

Behavioral Health Advisory Committee Recommendations

“The following recommendations were prepared by members of the Behavioral Health Advisory Committee. The opinions and suggestions expressed in these recommendations are the members’ own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.”

Advisory Committee: BHAC Housing Subcommittee

Advisory Committee Charge-Vision-Mission:

Provide program and policy recommendations to the BHAC and HHSC that address gaps in support services in the behavioral health service delivery system specific to housing.

Advisory Committee Contact

Name: Tanya Lavelle, Bill Glenn

Please provide the critical need that will be addressed, or problem solved.

Cite sourced current data, indicators and benchmarks the subcommittee has reviewed; add bullets as necessary. Ensure that citations relate to both the statute charges and are linked to the recommendations.

Behavioral health issues can lead to homelessness and housing instability, making recovery impossible. Approximately, 18% of people experiencing homelessness in Texas also have a serious mental illness. People with a chronic substance use condition made up 13% of people experiencing homelessness in Texas in 2019.¹ LMHAs/LBHAs that have attended the BHAC Housing Subcommittee report a lack of affordable housing options and housing opportunities for people with justice involvement, poor credit, and previous evictions as primary barriers to housing people they serve with serious mental illness and/or people with co-occurring substance use conditions (SUD) or intellectual or developmental disabilities (IDD). The lack of low-barrier, affordable housing options accessible to people with serious mental illness creates a bottleneck for LMHAs/LBHAs where they have funds to provide rental subsidies for people, but very few housing options.

Each LMHA/LBHA is contractually required to designate a Housing Coordinator to establish and support community partnerships to increase access to safe, decent, affordable housing for people with serious mental illness. However, few centers have a full-time dedicated position to do this systems level work. Adding one Housing Coordinator at each LMHA/LBHA can help each LMHA/LBHA increase their access to affordable and supportive housing opportunities within their service area. The Housing Coordinator will work to develop strategic partnerships within each LMHA/LBHA service area to expand the number of available housing units for people with serious mental illness.

Please provide background and/or justification for the recommendation.

What is the history and context? How do legal mandates (or lack thereof), funding levels, and/or staffing levels hinder the effectiveness of

HHS operations? Cite specific code sections, if applicable.

In 2021, a Texas renter needed to make \$45,718 annually to afford a 2-bedroom rental home. Many people with serious mental illness receive Supplemental Security Income (SSI) and make \$10,092 annually. This represents an extreme crisis of affordability for people with disabilities served by the LMHAs/LBHAs.

This recommendation mirrors the addition of Housing Navigators to the Aging and Disability Resource Centers by having a dedicated position at each LMHA/LBHA focused on establishing relationships with independent rental owners and developers who want to bring additional housing online in addition to other duties listed below.

Please provide a description of recommendation.

- Establish a dedicated Housing Coordinator at each LMHA/LBHA that will implement the requirements laid out in the HHSC Performance Contract. The Housing Coordinator shall work collaboratively with local staff and the state housing program staff to improve access to safe, decent, affordable housing and an array of voluntary pre-tenancy and tenancy support services by:
 - Serving as a point of contact for local staff in need of training and technical assistance to serve persons experiencing homelessness or at-risk of homelessness and provide supportive housing (pre-tenancy and tenancy) services;
 - Developing a collaborative relationship with any existing local public housing authorities;

- Participating in the development of local community homeless and/or housing strategic plans; and
- Participating in local community housing and homeless efforts.
- In addition, this committee recommends the following requirements be added to the Performance Contract for LMHAs/LBHAs:
 - The Housing Coordinator of each LMHA/LBHA shall establish a landlord outreach and engagement program to strengthen partnerships with local landlords and increase opportunities to house people with serious mental illness and/or co-occurring SUD or IDD conditions.
 - The Housing Coordinator shall report quarterly on activities throughout the year in a report template to be developed by HHSC.

How would the recommendation resolve the above-stated problem?

Implementing these positions will assist LMHAs/LBHAs to be more effective at increasing housing opportunities within each local community the LMHA/LBHAs serve. The Supportive Housing Rental Assistance (SHR) program has been shown to reduce crisis episodes and psychiatric hospitalizations for participants. Increasing affordable housing stock for people with serious mental illness can result in cost savings to local communities.

How is the recommendation related to the Advisory Committee charge?

The committee is expected to offer solutions on housing problems plaguing HHSC, counties and LMHAs for decades. The consequences of inaction or misaction have been failed treatment programs, significant justice involvement, homelessness and premature death.

Is legislative action needed?

Include if the recommendation will propose a new law or rider, amend or delete an existing law or rider, require additional FTEs or funds. Cite specific code sections, if applicable.

