

**HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL  
2022-2023 BIENNIAL PLAN**

**Disclaimer**

This Housing and Health Services Coordination Council Biennial Plan was approved in a public meeting by a majority of the Council's current membership. The views and opinions expressed should not be attributed to any single state agency member or, unless expressly indicated, any other member represented on the Council.

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## **1.0 INTRODUCTION**

[The Housing and Health Services Coordination Council](#) (HHSCC or Council) is established by Tex. Gov't Code §2306.1091 *et seq.* The purpose of the Council is to increase state efforts to offer Service-Enriched Housing (SEH) for older adults and persons with disabilities through increased coordination of housing and health services. The Council seeks to improve interagency understanding and increase the number of staff in state housing and health services agencies that are conversant in both housing and services.

The Texas Department of Housing and Community Affairs' (TDHCA) staff supports Council activities. Council members meet quarterly in meetings that are open to the public. Notice is given to the public in the *Texas Register*, on TDHCA's website, through a listserv, and on Twitter. HHSCC members also provide direction to the Council in the preparation of its Biennial Plan that is to be submitted to the Office of the Governor and the Legislative Budget Board (LBB) on August 1 each even-numbered year. Since the Council's inception in 2009 with its first Biennial Plan due in August 2010, the requirements of Tex. Gov't Code §2306.1096(b) and (c), for a plan and a report, respectively, were addressed in a single Biennial Plan. However, beginning with the 2016-2017 term, the Council determined that it was more appropriate to develop two different documents: the first addressing the requirements of Tex. Gov't Code §2306.1096(b), which is the Housing and Health Services Coordination Council Biennial Plan (Plan), and the second addressing the requirements of Tex. Gov't Code §2306.1096(c), which is a Report of Findings and Recommendations of the Council (Report). The use of two separate documents to address the two statutory requirements - a "Plan" and a "Report" - continues with these 2022-2023 documents.

This document satisfies the Plan requirement and will be used by Council members to direct the activities of the Council. The Report will be submitted to the Governor and LBB.

### **1.1 Reading this Plan**

This Plan is organized as outlined below. A list of terms and acronyms found in this Plan are in Appendix 1.

- 1.0 Introduction
- 2.0 State Agencies Represented
- 3.0 Resources
- 4.0 Housing Needs for Populations Served by Service-Enriched Housing
- 5.0 Policies to Coordinate and Increase State Efforts to Offer Service-Enriched Housing
- 6.0 Barriers to Service-Enriched Housing Efforts
- 7.0 Policies to Coordinate and Increase State Efforts to Offer Service-Enriched Housing
- 8.0 Technical Assistance and Training to Local Housing and Health Services
- 9.0 Performance Measures
- 10.0 Recommended Activities for 2022-2023
- 11.0 Summary

## **2.0 STATE AGENCIES REPRESENTED**

### ***2.1 Texas Department of Housing and Community Affairs***

The Texas Department of Housing and Community Affairs (TDHCA) is the state agency responsible for affordable housing, homeless services, community and energy assistance programs, colonia activities, and regulation of the state's manufactured housing industry. TDHCA currently administers approximately \$3 billion annually (excluding pandemic-response funds) through for-profit, nonprofit, and local government partnerships to deliver local housing and community-based opportunities and assistance to Texans in need. TDHCA administers over \$2 billion of these funds a year in assistance for first time homeowners, including mortgage credit certificates, low cost first lien loans, and down payment assistance loans. The overwhelming majority of TDHCA's resources are derived from federal grants, federal tax credits, mortgage revenue bond financing and refinancing, and sale of mortgage loans and mortgage-backed securities to the private sector. TDHCA also operates as a public housing authority (PHA) and because several major housing programs require the participation of private investors and private lenders, as a Housing Finance Agency (HFA).

### ***2.2 Texas State Affordable Housing Corporation***

The Texas State Affordable Housing Corporation (TSAHC), created in 1994 at the direction of the Texas State Legislature, is a self-sustaining nonprofit whose mission is to create safe and affordable housing for low to moderate-income Texans by helping developers build affordable housing, helping people buy a home, and helping people stay in their homes. TSAHC accomplishes this by providing down payment assistance grants and Mortgage Credit Certificates to homebuyers, flexible financing options for developers of multifamily housing, and education and resources for nonprofit counseling and housing organizations.

### ***2.3 Texas Health and Human Services***

The Texas Health and Human Services Commission (HHSC) is the state agency responsible for delivering health and human services to eligible Texans. HHSC works to deliver benefits and services, including Medicaid for families and children, long-term services and supports for people who are older or who have disabilities, SNAP food benefits and TANF cash assistance for families, behavioral health services, services to help keep people who are older or who have disabilities in their homes and communities, and services for women and other people with special health needs.

Texas Health and Human Services (HHS) has a long history of reforming and rebalancing its long-term service and supports system for individuals with disabilities. Texas HHS housing-related efforts have assisted Medicaid nursing facility residents in transitioning to the community through the Money Follows the Person Demonstration (MFPD) and the MFPD Behavioral Health Pilot, as well as STAR+PLUS Medicaid managed care relocation services. Texas also has a program administered through Aging and Disability Resource Centers to assist non-Medicaid residents in returning to the community. Texas HHS partners with TDHCA on a Section 811 Project Rental Assistance Program, which provides project-based rental assistance to individuals with disabilities transitioning from institutions, individuals with serious mental illness, and youth exiting foster care eligible for community-based long-term services.

The 83rd Legislature (Regular Session, 2013) appropriated \$10.9 million dollars in General Revenue (GR) to the Department of State Health Services (DSHS) to address the housing needs of individuals diagnosed with a mental illness. This program originally allocated Supportive Housing Rental Assistance (SHR) funds to 18 Local Mental Health Authorities (LMHAs) and 2 Local Behavioral Health Authorities (LBHAs), totaling 20 providers. In fiscal year 2020, SHR expanded with Mental Health Block Grant funds to sixteen additional LMHAs/LBHAs, and now 36 of the 39 LMHAs/LBHAs provide SHR funds to individuals. All 39 LMHA/LBHAs also utilize general revenue funds to provide permanent supportive housing support services, which assist individuals to obtain and maintain housing of their choice. Texas HHS also uses general revenue dollars to fund the Healthy Community Collaborative program, which established and expanded community collaboratives to promote recovery and community reintegration as well as provide services to individuals with mental health needs who are experiencing homelessness in highly populated municipalities.

#### ***2.4 Texas Department of Agriculture***

The Texas Department of Agriculture (TDA) works to partner with all Texans to make Texas the nation's leader in agriculture, fortify our economy, empower rural communities, promote healthy lifestyles, and cultivate winning strategies for rural, suburban, and urban Texas through exceptional service and the common threads of agriculture in our daily lives. The TDA Office of Rural Affairs is dedicated to enhancing the economic vitality and quality of life in rural Texas. Taking advantage of available federal funds and a statewide outreach network, this office provides rural communities the tools needed to attract and retain businesses, expand and improve public infrastructure, and secure quality health care.

Through the Go Texan Certified Retirement Community program, TDA assists retirees and potential retirees in Texas in their search for affordable housing that meets their needs. Certified Retirement Communities have proven their ability to provide housing with access to adequate health and emergency medical services and other services required by senior adults. Rural communities may apply for Community Development Block Grant Funds to assist residents with housing rehabilitation/reconstruction needs, or to improve living conditions for a neighborhood or community through infrastructure and other improvements.

#### ***2.5 Texas Veterans Commission***

Since 1927, the mission of the Texas Veterans Commission (TVC) has been to advocate for and provide superior service to Veterans that will significantly improve the quality of life for all Texas Veterans, their families, and survivors. Through the Fund for Veterans' Assistance (Housing4TexasHeroes), TVC administers grants to eligible organizations that assist Texas Veterans and their families in obtaining, maintaining, or improving housing. Currently, these grants address homeless/housing needs as well as home modification assistance needs of Disabled Veterans, Low Income, and Very Low Income Veterans. These grants assist Texas Veterans and their families in obtaining, maintaining, or improving housing. Projects include homeless Veterans support, Veteran homelessness prevention, home modification assistance, and housing assistance for families of Veterans being treated at Texas medical facilities.

### **3.0 RESOURCES**

The following are resources available to help individuals find housing in Texas.

#### ***3.1 Aging and Disability Resource Centers***

Aging and Disability Resource Centers (ADRCs) provide information about and help with state, federal and local benefits for older adults and persons with disabilities. ADRCs are part of the No Wrong Door system, designed to streamline public access to long-term services care programs. ADRCs serve as a one-stop point of access to person-centered specialized information, referral, and assistance for people who need help finding long-term services and supports. ADRCs have Housing Navigators who help compile inventories of affordable housing and advocate for the expansion of affordable, accessible and integrated housing. Information can be found online at <https://hhs.texas.gov/services/aging/long-term-care/aging-disability-resource-center> or by calling 855-YES-ADRC (855-937-2372).

