicly subsidized affordable housing programs that have set-asides or preferences for housing people with disabilities. People with disabilities are not limited to these programs. A list of publicly subsidized affordable housing programs available to homeless individuals, and another list available to all populations are in the section that follows.

Rental Housing

Project Access: TDHCA operates a rental subsidy program to help low-income people with disabilities transition from institutions to the community. Eligible recipients include previous or current residents of a nursing facility or intermediate care facility. The program provides Section 8 Housing Choice Vouchers (HCV), which are funded by HUD, and allow individuals to pay only 30 percent of their income for rent and utilities. Recipients can use the voucher at any property that meets HUD standards and agrees to accept the voucher.

Project Access Pilot: A portion of Project Access vouchers are set-aside for low-income people with disabilities transitioning from state-funded psychiatric hospital beds into the community. Eligible applicants must either be currently in a state funded psychiatric hospital bed or soon to be discharged, have a disability, and meet income requirements. Individuals may receive assistance with finding, securing and maintaining housing from LMHAs/LBHAs.

Supportive Housing Rental Assistance Program (SHR): HHSC operates SHR, which is funded by general revenue and mental health block grant funds. Funds are awarded to LMHAs/LBHAs and targeted to individuals with mental illness who are homeless and imminently homeless. The program funds rent and utility assistance, deposits, move-in costs, and other one-time/time-limited expenses to keep people housed or moved quickly into housing. SHR funds can be used for up to twelve months of rental assistance based on the individual's need. Participants are required to develop a transition plan to increase personal income and secure housing without requiring SHR assistance.

Section 811 Project Rental Assistance (PRA): Section 811 PRA is a federal program, funded by HUD, awarded to states on a competitive basis to address the housing and service needs of individuals with physical and mental health needs. Section 811 PRA provides rental assistance to properties for housing individuals who pay 30 percent of their income for rent and utilities. In Texas, eligibility is for extremely low-income people with disabilities exiting institutions such as nursing facilities and intermediate care facilities, for people with IDD, people with serious mental health illness and youth with disabilities exiting foster care. The program is operated by TDHCA and incentivizes participation through TDHCA-administered Multifamily Programs, including the Housing Tax Credit Program to maximize developer participation. Voluntary services are not funded through Section 811 PRA but are provided through a partnership with HHSC and the Texas Department of Family and Protective Services (DFPS). Since 2016, the program has provided rental assistance to more than 500 households at participating properties in eight regions of the state.

Housing Choice Voucher Program (Section 8): The Housing Choice Voucher (HCV) program is operated by public housing authorities (PHAs) and funded by HUD. There are over 400 PHAs in Texas, including TDHCA, which operates as a small housing authority for areas that do not have their own PHA within a 34-county area. HCVs provide rental subsidies to tenants earning less than 50 percent of the Area Median Family Income. A HCV allows these families to choose and lease privately owned rental housing that accepts vouchers and meets HUD standards. The voucher allows families to pay no more than 30 percent of their income for rent and utilities. PHAs have authority to develop priorities and set-asides for their vouchers, including priorities for people with disabilities. In some cases, a PHA can assign some of its vouchers to a specific property, which is called project-basing the vouchers.

Low-Income Housing Tax Credit Program: The tax credit program is the largest single source of funding for production of affordable housing and is administered by TDHCA through allocations from the IRS. TDHCA awards tax credits in two ways. First, credits are authorized by the IRS for use in developments funded through the Multifamily Mortgage Revenue Bond Program (MRB) mentioned below; these are not competitively awarded. Second, credits are made available on a competitive basis to developers who score the highest number of points based on the state Qualified Allocation Plan (QAP). The QAP describes the criteria used to award tax credits, including priorities, set-asides and bonus points to incentivize certain kinds

of developments. Federal law requires that the QAP prioritize projects that serve the lowest-income households and remain affordable for the longest period of time.¹⁸⁷ All of TDHCA's HTC multifamily developments must provide accessible units and the program has a set-aside for housing serving people with disabilities.

HOME Investment Partnerships Program: The HOME Investment Partnerships Program (HOME) is funded by HUD and awarded to the state and to local governments designated as 'participating jurisdictions' (PJs), generally large urban areas. The state and PJs have the authority to decide how they allocate their HOME funds, in accordance with their Consolidated Plan.

TDHCA administers the HOME Program on behalf of the State of Texas. By state law, TDHCA must allocate the annual HOME Program funds regionally and 95 percent of funds must be reserved for non-PJ areas, typically rural areas that do not receive HOME funds from HUD. On the state level, five percent of HOME funds must serve people with disabilities in any area of the state.

Texas uses HOME funds to support a variety of eligible activities, including affordable rental housing through the Tenant-Based Rental Assistance (TBRA) program and Multifamily Development. TBRA funds security and utility deposits; and rental subsidies for up to 24 months. If available, additional funds may be set-aside to provide assistance beyond 24 months for households meeting certain program requirements.¹⁸⁸

Amy Young Barrier Removal (AYBR) Program: This program administered by TDHCA provides one-time grants of up to \$22,500 for people with disabilities who need modifications to increase accessibility and eliminate hazardous conditions in their home. This program is funded under TDHCA's State Housing Trust Fund. Program beneficiaries must include a person with disability, must have a household income

¹⁸⁷ Cooper, E & O'Hara, A. (2005). Using the low income housing tax credit program to create affordable housing for people with disabilities. *Opening Doors*. Issue 26. <http://www.tacinc.org/media/15086/Using%20the%20LIHTC%20Program%2026.pdf>

¹⁸⁸ Texas Department of Housing and Community Affairs. (n.d.a.). *HOME investment partnerships program*. Accessed 3/23/2020. <https://www.tdhca.state.tx.us/home-division/home.htm>

that does not exceed 80% of the Area Median Family Income, and may be tenants or homeowners.¹⁸⁹

United States Department of Agriculture (USDA): USDA funds are distributed through a competitive process to developers, cities, counties, and tribal areas serving in rural areas. Rural areas are defined as an area with a population of less than 10,000.¹⁹⁰ In certain situations, areas with up to 25,000 residents may qualify. USDA provides financing to reduce rental housing costs in units targeted to older adults, people with disabilities and low-income households.