It is unclear if HHSC has the funds currently available to do this or if they would need to submit an exceptional item to request money be appropriated by the Legislature.

Are there anticipated or estimated costs associated with the recommendation?

Describe any anticipated fiscal impacts (costs or revenue) as a result of the recommendation. If additional revenue is requested or anticipated, provide the dollar amount and cite potential funding sources, e.g., pure GR, Title XX, Medicare. (Which LAR Appropriations that, through coordination, could be modified to eliminate waste and/or increase available services? What could be opportunities for flexible funding in each recommendation? Are there any cost benefits/return on investments?)

This recommendation will require a dedicated Housing Coordinator position at each of the 39 LMHAs/LBHAs which would require 39 Qualified Mental Health Professionals (QMHPs).

What other impacts are anticipated?

With these positions, LMHAs/LBHAs will have increased access to affordable housing options through more robust partnerships with key community agencies such as public housing authorities and private landlords. The state can catalyze housing choice for people with serious mental illness by investing in a dedicated position focused on this at each LMHA/LBHA.

What is the anticipated impact on HHS consumers/clients?

Supported housing provides a foundation for consistent mental health services, improving the lives of people experiencing mental illness and reducing the need for expensive cycling in and out of jails or hospitals. A stable outpatient population is much preferred over one requiring repetitive hospitalization, justice involvement, and requiring frequent rehousing.

What is the timeline for implementation?

Begin implementation in FY 2023 and fully implement by FY 2024.

Please describe any cross-system issues that the recommendation may impact.

(Are there gaps and/or opportunities that can be identified? Reflecting on the recommendations, what issues or questions could possibly arise? What are the hindering/helping forces related to achieving the recommendations? Does a program, initiative, etc. need to move, and if so, where and why?)

It is important that both HHSC leadership and program staff are educated about the housing landscape in Texas, including the needs of people experiencing homelessness, the lack of available housing options and the

steps that must be taken to develop appropriate solutions.

Please describe any anticipated support or opposition.

Who are the stakeholders likely to support or oppose the change? Why?

It is anticipated LMHAs/LBHAs will enthusiastically support the addition of a dedicated Housing Coordinator as they have expressed a need to increase their housing reach. Local governments will likely support the addition of a Housing Coordinator focused on developing housing opportunities for people with serious mental illness to reduce the cost-burden to the local community when people cycle in and out of institutionalization, jail, and homelessness.

HHSC will likely have concerns over the cost and the number of available staff qualified to implement these strategies, especially in LMHAs/LBHAs serving more rural counties. The Supportive Housing Learning Community to start in later FY 2022 can assist in providing technical assistance and training to the Housing Coordinators across the state.

Please describe if any Advisory Committee member has background or expertise related to the recommendation?

All present on the committee have expertise in these areas.

Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?

N/A

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Executive Council or the Texas Health and Human Services Commission.”

ⁱ HUD Point-in-Time Count (2019), retrieved from https://files.hudexchange.info/reports/published/CoC_PopSub_State_TX_2019.pdf

**Advisory Committee: Behavioral Health Advisory Committee,
Housing Subcommittee**

Advisory Committee Charge-Vision-Mission:

Provide program and policy recommendations to the BHAC and HHS that address gaps in support services in the behavioral health service delivery system specific to housing.

Advisory Committee Contact

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Please provide the critical need that will be addressed or problem solved.

Cite sourced current data, indicators and benchmarks the subcommittee has reviewed; add bullets as necessary. Ensure that citations relate to both the statute charges and are linked to the recommendations.

Texas must utilize all available affordable housing programs to help people experiencing mental illness become stably housed.

- Eviction protections in Texas during the pandemic were poor.¹
- This has resulted in eviction rates exceeding pre-pandemic levels in many parts of Texas including large urban areas where housing markets are more competitive and the homeless populations (both sheltered and unsheltered) tend to be higher.²
 - Since 2021 eviction rates are up an avg. of 45% with some areas as high as 63%: numbers are known to be underreported.³
- Due to volatile housing markets, rents have increased in Texas an average of 17% with some areas close to 30%.⁴
 - Rents have skyrocketed year-over-year since 2021.⁵
 - This means that fewer people can be served by the same funding.

¹ Eviction Lab. (June 30, 2021). COVID-19 Housing Policy Scorecard, available from: <https://evictionlab.org/covid-policy-scorecard/tx/>

² Eviction Lab data available for Austin, Dallas, Ft. Worth and Houston, available from: <https://evictionlab.org/eviction-tracking/>

³ Texas Housers. (June 23, 2022). Texas Eviction Case Tracker, available from: <https://texashousers.org/dashboard/>

⁴ Apartmentlist.com. (June 27, 2022). Data and Rent Estimates, available from: <https://www.apartmentlist.com/research/category/data-rent-estimates>

⁵ Ibid.