#### ***3.2 2-1-1 Texas***

2-1-1 Texas, a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. Whether by phone or internet, the goal of 2-1-1- Texas is to present accurate, well-organized and easy-to-find information from state and local health and human services programs. This is accomplished through the work of 25 Area Information Centers across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365/366 days a year. No matter where you live in Texas, you can dial 2-1-1, (877) 541-7905 or go online at <https://www.211texas.org/>, and find information about resources in your local community. Whether you need help finding food or housing, childcare, crisis counseling, or substance abuse treatment, one number is all you need to know.

#### ***3.3 Help for Texans***

TDHCA maintains Help for Texans, a simple online tool to enable individuals and organizations to access housing resources in their area. Resources include long-term rent payment assistance, emergency and homeless services, home repair and accessibility modifications, utility bill payment help, weatherization, and homebuyer assistance. To use the online database, simply select the type of assistance needed and search by city or county. Access Help for Texans at <https://www.tdhca.state.tx.us/texans.htm> or by calling the TDHCA Housing Resource Center at (800) 525-0657.

#### ***3.4 Vacancy Clearinghouse***

TDHCA maintains a Vacancy Clearinghouse, which is a simple online tool to enable individuals and organizations to access affordable housing options in their area. The list only includes properties funded by TDHCA, so it is not a comprehensive list of affordable properties in an area. Information regarding rents, amenities and units for persons with disabilities is included if available. To use the online database, simply search by city, county, or ZIP code. Access the Vacancy Clearinghouse at <http://hrc-ic.tdhca.state.tx.us/hrc/VacancyClearinghouseSearch.m>

#### **4.0 HOUSING NEEDS FOR POPULATIONS SERVED BY SERVICE-ENRICHED HOUSING**

In the most recent report by the U.S. Department of Housing and Urban Development (HUD) on worst case housing needs, HUD found that despite favorable economic conditions from 2017 through 2019, worst case housing needs persisted across demographic groups, household types, and regions throughout the United States. The unmet need for decent, safe, and affordable rental housing has continued to outpace income growth and the ability of federal, state, and local governments to supply housing assistance and facilitate affordable housing production (HUD, 2021, Worst Case Housing Needs 2021 Report to Congress, pg. vii). Worst case housing needs are defined as renters with very low incomes (not more than 50 percent of the Area Median Income (AMI)) who do not receive government housing assistance and who pay more than one-half of their income for rent, are living in severely inadequate conditions, or are experiencing both (HUD, 2021, pg. vii). A household spending 30% or more of its income on housing and utilities is considered rent burdened, sometimes referred to as “cost burdened.”

Contributing most to the increase in worst case housing needs were household formation (increase in the number of low income households from population growth), primarily among households with extremely low incomes, and the widening of the already unsettling gap in housing assistance relative to households eligible to receive it (HUD, 2021, pg. ix).

The Joint Center for Housing Studies of Harvard University (JCHS) found that while there has been growth in the rental housing stock, additions to that stock are increasingly targeted at higher-income households (JCHS, 2020). While the supply of high-end apartments and single-family homes has expanded, the share of new affordable housing units created for low- and moderate-income renters has dwindled. As a result, the emerging trend in the rental market is that nearly half of renter households (nearly 21 million households nationally) are cost burdened. Additionally, the report found that Texas is one of the states experiencing the largest decline in the availability of low-cost rental units (JCHS, 2020).

The JCHS suggests that addressing the gap between income and housing costs will require greater access to rental assistance, expanding the stock of affordable housing attainable by the low-income sector of the population, and preserving existing affordable housing (JCHS, 2020). The National Low Income Housing Coalition states that Texas has a deficit of almost 600,000 housing units affordable to persons with extremely low incomes. This averages to 29 affordable housing units per 100,000 households with extremely low incomes. This leaves 74% of extremely low-income renter households (those with income at or below the Poverty Guideline or 30% AMI, whichever is higher) with severe cost burden (NLIHC, 2022).

Households receiving rental assistance are predominantly families with children, older adults, and persons with disabilities. Older adults now occupy 35% of rental-assisted units. This share is likely to increase over the coming decades. Meanwhile, 17% of assisted households in 2017 included a person with a disability under the age of 62 (JCHS, 2017).

Special populations, such as persons with disabilities, older adults, and those experiencing homelessness, have specific needs that are often best addressed in conjunction with housing,

particularly because households with special needs have higher rates of rental cost burdens. In 2017, JCHS found that 55% of renter households that had a member with a disability had cost burdens, compared with only 45% of those with no disabilities. Rental cost burdens can be particularly detrimental to households with disabilities [and older adult households] in that high housing costs may constrain their ability to pay for medical and other essential needs (JCHS, 2017).

The state of Texas appears to be experiencing these same national trends that reflect an increasing need for affordable housing. According to the 2015-2019 American Community Survey (ACS) 5-Year Estimates, 14.7% of all Texans had incomes below the poverty level in the past 12 months, meaning roughly one in every six Texans is living in poverty. By comparison, 12.3% of the national population had incomes below the poverty level over that same period (U.S. Census Bureau).

Like the rest of the U.S., Texas' lower income populations are disproportionately special populations, including elderly persons, farmworkers, persons experiencing homelessness, persons with disabilities, residents of colonias<sup>1</sup>, veterans and wounded warriors, and youth aging out of foster care. These populations often face greater housing challenges. The following sections further illustrate housing needs in Texas by specific populations.

#### **4.1 Older Adults**

The State of Texas is experiencing the same large-scale trends that are driving nationally an increasing need for supportive housing. Specifically, the aging of the “baby boom” generation is resulting in an increasing need for health care and supportive services to be provided at the person’s home.

Older Texans face unique housing challenges that will become more prevalent as the population ages. The incidence of disability increases with age. According to the 2015-2019 ACS 5-year estimates, 9.5% of Texans between 18-64 years of age have a disability, while 27.9% of Texans 65 to 74 years and 52% of Texans aged 75 years and over have a disability (U.S. Census Bureau, table S1810). In addition, older households tend to live in older homes; according to 2015-2019 ACS, 50.6% of householders aged 65 years and older lived in housing stock built before 1980 (U.S. Census Bureau, table B25126). These factors may increase the need for housing modifications for accessibility and home repair as well as the need for more costly forms of home repair such as replacing roofing and older mechanical systems. The high cost of medical necessities and home repair, together with fixed and often limited income, put older adult populations in poverty at greater risk of housing instability.

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<sup>1</sup> The definition of colonia differs among the agencies working to address colonia issues. According to Tex. Gov’t Code §2306.581, TDHCA’s enabling statute, “colonia” means a geographic area located in a county some part of which is within 150 miles of the international border of this state, consists of 11 or more dwellings that are located in close proximity to each other in an area that may be described as a community or neighborhood, and: has a majority population composed of individuals and families with low income and very low income, based on the federal OMB poverty index and meets the qualifications of an economically distressed area under Section 17.921, Water Code; or has the physical and economic characteristics of a colonia, as determined by the department.

While aging and disability are not always linked, advancing age is a risk factor for developing a chronic medical condition that may result in disability, especially if untreated. So while not synonymous, disability and age are correlated. Thus, in order to remain living independently in the community, older adults may require the same services as persons with disabilities (CDC, 2013).

According to the Corporation for Supportive Housing (CSH), 90% of Americans 65 years and older would prefer to stay in their homes rather than live in a nursing home. However, many older adults face significant challenges in completing activities of daily living (ADLs), including bathing, cooking, dressing, and getting around the home, or with instrumental activities of daily living (IADLs), such as household chores, shopping, and going to doctor appointments. In order to live safely in their homes, this population often needs assistance. Supportive housing staff can help arrange for in-home care, housekeeping services, or even hospice care in order to prevent or delay a person from having to move into an institution (CSH, 2016).

In addition to the lack of affordable housing units, the lack of units with accessible features greatly impacts aging adults and persons with disabilities. As of 2011, only 3% of rental housing in the U.S. provided no-step entry, a bedroom and bathroom on the entry level, and extra-wide doors and hallways, three of the most basic accessible design features (Will, 2015).

The existing inventory of housing cannot accommodate the increasing number of households who will require modifications to their homes due to disability or age. According to population projections from the Census Bureau, by the year 2030 about 20.6% of people in the U.S. will be 65 years of age or older compared to about 15.24% in 2016. By 2050 the number of people over age 85 is expected to reach well over 18.5 million, which is nearly triple that age group's population in 2016 (U.S. Census Bureau, 2017). The Texas Demographic Center found that, in 2020, Texas had 9 million adults aged 50 and older. This population is expected to grow to 16.4 million by 2050 (Texas Demographic Center, 2019). In order to age in place as is preferred by the majority of older adults, these individuals will need additional long-term services and supports.

#### **4.2. Persons with Disabilities**

Disability is a broad term and is defined differently for different programs and funding sources. It is important to note that disabilities are not limited to physical disabilities. HUD defines a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment. In general, a physical or mental impairment includes hearing, mobility and visual impairments, substance use disorders, serious mental illness, AIDS, and intellectual disability that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself" (HUD, n.d., Disability Rights in Housing).