The State of Texas Low-Income Housing Plan and Annual Report provide data on the number of multifamily housing units created through some of the housing sources described above.¹⁹¹

Subsidized Units, Texas

Multifamily Units	State	Percent of State Inventory
TDHCA Units	261,688	47.3%
HUD Units	62,810	11.4%
PHA Units	47,722	8.6%
Housing Choice Vouchers	167,007	30.2%
USDA Units	13,624	2.5%
Total	552,851	100.0%

¹⁸⁹ Texas Department of Housing and Community Affairs. (n.d.b.). *State housing trust fund*. Accessed 3/21/2020. <https://www.tdhca.state.tx.us/htf/>

¹⁹⁰ U.S. Department of Agriculture. (n.d.) *Home loans and mortgages*. “What is considered a rural area by the USDA?” <http://www.usdamortgagesloans.com/usda-loan-eligibility/what-is-considered-a-rural-area-by-the-usda/>

¹⁹¹ Texas Department of Housing and Community Affairs, Housing Resource Center. (2020). *State of Texas low income housing plan and annual report*. <https://www.tdhca.state.tx.us/housing-center/docs/20-SLIHP.pdf>

Source: HUD, 2018; U.S. Department of Agriculture, 2019.

Home Ownership

HOME: The HOME program's Homeowner Rehabilitation Assistance (HRA) program can be used for the development and rehabilitation of single-family housing. The Homebuyer Assistance Program (HBA) can be used for down payment and closing cost assistance for homebuyers. The set-aside for people with disabilities can be used for both of these activities and allows for rehabilitation for accessibility modifications of single-family housing.

AYBR Program: As noted above, the AYBR program can be used to make accessibility improvements to housing owned by low-income households.

Texas Bootstrap Program: This program is funded under the State Housing Trust fund and awards funds to Colonia Self-Help Centers or state certified Nonprofit Owner-Builder Housing Providers, which are typically Habitat for Humanity affiliates. Funds may be used to purchase or refinance property on which to build or improve residential housing through self-help construction with very low- and extremely low-income households, including people with special needs.

Texas Veterans Home Improvement Program (VHIP). This program, operated by the Veterans Loan Board provides below-market interest rate loans to qualified Texas Veterans for home repairs and improvement to their existing homes. Veterans with a VA service-connected disability rating of 30 percent or greater qualify for a discounted interest rate.

Housing for People Experiencing Homelessness

The following is list of publicly subsidized programs specifically designed to provide affordable housing for people who are homeless or at risk of becoming homeless. Homeless individuals may also benefit from housing programs listed in other sections of this Appendix.

Emergency Solutions Grants (ESG): The ESG program is funded by HUD and awarded to larger local governments and the state. TDHCA administers the state's allocation of ESG funds. For the state, ESG funds are made available competitively and funds are awarded to private nonprofit organizations, cities, and counties to provide the services necessary to help people that are at-risk of homelessness or

homeless quickly regain stability in permanent housing. The program can pay for homeless prevention, outreach to homeless people, shelter operations and essential services. ESG can also pay for “rapid re-housing”, which provides short-term rental assistance and services. The goal of this program is to help people obtain housing quickly, increase self-sufficiency, and remain housed. The housing is offered without preconditions, and individuals do not have to graduate from other services to qualify.¹⁹²

Permanent Supportive Housing (PSH): Supportive housing combines affordable housing with services to help people with chronic physical and mental health issues maintain stable housing and receive appropriate health care.¹⁹³ Unlike the other activities noted above and below, PSH is not a specific program or source of federal funds but is instead a specialized type of rental housing that can be supported by various sources of funds. Services are optional, and can address a variety of needs, such as making sure people pay rent on time, resolving disputes with the landlord or other tenants, or reminding residents to take their medication. Specialized providers can help individuals access their benefits, manage their mental health or substance use, and find employment.

HUD Continuum of Care Funding: The HUD CoC program is a national competitive grant available to collaboratives of housing and service providers seeking to address homelessness. The grant requires local communities, or a group of communities working together, to develop a plan for addressing homelessness in their community and identify priorities for funding. There are 11 CoCs in Texas, including the ‘Balance of State’, which serves as the CoC for the 215 counties not covered by a local/regional CoC.

PSH is one of several housing activities eligible for funding under the CoC Program. Other eligible activities include rapid re-housing, which is housing that focuses on housing search and relocation services and short- and medium-term rental

¹⁹² National Alliance to End Homelessness. (n.d.). *Rapid re-housing*. Accessed 3/23/2020. <https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>

¹⁹³ Dohler, E, Bailey, P, Rice, D & Katch, H. (2016). *Supportive housing helps vulnerable people live and thrive in the community*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>

assistance to move people experiencing homelessness into permanent housing as quickly as possible. Other housing and housing-related activities available under the CoC Program are transitional housing, rental assistance and, to a limited extent, supportive services.

Homeless Housing and Services Program (HHSP): HHSP is administered by TDHCA and uses state general revenue to fund services to homeless individuals and **families in the nine largest cities in Texas. Funds can be used for construction,** development, or procurement of housing, rehabilitation, provision of direct services and case management, or other activities as approved by the Department.

