

Housing & Health Services Coordination Council

Cross-Agency Education & Training Committee

Research Findings: Local Service Providers Network

**January 5, 2010 2:00pm-4:00pm
Brown Healty Building, Room 1430**

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Introduction

For the average consumer, the traditional means of accessing long-term housing and supportive services requires contacting multiple local agencies, and can be both confusing and time-consuming. The Housing and Health Services Coordination Council (HHSCC) is tasked with identifying opportunities for state housing and health services agencies to provide technical assistance and training to local housing and health services entities about the cross-education and coordination of staff. Expanding the knowledge base amongst local providers while enhancing their collaborative efforts serves to streamline service provision into a single point of entry, essentially ensuring that there is “no wrong door” when it comes to clients accessing needed services and supports.

The HHSCC Cross-Agency Education & Training Committee has been established for the purpose of creating recommendations on this issue, to be submitted to the Governor and Legislative Budget Board in the Council’s biennial report. In order to begin this process, research into our current partners -- local housing and health services provider networks receiving funding from state housing and health services agencies -- has been compiled. Understanding what kind of training is currently offered and what information is currently disseminated to the public regarding housing and supportive services will assist in efforts to identify further opportunities for training and assistance.

Area Agencies on Aging (AAAs)

Twenty-eight Area Agencies on Aging help older Texans (60 years of age and older), their family members and/or other caregivers receive the information and assistance they need in locating and accessing community services.¹ These AAAs were created as a result of the 1973 Amendments to the Older Americans Act (OAA). The OAA encourages agencies to develop greater capacity and fosters the development of comprehensive and coordinated service systems to serve older individuals. The Act provides for grants to states, area agencies and local agencies for the planning and provision of a vast array of social and nutritional services.

Services are provided to persons 60 years of age and older and are targeted to those with greatest economic and social need, with particular attention to low-income, minority older people and older people residing in rural areas. In addition, family members and other caregivers may receive information and services on behalf of the older individual for whom they are providing care.

AAAs provide services for seniors through contracts with public, private and non-profit organizations, funding programs that respond to an unmet need or programs that reflect federal and state mandates. Services provided vary by AAA, but can include information, referral and assistance, benefits counseling, care coordination (emergency response systems, medications, medical equipment, and residential repair), caregiver support services, legal assistance, in-home support services, housekeeping, long-term care ombudsman program, nutritional services (home-delivered meals, congregate meals), transportation, money management services, family

¹ Texas Department of Aging and Disability Services, Resources for DADS Service Providers, “Area Agencies on Aging (AAA),” <http://www.dads.state.tx.us/providers/AAA/index.html> (Accessed December 29, 2009)

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caregiver support, and respite care.² Generally, AAAs do not provide information regarding affordable housing programs or services.

Aging and Disability Resource Centers (ADRCs)

Under a three year grant from the Administration on Aging and Centers for Medicare and Medicaid Services, DADS established ADRCs to provide a single, coordinated system of information and access for older persons, persons with disabilities and caregivers seeking long-term support. Eight ADRCs serve thirty-four counties in Texas, providing information about and help with connecting to state and federal aging and disability services. Primarily, ADRCs seek to help the following special needs populations: Older Texans: adults who have physical disabilities; adults who have developmental disabilities; adults who have chronic mental illness; adults who have substance abuse issues; adults who have long-term illnesses; and family and friends providing care and support.

ADRCs are working to create no wrong door to services and supports in their communities. By building on common interests for service to older persons, persons with disabilities, and caregivers, a network of local service agencies is collaborating to make access to public and private long-term care programs, resources, options, and opportunities possible for each individual consumer and his caregiver. “No wrong door” creates a single, coordinated system of information and access for all persons seeking long-term services and supports, minimizes confusion, enhances individual choice, supports informed decision-making, and offers services through a collocation of service providers or through “virtual” collocation achieved through advances in information technology.³

Collaborative efforts of community service agencies, organizations, and advocates make ADRCs possible by joining together to establish no wrong door for access to services. This includes partners from: Medicaid eligibility offices, Department of Aging and Disability Services (DADS) offices, Independent living centers, Area Agencies on Aging, Mental Retardation Authorities, local United Way agencies, 2-1-1 agencies, local faith-based organizations, agencies serving children with disabilities, local governments, aging and disability advocates, and health care providers and advocates.