According to the 2015-2019 ACS 5-year estimates, approximately 41 million people in the United States (or 12.7% of the country's total non-institutionalized population) have some kind of

disability (U.S. Census Bureau, Table S1810). Earnings are less and poverty rates are higher for persons with disabilities than for those without disabilities (U.S. Census Bureau, 2012). There are over 3 million Texans with a disability (11.5% of the total non-institutionalized population), and a significant number of persons with disabilities experience poverty and face extreme housing needs. The 2015-2019 ACS data show that 19.7% of individuals who live below the poverty level in Texas have a disability\ (U.S. Census Bureau, Table S1703).

Persons with disabilities face challenges finding housing that is affordable, accessible, and located near transit and supportive services.

#### **4.3 People who are Homeless and Chronically Homeless<sup>2</sup>**

Individuals who are chronically homeless are another population in need of accessible and affordable housing. HUD defines a person who is chronically homeless as:

*1. An individual who:*

- *Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND*
- *Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year OR on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total; AND*
- *Can be diagnosed with one or more of the following conditions: Substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*

*2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph (1), before entering that facility; OR*

*3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless (HUD, 2015).*

Chronically homeless individuals often have unaddressed mental health service needs, substance use disorders, or both. These issues are often barriers to accessing affordable housing and other housing resources. Homeless families in particular have unique challenges to obtaining shelter.

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<sup>2</sup> In 2021 many Texas Continuums of Care (CoC) were unable to conduct complete unsheltered homeless counts due to the COVID-19 pandemic. For the purposes of this Plan 2020 homeless data counts were instead used as felt to be a more accurate representation of the homeless population.

There were an estimated 27,229 persons in Texas experiencing homelessness on a given night in 2020. Although Texas reported more persons experiencing homelessness than all but three states (California, New York, and Florida), it continues to have a rate of homelessness that falls well below the national average of 18 per 10,000 people. The rate of homelessness in Texas is 9.4 per 10,000. Regionally, rates of homelessness per 10,000 people vary from 3.1 per 10,000 people in the Bryan-College Station area to 30.1 per 10,000 people in the Amarillo area (NAEH, 2021).

Between 2019 and 2020, the number of persons experiencing homelessness in Texas increased by 5.3%. However, between 2007 and 2020, Texas saw a substantial decrease in the number of persons experiencing homelessness (12,559 individuals or 32%). In the same time period, Texas also had a large decrease in the number of persons experiencing homelessness as individuals (5,191 individuals or 20%) and a 55% decrease (7,368) in families with children experiencing homelessness (NAEH, 2021).

According to the United States Interagency Council on Homelessness (USICH), for those experiencing homelessness, housing provides a foundation from which a person or family can access the services and supports they need to regain stability and begin the recovery process. Supportive housing provides housing, as well as services designed to build independent living and tenancy skills, assistance with integrating into the community, and connections to community-based health care, treatment, and employment services. Studies have shown that the provision of wrap-around supportive services in conjunction with affordable housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons (USICH, 2018).

#### ***4.4 Violence Against Women Act (VAWA) Covered Populations***

Survivors of domestic violence and other VAWA covered populations are particularly vulnerable to housing instability and homelessness. A survey of survivors by The University of Texas Institute on Domestic Violence and Sexual Assault (IDVSA) found that nearly 90% of survivors have experienced homelessness at least once due to family violence (UT IDVSA, 2019). Survivors are presenting in shelters with increasingly complex and challenging housing needs with require more time and more in-depth services to address. As a result, clients are residing in shelters and requiring support services, such as legal advocacy, mental health care, and economic support, for a longer period of time. This decreases access for other survivors needing emergency shelter and support, and the statewide lack of affordable housing for survivors to transition to further exacerbates this issue.

#### ***4.5 Veterans***

A large number of Veterans struggle to cope with the physical and psychological trauma they experienced in service. As a result, Veterans are over-represented in the homeless population when compared to civilians.

Nationwide, approximately one-half of Veterans experiencing homelessness have serious mental illness, and 70% have substance use problems. This combination can lead to involvement in the criminal justice system, evidenced by the fact that approximately one half of Veterans experiencing homelessness have been justice involved after being discharged from the military (USICH, 2015). According to the National Alliance to End Homelessness (NAEH), criminal records are a barrier to obtaining housing, and serious mental illness or substance use disorders may affect housing retention (USICH, 2015).

The total number of Veterans in Texas experiencing homelessness during the Point-In-Time (PIT) count in 2020 was 1,948 (HUD, 2020). From an analysis of the 2014, 2015, and 2016 Texas PIT counts of persons experiencing homelessness, Veterans experiencing homelessness were more likely than the civilian homeless population to:

- Be male;
- Be older when first becoming homeless, with the median age of 54;
- Experience repeated episodes of homelessness;
- Be single without household members with them;
- Have higher education levels;
- Report sleeping outdoors, as opposed to an Emergency Shelter or Transitional Housing;
- Have Post-Traumatic Stress Disorders (PTSD); and
- Have one or more of the following: substance use disorders, mental illness, or physical disability (Homelessness among Veterans in Texas, 2016, pg. 11).

Identified housing needs of Veterans experiencing homelessness include, but are not limited to:

- Affordable housing and preventative efforts to avoid entering homelessness;
- Accelerated rehousing efforts (10 Strategies to Reduce Homelessness with the American Rescue Plan, 2021, pg. 5);
- Housing with low barrier to entry;
- Access to services that prioritize housing over traditional prerequisites such as assessments or treatment before housing;
- Emergency shelters that accept children;
- Housing units compatible with family size;
- Greater access to U.S. Veterans Affairs benefits;
- Greater access to alternative/supplemental services for former service members and Veterans with barriers to accessing U.S. Veteran Affairs benefits;
- Housing services paired with mental health services (10 Strategies to Reduce Homelessness with the America Rescue Plan, 2021); and
- Approaches to address chronic homelessness (Homelessness among Veterans in Texas, 2016, pg. 12-13).

Even as more Veterans experience homelessness than the general population, one study comparing 162 chronically homeless Veterans to 388 non-Veterans enrolled in a supportive housing program found there were no significant differences between the Veterans and non-Veterans on housing or clinical status, though both groups improved. Even though Veterans face

greater risk of becoming homeless, this suggests that Veterans benefit from services and treatment similarly to non-Veterans (Tsai, Mares, and Rosenheck, 2012). Still, given the unique mental health needs of Veterans experiencing homelessness, it is imperative that services supporting stable housing are offered in a manner that is trauma-informed and military culturally competent. Additionally, efforts to end veteran homelessness should be guided through the lens of racial equity as a disproportionate number of Veterans experiencing homelessness are People of Color (10 Strategies to Reduce Homelessness with the American Rescue Plan, 2021).

## **5.0 POLICIES TO COORDINATE AND INCREASE STATE EFFORTS TO OFFER SERVICE-ENRICHED HOUSING**

*Develop and implement policies to coordinate and increase state efforts to offer service-enriched housing.*

### **5.1 Definition of Service-Enriched Housing**

In accordance with Tex. Gov't Code §2306.1091(b), "With the advice and assistance of the council, the department by rule shall define 'service-enriched housing' for the purposes of this subchapter."

In January of 2010, the Department, with the advice and assistance of the Council, and stakeholder input, worked to develop the definition of Service-Enriched Housing. The TDHCA Governing Board adopted a final rule for the definition in June 2010.

Tex. Gov't Code §2001.039 requires that a state agency periodically review its rules. In early 2018 the Department reviewed 10 TAC Chapter 1, Subchapter A, §1.11, Definition of Service-Enriched Housing and determined that the reason for the initial adoption of the rule continues to exist since the Council is codified in Tex. Gov't Code §2306.1091. The Definition of Service-Enriched Housing was discussed by HHSCC at the January 31, 2018, Quarterly Council Meeting and the May 4, 2018, Quarterly Council Meeting. HHSCC was in favor of readopting the rule as is. The TDHCA Governing Board approved the proposed re-adoption of the Definition of Service-Enriched Housing (SEH) on May 24, 2018.<sup>3</sup>

Following Board approval, the proposed rule review was published in the *Texas Register* and released for public comment from June 11, 2018, through July 11, 2018. Two comments were received from two organizations. Changes were made based on discussion at the July 11, 2018, HHSCC Quarterly Council meeting and the public comments received. Changes were made to provide clarity to the definition of SEH that the two public comments addressed regarding "off-site services."

For the purpose of directing the work of HHSCC and its work products, including the biennial plan, SEH is defined in 10 TAC Chapter 1, §1.11 as integrated, affordable, and accessible housing that provides residents with the opportunity to receive assistance in coordination of on-site and/or

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<sup>3</sup> Review of the Service-Enriched Housing rule will take place prior to the end of calendar year 2022.

off-site health-related and other services and supports that foster independence in living and decision-making for individuals with disabilities and persons who are elderly.

