TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Room 3501
John H. Winters Building
Room 360W
701 West 51st Street
Austin, Texas

July 20, 2016
10:13 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair
DONI GREEN, Vice Chair
SUZANNE BARNARD
REV. KENNETH DARDEN
RICHARD DE LOS SANTOS
MICHELLE MARTIN
RACHEL SNELL (for SHILOH GONZALEZ)
ANNA SONENTHAL
MICHAEL WILT

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I N D E X

P R O C E E D I N G S

MR. IRVINE: I'm Tim Irvine. It's 10:13. This is the quarterly meeting of the Housing and Health Services Coordination Council, and we'll begin by calling roll.

Suzanne Barnard?

MS. BARNARD: Here.

MR. IRVINE: Richard De Los Santos?

MR. DE LOS SANTOS: Here.

MR. IRVINE: Michael Wilt?

MR. WILT: Here.

MR. IRVINE: Allyson Evans?

(No response.)

MR. IRVINE: Shiloh Gonzalez?

MS. SNELL: Rachel Snell for Shiloh.

MR. IRVINE: Michelle Martin?

MS. MARTIN: Here.

MR. IRVINE: Anna Sonenthal?

MS. SONENTHAL: Here.

MR. IRVINE: Bradley Barrett?

(No response.)

MR. IRVINE: Doni Green?

MS. GREEN: Here.

MR. IRVINE: Mike Goodwin is not here.

Kenneth Darden?

REV. DARDEN: Here.

MR. IRVINE: And that's it. So did that add up to at least nine? Then we have a quorum and we're in business.

We've got a lot of attendees this morning. I want to encourage everyone to be participatory; jump in whatever you feel will enhance and benefit our meeting. Two requests: one, when you are not at the table, please come and speak from here so that our court reporter can hear you, and two, just say for the record who you are and whose behalf you're speaking on.

Why don't we go around the room and just say who we are and what we do.

I'm Tim Irvine. I work at the Department of Housing and Community Affairs.

MR. WILT: Michael Wilt, external relations at TSAHC.

MS. BARNARD: Suzanne Barnard, director for the Community Development Block Grant Program at the Department of Agriculture.

MS. SONENTHAL: Anna Sonenthal. I'm with the Department of State Health Services. I just changed positions, I work in the quality management unit, so I'm going to be switching with someone as far as council members but might stay on as an advisor.

MS. GREEN: I'm Doni Green. I'm with the North Central Texas Council of Governments.

MS. MARTIN: I'm Michelle Martin with DADS.

MR. RICHARD: And I'm Terri Richard with the Texas Department of Housing and Community Affairs.

MS. LITZINGER: I'm Amy Litzinger and I teach legislative advocacy at Texas Parent to Parent but I'm just here for myself today.

MS. SNELL: I'm Rachel Snell with DARS. Shiloh is on maternity leave. Her beautiful baby girl is healthy.

MR. DE LOS SANTOS: I'm Richard De Los Santos I'm the coordinator for certified retirement communities at the Texas Department of Agriculture.

MS. BALLARD: Nicole Ballard, Department of State Health Services. I'll be taking over some of Anna's duties.

MS. HOWARD: I'm Ann Howard with ECHO here in Austin-Travis County. That stands for the Ending Community Homelessness Coalition, and it's my privilege to talk with you all in just a few minutes.

MS. POHLMAN: I'm Joyce Pohlman. I'm with the Health and Human Services Commission, the Money Follows the Person Program.

MS. GUZMÁN: I'm Gloria Guzmán, Agency on

Aging for the Alamo Area Council of Governments.

MS. O'DONOUGH [PHONETIC]: I'm Michelle O'donough. I'm the new manager over at Waters at Sunrise which is a new TDHCA property in Round Rock.

MS. YEVICH; Elizabeth Yevich, TDHCA.

MS. NDUKWE: I'm Ele Ndukwe, Office of Policy, HHSC.

MR. RICHARD: And there's a couple of people on the phone. Tanya, Kelly, would you like to introduce yourselves?

MS. LAVELLE: This is Tanya Lavelle. I'm the new policy director with the Texas Affiliation of Affordable Housing Providers.

MS. OPOT: And this is Kelly Opot. I am with CSH based in Houston but have been working with the Council on the Housing and Services Partnership Academies.

MR. RICHARD: Thank you. I think that's everyone.

MR. IRVINE: Outstanding.

We've got a summary of our April meeting. Everybody have a chance to look at it? Anybody want to move approval?

MS. GREEN: So moved.

MR. WILT: Second.

MR. IRVINE: We have a motion and a second. Any discussion?

(No response.)

MR. IRVINE: Hearing none, all in favor say aye.