Ending Homelessness Fund: This fund, administered by TDHCA, is funded through voluntary contributions made in conjunction with motor vehicle registration renewals. Eligible activities are the same as those in HHSP and ESG and initially while the pool of contributions is growing, is only available in certain parts of the state (Arlington, Austin, Dallas, El Paso, Plano, and Texarkana).

Affordable Housing for Low-, Very Low- and Extremely Low-Income Households

The following is a list of publicly subsidized affordable housing programs available to people with low, very low and extremely low-incomes. Although these programs do not have specific set-asides or preferences for -with disabilities, individuals with disabilities may still be able to take advantage of them based on their income.

Rental Housing

Public Housing: HUD awards funding to some PHAs for them to develop and manage public housing properties. Public housing is permanently affordable housing owned and managed by the housing authority and designated for very low-income families. Individuals pay no more than 30 percent of their income on rent and utilities, as long as they remain in the housing.

The Texas Multifamily Direct Loan (MFDL) Program: This program is funded through a variety of funding sources including HOME, National Housing Trust Fund, and other loan repayment funds. The program allows for the new construction or rehabilitation of multifamily rental housing. In many cases, these program funds

are used on developments also receiving Mortgage Revenue Bond and/or Housing Tax Credit funds. A set-aside exists within this program specifically designated for Supportive Housing development.

Community Development Block Grant (CDBG): CDBG funds are awarded on a formula basis to states and communities generally with populations of over 50,000. Funds can be used for community development activities, such as affordable housing, anti-poverty programs, and infrastructure development. Local and state governments have discretionary authority to allocate CDBG funds according to their priorities. In Texas, state CDBG funds are not typically used to support housing and the program is run by the Texas Department of Agriculture, State Office of Rural Health division. A small portion of state CDBG funding is used to support Colonia initiatives including single family housing construction and rehabilitation.

National Housing Trust Fund: HUD awards these funds to states based on a formula allocation. Texas uses the funds for the development, preservation, and rehabilitation of rental housing. Funds are targeted to extremely low-income families or families with incomes at or below the poverty line. Ninety percent of funds must be used for multifamily developments.¹⁹⁴

Multifamily Mortgage Revenue Bond (MRB) Program: This program provides below market rate interest loans for the construction or rehabilitation of affordable rental housing. Funds are generated through the sale of bonds to investors. Mortgage payments on the loans are used to repay the investors. The lower interest rate on the bond helps reduce project debt, thus keeping rents more affordable. With rare exception, all MRB properties in Texas also receive Housing Tax Credits to support their financing. Under this funding, a certain percentage of units must be set aside for low- or very low-income renters.

United States Department of Agriculture (USDA): Funding through the USDA includes homeownership opportunities, home renovation and repair programs.

¹⁹⁴ Texas Department of Housing and Community Affairs. (n.d.b.). *State housing trust fund*. Accessed 3/21/2020. <https://www.tdhca.state.tx.us/htf/>

Homeownership

USDA: In addition to supporting affordable rental housing, USDA funding can be used for homeownership opportunities, home renovation and repair programs.

My First Texas Home (MFTH): This program is administered by TDHCA. Qualifying homebuyers access this program through participating lenders. MFTH offers mortgage loans at fixed interest rates and down payment and/or closing cost assistance to qualifying veterans and first-time homebuyers or households who have not owned a home in the previous three years. Program beneficiaries must have a household income that does not exceed 115 percent of the Area Median Family Income (or up to 140 percent in targeted areas).

My Choice Texas Home (MCTH) Program: This program is administered by TDHCA. Similar to the MFTH Program, however the program is not limited to veterans, first time homebuyers, or those who have not owned a home in the previous three years. Homebuyers access this program through participating lenders. MCTH offers mortgage loans at fixed interest rates and down payment and/or closing cost assistance for beneficiaries whose household income does not exceed 115 percent of the Area Median Family Income (or up to 140 percent in targeted areas).

Texas Mortgage Credit Certificate (TX MCC) Program: This program is administered by TDHCA. Qualifying homebuyers access this program through participating lenders. TX MCC offers tax credits based on the annual interest paid on a mortgage loan to qualifying veterans and first-time homebuyers or households who have not owned a home in the previous three years. MCC may be combined with the other two programs listed above. Program beneficiaries must have a household income that does not exceed 115 percent of the Area Median Family Income (or up to 140 percent in targeted areas).

Homes for Texas Heroes Program: This homeownership assistance program is administered by the Texas State Affordable Housing Corporation (TSAHC). The program provides down payment assistance of up to 5 percent of the loan amount for teachers, police officers, firefighters and emergency medical service personnel, corrections officers, and veterans. Recipients do not need to be a first-time homebuyer.

Home Sweet Texas Home Homebuyer Program: This program administered by TSAHC offers down payment assistance of up to 5 percent of the loan amount to low- and moderate- income homeowners. Participants do not need to be a first-time homeowner.

Community Development Block Grant (CDBG): CDBG funds may also be used for down payment assistance to a homebuyer and assistance to owners to rehabilitate their homes. The state operated CDBG program does currently not allow this use, however, local governments that administer the program may allow it.

Appendix E. Innovative Solutions to Addressing Housing Needs

Affordable Housing

Rapid Re-housing. Rapid re-housing prioritizes helping people experiencing homelessness obtain housing as quickly as possible. Rapid re-housing consists of three components: 1) identifying housing; 2) providing move-in and rent and/or utility assistance, typically for six months or less, and 3) providing case management and services to help individuals address barriers to permanent housing.¹⁹⁵ Studies show that 75 to 91 percent of households remained housed a year after being rapidly re-housed.¹⁹⁶

Housing First. This approach is based on the theory that “people need basic necessities, such as food and a place to live, before attending to anything less critical, such as getting a job, budgeting properly or attending to substance use issues”.¹⁹⁷ Housing First does not require people to address all their problems prior to receiving housing. Supportive services are available to help participants achieve housing stability and well-being, but participation in services is not required for individuals to keep their housing.