The Definition of Service-Enriched Housing can be found online at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=10&pt=1&ch=1&rl=11](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=1&rl=11)

### **5.2 Integrated Housing Rule**

Texas has a longstanding commitment to providing accessible, integrated, and affordable housing to persons with disabilities. TDHCA provides guidelines governing housing developments that participate in applicable TDHCA programs, ensuring that properties participating in TDHCA programs (with the exception of Transitional Housing) provide persons with disabilities with integrated housing options. In 2003, prior to the creation of the HHSC, TDHCA adopted an integrated housing rule, which ensures that for properties within the Department's portfolio, persons with disabilities are able to live in integrated settings alongside individuals without disabilities. The rule was updated in 2018 with the input of TDHCA's Disability Advisory Workgroup and other stakeholders. The rule establishes maximum disability set-asides of 25 percent for developments with 50 or more units and 36 percent for developments with fewer than 50 units.

The Rule, entitled Integrated Housing Rule, is found at 10 TAC §1.15.

The rule defines integrated housing as normal, ordinary living arrangements typical of the general population. Integration is achieved when individuals with disabilities can make choices to live in housing units that are located among individuals who do not have disabilities or other special needs. Integrated housing is distinctly different from assisted living facilities/arrangements.

A household with a disability, for the purposes of this rule, is a household composed of one or more persons, at least one of whom is an individual who is determined to have a physical or mental impairment that substantially limits one or more major life activities; or having a record of such an impairment; or being regarded as having such an impairment. Included in this meaning is the term handicap as defined in the Fair Housing Act or disability as defined by other applicable federal or state law. According to HUD guidance, a physical or mental impairment includes, but is not limited to, conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV), developmental disabilities, mental illness, and substance use disorder (HUD, n.d.).

The Integrated Housing Rule can be found online at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=10&pt=1&ch=1&rl=15](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=1&rl=15)

### **5.3 Reasonable Accommodation**

TDHCA's Reasonable Accommodations Rule, 10 TAC §1.204, ensures that persons with disabilities have access to TDHCA programs, housing and services. For the benefit of owners, subrecipients, the public, and Department staff, in early 2019 amendments were made to the Department's existing rule on Reasonable Accommodation to provide greater specificity on the timeframe within which a response by the property or the subrecipient (as applicable) to the person requesting the accommodation must be made.

The Reasonable Accommodations Rule applies to a request for reasonable accommodations made by an applicant or participant of a TDHCA program to a TDHCA subrecipient, or made by an applicant or occupant to TDHCA-funded property.

The Reasonable Accommodation Rule can be found online at:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=2&p\\_dir=N&p\\_rloc=194395&p\\_tloc=&p\\_ploc=1&pg=3&p\\_tac=182125&ti=10&pt=1&ch=1&rl=204&z\\_chk=3184227](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=2&p_dir=N&p_rloc=194395&p_tloc=&p_ploc=1&pg=3&p_tac=182125&ti=10&pt=1&ch=1&rl=204&z_chk=3184227)

#### **5.4 Project Access**

The Project Access program in Texas began as a HUD pilot program in 2001; even after HUD discontinued the pilot program, TDHCA continued to operate the program. Project Access utilizes federal Section 8 Housing Choice Vouchers administered by TDHCA to assist persons with disabilities and low incomes in transition from institutions to the community. This is accomplished through extensive coordination between TDHCA and its Health and Human Services partners so that the vouchers offer access to affordable housing while Texas Health and Human Services commission agencies or contractors provide services. As discussed below, TDHCA has steadily worked to develop and expand this initiative.

The program originally had 35 vouchers when it began in 2001. Since that time, TDHCA's Governing Board approved the following changes to the Project Access program, based on input from advocates and the Health and Human Service Agency partners:

- Through Coronavirus Aid, Relief, and Economic Security Act (CARES Act), HUD awarded 15 additional Mainstream vouchers for a total of 65 in 2020;
- Provided incremental increases to the number of Project Access Vouchers up to 140 vouchers, and then added an additional 50 vouchers through the Mainstream Voucher Program in 2018;
- Created a pilot program with the Texas Department of State Health Services<sup>4</sup> (DSHS) to assist persons with disabilities transitioning out of State Psychiatric Hospitals;

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<sup>4</sup> In 2015, the 84<sup>th</sup> Legislature enacted legislation outlining a reorganization of the Texas Health and Human Services system to produce a more efficient, effective, and responsive system. In September 2016, the first phase of that effort became operational and client services programs transferred to HHSC from DSHS. In September 2017, the second phase occurred and State hospitals, state supported living centers, and regulatory services programs from DSHS transferred to HHSC. All activities of DSHS and State Hospitals are now organizationally housed under HHSC. TDHCA has maintained partnerships and formal agreements with DSHS and HHSC staff during this reorganization. References to HHSC and DSHS may be used interchangeably.

- Added persons with disabilities transitioning out of State Psychiatric Hospitals to the list of people who can access the larger pool of vouchers if the vouchers prioritized for the pilot program fill up; and
- Allowed those on the waiting list to exit the nursing facility using HOME Investment Partnerships Program (HOME) Tenant Based Rental Assistance (TBRA) while they wait for a voucher to become available.
- Added persons leaving state psychiatric hospitals and receiving HHSC funded rental assistance in the community the opportunity to remain on the waitlist for the larger pool of Project Access vouchers.

Since 2017, 10 of the 190 Project Access vouchers have been continuously reserved to help people with disabilities and low incomes transition from state-funded psychiatric hospital beds into the community by providing access to affordable housing. Eligible applicants must meet the disability criteria and either be a current resident of a state-funded psychiatric hospital or have been discharged from a state-funded psychiatric hospital within 60 days of the application date. Since the pilot program started, over 1,802 individuals have received Project Access voucher assistance.

In addition to program changes, TDHCA provided outreach and technical assistance to HHSC<sup>5</sup> Relocation Specialists and TBRA Administrators to support individuals on TDHCA's Project Access waiting list to relocate out of institutions using assistance from the HOME TBRA program. A participant may exit an institution using TBRA, a time-limited housing assistance program, and live in the community in their own home while they wait until a Project Access voucher becomes available.

TDHCA and HHSC continue to work together to support those wishing to leave institutions to access affordable housing and available services based on their individual choices.

More information can be found on the TDHCA Section 8 Project Access webpage: <https://www.tdhca.state.tx.us/section-8/project-access/index.htm>

### **5.5 Section 811**

The Section 811 Project Rental Assistance (Section 811 PRA) program provides project-based rental assistance for persons with disabilities and extremely low incomes who are linked with long-term services and support. The program is made possible through a state-level Interagency Partnership Agreement between TDHCA, Texas Health and Human Services (HHS), and the Texas Department of Family and Protective Services (DFPS). The program requires participation from eligible multifamily properties and local disability services professionals. The Section 811 PRA program creates the opportunity for persons with disabilities to live as independently as possible

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<sup>5</sup> In 2015, the 84<sup>th</sup> Legislature enacted legislation outlining a reorganization of the Texas Health and Human Services system to produce a more efficient, effective, and responsive system. In September 2017, DADS was abolished and its functions were transferred to HHS. All activities of DADS are now organizationally housed under HHSC. References to HHSC and DADS may be used interchangeably.

through the coordination of voluntary services and providing a choice of subsidized, integrated rental housing options.

Section 811 PRA serves the following disability target populations:

- Persons Exiting Foster Care
- Persons with Serious Mental Illness
- Persons Exiting community-based small, medium and large and state-owned state supported living centers, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)
- Persons Exiting Nursing Facilities

The program is available to households located in the following Metropolitan Statistical Areas (MSAs):

- Austin-Round Rock-Georgetown
- Brownsville-Harlingen
- Corpus Christi
- Dallas-Fort Worth-Arlington
- El Paso
- Houston-The Woodlands-Sugar Land
- McAllen-Edinburg-Mission
- San Antonio-New Braunfels

TDHCA has been awarded over \$31 million from HUD to provide project-based rental assistance to persons with disabilities and extremely low-incomes as they receive long-term services under the Section 811 PRA Program. As of February 2022, the Department has housed 610 households and has recruited 146 properties to the program that are committing an average of 10 units each to the Section 811 PRA. As units become available in these properties, they are offered to qualified Section 811 households.

The Section 811 PRA Program Owner Participation Agreement is a contract between participating properties and TDHCA, and it has a term of 30 years that ensures participating properties and TDHCA work together to complete program requirements. TDHCA, together with HHSC, has trained over 717 Section 811 Referral Agents on Fair Housing, identifying qualified individuals and connecting households to the program. TDHCA, Texas HHS, and DFPS are providing ongoing technical assistance to Referral Agents and owners of participating properties ensuring that service providers and property managers understand this program. TDHCA is implementing multiple strategies to bring more properties into the program to increase the availability of affordable, accessible and integrated housing.

More information can be found on the TDHCA Section 811 PRA webpage: <http://www.tdhca.state.tx.us/section-811-pra/index.htm>

### **5.6 Amy Young Barrier Removal Program**

The Amy Young Barrier Removal (AYBR) Program awards funds to units of local government and private nonprofit entities that provide one-time grants of up to \$22,500 per household to persons with disabilities at or below 80% Area Median Family Income (AMFI) for accessibility modifications and to address certain unsafe elements if they are present in the unit being assisted. Modifications may include, but are not limited to installing handrails; ramps, buzzing or flashing devices; accessible door and faucet handles; shower grab bars and shower wands; and accessible showers, toilets and sinks and making door widening and counter height adjustments.