(A chorus of ayes.)

MR. IRVINE: Any opposed same sign.

(No response.)

MR. IRVINE: Motion carries.

Next we have a presentation from Ann on the Pay for Success project. Come on up to the mic.

MR. RICHARD: I did just want to give everyone a reminder: Please don't use acronyms; if you are going to use acronyms, let us know what they mean just so we're all on the same page. Thank you. I appreciate that.

MS. HOWARD: I'm going to try to sit down. My body works better if I stand up, but let me just try this.

So thank you for having me. I've been with ECHO for almost five years, I'm the first executive director. We are the Continuum of Care lead agency for HUD for Travis County. So wherever you live in Texas you either have a coalition like us who is that liaison drawing down federal dollars for your community, or that job is done by the Texas Homeless Network, what they call

the Balance of State.

Travis County gets almost $6 million from HUD and that's shared among ten agencies, ten nonprofits, to do housing for folks who are experiencing homelessness, and more and more that is a focus on permanent housing which means that the individual, which I often, with a legal background, call the client, has a lease in an apartment. It's not transitional, that tenant has that lease as long as they abide by the lease.

Depending on how much intervention they need, they're either in a rapid re-housing program which means we're going to help them get into house and stabilize and then they're pretty much on their own, or they're in a permanent supportive housing program which means there's a housing subsidy to help pay rent, and there's long-term support services for as long as that client needs those services. If they don't need the services, they shouldn't be in permanent supportive housing. It's our most intensive, most expensive intervention.

So currently a lot of communities are trying to work with their housing authority so that clients who have been in permanent supportive housing and may no longer need the intensive support services can move on, we call it, move up or move on. They might still just switch over to Section 8 housing voucher, but free up

that PSH, permanent supportive housing slot for somebody else who needs it.

So what I'm talking with you about today is a new funding model to help us create more permanent supportive housing, and the funding model is called Pay for Success, and we call it that because it's built on a concept that we're going to round up private dollars to expand our capacity to do permanent supportive housing, and only after evaluation shows that we saved the community money is there going to be a payment by the government, by the local government on that success. So that's how you get Pay for Success, and I'm going to explain that throughout our time together.

I want to update you in that in your packet there as a link with ECHO to a grant that we received from the Corporation for Supportive Housing. Kelly Opot who is on the phone works for CSH, the Corporation for Supportive Housing. About a year and a half ago they awarded ECHO sort of funding but really it was their technical assistance to explore and do a feasibility study on this new funding model and see if Austin was ripe for using this model to expand permanent supportive housing, and we've wrapped up that feasibility study in March with a green light to move forward and try to make this happen in Austin.

And since then we've gotten two more grants from the federal government, one from a HUD-DOJ collaboration that once these kind of deals done with a focus on housing folks who have criminal justice involvement, and a second grant source that's really just looking to get Pay for Success deals done around the country. And so all of this sort of support for Austin to do this has really moved us forward with this initiative, and it's something that at the end of the day I want you to ask can the state jump in there and help do this.

So we're working in Austin with I mentioned criminal justice, so with Travis County, with the city and with our local hospital district which we call Central Health. We also have help from these two national nonprofits, Social Finance and CSH.

So let's talk about what Pay for Success is. We're removing the risk from local government. Instead of you typically saying let's contract for these social services and hope we meet these outcomes, and government pays for these programs and we don't really know what we get for our money or we don't know if they work, or if they work or not, we already paid up front. Right? So this switches that around and puts private money taking the risk and it's only if we hit the certain outcomes

that we agree to does the government pay on that success, it pays because we hit the outcomes.

And so it sort of combines best practices like permanent supportive housing, what we know works, with impact investing because we're going to recruit private investors, and then government accountability because you're only paying after you've seen that the metrics were hit.

This is another diagram that's sort of the way I like to look at it. If we start with the blue box on the left-hand corner of the triangle that says private funders or impact investors, and if we go up the arrow, that helps us scale up permanent supportive housing, that's the intervention by the nonprofit, and then we look for these certain outcomes to be met and if they're met then the end payer, who is often the government, makes a return on that investment.

Any questions on sort of that flow?

MR. DE LOS SANTOS: Do the private funders make a profit?

MS. HOWARD: They do. We'll sort of recruit investments at different types. There could be some philanthropic investments that don't look for a return, there will be others who might want a return and plow that right back into permanent supportive housing, and

there will be others who will take their money and go elsewhere.

MR. RICHARD: Is the government primarily Medicaid when you say government.