Permanent Supportive Housing. Permanent supportive housing consists of “individually tailored and flexible supportive services that are voluntary, can be accessed 24 hours a day/7 days a week, and are not a condition of ongoing tenancy; leases that are held by the tenants without limits on length of stay; and, ongoing collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations that may arise”.¹⁹⁸

Supportive housing has been shown to help people achieve greater housing stability and better health outcomes. A Rand Corporation study of nearly 900 homeless

¹⁹⁵ National Alliance to End Homelessness. (2014). *Core components of rapid re-housing*. <https://endhomelessness.org/resource/core-components-of-rrh/>

¹⁹⁶ National Alliance to End Homelessness. (2016). *Housing first*. <https://endhomelessness.org/resource/housing-first/>

¹⁹⁷ Ibid

¹⁹⁸ Technical Assistance Collaborative (TAC). (n.d.). *Permanent supportive housing*. Accessed 3/23/2020. <http://www.tacinc.org/knowledge-resources/topics/permanent-supportive-housing/>

individuals, of which 88 percent had co-occurring medical and behavioral health conditions, reported 96 percent of those receiving housing with supports remained housed for at least one year. Individuals' use of medical and mental health services declined during their housing tenure, including emergency room visits and inpatient care, while health and mental health outcomes improved.¹⁹⁹

Social Impact Bond Funding. In Denver, the local government used a 'social impact bond' to create supportive housing for individuals who frequent jail and detox facilities. In this model, investors receive a return based on participants' successful outcomes.²⁰⁰ Thus far, funds have created 250 units of housing with intensive case management, crisis intervention, substance use counseling, mental health treatment, peer support, skills building and connection to primary care.²⁰¹ Seventy-nine percent of participants remained housed after two years.²⁰²

Braided Funding. After Hurricane Katrina, there was a need to find housing for people with complex medical and behavioral health needs. Louisiana addressed this need by combining funding from CDBG disaster recovery funds, Housing Choice Vouchers, Section 811 PRA, and tax credits. Services are funded through Medicaid, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), and Veteran's Administration. An independent study from 2011-2012 showed an initial 24 percent reduction in Medicaid costs for those housed. Almost half of the households served were homeless before being housed, and 95 percent of those served since program inception remain housed.²⁰³

¹⁹⁹ Hunter, SB, Harvey, M, Briscoe, B & Cefalua, M. (2017). *Evaluation of housing for health permanent supportive housing program*. Rand Corporation.
https://www.rand.org/pubs/research_reports/RR1694.html

²⁰⁰ City of Denver. (2019). *Three years into Denver's innovative social impact bond program, Independent report points to continued success*.
<https://www.denvergov.org/content/denvergov/en/mayors-office/newsroom/2019/three-years-into-denver-s-innovative-social-impact-bond-program-.html>.

²⁰¹ John Jay College of Criminal Justice. (n.d). *Housing for the justice-involved: The case for county action*. National Association of Counties. Accessed 3/20/2020.
https://justiceandopportunity.org/wp-content/uploads/2018/02/2017-Reentry-Report_Housing_02.13.18-2.pdf

²⁰² City of Denver. (2019). *Three years into Denver's innovative social impact bond program*.

²⁰³ Clary, A & Kartika, T. (2017). *Braiding funds to house complex Medicaid beneficiaries: Key policy lessons from Louisiana*. National Academy for State Health Policy.
<https://nashp.org/wp-content/uploads/2017/05/Braiding-Funds-Louisiana.pdf>

In Texas, HHSC is partnering with a nonprofit housing finance agency, Texas State Affordable Housing Corporation (TSAHC) to create affordable housing for Medicaid eligible individuals in need of long term services and supports. Modeled after a program in New Jersey, this initiative combines Money Follows the Person rebalancing funds²⁰⁴ with other public and private funds to create a financial incentive for developers to set aside housing units for the target population.

MCOs and Hospital Investments. MCOs are private entities that some states contract with to provide for the delivery of Medicaid health benefits and additional services based on a set per member per month (capitation) payment for services. Some MCOs and hospitals have started using their resources of land, investment capital and staff to support the development of affordable housing for their members. In California, Kaiser Permanente established a \$50 million fund to create and preserve affordable housing for people with chronic illnesses.²⁰⁵ In Texas, MCOs are collaborating with homeless coalitions to support housing that provides health and supportive services to individuals experiencing homelessness. Several MCOs also partnered with PHAs in applying for Mainstream Housing Vouchers for individuals with disabilities.

Using Medicaid for Housing Services: In June 2015, the Centers for Medicare & Medicaid Services (CMS) issued an informational bulletin that provided guidance on how Medicaid could be used to cover certain housing related activities and services for people with disabilities and older adults needing long-term services and supports. The bulletin specifically identified activities such as pre- and post-tenancy supports. These services help individuals prepare for and transition to housing, and sustain tenancy.²⁰⁶ Since that time, several states have pursued waivers that allow them to use Medicaid for these purposes.

²⁰⁴ Rebalancing funds are enhanced Medicaid matching funds awarded for community-based Medicaid services provided to individuals for up to one year after exiting an institution.

²⁰⁵ Bailey, P. (2020). *Housing and health partners can work together to close the housing affordability gap*. Center on Budget Policy Priorities.