More information can be found on the TDHCA Amy Young Barrier Removal Program webpage: <http://www.tdhca.state.tx.us/hf/single-family/amy-young.htm>

### **5.7 HOME Persons with Disabilities (PWD) Set-Aside**

All of the following HOME Program activities are eligible to be used as part of the HOME PWD set-aside.

HOME TBRA provides rental subsidy, security, and utility deposit assistance. This program allows the assisted tenant to find a dwelling unit of their choosing, conditioned on landlord approval, with a right to continued assistance, in accordance with written tenant selection policies, for a period not to exceed 24 months. If available, additional funds may be set-aside to provide assistance for up to 60 months for individuals that meet certain program requirements. A HOME-assisted tenant must also participate in a self-sufficiency program. This program can also be used to address housing issues arising from disasters, whether natural or man-made, as well as for assistance provided under the PWD set-aside. These funds are made available as specified in published rules and NOFAs.

The Homebuyer Assistance with New Construction (HANC) program funds units of general local government, public housing authorities, local mental health authorities, and nonprofits to provide mortgage financing to low-income homebuyers for; the acquisition and/or new construction of site-built housing; the acquisition and/or placement of a new manufactured housing unit (MHU); the acquisition and/or rehabilitation of housing to be occupied by the homebuyer.

The Homeowner Reconstruction Assistance (HRA) activity offers grants or zero-interest deferred forgivable loans for reconstruction, or new construction of dilapidated housing units, to homeowners. The existing and the reconstructed home must be the principal residence of the homeowner. At the completion of the assistance, all properties must meet, as applicable, the Texas Minimum Construction Standards, the International Residential Code (IRC), the Department's Energy Efficiency rules, and local building codes, zoning ordinances and local construction requirements. If a home is reconstructed, the applicant must also ensure compliance with the universal design features in new construction, established by Tex. Gov't Code §2306.514 and energy efficiency standards. Funds may also be made available to refinance existing mortgage debt to increase affordability if the refinance takes place in conjunction with substantial rehabilitation. This program can also be used to address housing issues arising from

disasters, whether natural or man-made, as well as for assistance provided under the PWD set-aside. These funds are awarded as specified in published rules and NOFAs.

### ***5.8 HHSC Supportive Housing Rental Assistance***

HHSC, through a combination of state general revenue and Mental Health Block Grant dollars, provides over \$8 million dollars to fund the Supportive Housing Rental (SHR) Assistance Program to local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) to provide rent and utility assistance, deposits, move-in costs, and other one-time/time-limited expenses to obtain and maintain housing. SHR funds can be used for up to 12 months of rental assistance based on a person's identified need. Participants are required to assess and develop a transition plan to address barriers for housing and employment with the goal of being self-sufficient.

People meeting the following criteria are eligible for SHR assistance:

- 18 years-of-age and older;
- Diagnosis of mental illness;
- Homeless or at imminent risk of becoming homeless; and
- Assessed by an LMHA/LBHA for a full level of care (i.e., levels 1-4).

Priority is given to people transitioning from hospitals (community or state psychiatric hospital), nursing facilities, forensic units, and to high utilizers of crisis services. Participants in the SHR program have consistently shown a decrease in crisis episodes and psychiatric hospitalizations as a result of participating in the program.

### ***5.9 HHSC Healthy Community Collaborative (HCC) Program***

HHSC provides \$25 million in grants each biennium to local community collaboratives working to reduce homelessness in their communities. Participants receive wrap-around housing services and supports, including rental assistance, utility assistance, food, furniture, individual mental health counseling, group mental health counseling, psychiatry services, and substance use services. Counties currently participating in HCC include Travis, Tarrant, Harris, Comal, Guadalupe, Bexar, Hunt, Navarro, Smith, Wood, Henderson, Van Zandt, and Rains. Participants demonstrated positive change in assessments after six and 12 months of HCC enrollment, including:

- Improvement in general functioning, including lower numbers of crisis episodes, a decrease in psychiatric hospitalizations, a decrease in behavioral health needs, depressive symptoms, and a decrease in physical health needs;
- Increase in strengths compared with those not housed; and
- Little to no criminal justice involvement leading to arrest after program enrollment for HCC clients with frequent histories of criminal justice involvement that led to arrests before HCC enrollment (HHSC, 2020).

### ***5.10 Texas Domestic Violence Transitional Housing Programs***

HHSC, through a grant with the Administration for Children and Families, contracts with local service providers to provide transitional housing and housing assistance for up to 12 months to

survivors of domestic violence. Transitional housing provides a bridge to safety for survivors who may be unable to access safe housing any other way. In addition to rental assistance, services include helping survivors build up savings for permanent housing, establish or repair credit/rental history, seek employment or improve job skills, work on healing from trauma, get counseling and medical attention for themselves and their children, receive legal advocacy services, and make long-term plans for safety and navigating ongoing risks the abuser may pose in their lives. At the end of a follow-up study for participants in transitional housing programs, 45% of survivors were in their own apartments with the assistance of a subsidy and 27 percent were in their own apartments without the assistance of a subsidy (TCFV, 2021).

#### ***5.11 State of Texas One-Year Action Plan, 5-Year Consolidated Plan and Consolidated Annual Performance and Evaluation Report***

TDHCA produces the One-Year Action Plan and the State of Texas 5-Year Consolidated Plan in compliance with HUD.

The 2020-2024 State of Texas Consolidated Plan governs five programs funded by HUD: HOME, the Emergency Solutions Grant (ESG) Program, the National Housing Trust Fund (NHTF), the Community Development Block Grant (CDBG) Program, and the Housing Opportunities for Persons with AIDS (HOPWA) Program. CDBG is administered by TDA, HOPWA is administered by DSHS, and HOME, ESG, and NHTF are administered by TDHCA. The 2020-2024 Consolidated Plan determines which of HUD's eligible activities have been identified to best serve the needs of Texas. TDHCA, TDA, and DSHS collaborated to complete the Plan and sought extensive input from other state agencies, stakeholders, advocates, and community members.

HUD allows a broad range of activities for CDBG, HOME, ESG, and HOPWA. CDBG provides resources for community development, which may include acquisition of real property; relocation and demolition; rehabilitation of residential and non-residential structures; construction of public facilities and improvements; public services; activities relating to energy conservation and renewable energy resources; and provision of assistance to profit-motivated businesses to carry out economic development and job creation/retention activities. HOME is used for single-family and multifamily housing activities, which may include providing home purchase or reconstruction financing assistance to eligible homeowners and new homebuyers; building or rehabilitating housing for rent for eligible households; and tenant-based rental assistance to subsidize rent for people with low-incomes. ESG funds projects which may include supportive services for homeless individuals and households, emergency shelter/transitional housing, homelessness prevention assistance, and permanent housing for the homeless population. HOPWA is dedicated to the housing and supportive service needs of people living with HIV/AIDS and their families, which may include the acquisition, rehabilitation, or new construction of housing units; facility operations; rental assistance; short-term payments to prevent homelessness; case management; substance abuse treatment; mental health treatment; nutritional services; job training and placement assistance; and assistance with daily living.

The 2021 One-Year Action Plan (OYAP) applies to those actions of the three State agencies named above, all of which have responsibilities for the administration of ongoing HUD programs. The

OYAP reports on the intended use of funds received by the State of Texas from the HUD for Program Year 2021. The 2021 OYAP is for HOME, ESG, CDBG, HOPWA, and the NHTF and explains the State's method for distributing those program funds; the state provides opportunity for public input on the development of the annual plan. Many of these programs, as previously described, have targeted funds for persons with disabilities.

The 2021 State of Texas Consolidated Annual Performance and Evaluation Report (CAPER) is the reporting document for Program Year 2020 of funds received by the State of Texas from HUD. The 2021 CAPER provides an assessment of the State of Texas' progress towards meeting stated goals and objectives stated in the 2020-2024 Consolidated Plan and One-Year Action Plan goals and objectives for Program Year 2020 for CDBG, HOME, HOPWA, ESG, and NHTF.

The most recent as well as archived HUD planning and reporting documents are found under Consolidated Planning Documents and Certifications here: <https://www.tdhca.state.tx.us/housing-center/pubs-plans.htm>

### ***5.12 TDHCA Multifamily Properties***

TDHCA supports the development of Service-Enriched Housing through its multifamily housing resources, which include the Housing Tax Credit Program (HTC), multifamily bond issuance coupled with 4% HTCs, the Multifamily Direct Loan Program, and the one-time pandemic response HOME-American Rescue Plan Program (HOME-ARP). The HTC Program, managed by the Department of Treasury's Internal Revenue Service (IRS), is currently the largest source of federal subsidy for developing and rehabilitating affordable rental housing in the United States.