MS. HOWARD: For us, we're starting it without looking to Medicaid because a lot of our clients are not insured, but we can recoup money from Medicaid to make the project extend eventually. But what we're talking about is a contract with the City of Austin, with Travis County and with some version of healthcare, either Central Health. We have some complicated arrangements in Austin around healthcare, it could be Seton Hospital, it could be the St. David's Foundation, but somebody.

MR. RICHARD: So local government then.

MR. WILT: Michael Wilt, Texas State Affordable Housing Corporation.

How do governments, local governments, state governments, anticipate these payments? Do they put in contingency items in their budget for future years?

MS. HOWARD: We're right now working through those kinds of discussions, but looking for some money to go into a fund like in 2017 that might not actually be paid out until 2018-2019 when folks have stayed housed and the evaluation has proved it up. So yes, we need to be able to contract for multiple years.

So currently around the country, Pay for Success is being done. You see there different states and cities that are involved. It is a new idea, and I'm not the expert on all of them across the country, but the homelessness, under that one, Santa Clara and Denver and Massachusetts are all focused on permanent supportive housing, but they've just launched their programs. One of these, I think in New York, has actually hit the data where a success payment would have been paid had the metrics been hit but the metrics were not hit and the government did not have to pay. It wasn't a housing project, I think it was juvenile justice.

So we know that we need more housing. I have a gap of about a thousand permanent supportive housing units in Austin, and we know that permanent supportive housing works. Our data shows and across the country it shows that 85 percent of families stay housed, that families reunify, that income goes up, criminal justice activity goes down, it's a win-win for the community and for the individual.

Our homeless population is very expensive. We've been able to do a very rich data match with sheriff data showing folks who've been in the criminal justice system over five years, with healthcare information over five years, and the top 500 are costing us over $100,000

a year in public costs. So we have a lot of room to save money or avoid costs.

MS. GREEN: Is that in the aggregate or per individual?

MS. HOWARD: That's per individual in the most expensive folks. So if you look at this, an individual is costing us, that bar on the right, a little over $100,000, and if we take that same amount of money and we know that they're still going to cost money even after they're housed, they still have to go to the doctor. We're going to be able to reduce their involvement in emergency medicine and EMS and APD and whatnot, but we're not going to wipe it out to zero. So let's say they still cost us $23,000, there's still $78,000 we could avoid. So we want to spend some of that on intensive services and know that we can still avoid $63,000 a year.

MR. RICHARD: Ann, what does your permanent supportive housing look like? Is it a unit in an apartment complex here, a unit in an apartment complex over there? In other words, is it integrated?

MS. HOWARD: So we'll have a mix. We're using some state dollars through the Healthy Communities Collaborative to help create our first Housing First permanent supportive housing building, if you will, of 50 units, but to get to 250 -- this project is focused on

250 -- we'll be looking at some new construction with affordable housing providers and nonprofits, but it's mostly focusing on being able to get market rate apartments playing in this space, and so that will be mostly scattered sites, but we always look for clumps, can we get ten units there, or twenty units here, fifty units there.

And then this model is built on ACT teams, Assertive Community Treatment, so it's a fairly intensive medical model to really address the needs of the individual client. And so we sort of talked about this, but permanent supportive housing with Pay for Success, it's based on evidence, it allows us to try to change government behavior for paying for what works or what you know works, and the focus on evaluation.

Here's another look at it. If you start at the top with your impact investors and the contract with ECHO, with those of us working to put this program together, and then we move to the left and we have service providers that get that money to do the permanent supportive housing. We've got the target population of folks in and out of healthcare and shelter and emergency medicine, criminal justice. We house them, it's evaluated and then the outcome payers are Travis County and the City of Austin and our healthcare community, they

make their payment back to the middle and we pay the investors.

MS. GREEN: Can you go back to the prior slide and talk a little bit more on the costs. I was trying to read the footnote and apparently the costs include the rental subsidies plus housing vouchers, rental assistance, but I didn't see any healthcare costs.

MS. HOWARD: The $15,000 that we're proposing here and calling the PSH cost is focused on the services, the ACT team, the Assertive Community Treatment. So that's not hospitalization but it's their connection to a doctor and prescriptions and clinic use. It's anybody here an expert in ACT teams?

MS. GREEN: And that's really behavioral health but you're talking about people who require healthcare services, and you seem to include the cost of healthcare services in your cost estimates of $101,000 per person but you don't seem to include those costs as you're calculating the savings.

MS. HOWARD: Well, in the $23,000 public costs, that is the continued healthcare costs at a reduced amount. We're assuming there's continued healthcare costs and that's what that bucket is.

MS. GREEN: So you're assuming it's really cost neutral in terms of utilization of healthcare.

MS. HOWARD: No, no. In the first vertical column you see tremendous costs related to healthcare and other public costs, and so there's a formulaic kind of reduction in that.