ADRCs are mainly responsible for providing information and access to services such as disability and long-term care services and living arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, home maintenance, nutrition, and personal care and attendant services. Resource center staff will also help connect a client with services and applications for Supplemental Security Income (SSI), Food Stamps, Medicare, Medicaid and other public benefits.⁴

² Texas Department of Aging and Disability Services, Help for Texans, “Area Agencies on Aging (AAA),” <http://www.dads.state.tx.us/services/faqs-fact/aaa.html> (Accessed December 29, 2009)

³ Texas Department of Aging and Disability Services, Learn about DADS, “Aging and Disability Resource Centers,” http://www.dads.state.tx.us/news_info/improvingaccess/adrc/index.html (Accessed December 29, 2009)

⁴ Texas Department of Aging and Disability Services, Aging and Disability Resource Center, “What services are offered?” <http://www.dads.state.tx.us/services/adrc/services.html> (Accessed December 29, 2009)

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ADRC employees are trained to assess need, provide information about available services, assist in service selection, assist in connecting a client with services, provide information about funding sources to obtain services, and provide short-term follow up to ensure that a client is linked to needed services. ADRC staff can connect a client to: home care, meals, transportation, benefits and prescription drug assistance, legal services, respite or caregiver support and more.⁵

Mental Health Mental Retardation Centers (MHMRs)

Thirty-nine local MHMRs offer each county in Texas community-based services for persons with behavioral health and/or intellectual disabilities. MHMRs also provide enrollment services to people who are eligible for certain Medicaid-funded services and supports. Individuals receiving services are often in dire need of care and often have a single or combined diagnosis of developmental disabilities, persistent mental illnesses, and chemical dependency.

Services can include psychiatric evaluations, 24-hour crisis interventions, medication treatment, inpatient treatment, employment and vocational services, service coordination, family support and respite care, housing, information and referral, supported living and residential services, home care services, counseling and training services, health services, architectural modifications, skills training, behavioral supports, day program, and supported employment. MHMRs also provide community services in homes, on the streets or at other sites as needed.

Additionally, several MHMRs receive contracts to administer the Tenant Based Rental Assistance Program, which is funded through TDHCA.

Mental Health Transformation Collaboratives

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Texas a five year Mental Health Transformation State Incentive Grant. The purpose of this grant is to build a solid foundation for delivering evidence-based mental health and related services, fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span.⁶ In 2006, DSHS Mental Health and Substance Abuse Division selected community collaboratives through a Request for Application process that sought communities with broad representation, interest in participating, and that also met specific criteria related to the President's New Freedom Commission Goals. Twenty multi-county communities applied to participate and ultimately eight were selected for funding. These eight collaboratives (four urban and three rural), representing about one-third of the state's population, have demonstrated a commitment to prioritize mental health as a community problem.

Collaborative members acknowledge that, under the current system, mental health consumers routinely enter the “wrong door” for treatment services. Therefore, these groups have come together to identify overlaps and gaps in service, reduce systems related barriers to care, gather data from community stakeholders, increase awareness of mental health issues, and provide

⁵ Texas Department of Aging and Disability Services, Aging and Disability Resource Center, “Aging and Disability Resource Centers in Texas,” <http://www.dads.state.tx.us/services/adrc/index.html> (Accessed December 29, 2009)

⁶ “Transforming Mental Health Services in Texas” <http://www.mhtransformation.org/default.asp> (Accessed December 29, 2009)

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education and training to collaborative participants. The community behavioral health collaborative sites are critical for system transformation and will serve as incubators and models for translation in other communities.