The IRS requires that the Department prepare a Qualified Allocation Plan (QAP) that explains the basis upon which the Department will distribute its HTC allocation. Through the QAP, the Department establishes preferences and set-asides within the tax credit competition to target the credits towards specific places (such as areas that have not received a tax credit allocation in the past) or populations (such as those in need of supportive housing).

All of TDHCA's HTC multifamily developments must provide accessible units. In effect, a 160-unit multifamily development must provide a minimum of eight accessible units and four units designed for people who are visually impaired. TDHCA has also taken steps to include incentives in its QAP and Multifamily Direct Loan Program for applicants to develop supportive housing for persons with disabilities.

Additionally, TDHCA and a number of other entities in the state are provided authority to issue tax-exempt multifamily housing bonds. Owners/developers who have completed development utilizing such bonds are entitled to receive an allocation of 4% HTCs when they undergo cost certification.

Tex. Gov't Code Chap. 2306 and TDHCA's Uniform Multifamily Rules require all TDHCA Multifamily properties funded after September 1, 2001, to operate in compliance with Section 504 of the Rehabilitation Act of 1973. Owners are required to pay for reasonable

accommodations and/or modifications requested by persons with a disability. TDHCA's Fair Housing Specialist in conjunction with the TDHCA Compliance Division have produced a Tenant Rights and Resources Guide, which TDHCA-monitored rental properties provide to each resident household upon move-in. The guide provides tenants with information regarding property policies, regulations and requirements. The Tenant Rights and Resources Guide explains rights that a tenant has as a renter in a TDHCA-monitored property, including information on fair housing and how to file a fair housing complaint, how to request a reasonable accommodation or modification, how to file complaints regarding property management, and other tenant rights.

The HHSCC membership is interested in looking into the feasibility of creating greater incentives for developers to invest in service coordination through whatever means are available. Any results of this effort will be provided as recommendations to the applicable state agency for the relevant rule or planning document.

## **6.0 BARRIERS TO SERVICE-ENRICHED HOUSING EFFORTS**

*Identify barriers preventing or slowing service-enriched housing efforts, including barriers attributable to the following factors: (a) Regulatory requirements and limitations; (b) Administrative limitations; (c) Limitations on funding; and (d) Ineffective or limited coordination.*

HHSCC has identified barriers and constraints which may limit Texas' ability to support and facilitate a pipeline of SEH opportunities for persons with disabilities and elderly Texans. Many of these constraints are beyond the control of any one state agency, but agencies such as those represented on HHSCC are working to overcome these barriers.

Limited funding for SEH exists for both the housing construction component and the delivery of services component. The development and maintenance of SEH is also costly. Current programs work to fully utilize funds that are available, but current and projected funding levels for programs that support SEH pose a challenge in increasing SEH availability to match the need.

Additionally, even when resources are available, sometimes local attitudes such as "Not in My Back Yard" (NIMBYism) present challenges to moving forward with housing development. Furthermore, even when the housing has been constructed, there have been instances where owners have used leasing criteria that have posed obstacles to many tenants in need of SEH, such as leasing criteria treating certain criminal history matters, even if long ago and/or relatively minor, as disqualifying factors.

National studies also show there are low acceptance rates for Housing Choice Vouchers among private landlords, especially in competitive rental markets. When HUD last completed a study on voucher success rates, only 69% of households who received vouchers from large metropolitan public housing authorities successfully secured a rental unit within the allowed timeframe. This further limits the supply of available affordable housing (HUD, 2001). In the Department's Project Access program, this challenge is seen regularly.

There are several factors of limited coordination that present barriers to SEH. One of the greatest barriers identified by HHSCC is ineffective and limited service coordination. Housing developers fully understand the intricacies of operating affordable housing, but according to Council members, few housing developers understand the intricacies of social service programs. Service and resource coordination between local healthcare and social service agencies, housing developers, owners, and property managers needs to be enhanced.

Coordination of care is intended to be a tailored site-specific coordinated effort so that smaller properties that may have less capacity are able to utilize methods that larger properties may not require, such as telemedicine. In some cases, education for housing management will improve effective service coordination for tenants with disabilities and older tenants. Through increased coordination of care, housing tenancy support services can help reduce homelessness and decrease use of costly emergency services by providing timely intervention when a tenant is experiencing a health or behavioral health crisis and at risk of losing their housing.

Lastly, HHSCC members report that many people – especially people with disabilities – report experiencing challenges in navigating the complex affordable housing system, which operates on federal, state and local levels, and through different agencies, making it hard to find a single source of information on available affordable housing.

## **7.0 CROSS-EDUCATION TO INCREASE EXPERTISE IN AREAS OF HOUSING AND HEALTH AND COORDINATION OF ACTIVITIES OF THOSE AGENCIES**

*Develop a system to cross-educate selected staff in state housing and health services agencies to increase the number of staff with expertise in both areas and to coordinate relevant staff activities of those agencies.*

### **7.1 SBHCC**

The Statewide Behavioral Health Coordinating Council (SBHCC) was created by the 2016-17 General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04) ensure a strategic approach to the delivery of behavioral health services and maximize General Revenue to serve individuals with behavioral health conditions. The Texas Legislature directed the SBHCC to develop a five-year behavioral health strategic plan which was published in 2016 for fiscal years 2017-2021. The updated Texas Statewide Behavioral Health Strategic Plan will be published July 2022 for fiscal years 2022-2026 and will include the state's first *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*.

A success from the 2017-2021 Texas Statewide Behavioral Health Strategic Plan is HHSC's Supportive Housing Rental Assistance Program. It provides funding to local mental health authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) to enhance their ability to provide rental and utility assistance to people with mental illness who are homeless or at imminent risk of becoming homeless and promote supportive housing services. Priority is given to people transitioning from hospitals (community or state psychiatric hospital), nursing facilities, and to high utilizers of crisis services. Thirty-six of the 39 LMHAs/LBHAs in Texas offer this program.

SBHCC agency members and community stakeholder groups provided valuable insight to identify gaps and challenges related to coordination, access, and service provision within the behavioral health system in Texas. Strategies that accompany the goals for the mental health services track include coordination across local, state, and federal agencies to increase and maximize use of funding for client access to housing. In addition, there is a specific goal to assess the need for recovery housing for adolescents and young adults that is included in the substance use services track. (HHSC, 2022).

As stated in the 2022-2026 Texas Statewide Behavioral Health Strategic Plan, “Behavioral health challenges can lead to homelessness. People who are homeless typically have more chronic physical, mental health, and substance use needs than the general population. Behavioral health challenges can also impact a person’s ability to secure and maintain employment. During the last five years there has been significant investment of state and federal funds in the Supported Housing Rental Assistance, Health Community Collaboratives, and Section 811 programs that support housing needs for people with behavioral health conditions. Additionally, the state has made progress toward planning to increase efforts that focus on increasing tenancy support services for Medicaid populations. More ongoing supported housing and employment services are needed to help people find and maintain their homes and jobs. HHSC coordinated efforts with other state agencies and stakeholders to develop a Housing Choice Plan, which identifies strategies to expand housing options for people with mental health conditions, substance use histories, and IDD” (HHSC, 2022).

Through TDHCA’s active involvement in the SBHCC, cross-education is occurring frequently at quarterly meetings of the HHSCC, SBHCC, Behavioral Health Advisory Committee Housing Workgroup, and related workgroups.

### ***7.2 Summary of Interagency Workgroups***

TDHCA, as well as many of the agencies represented on HHSCC, also participate in other interagency workgroups that work to increase housing options to various special needs populations.

#### State Community Resource Coordination Groups Workgroup

Community Resource Coordination Groups (CRCG) are interagency groups comprised of local partners and community members. CRCGs develop individual services plans to help children, youth, families and adults whose needs can only be met through services from multiple agencies and programs. The CRCGs bring those agencies and programs together to develop Individual Service Plans (ISP) and make sure care is coordinated. The State CRCG workgroup serves as the state- level point of contact to respond to regional or state wide concerns of local CRCGs. Presently, the State CRCG Workgroup, consisting of legislatively-mandated state agency members and other stakeholders, meets periodically to provide oversight to specific state -level coordination activities.

#### Re-Entry Task Force

Enacted by the 81st Legislature, the state's Re-entry Task Force is comprised of representatives from over 20 state agencies and associations. The Re-entry Task Force mandate is to identify gaps in service and coordinate with local reentry and reintegration programs for recommendations regarding services to post release offenders. The Re-entry Task Force meets quarterly to discuss areas of concern and initiatives related to reentry, providing a forum for information exchange, coordination, and problem resolution with other agencies and involved parties.

#### Behavioral Health Advisory Committee

The Behavioral Health Advisory Committee (BHAC), supported by HHSC, is the state mental health planning council in accordance with the state's obligations under 42 U.S.C. §300x-3. The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHSC Executive Commissioner consistent with the committee's purpose. BHAC has various ad hoc groups including a Housing Subcommittee that actively focuses on housing options for persons needing behavioral health services, including service-enriched housing.