MS. GREEN: So you're assuming that they'll be reduced from $101- to $23,000.

MS. HOWARD: To $23,000. And then we're going to add the cost of the PSH, of this treatment, if you will, on top of that of the services.

MS. GREEN: So what about the non-behavioral health long-term services and supports? If somebody has a physical disability and requires attendant services or home delivered meals, how is that taken into consideration?

MS. HOWARD: So it does include like case management, if you will, long-term connection to that client. Delivered meals, that's not a specific cost we've outlined. There is a cost in there for just sort of typical case management and connecting them to services, but we're assuming here that other services in the community exist, the Food Bank, Goodwill job training, stuff like that.

MS. GREEN: But I think by excluding attendant services, which are kind of the primary service that may be required by folks with disabilities, that that's kind

of leaving out a necessary service with real costs.

MS. LITZINGER: Especially given the length of the waiting lists, that might be a huge problem.

MS. HOWARD: And I think you're in an area that I know nothing about, to be honest with you. The population that's literally homeless right now that we're working to house, I'm sure that some of them have those needs but that's not the typical need that I'm aware of.

MS. SONENTHAL: I think I know what you're talking about, but just everyone else, when you're talking about the frequent user, what were all the different things that compiled a frequent user? So is it like state hospital, community hospital, ER and what else?

MS. HOWARD: Jail, APD, so emergency room, inpatient, outpatient.

MS. SONENTHAL: So you're focusing on sort of that certain population that's appropriate for PSH, and I think maybe you might be talking about a little bit of a different population.

MS. GREEN: Well, I think there's a really high incidence of co-occurring disabilities and the homeless folks with whom I've worked tend to require both supports, so there's a large population that requires services for the physical disabilities only.

MS. HOWARD: Kelly, do you have any input on this question?

MS. OPOT: I mean, I think that part of it is that attendant services piece is absolutely something for those individuals who need those services we try to attach once they're in housing, and it's kind of the next level of work that will happen with managed care and other Medicaid level services. But the initial look, I think right now, is a lot of individuals that are falling into this frequent user population are disconnected from those services right now just because of their instability in housing. And so part of it is looking at once they're actually housed, connecting them to all of those services that they need and the costs that are being attributed to those individuals are appropriate costs with those attendant services rather than utilization of the emergency room or living on the street, or whatever that might be.

MS. POHLMAN: I was going to say also that what she said in the first column is that a lot of people do not currently have any healthcare coverage, so if part of the effort is to get those people enrolled in Medicaid, then they could receive those attendant care services under the managed care organizations.

MS. GREEN: Sure. But it's my understanding

that this is a non-Medicaid population.

MS. POHLMAN: Is that true?

MS. HOWARD: But if they have a disability, we'd be able to get them attached to Medicaid, and so that's just part of the process. We're working with managed care organizations now to take a look at that, but they're currently uninsured.

MR. IRVINE: I saw a great demonstration once of these principles and issues in the City of Waco, and we really ought to reach out to Waco and try to get them down here to do their presentation for us. When you're dealing with a homeless individual, you're spending an awful lot of money, frankly wastefully, basically using established protocols to deal with the fact that the person didn't have a place to be released to, did not have stable supports, did not have all those other things. And those costs really do stack up but for them most part the majority of that stack looks like nonproductive money. Like having somebody who goes through a health incident in a homeless situation mobilizes police and EMS and fire services, goes to a hospital and has attendants at admittance and paramedics and doctors and so forth, and then stays there a long time because the hospital is compelled by its protocols not to release them unless they have a place to go. And

to me, the real impact is not entirely what's the shift in funding but what's the shift in productive funding because the person in a homelessness situation is likely not receiving anywhere near the amount of productive funding that they need, and the funding that they can access and the outcomes from it are just way, way better in a supportive environment.

MS. GREEN: And I love the concept, Tim, and I appreciate how difficult it is to develop workable outcome measures because we're trying to make that transformation so hard, but I think it would be really interesting to see if there are programs or studies that have been able to look at the full range of services.

I used to work at a county hospital and I remember seeing a homeless person discharged to the streets who started out with a toe being amputated, and then both legs below the knee, both legs above the knee, and having him be admitted because his catheter had frozen to his wheelchair. I remember seeing homeless people discharged to the streets who had both legs in casts and bars between them, and they really did require a full range of services, including assistance with their activities of daily living in addition to the behavioral health services.