²⁰⁶ National Low Income Housing Coalition (NLIHC). (2015). *Guidance on Using Medicaid to fund housing-related services*. <https://nlihc.org/resource/guidance-using-medicaid-fund-housing-related-services>

Housing for People with Mental Health Conditions

Lighthouse Program. The Lighthouse model is an evidence-based supported housing environment in Arizona for people with chronic mental illness and frequent hospitalizations, incarcerations, evictions, homelessness, and inability to maintain their well-being. The goal of the program is to provide a safe, stable environment with staff who assist and support the individual to remain in the community.

Housing in this program consists of 4-5-bedroom houses in which each resident has their own bedroom but shares kitchen and living areas. The housing is staffed 24 hours a day by trained individuals supervised by behavioral health professionals. Residents are encouraged to participate in supportive activities to improve their ability to move to an environment with less intensive supervision and care. Services cover a wide range of issues including tenant rights education, case management coordination of services, goal development in collaboration with the direct clinic teams, coping skills, medications, peer mentoring, support groups, independent living skills, recreational/socialization opportunities and transportation.

A key aspect of this program is that it does not evict individuals for behaviors related to their mental health condition. The Lighthouse Model assumes that while behaviors such as substance abuse, rule violations and unpredictable behavior may occur, they are learning opportunities for the individual that do not necessarily require eviction or hospitalization.²⁰⁷

Residents may stay in a Lighthouse program per the terms of their leases as long as warranted by their clinical condition. Residents can enter and leave the premises at will and have visitors at the discretion of staff. Residents can also choose to move at any time. Residents who leave for extended periods of time or are hospitalized or incarcerated can return to the Lighthouse program when clinically ready, provided that the conditions of their lease are met.

²⁰⁷ Residents can be evicted for persistent, significant property damage or persistent violence towards others in the household or neighborhood, or for other actions that jeopardize the safety of other residents or staff or neighbors or other persistent violations of the law or lease agreements. Support staff help residents avoid eviction.

The program has two revenue streams. The primary funding source is Medicaid, which pays for staff. The second source is general revenue funds, which pay a rental fee for the property, which is owned by the program. Residents also make rental payments, based on 30 percent of their income.

Initial outcomes for 12 homes with 62 residents resulted in 6 residents being hospitalized, 2 jailed for previous crimes but not while in the program, and one who left the program (personal correspondence).

Step-Down Housing. Some states, including Arizona where the Lighthouse model is located, are developing a new model of housing that provides a “step-down” for people coming out of inpatient facilities who need more support before moving to the community. These facilities provide a highly structured and restrictive setting with 24-hour supervision and counseling or other therapeutic activities. These homes are typically larger than a group home, and have limited lengths of stay.

In Maryland, a 16-bed residential transition program called “Segue” was designed for individuals who were facing difficulties in discharging but no longer needed the level of support offered by the psychiatric hospital. The program uses evidence based and best practices, has a 3:1 staffing ratio and is located on the grounds of the state hospital. The program is funded on a fee for service basis under Medicaid and receives general revenue funds.

From July 2016-July 2018, residents had an average length of stay of 1.5 years in the hospital prior to entering the program and stayed in the program for an average of 4 months. After two years of operation, the program successfully discharged 68 percent of its 90 residents to the community. Of those discharged, only 14 returned to the hospital for a 23 percent recidivism rate. Their average length of stay in the community was 246 days.

Housing for People with Substance Use Histories

Oxford Houses. This is a Level I recovery residence. Research on Oxford Houses show that these homes increase resident abstinence and self-efficacy, decrease the

probability of relapse,²⁰⁸ decrease anxiety,²⁰⁹ increase monthly income and employment rates, increase the likelihood of regaining custody of their children and decrease likelihood of losing custody of their children,²¹⁰ and decrease criminal and aggressive behaviors.²¹¹ Oxford Houses are granted a charter by Oxford House, Inc. and operate under a disciplined system of operations.

Sober living. This is a Level II recovery residence. Research shows these programs help residents decrease addiction severity, increase abstinence,^{212,213} including people with opiate use disorder,²¹⁴ improve psychiatric symptoms,²¹⁵ increase employment,²¹⁶ and decrease criminal justice involvement.²¹⁷

Recovery Housing + Outpatient Treatment. Emerging research finds significant improvements in abstinence and employment rates, as well as a reduction in arrests, for Level II recovery resident residents who also participated in outpatient treatment for substance use.²¹⁸ In this model, residents are allowed to live in the recovery home after completing outpatient treatment. Studies show the addition of

²⁰⁸ Jason, LA, Davis, MI & Ferrari, JR. (2007). The need for substance abuse after-care: Longitudinal analysis of oxford house. *Addictive Behavior*, 32(4), 803-818.

²⁰⁹ Aase, DM, Jason, L, Ferrari, JR, Groh, DR, Alavarez, J, Olson, BD & Davis, MI. (2005). Anxiety symptoms and alcohol use: A longitudinal analysis of length of time in mutual help recovery homes. *International Journal of Self Help & Self Care*, 4(1-2):21-35

²¹⁰ Jason, LA, & Ferrari, JR. (2010). Oxford house recovery homes: Characteristics and effectiveness. *Psychological Services*, 7(2), 92-102. <https://doi.org/10.1037/a0017932>.

²¹¹ Aase, DM, Jason LA, Olson BD, et al. (2009). A longitudinal analysis of criminal and aggressive behaviors among a national sample of adults in mutual-help recovery homes. *J Groups Addict Recover*. 4(1-2):82-91. doi:10.1080/15560350802712454

²¹² Jason, LA, Davis, MI & Ferrari, JR. (2007). The need for substance abuse after-care.