#### Texas Coordinating Council for Veterans Services

The Texas Coordinating Council for Veterans Services (TCCVS), supported by TVC, was established as the result of legislation passed by the 82nd Legislature (2011) in order to coordinate the activities of state agencies that assist Veterans, service members, and their families; coordinate outreach efforts that ensure Veterans, service members, and their families are made aware of services; and facilitate collaborative relationships among state, federal, and local agencies and private organizations to identify and address issues affecting Veterans, service members, and their families. TCCVS has various sub-groups including a housing group that focuses on housing options for Veterans, including service-enriched housing.

#### Disability Advisory Workgroup

TDHCA believes that consultation with community advocates, funding recipients, and potential applicants for funding is a valuable resource to assist in the development of effective policies, programs, and rules. Providing services and housing to persons with disabilities presents unique challenges and opportunities. In order to augment TDHCA's formal public comment process, a workgroup has been created by TDHCA management and is utilized affording staff the opportunity to interact more informally and in greater detail with interested and affected stakeholders and to get feedback on designing and planning more responsive programs to serve persons with disabilities. TDHCA maintains the Disability Advisory Workgroup (DAW) to provide ongoing guidance to the Department on how TDHCA's programs can most effectively serve persons with disabilities. These meetings are open to the public and advertised through the TDHCA website, social media, and email lists. Regular attendees to DAW meetings include individuals from local, state, and federal government agencies; disability organizations; advocates; service providers; and housing developers.

#### Texas Interagency Council for the Homeless

The Texas Interagency Council for the Homeless (TICH) was created in 1995 to coordinate the State's homeless resources and services, and its charge was reinforced by the 84th Texas Legislature (2015) Senate Bill (SB) 607. The mission of the TICH is to play a leadership role in reducing instances of homelessness in Texas by carrying out its statutorily assigned duties in a collaborative manner that fosters pursuit of best practices. The TICH serves as an advisory committee to TDHCA and other state agencies as appropriate. The TICH is administratively supported by TDHCA and consists of representatives from nine state agencies that serve persons experiencing or at risk of homelessness. Membership also includes representatives appointed by the Office of the Governor, the Lieutenant Governor, and the Speaker of the House. The TICH has also recruited advisory members directly from the homelessness services provider community.

The TICH's major mandates include evaluating and helping coordinate the delivery of services for persons experiencing homelessness in Texas; increasing the flow of information among service providers and appropriate authorities; providing technical assistance to TDHCA in assessing the need for housing for people with special needs; developing, in coordination with TDHCA and HHSC, a strategic plan to address the needs of persons experiencing homelessness; and maintaining a central resource and information center for persons experiencing homelessness. The TICH meets quarterly to further the work of these mandates.

#### State Independent Living Council

The Texas State Independent Council (SILC) is a non-profit entity operating as a 501(c)(3) and was founded in 1989. The SILC is mainly funded through the Texas Health and Human Services Commission and is tasked with partnering, developing, and monitoring a comprehensive State Plan that develops goals and funding for Independent Living services in Texas. Other roles of the SILC are systems advocacy, education of the public regarding disability-related topics, and establishing a provision of technical assistance concerning the Independent Living philosophy and approach. The SILC is comprised of no more than ten voting members, and no less than three Ex-Officio members, who are appointed by the Governor, and who come from all regions of the state. Unlike most organizations, the majority of the members of the Council must, by law, be individuals with disabilities. One member of the SILC must be an Executive Director of a Center for Independent Living in Texas. The SILC leads, promotes and advances an Independent Living philosophy, and advocates for the rights of individuals with disabilities. As it is often the Centers for Independent Living (CILs) who provide referrals of clients for the Section 811 PRA and Project Access Programs, a close relationship exists between those CILs and the Department.

### **8.0 TECHNICAL ASSISTANCE AND TRAINING TO LOCAL HOUSING AND HEALTH SERVICES**

*Identify opportunities for state housing and health services agencies to provide technical assistance and training to local housing and health services entities about: (a) The cross-education of staff; (b) Coordination among those entities; and (c) Opportunities to increase local efforts to create service-enriched housing.*

Previously the HHSCC provided several creative and robust training and technical assistance opportunities. However, due to the consistent reduction of funds being appropriated for HHSCC activities, the Council has been more limited in its provision of technical assistance and training

to local housing and health services agencies. Quarterly HHSCC meetings serve as an opportunity for the cross-education of housing and health services professionals from member agencies; for example, TDHCA staff regularly provides updates on the Section 811 PRA program, as well as TDHCA multifamily programs that may serve as resources to member agencies and the clients they serve.

Additional technical assistance initiatives implemented by member agencies to train local housing and health services agencies include:

#### Supportive Housing Online Modules

HHSC developed three online modules targeting direct service workers, case managers, and supportive housing specialists at the 39 local mental and behavioral health authorities (LMHAs/LBHAs). The modules are part of HHSC's Centralized Training Infrastructure (CTI), which is HHSC's primary platform for disseminating training on evidence-based practices for the LMHAs/LBHAs. Different housing models are reviewed, and training is available on how to address barriers to housing for people with mental health conditions, how to promote choice in housing, and how to provide on-going support for helping people remain in the community.

HHSC is utilizing Money Follows the Person funds (MFP) to develop more online modules focused on increasing access to housing assistance programs, specifically housing vouchers and helping people with disabilities request reasonable accommodations. There is an identified need across the state to ensure LMHAs/LBHAs assisting with these programs have the knowledge and capacity to more fully support people who run into barriers, such as criminal history, past eviction history, obtaining the necessary documents needed, and applying to apartments to use the voucher. These modules will become part of HHSC's CTI website and be accessible to all LMHAs/LBHAs at no cost.

#### Supportive Housing Boot Camps

In partnership with the University of Texas Health at San Antonio, HHSC is developing an in-person boot-camp for LMHA/LBHA housing staff across the state to equip them with the tools needed to house people with complex health needs and help them maintain housing in the community. In addition to the development of the training materials, MFP funds will be used to pilot a two-day in-person and virtual housing boot camp for direct service providers at LMHAs/LBHAs.

#### Supportive Housing Learning Community

HHSC is utilizing MFP funds to partner with the University of Texas Health at San Antonio to develop and begin implementation of a learning community for housing staff at LMHAs/LBHAs. The learning community will promote evidence-based and best practices for supporting people with behavioral health conditions in securing and maintaining housing. The goal is to provide consistent technical assistance by learning from one another. The learning community will kick off with two half-day virtual events where housing staff across the state are brought together to learn and share.

### Presentations on Housing to the Joint Committee on Access and Forensic Services (JCAFS)

HHSC provided two presentations to the JCAFS on housing. The two presentations: “An Overview of the Intersection of Housing and Criminal Justice” and “Housing as a Social Determinant of Health and the Housing Ecosystem in Texas” provided the committee an opportunity to learn about these topics.

The purpose of the JCAFS is to make:

- Recommendation and monitor implementation of updates to a state funded bed day allocation methodology;
- Recommendations and monitor implementation of a utilization review protocol for state funded beds in hospitals and other inpatient mental health facilities; and
- Recommendations to improve access to mental health services for both civil and forensic patients throughout the full continuum of care from institution to community-based settings.

### Texas Supportive Housing Institute (TSAHC)

In 2020, TSAHC launched the Texas Supportive Housing Institute (Institute) to help Texas housing nonprofits build capacity and create more affordable housing opportunities and positive health outcomes for Texans at-risk of or experiencing homelessness. The Institute provides training and technical assistance to developers, service providers, and property managers interested in creating and operating permanent supportive housing (PSH) in their communities.

TSAHC partners with the Corporation for Supportive Housing (CSH) to administer the training sessions. CSH also provides ongoing technical assistance and guidance to ensure each team’s development model is financially sound, connects them to capital, and helps them create the partnerships required to provide long-term support to future tenants. The training is provided free, and follow-on grants are provided to teams that complete the Institute curriculum.

To date, eight development teams have successfully completed the Institute curriculum. One team placed units in service in December 2020, and most of the remaining teams either have units under construction or expect to soon.

### Affordable Housing Partnership (TSAHC)

In 2021, TSAHC launched the Affordable Housing Partnership (AHP) through a collaboration with the Health and Human Services Commission (HHSC). The AHP provides capital subsidies in the form of no interest forgivable loans to developers to build or rehabilitate affordable, accessible and integrated housing units. Housing created through the AHP is reserved for qualified individuals receiving or eligible for Medicaid Long-Term Services and Supports (LTSS).

Moreover, priority for available units is designated for individuals transitioning into their communities from nursing facilities (NFs) or Intermediate Care Facilities (ICF). The goal of the AHP is to increase the availability of affordable, accessible and integrated housing for older adults and people with disabilities. The program is currently limited to certain counties in Texas.

Training and Technical Assistance to Section 811 PRA Referral Agents (TDHCA, DFPS and HHSC)  
TDHCA and HHSC, along with partners at DFPS, have developed a referral system designed to efficiently connect members of the target population to available participating units. Texas has trained over 717 Section 811 Referral Agents across the state. Referral Agents are disability service professionals that provide or coordinate services for members of the Target Population. Trainings have been completed in-person, online and through the state’s Centralized Training Infrastructure for Evidence-Based Practices (CTI-EBP).