MS. HOWARD: Sure. So just to sort of move

through this, what we're looking to do is provide permanent supportive housing for 250 individuals and to agree with some outcome metrics. Sort of a blanket metric could be housing stability. That's what the other Pay for Success permanent supportive housing programs in the country are doing which means that if we can house somebody and keep them housed for six months and then a year and then at eighteen months, that would be the metric that would trigger payment by our end payers, but it's probably going to be more complicated than that. We're probably going to look at some health outcomes, reducing emergency room use or managing diabetes or reduced inpatient costs, and of course, looking at reducing the number of jail bed days.

So that's the work at hand right now is to work with these sort of potential end payers if they're not seeing themselves already as an end payer, and at the same time beginning to talk to the investors because over the life of this project it would be about a $17- to $20 million raise to provide those services over five years.

This again is just looking at the breakdown. Obviously, the hospitalization is the biggest cost driver here, and so we're looking for ways to balance it out a little more so that healthcare is not paying so much more than the county and the city, but they definitely will be

paying a bigger share because they stand to benefit greater. If we can pull in more costs for the appropriate services, there is still room to wiggle in this type of project because of the extreme amount of potential savings. So if the costs have to go up, there's still room to demonstrate savings.

I had a handout because I wanted to see if I could answer any more questions. You can just pass one of those around and take it with you. At the bottom of the second document I put on there sort of a summary of House Bill 3014 that passed in 2015 because it did set up a fund for Pay for Success, like a trust fund sort of. I don't think there's any money in it, but one of the questions we have is could TDHCA currently enter a contract and be a payer. Let's say you wanted to help make this project happen in Austin, do you have current authority to do that and with the funding you have?

MR. IRVINE: Well, under the programs we administer that potentially intersect with serving the homelessness population, clearly the HHSP funds that go to the largest cities could be used by those cities likely if they thought that was a good outcome. CSBG discretionary, the only ones I can think of would be CSBG discretionary or Emergency Solutions Grant, and neither one is really well geared to this sort of reimbursing a

third party private sector contributor, they're more geared to reimbursing for actual eligible expenses. I think that likely it's not a great fit with our existing programs.

MS. HOWARD: Okay. Any other questions? And if I can't answer them, I'm happy to try to check them out.

MR. WILT: Michael Wilt, Texas State Affordable Housing Corporation.

Do your capital costs include housing?

MS. HOWARD: No. So this funding arrangement is to pay for the services, so we're working as hard as we can with our housing authorities, with HUD, just to try to make sure we have vouchers available and bringing as much VA resources to the table.

MS. POHLMAN: Do you have strategies for helping people with felony convictions get into housing, because that's been a big barrier.

MS. HOWARD: Big time. We've learned so much with housing over 600 veterans in the last year and a half, and just worked on alternative screening criteria with market rate landlords, sort of helping them understand that our programs that support the client can sort of mitigate their concerns about criminal history. Also, housing people with very little income, believing

that housing is going to help them stabilize and get more income, achieve greater income.

MS. GUZMÁN: How about the elderly?

MS. HOWARD: The elderly?

MS. GUZMÁN: The elderly population is increasing and a lot have gone into homelessness.

MS. HOWARD: Well, there are some housing units that are set aside for the elderly so those are always a first. Even if you're homeless doesn't mean you can't have access to those units. But what we usually see is it sort of snowballs on people: they have little income, a criminal history, illness, aging, it's complicated.

Any other questions?

MS. RICHARD: Would you mind sending me the power point presentation? That would be great. And if anybody wants it, just let me know, and I can get it to everyone.

And I just want to thank you very much, Ann, appreciate it.

MS. HOWARD: Sure.

MR. RICHARD: I just want to interrupt here for just a minute. We're only going to have a quorum for ten more minutes.

MR. IRVINE: Let's knock out our two action

items.

First of all, the biennial plan. Would you like to provide any comments on presenting that biennial plan?

MR. RICHARD: I put a copy of the most recent biennial plan in your folders. Do you want to kind of start with why we separated the two?

MR. IRVINE: Well, I think the statute clearly distinguishes between the report and the plan, and I think that the report is simply something that must be completed by a specified date and submitted to the appropriate recipients and it's basically something we've got to do and it's a one-time thing every biennium. The plan, I think, is more of an organic document, and we have historically linked the two together but I think that the plan is something that we should always feel free to continue improving. I think it's just a statutory distinction that they are, in fact, different documents with different audiences.

MR. RICHARD: So what I had in mind is that this biennial plan, rather than just being something that we do once every two years would be more of a working document, if you will, for Council activities. So you'll see in this new version I changed the very last part of it to recommendation for Council activities, so if you go

to the last page of the plan, I put recommendations in there of activities that the Council might want to embark upon over the next biennium, and rather than overarching recommendations which we included in the report of findings and recommendations, this is more recommendations for what the Council may use the allocation of funding that you all have to do some activities.