²¹³ Polcin, DL, Korcha, RA, Bond, J, & Galloway, G. (2010a). What did we learn from our study on sober living houses and where do we go from here? *Journal of Psychoactive Drugs*, 42(4), 425-433. <https://doi.org/10.1080/02791072.2010.10400705>.

²¹⁴ Tuten, M, DeFulio, A, Jones, HE & Stitzer, M. (2012). Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification. *Addiction*;107(5):973-982. doi:10.1111/j.1360-0443.2011.03750.x

²¹⁵ Polcin, et al. What did we learn from our study on sober living houses and where do we go from here?

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Polcin, DL. (2009). A model for sober housing during outpatient treatment. *J Psychoactive Drugs*. 41(2):153-161. doi:10.1080/02791072.2009.10399908

outpatient treatment can improve outcomes for people seeking recovery from opioid use disorder, in part by promoting longer recovery house stays.²¹⁹

In comparison, the “Florida Model”, which also bundles housing and outpatient treatment, requires residents to attend a specific outpatient treatment program as a condition of their housing. In this model, individuals who complete or discontinue their outpatient program or who choose a different outpatient provider are evicted from their housing. While some embrace the “Florida Model” as a lower cost alternative to residential treatment, others are concerned that it circumvents residential licensure, opens the door to corrupt business practices, and unnecessarily causes housing instability.

Housing First. Housing First, offers early access to permanent housing without requiring residents to participate in outpatient treatment or maintain abstinence. Housing First has shown to reduce alcohol consumption among residents, although that is not a primary goal of the model.

Housing for People with Intellectual and Developmental Disabilities (IDD)

Individuals with IDD and their families are finding ways to navigate existing housing resources and expand the array of community-based housing options where feasible. Existing online housing navigation resources include:

- Texas Parent to Parent, which maintains a website with information about alternative housing models.²²⁰
- Navigate Life Texas, which maintains a website with information on alternative housing options and guidance on planning for the transition from school to life in the community.²²¹

²¹⁹ Tuten, et al. Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification.

²²⁰ Texas Parent to Parent. (n.d.). *Web resources for setting up a home. TxP2P pathways to adulthood project.* Accessed 3/2/2020.

https://www.txp2p.org/Media/Transition/resources_setting_up_a_home.pdf

²²¹ Ibid.

Using a mix of private pay and federal resources, families and non-profit organizations are creating alternative housing options where none exist.

Housing with Roommates. The Community for Permanent Supported Housing (CPSH) is an example of a non-profit organization helping families and other interested parties learn how to convert existing housing to independently-run cooperatives. Families can convert their existing residence, purchase property, or rent units in a multifamily complex to create housing for their loved one. The housing is then made available as a residence for the family's child and other individuals with disabilities, including IDD.

To make this option more affordable to residents living on social security income, CPSH helps eligible individuals obtain federal rental subsidies to decrease their rent burden. CPSH strategies to access rental subsidies include:

- In 2019, CPSH entered into a settlement agreement in which the Dallas Public Housing Authority agreed to set aside five tenant-based mainstream vouchers and five project-based vouchers per year, for three years, for individuals with disabilities.
- CPSH helps homeowners, and other interested parties, obtain HUD approval to designate their home as project-based housing that can accept the project-based vouchers.
- CPSH helps people with disabilities apply for tenant-based housing vouchers that can be used in any unit that meets HUD standards, including homes owned by family.²²²

One of the more innovative aspects of the CPSH model is that it stretches the housing vouchers to serve more people. Under the model, the adult child serves as head of household while the other two residents are counted as "family" by HUD. This approach allows the household to use one voucher to serve three people, rather than one.^{223,224}

²²² R. Leogrande, Personal Communication, March 5, 2020.

²²³ Community for Permanent Supported Housing. (n.d.). *What is project independence?* Accessed 3/2/20. <https://www.txcpsch.org/project-independence/>

²²⁴ R. Leogrande, Personal Communication, March 5, 2020.

Integrated, Independent Housing. Another private pay model is the Adults Independent and Motivated (AIM) program. Parents, unable to find appropriate housing for their adult children, use their own funds to rent units in a private apartment complex so their children can live independently but also be surrounded by other adults with IDD. This model creates a close-knit community where adults can experience independence but parents still have a meaningful role in their lives. Families support residents, but Medicaid services can also be accessed if they qualify and are needed.²²⁵

"With the IDD population in particular... they've been able to develop a community that shares responsibility to ensure that people... have the support that they need to be successful. ... I think we're just going to have to look at how we can utilize what is available in different ways than what we have... they've come around that community to support them so that people don't fall through the cracks. So, maybe we need to be more creative like that."

Housing Navigation and Rental Assistance. The state of Virginia is making it easier for individuals with disabilities to find affordable integrated housing in the community. The state developed educational videos to help individuals and families learn about alternative housing options. Virginia also created a rental assistance program for individuals with developmental disabilities who want to live on their own. Individuals have the opportunity to choose where they live, with whom they live, and who supports them. Services and supports are provided separate from their housing, including Medicaid waiver-funded home and community based services, natural supports, privately paid supports, and other community resources.²²⁶

Housing for People with Justice Involvement

Frequent Users Systems Engagement (FUSE). This provides housing and case management to individuals with multiple experiences of homelessness and

²²⁵ Adults Independent and Motivated. (n.d.). Accessed 5/11/2020. <https://www.aimtx.org/>

²²⁶ Virginia Department of Behavioral Health and Developmental Services. (n.d.). *Housing information for people with a developmental disability.* Accessed 3/2/2020. <http://www.dbhds.virginia.gov/developmental-services/housing-information-for-people-with-a-developmental-disability>

incarceration. Potential residents are identified through data matches between justice and homeless systems. Individuals are placed in housing as quickly as possible and provided assistance with life skills. Case managers help clients address further service goals, such as treatment, community involvement, education and employment.²²⁷ This model has been tested in Houston, Texas.