- As of June 2022, 323 people across five LMHAs have had to go on waitlists to receive services through the HHS Supportive Housing Rental Assistance program.

With more people finding themselves at risk of eviction, the population of Texans who are homeless, or at risk of becoming homeless, is growing. Texas needs to further invest in supportive housing programs to help people remain stably housed. Timing is especially important because of the pandemic, and because housing options for people experiencing homelessness are becoming more limited.

Please provide background and/or justification for the recommendation.

What is the history and context? How do legal mandates (or lack thereof), funding levels, and/or staffing levels hinder the effectiveness of HHS operations? Cite specific code sections, if applicable.

The Supportive Housing Rental Assistance Program (SHR) was created 7+ years ago to provide supportive housing to people at risk of, or currently experiencing, homelessness. The program provides LMHAs with flexible funding that can be used to help people become, or remain, stably housed. LMHAs operate their own programs using their own staff.

Recent discussions with LMHAs reflect that many authorities are happy with the program, spend all allocated funds and would favor more money to serve more people in their community. Additionally, discussions have shown that, due to COVID, some LMHAs are having to extend assistance for participants beyond the typical 12 months to keep them from losing their housing.⁶ There is no additional funding available when this occurs so fewer people are being served at a time when more people need assistance.

Please provide description of recommendation.

- Increase funding for the SHR program to each LMHA by increasing GR investment in the program a further \$6 million per fiscal year.
- At the end of every FY '24, collapse all unspent funds into a statewide pot of funding available to LMHAs with illustrated need for more SHR funding.
- Edit Form H (LMHA reporting document) to add reporting for SHR to include amount of funds expended, the timeline for funds expended, and how they were expended. Reportable data points could include:
 - o one-time assistance vs. 12-month assistance

⁶ BHAC Housing Subcommittee meeting discussion March 29, 2022.

- type of assistance, e.g. housing deposit, utility assistance, rental assistance, etc.
- number of requested assistance extensions

How would the recommendation resolve the above-stated problem?

More funding for the SHR program would allow LMHAs to provide more assistance to people in need and maintain support for those currently receiving assistance. The program is already proven to be an effective tool at decreasing rates of crisis services and HHS-funded hospitalizations for those who have received SHR assistance.⁷ Additionally, tracking SHR outcomes on Form H will provide critical data that HHS can use to consider changes to the program (if necessary), or when making funding decisions.

How is the recommendation related to the Advisory Committee charge?

This recommendation will improve outcomes for people experiencing mental illness and reduce strain on HHS-funded community health services.

Is legislative action needed?

Additional funding for SHR can be allocated from State GR obtained via exceptional item request.

Are there anticipated or estimated costs associated with the recommendation?

A 100% increase over current SHR spending via an additional \$6 million per year in General Revenue:

- FY '22 Mental Health Block Grant: \$2,592,587
- **FY '22 General Revenue: \$6,025,298**
- TOTAL: \$8,617,885

- FY '24 Mental Health Block Grant: \$2,592,587
- **FY '24 General Revenue: \$12,025,298**
- TOTAL: \$17,235,770

According to a discussion between TDHCA and the Senate Finance Committee, there is no reason to anticipate any immediate improvement in housing outcomes for low-income Texans.⁸ This proposed funding will fully fund the waitlist, and considers continued increases in program interest, rent costs and eviction rates between now and FY '25.

⁷ Jeanette Cebrian-Chagollan. Update on SHR. Presented to BHAC Housing Subcommittee, Jan. 25. 2022.

⁸ TDHCA presentation to the Senate Finance Committee, July 17, 2022.

What other impacts are anticipated?

Maintain and some increase in the number of people served.

What is the anticipated impact on HHS consumers/clients?

By effectively connecting people experiencing mental illness with housing opportunities through flexible spending via LMHAs, it is anticipated that housing outcomes will improve for this population which includes HHS consumers/clients.

What is the timeline for implementation?

Beginning of next allocation through the Performance Contract.

Please describe any cross-system issues that the recommendation may impact.

(Are there gaps and/or opportunities that can be identified? Reflecting on the recommendations, what issues or questions could possibly arise? What are the hindering/helping forces related to achieving the recommendations? Does a program, initiative, etc. need to move, and if so, where and why?)

Please describe any anticipated support or opposition.

Who are the stakeholders likely to support or oppose the change? Why?
We anticipate that LMHAs will support this recommendation because it is something many have already requested.

Please describe if any Advisory Committee member has background or expertise related to the recommendation?

Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?