So it's on page 30 and that might be something that you want to specifically go through each one of those and we could have a discussion on those. I included in there to continue the Housing and Services Partnership Academies. Does anyone have any thoughts on continuing the academies?

MR. IRVINE: I think they're really valuable.

MR. RICHARD: Okay. And the next one is to utilize Council funds to analyze the cost effectiveness of the Project Access Program coordinated between TDHCA, DADS and DSHS. So that would be looking at sort of where you were going, Doni, is really trying to look at cost avoidance, cost savings. And Project Access we've been doing since what, 2002? So we have a number of people, it's over a thousand people that have been able to utilize that program and looking at costs before they moved into community housing, costs after. I could think

of about fifty different questions that I'd like to know answers to by looking at that data, so that was just a thought on sort of a research project, if you will. That's also mentioned in the report of findings. This was just specifically to Project Access.

MS. SONENTHAL: Does that include the pilot Project Access with DSHS?

MR. RICHARD: Yes.

MS. GREEN: And that is entirely or almost entirely Medicaid, and we've got managed care organizations involved, so they would be able to poll the cost utilization data, and I think we could get some really powerful information.

MR. RICHARD: That's where I was going, but it would be a big research project because, to begin with, we'd have to just even work through HIPAA, the confidential personally identified information. Sharing data is always a challenge, even among state agencies, so it would not be a small project, it would be a big project. And like I said, in the report of findings that's going to the governor, there is a suggestion in that report to do a cost-benefit study, if you will, but this was specifically Project Access.

Any other thoughts on that one?

MR. IRVINE: As I was listening to you, Ann

and Doni, kind of talking about the costs issues, it really struck me that it might be very useful if a small group of us went and met with someone like LBB analysts and developed some high level concept based metrics that could be used for all of these programs on a uniform basis so that you could present in a funding request or a donation request or whatever some uniform data that says this is how impactful this program is in these respects. And to me, dollars are not just apples to apples, they are definitely apples to oranges, and spending a dollar to transition somebody from a difficult situation into a situation where they can realize their potential is quite different from just spending a dollar to ameliorate a momentary situation.

MS. GREEN: That's a great idea. I think if LBB would bless the methodology, then the data would be more compelling.

MR. IRVINE: And I don't know that LBB really is going to be inclined or have the resources to do that, but I think we ought to look for somebody who could provide us some guidance on, frankly, developing that sort of data and drawing in some of our partners so that it can all be used for the same basis regardless of whether you're going to the Lege for GR or you're going to 3M for a contribution.

MS. GREEN: But I think you need to look at the housing costs as well.

MR. IRVINE: Absolutely.

MS. GREEN: That's a big piece.

MR. RICHARD: So the third one I had was to revise the Council web page, to put more resources there for developers, for people working with disabilities.

The fourth one was to encourage state agency representatives of the Council to incorporate Housing First policy in designs and implementation of their activities.

And then the last one is to encourage state agency representatives to partner with TDHCA to provide services training to developers.

And so do we think we need to vote on these things, or since this is going to be a living, breathing kind of document, working document, this is something we could maybe have additional discussion at a later point?

MR. IRVINE: I think it would be appropriate to memorialize through a vote that we accept it as sort of a baseline for our ongoing planning documents, but we all commit to keep it updated as we can.

And thank you for all your work, not only drafting but pulling in other people's views.

MR. RICHARD: It's been a very interesting

project. Thank you.

MR. IRVINE: And to the members who have had input and non-members.

MR. IRVINE: Is there a motion? I move.

MS. BARNARD: I'll second.

MR. IRVINE: Any discussion?

(No response.)

MR. IRVINE: All in favor say aye.

(A chorus of ayes.)

MR. IRVINE: Any opposed?

(No response.)

MR. IRVINE: Okay. Great.

We also have our findings and recommendations report that is statutorily required, and I hope everybody will realize that this is a document that's been drawn with a lot of sensitivity to the specifics of the statute and to the constraints under which state agencies operate, and we're really trying to keep this project pretty tightly covered.

MS. GREEN: I've got a question in terms of process. I was looking at the public comment and rereading and I know that we've been through a very protracted legal process. Is it too late to amend?

MR. IRVINE: No, but we need to do it right here, right now, or hold another meeting before the

submittal date.

MR. RICHARD: And it's due August 1.

MS. GREEN: One of the things that came to mind as I was looking at the comments and rereading the document is it seems to me that we're all on the same page. I was really looking for language in the report to suggest that participants in Housing First are compelled to receive services, and the language was to the contrary. I mean, on page 3 it says under the fifth bullet: selection or acceptance of offered services are not tied to housing, or vice versa. I mean, it seemed clear to me that we really are respecting the autonomy of the residents, but one of the things that came to mind, just in terms of responding to those comments, is perhaps insert a sentence on page one under findings, that first paragraph, which again I think the language "provides residents with the opportunity" and to me opportunity suggests choice. But maybe add a sentence to say that the Council values residents' autonomy and rights to accept or decline any such services or supports.