In a New York pilot, the FUSE program was successful in increasing the housing stability of residents, and reducing their involvement in the justice system. At the end of 24 months, 86 percent of participants in the program had permanent housing. Participants also used emergency shelters far less than a comparison group in the two years after their FUSE housing placement – 15 days on average as compared to an average of 162 days for the comparison group. During the 24 months after housing placement, FUSE participants averaged 29 jail days vs. 48 jail days for the matched comparison group.²²⁸

Housing First. Housing First is a model in which residents do not have to participate in services or achieve certain outcomes as a pre-requisite for receiving housing. The housing-first philosophy is that people need to address basic needs, such as food, shelter and safety, before they can address other issues in their life. This approach has been shown to help individuals exit homelessness more quickly and at lower cost than traditional housing programs.^{229,230} Consumer choice, an essential component of Housing First, has been associated with reduced symptoms of psychiatric disorder.²³¹

²²⁷ National Association of Counties & CSH. (n.d.). *Phases of FUSE: Planning and implementing successful supportive housing*. Accessed 3/16/2020.
https://www.naco.org/sites/default/files/documents/PHASES_of_FUSE-FEB2014.pdf

²²⁸ CSH (n.d.b.). *Reducing homelessness, incarceration and costs through supportive housing. The NYC FUSE program*. Accessed 3/16/2020.
https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2013/11/FUSE_Eval_2page_Results_Final.pdf

²²⁹ Gulcur, L, Stefancic, A, Shinn, M, Tsemberis, S, & Fischer, SN. (2003). Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes. *Journal of Community & Applied Social Psychology, 13*, 171–186.

²³⁰ Tsemberis, S, Gulcur, L, & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*, 651–656.

²³¹ Greenwood, R, Schaefer-McDaniel, N, Winkel, G, & Tsemberis, S. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology, 16*, 223–238.

In Colorado, a nationally recognized prison nonprofit recently opened a housing first model for chronically homeless individuals involved with the justice system. The program offers on-site support services and help connecting to services. Another well-known example is a 'wet' housing model (1811 Eastlake) in Seattle that does not require sobriety among its residents. Per one report, "[r]esearchers have found that 1811 Eastlake has saved taxpayers more than \$4 million in costs for publicly funded services, including jail, detox center use, hospital-based medical services, alcohol and drug programs, and emergency medical services."^{232,233}

Housing Vouchers and Family Reunification. The King County Housing Authority (KCHA) in Washington State serves adults recently released from incarceration, homeless or with a history of homelessness, and have a reasonable chance of reuniting with their children. The KCHA annually allocates up to 46 Section 8 Project-Based Vouchers to these parents. Participants use vouchers to move into apartments that offer on-site case management and supportive services.

Recovery Housing. Research shows that recovery homes decreased criminal and aggressive behaviors,²³⁴ and decreased justice involvement²³⁵. The \$29,000 per person net savings of Oxford House compared to usual care is primarily driven by reduced illegal activity.²³⁶

Transitional Housing for Offender Reentry (THOR). To increase community-based housing options and reduce recidivism, the Georgia State Board of Pardons and

²³² Larimer, M, Malone, D, Garner, M, Atkins, DC, Burlingham, B, Lonczak, HS, Tanzer, K, Ginzler, J, Clifasefi, SL, Hobson, WG, & Marlatt, GA. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA* 301: 1349-1357.

²³³ Milgram, A, Brenner, J, Wiest, D, Bersch, V & Truchil, A. (2018). *Integrated health care and criminal justice data — Viewing the intersection of public safety, public health, and public policy through a new lens: Lessons from Camden, New Jersey*. Harvard Kennedy School of Government.
https://www.hks.harvard.edu/sites/default/files/centers/wiener/programs/pcj/files/integrated_healthcare_criminaljustice_data.pdf

²³⁴ Aase, DM, Jason LA, Olson BD, et al. (2009). A longitudinal analysis of criminal and aggressive behaviors among a national sample of adults in mutual-help recovery homes.

²³⁵ Jason, LA, Olson, BD, Ferrari, JR, & Lo Sasso, AT. (2006). Communal housing settings enhance substance abuse recovery. *American Journal of Public Health*, 96(10), 1727-1729.

²³⁶ Lo Sasso, AT., Byro, E, Jason, LA, Ferrari, JR, & Olson, B. (2012). Benefits and costs associated with mutual-help community-based recovery homes: The oxford house model. *Evaluation and Program Planning*, 35(1), 47-53.

Paroles established the Transitional Housing for Offender Reentry program, which approves two types of housing models, recovery residences and structured housing, for parolees or offenders to be released on parole, if they are certified by recognized accrediting bodies. Individuals with a substance use disorder who seek an abstinence-based and recovery supportive living environment are eligible to go to a recovery residence and required to attend outpatient treatment. Individuals who need only a safe environment are eligible to live in structured housing that may provide non-clinical programming.