Centers for Independent Living (CILs)

The federal Rehabilitation Services Administration provides grants to CILs with the purpose of maximizing the leadership, empowerment, independence and productivity of individuals with disabilities and to integrate these individuals into the mainstream of American society.⁷ About half of these grants are administered through the Department of Assistive and Rehabilitative Services (DARS) Division for Rehabilitation Services Independent Living Services (ILS).

Twenty-three CILs form the independent living service delivery network in Texas. Centers are consumer-controlled, community-based, cross-disability, nonresidential, private, nonprofit agencies that are designed and operated within local communities by individuals with disabilities. According to Title VII, Section 725 of the Rehabilitation Act these centers “shall promote and practice the independent living philosophy of consumer control of the center regarding decision-making, service delivery, management, and establishment of the policy and direction of the center; self-help and self-advocacy; development of peer relationships and peer role models; and equal access of individuals with significant disabilities to society and to all services, programs, activities, resources, and facilities, whether public or private and regardless of the funding source.”⁸

Services provided by CILs may include: counseling and guidance; training and tutorial services; adult basic education; rehabilitation facility training; telecommunications, sensory and other technological aids for people who are deaf; vehicle modification; assistive devices to stabilize or improve function; and other services as needed to achieve independent living objectives, such as transportation, interpreter services and maintenance.⁹

CILs also contribute to the support of persons with disabilities in the community as well as support their movement from nursing homes and institutions to community-based settings. Many CILs are hired by DADS to be relocation specialists helping individuals who have received Medicaid waivers through the Money Follows the Person demonstration grant. Additionally, many CILs also receive contracts to administer the Tenant Based Rental Assistance program, which is funded through TDHCA.

⁷ Department of Education, Office of Special Education and Rehabilitation Services, Rehabilitation Services Administration, “Centers for Independent Living,” <http://www.ed.gov/programs/cil/index.html> (Accessed December 29, 2009)

⁸ Rehabilitation Continuing Education Program, “Title VII: Independent Living Services and Centers for Independent Living, 721-753” http://www.rcep7.org/links/rehabact/Title_VII/721-753/721-753.html (Accessed December 29, 2009)

⁹ Texas Department of Assistive and Rehabilitative Services, “Independent Living Services” <http://www.dars.state.tx.us/drs/il.shtml> (Accessed December 29, 2009)

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Community Action Agencies (CAAs):

Forty-three CAAs administer a variety of programs in 246 of the 254 counties throughout Texas, including Community Services Block Grant (CSBG) funds allocated by the TDHCA. The CSBG, received from the U.S. Department of Health and Human Services (USHHS), assists in providing essential services including access to child care; health and human services for children, families and the elderly; nutrition; transportation; job training and employment services; housing; substance abuse prevention; migrant assistance; emergency financial assistance; and other related services.¹⁰

The TDHCA provides administrative support to the network of local CAAs and other eligible entities that provide services to very low-income persons or persons at or below 125% of federal poverty guidelines. Ninety-percent of the funds are targeted to low-income individuals and funds are also utilized to provide assistance to Native Americans and migrant and seasonal farm workers. Five percent of the State's CSBG allocation is used to fund innovative projects that address the causes of poverty, promote client self sufficiency or promote community revitalization; provide emergency disaster relief assistance to persons impacted by a natural or man-made disaster; and provide funding to organizations serving Native Americans and migrant or seasonal farm workers.¹¹

¹⁰ Texas Department of Housing & Community Affairs, Housing Center Publications, "2009 Program Guide," <http://www.tdhca.state.tx.us/housing-center/pubs.htm> (Accessed December 29, 2009)

¹¹ Texas Department of Housing & Community Affairs, Housing Center Publications, "2009 State Low Income Housing Plan and Annual Report," <http://www.tdhca.state.tx.us/housing-center/pubs.htm> (Accessed December 29, 2009)