MR. IRVINE: I think that would be a great addition.

MR. RICHARD: And I'm sorry, Doni, could you repeat that for me?

MS. GREEN: Yes. What I'm suggesting is under

findings, the first paragraph, add a sentence and just suggested language: values residents' autonomy and rights to accept or decline any such services or supports. It's not a new idea. I think you've made that point in several sections, but it just kind of reaffirms it and responds to those comments saying that housing and services need to be de-linked.

MR. IRVINE: It's individual choice. But I think that also it's important to underscore that a tenant is expected to live in compliance with the applicable requirements for wherever they are, and if someone has a situation that makes it difficult for them to do that, and they decline services, it may ultimately impact their ability to stay in that housing.

MS. GREEN: So you could modify and say as long as they meet the terms and conditions of their lease.

MR. IRVINE: Yes. Is everybody okay with that addition?

MR. RICHARD: Unfortunately, we don't have a quorum anymore. I couldn't catch her.

MS. HOWARD: If they don't meet their lease, they're going to be kicked out.

MR. IRVINE: Well, I'm going to take it upon myself, without Council approval, to add that change.

MS. GREEN: And then I had one other idea which is not really substantive, but on page 2 there was one comment that the types of long-term services and supports exclude supports for folks who have cognitive impairment, so one possibility would be to add to the list the range of supportive services, habilitation services to enhance independent living skills. It's not intended to be comprehensive, so I don't think we need to come up with an exhaustive list, but that might be a way to respond.

MR. IRVINE: I think that's an appropriate way to respond to that.

I'm just telling you that staff intends to go ahead and file this report.

One thing I want to really underscore is I think that there's a perception, probably accurate, that by breaking these documents out we were trying to get away from what I would frankly characterize as lobbying, not only lobbying the legislature but frankly lobbying agencies to do specific things, and the legislature obviously is something that a state agency can't lobby, and each agency has its own statutorily created oversight body that decides how it does things. So I think that input is always great but trying to tell somebody how to do something is a little more difficult.

Agencies are hamstrung but any time somebody wants to come and talk to our agency or any other agency, there are appropriate vehicles to do that. You're always welcome to bring things, for example, to our Governing Board. And I think that any time a non-agency has something that they want to take to the legislature, feel free to say, and if you need a resource, TDHCA or DADS or DARS or anybody else would be glad to be called in to provide resources. It's a cumbersome and kind of arcane way of doing things but it's the way it is.

Thank you for your input.

MR. RICHARD: Thank you. So we did have one other request to change the order of the agenda items. Ele would like to go next, if that's okay.

Kelly, are you doing okay on time too?

MS. OPOT: That's fine.

MR. RICHARD: Is that okay with everyone?

MR. IRVINE: Go ahead.

MS. NDUKWE: I don't have a formal presentation, mine is just going to be an informal one. Thank you for having me today. Terri had invited me to speak to some of the projects that we're currently doing within HHSC as it relates to housing. I had introduced myself before. I'm Ele Ndukwe from the Office of Policy, and I try to support and lead some of the housing

projects that we have going on.

So today I will be talking about two main projects that we are currently working on, and I see some of our team members, so please feel free to pitch in, or members of this body, if you have concerns or questions, please feel free to just informally ask them.

So one of the main projects that we are currently working on the IAP program support learning cooperative.

MR. RICHARD: Innovation?

MS. NDUKWE: Innovation Accelerator Program. It's a program with CMS that provides technical assistance to Medicaid agencies and states that want to learn from each other on different priority programs or priority topics. One of those topics, of course, is the grantee based LTSS services, so the learning cooperative we are now a part of is focused on trying to provide technical assistance for states that are interested in promoting or enhancing their housing related services that they have going on.

So they had two tracks initially. One was to provide states with tools and a little bit of technical assistance, but it was more in the form of a learning series presented to states on what other states are doing to learn and to be able to helps us hopefully develop

strategies to also involve other housing advocates out in the community and just create stronger partnerships both within agencies and outside. The second track was more focused, it was a little bit more aggressive, focused on actually developing state-specific incentivization for state-specific ways to improve quality of the housing related services that we have.