Housing for Older Adults

Integration of Affordable Housing and Supportive Services. Having access to community services and supports can help keep older adults with disabilities, mental health conditions, and/or a history of homelessness from being institutionalized unnecessarily. Indeed, evaluation of various supportive housing programs has shown that this approach helps promote aging in place and reduce rates of hospitalization. Additionally, studies indicate that providing supportive services at home, such as service coordination and wellness assessments, for HUD-assisted older adults decreases their overall Medicare and/or Medicaid costs.²³⁷

Many public housing authorities across the country have incorporated supportive services into their programming for their residents that are older and/or have disabilities. To do this, PHAs have taken advantage of different funding mechanisms, developed innovative partnerships with community-based organizations, and dedicated certain housing units as supportive housing.²³⁸ In addition, states have integrated programs like Support and Services at Home (SASH) and Community Aging in Place – Advancing Better Living for Elders (CAPABLE) into their housing programs. SASH and CAPABLE are both supportive housing models that coordinate housing and services by enlisting a panel of

²³⁷ Dohler, E, Bailey, P, Rice, D & Katch, H. (2016). *Supportive housing helps vulnerable people live and thrive in the community*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>

²³⁸ Council of Large Public Housing Authorities (CLPHA). (n.d.). *Aging in place: Housing authorities confront the nation's quiet crisis facing seniors*. <https://clpha.org/sites/default/files/documents/CLPHASeniorsPublicationAsPrinted.pdf>

professionals, including service coordinators and medical professionals, to provide in-house services for older adults.

Expansion of Subsidized and Affordable Housing Options. Expanding and preserving subsidized and affordable housing can help create options for older adults across income of levels. Many states use tax credit programs to incentivize development and preserve existing affordable housing. “Circuit breakers” are used to reduce the property tax burden of older homeowners, and many programs also extend the tax savings to renters.^{239, 240} Other communities use funds from tax credit program and the Housing Trust Fund (HTF) to target subsidized assistance and development to those with the greatest need. Some efforts pair project-based Housing Choice Vouchers with LIHTC, HTF, or other development funds by using income generated from the vouchers toward affordable housing development in rural areas or places with high costs of living.²⁴¹

Many states also utilize Medicaid waivers to expand housing options to older adults and people with disabilities. The majority utilize Medicaid Home and Community-based Services waiver or other waiver funding to help low-income older adults to access assisted living. Other states, like New York, have used Section 1115 Medicaid waivers to support an affordable supportive housing development.²⁴²

Housing for People with Physical Disabilities

Universal Design Features on New Housing. Many state and local governments have recognized the need for accessible housing and incentivized or mandated certain universal design features. Some localities implement “visitability” standards, ordinances requiring that certain accessibility features be used in homes built with public funds. Visitable or first level accessible features include: a step-free entrance

²³⁹ A “circuit breaker” protects taxpayers from a property tax “overload” just like an electric circuit breaker. When a property tax bill exceeds a certain percentage of a taxpayer’s income, the circuit breaker reduces property taxes in excess of this “overload” level.

²⁴⁰ Guzman, S. (2018). *Housing policy solutions to support aging with options*. AARP Public Policy Institute. <https://www.aarp.org/ppi/info-2017/housing-policy-solutions-to-support-aging-with-options.html>.

²⁴¹ Dohler, E, Bailey, P, Rice, D & Katch, H. (2016). *Supportive housing helps vulnerable people live and thrive in the community*.

²⁴² Guzman, S. (2019). *Affordable supportive housing fills gap for older adults and people with disabilities*. AARP Public Policy Institute. <https://www.aarp.org/ppi/info-2019/affordable-supportive-housing.html>

into the main floor; a bedroom, kitchen, wheelchair-friendly bathroom, and entertaining area all on the main floor; and every interior door on the main floor has a minimum of 32 inches of clear passage. Other communities have mandated accessibility features in all new residences, regardless of funding, requiring all new housing to feature universal design elements or features that can facilitate future accessibility modifications.²⁴³ Section §2306.514 of the Texas Government Code outlines minimum accessibility construction standards for single family affordable housing.

There is interest in establishing federal minimum accessibility standards. Over the past several years, lawmakers proposed legislation to require all newly constructed, federally assisted, single-family houses and town houses to meet minimum standards of visitability for people with disabilities. The Eleanor Smith Inclusive Home Design Act (H.R. 4064 in the 116th Congress) is an example.

Incentives to Make Existing Housing Accessible. In addition to ordinances, many states and communities offer incentives to make existing housing accessible. Some municipalities offer grants and low-interest loans for homeowners and landlords to retrofit their homes with accessibility features.²⁴⁴ Non-profit organizations, like area agencies on aging (AAA) and local councils of government, offer home modification programs or use volunteers to make repairs to the homes of older adults.

Tax Incentives to Build New Accessible Housing. Some cities and states provide tax incentives for developers to build accessible housing and mitigate the costs of adding accessibility features. Several states and localities offer tax credits or low interest loans to help property owners implement accessibility features to homes.²⁴⁵

Innovative Partnerships. Affordable Housing Austin (AHA!), a non-profit run by members of the disability community, is partnering with Austin Housing Authority to build a multi-unit housing complex in an urban area. The complex will serve households below 50 percent of the median family income and provide housing for between 35 and 60 individuals. Six units will be dedicated to people with

²⁴³ Joint Center for Housing Studies of Harvard University. (2014). *Housing America's older adults: Meeting the needs of an aging population.*

https://www.jchs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014.pdf

²⁴⁴ Guzman, S. (2018). *Housing policy solutions to support aging with options.*

²⁴⁵ For example, in Boston, landlords who rent to older adults or people with disabilities are eligible to apply for zero and low-interest home modification loans.

disabilities, while other units will be open to those without with disabilities. The complex is near multiple bus lines and close to stores and services.

Using funds earned from the Money Follows the Person Demonstration enhanced match, HHSC is partnering with the Texas State Affordable Housing Corporation to build new or refurbish existing housing for individuals with disabilities who are Medicaid eligible. The new housing will house 10 to 12 individuals with disabilities, with an emphasis on those exiting institutions for community-based services.