Section 811 Referral Agent Online Training is now a module offered through CTI-EBP, which is a project that aids in the development of a training infrastructure to support the delivery of behavioral health services in Texas for the adult, children and youth populations. HHSC partners with University of Texas Health San Antonio, Department of Psychiatry and Behavioral Sciences, to promote workforce development through CTI-EBP. The Section 811 Referral Agent Online Training is part of the infrastructure supporting the utilization of evidence-based practices to facilitate resilience & recovery and increase positive outcomes for individuals utilizing behavioral health services in Texas. CTI-EBP enhances the ability to manage and operationalize the program by ensuring uniform training that can be accessed at any time across the state.

## **9.0 PERFORMANCE MEASURES**

Texas Gov’t Code §2306.1096 tasks HHSCC with developing performance measures to track progress in:

- a. The reduction or elimination of barriers in creating SEH;
- b. Increasing the coordination between state housing and health services agencies;
- c. Increasing the number of state housing and health services staff who are cross-educated or who have expertise in both housing and health services programs; and
- d. The provision of technical assistance to local communities by state housing and health services staff to increase the number of service-enriched housing projects.

The HHSCC Performance Measure Advisory Committee met in September 2019. TDHCA staff provided updates to the full Council at subsequent meetings in October 2019 and January 2020, and the Council approved the suggested performance measures below in July 2020.

While no state agencies represented on HHSCC have designed performance measures specific to SEH, all have programs that do assist the populations served by SEH and as a result have some program data that can provide information about the provision of SEH in Texas.

To the Council’s understanding, the use of “performance measures” in this context is different from performance measures that state agencies track and report to the Legislative Budget Board (LBB). There are no defined parameters for what these performance measures should measure and there are no defined expectations on how these measures might be reported.

Suggested performance measures are presented below with examples of data sources that could be used to respond to each measure.

*Performance Measure 1: The Reduction or Elimination of Barriers in Creating SEH*

Member agencies can measure the reduction or elimination of barriers in creating SEH by annually measuring the number of clients housed in SEH, the duration of time that clients have remained housed by program and, when possible, the frequency of service connection being offered or accessed, and which of those services are used.

By compiling these measures annually, member agencies can measure the impact of their efforts to reduce or eliminate barriers to creating SEH.

Possible data sources include:

- Section 811 PRA
- Mainstream Voucher Program
- Project Access
- Tenant-Based Rental Assistance
- Healthy Communities Collaborative
- Local Mental Health Authority (LMHA)/Local Behavioral Health Authority (LBHA) intake and uniform assessment
- Supportive Housing Rental Assistance Program
- Affordable Housing Initiative

*Performance Measure 2: Increase in Coordination between State Housing and Health Services Agencies*

Member agencies can measure the increase in coordination between state housing and health services agencies by annually producing qualitative descriptions of their participation in interagency health and housing-related workgroups.

Possible data sources include:

- HHSCC
- SBHCC
- TICH
- BHAC-Housing Subcommittee
- TVCCS-Housing Workgroup
- NASHP Housing and Health Institute

*Performance Measure 3: Increase in the Number of State Housing and Health Services Staff Who Are Cross-Educated or Who Have Expertise in Both Housing and Health Services Programs*

Member agencies can measure the increase in the number of state housing and health services staff who are cross-educated or who have expertise in both housing and health services programs by annually measuring the number of staff (or program administrators, subgrantees, and local providers) who attend housing and health-services related workgroups or who receive cross-education focused on housing and health-services.

Possible data sources include:

- HHSCC
- SBHCC
- BHAC-Housing Subcommittee
- TVCCS-Housing Workgroup
- TDHCA compliance trainings
- Centralized Training Infrastructure

*Performance Measure 4: The Provision of Technical Assistance to Local Communities by State Housing and Health Services Staff to Increase the Number of Service-Enriched Housing Projects*  
Member agencies can measure the provision of technical assistance to local communities by state housing and health services staff by annually producing qualitative descriptions of their efforts to assist local communities in increasing the number of service-enriched housing projects.

Possible data sources include:

- TSAHC PSH Development Workshops and PSH Institute
- HHSC Regional Housing Summits
- Ongoing technical assistance to Section 811 PRA properties and Referral Agents
- Money Follows the Person (MFP) Tenancy Support Pilot
- ADRC staff participation in consolidated plan process and homeless coalitions

## **10.0 RECOMMENDED ACTIVITIES FOR 2022-2023**

There are several activities the Council plans to pursue in the Biennium:

1. As discussed in Section 6.0, quarterly HHSCC meetings have served as an opportunity for the cross-education of housing and health services professionals from member agencies. HHSCC members should continue to cross-educate one another on housing and health services. Emphasis will be placed on ensuring that TDHCA staff shares information about TDHCA programs and resources with representatives from other member agencies.
2. As discussed in Section 7.0, HHSCC has approved suggested performance measures to track progress in the following areas:
  - a. The reduction or elimination of barriers in creating Service-Enriched Housing;
  - b. Increasing the coordination between state housing and health services agencies;
  - c. Increasing the number of state housing and health services staff who are cross-educated or who have expertise in both housing and health services programs; and
  - d. The provision of technical assistance to local communities by state housing and health services staff to increase the number of service-enriched housing projects.

Member agencies will work towards accomplishing these goals through continued participation in interagency health and housing-related workgroups.

3. TDHCA should continue outreach to HHSCC and the public through the “HHSCC Notifications and Funding Opportunities” listserv.
4. TDHCA staff engaged in the SBHCC will actively share materials and information from meetings to promote ongoing cross- collaboration.
5. State agencies are encouraged to determine the feasibility of creating greater incentives for developers to invest in service coordination through whatever means are available.

#### **11.0 SUMMARY**

The need for Service-Enriched Housing is continuing to grow. With a growing older adult population, there is an increasing need for health care and supportive services to be provided in tandem. In the State of Texas, coordination between housing and healthcare agencies, existing policies and programs to increase SEH, and training and technical assistance to local housing and health services are working to overcome barriers to SEH, improve existing SEH and create new supplies of SEH for Texans.

The Housing and Health Services Coordination Council will continue to work with state and local housing and health agencies and organizations, as well as other councils and workgroups, in support of SEH in Texas.

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**APPENDIX**  
**List of Terms and Acronyms Used in this Plan**

<b>Acronym</b>	<b>Description</b>
ACS	American Community Survey
ADLs	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMFI	Area Median Family Income
AMI	Area Median Income
AYBR	Amy Young Barrier Removal Program
BHAC	Behavioral Health Advisory Committee
CAPER	Consolidated Annual Performance and Evaluation Report
CDBG	Community Development Block Grant Program
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRCG	Community Resource Coordination Groups
CSH	Corporation for Supportive Housing
DADS	Texas Department of Aging and Disability Services
DARS	Texas Department of Assistive and Rehabilitative Services
DAW	Disability Advisory Workgroup
DFPS	Texas Department of Family and Protective Services
DSHS	Texas Department of State Health Services
ESG	Emergency Solutions Grant Program
HBA	Homebuyer Assistance
HFA	Housing Finance Agency
HHS	Texas Health and Human Services
HHSC	Texas Health and Human Services Commission
HHSCC	Housing and Health Services Coordination Council
HOME	HOME Investment Partnerships Program
HOPWA	Housing Opportunities for Persons with AIDS Program
HRA	Homeowner Rehabilitation Assistance
HSP	Housing and Services Partnership Academy
HTC	Housing Tax Credit Program
HUD	U.S. Department of Housing and Urban Development
IADLs	Instrumental Activities of Daily Living
IRC	International Residential Code
ISP	Individual Service Plans
JCHS	Joint Center for Housing Studies of Harvard University
MSA	Metropolitan Statistical Area
NAEH	National Alliance to End Homelessness
NASUAD	National Association of States United for Aging and Disabilities
NHTF	National Housing Trust Fund
NIMBYism	Not In My Back Yard
NOFA	Notices of Funding Availability

OYAP	One-Year Action Plan
PIT	Point-In-Time count
Plan	Housing and Health Services Coordination Council Biennial Plan
PTSD	Post-Traumatic Stress Disorders
PWD	Persons with Disabilities
QAP	Qualified Allocation Plan
Report	Report of Findings and Recommendations of the Housing and Health Services Coordination Council
SBHCC	Statewide Behavioral Health Coordinating Council
Section 811 PRA	Section 811 Project Rental Assistance
SEH	Service-Enriched Housing
SILC	State Independent Living Council
SLIHP	State of Texas Low Income Housing Plan and Annual Report
TAC	Texas Administrative Code
TBRA	Tenant Based Rental Assistance
TCCVS	Veterans Coordinating Council for Veterans Services
TDA	Texas Department of Agriculture
TDHCA	Texas Department of Housing and Community Affairs
TICH	Texas Interagency Council for the Homeless
TSAHC	Texas State Affordable Housing Corporation
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
USICH	United States Interagency Council on Homelessness