So we decided to walk before we began to run so we went for the learning series first. So members of those groups right now, we broke it into two phases. The first phase was to try and create a crosswalk of services, housing related services that we currently have in Medicaid and beyond. We were focusing first within the HHS system or enterprise -- I'm not sure what we call it now -- so the first phase is to try and get together the different housing point of contacts for the different agencies, including DSHS, HHSC, TDHCA, DADS and I think one or two other agencies. So we're trying to get people on the table to synchronize or at least educate ourselves on the different programs, funding sources, resources basically, housing related resources that we are currently providing to both Medicaid beneficiaries as well as anyone else who is needing LTSS services.

So what we've current done so far is that we've met several times in the year. We have been

developing the crosswalk of services and I'm sure as everyone around probably around the table would know, we have a very fragmented system of providing services. We've come across several challenges which is that the services that we're currently provided targets very different groups of people, so there isn't any one assessment housing tool that we're using to systematically find out the people that need these housing related services, and there isn't any tool that we know of that we're using to forward that assessment to try to create an individualized housing plan for people that need these services.

So as a team we came up with a couple of goals, and I did find our goals from the very first meeting. We were focusing on three things as a Texas team. The first thing was to try to catalogue the services to create this crosswalk of services. The second thing we were hoping to do was to build comprehensive HHS knowledge on housing related services. And the third thing we're hoping to do was to create short-term and long-term strategies to enhance housing related services in our current Medicaid system.

MS. SONENTHAL: Can you say those again, those second two?

MS. NDUKWE: The second thing was to build

comprehensive HHS knowledge on housing related services, and our third goal was to try and create short-term and long-term strategies to enhance housing related services in our current Medicaid system.

So basically, we're trying to catalogue services, in that process educate each other, and then hopefully use the gaps we found in that crosswalk of services to make recommendations to our different leadership and different agencies on how we can be able to expand those services and strengthen them.

Some of our desired outcomes was to help communities learn about housing related services and plan to share that with the community in a systematic way. The crosswalk of services we're working on, we have a deadline for it at the end of the fiscal year, so we're working really hard to try and have that completed by the end of August. And then we are hoping after that that we can be able to then engage with existing housing related groups, such as this one, and other ones across the agencies to find the best way, the best platform to share what we have with the community, and in that process be able to maybe find out other resources that we have that aren't necessarily Medicaid funded.

So I talked about the complexity of the system and how it's fragmented, a lack of stringent housing

requirements, complexities of the different eligibility requirements to get into the different programs, differing target populations and insufficient affordable housing. So those are some of the challenges, of course, that are out there.

Current workshops, I think, that we are aware of and we are hoping to actually pull in in the second phase of this learning cooperative in terms of the mental health coordination team. I think we have a very strong interest in incorporating housing services. There is the Texas Interagency Council for the Homeless, there is this particular group of people, the Housing and Health Services Coordination Council, we have the H2 initiative teams and also the Promoting Independence Advisory Committee. So we do have all these committees and kind of what we're hoping to do is to find a way to find a common ground for the goals that everyone has to make the recommendations to include housing a little bit more effective.

MS. SONENTHAL: And this is specifically in regards to just like leveraging Medicaid for helping support services in housing? So what were you saying?

MS. NDUKWE: Well, we also think in the process that not only are we helping Medicaid beneficiaries but every team or every committee that we

have out there, we can be able to find out perhaps more what their focus on improving housing is, share what we're doing with them, and maybe find a way perhaps the state can play a critical role in pulling a focus together in a more strategic way. And that also goes to the crosswalk of services, we are hoping that it will be a useful tool not just for Medicaid beneficiaries but at the end of everything to hope that someone who is just interested in Texas to find out what options they have as far as like housing related services out there can pick up that document and find it useful.

MS. HOWARD: And I think the nonprofit community of service providers of housing, non-medical providers are sort of at the edge of their seats, you know, knowing that this is sort of where we're headed, what is this connection in sort of funding streams to meet the needs of the individuals.

We haven't really met but we've been on phone calls together. We're really, really appreciative that the state is stepping in and exploring this really with us because every group is too little to do it themselves and CSH is working on it and HUD. I think the federal funding that little ECHO is being able to attract is part of a bigger picture of people looking at Texas and grateful to see us taking some of these kind of steps

MS. NDUKWE: And absolutely we know that right now it's still in its early phases and housing as a topic is very complex, but we have recognized that maybe the state can help in some way, at least facilitating discussions and trying to merge the different focuses for the different groups.

MS. HOWARD: The other item that you're going to talk about, also we're grateful that you're willing to do that.

MS. NDUKWE: And that actually just takes me into the next project that Ann just mentioned. The second project that we are also working on is called the Enabling Communities to Leverage Administrative Data project. It is a HUD funded study to help states merge administrative data with continuums of care, HMIS data. And I think what we're hoping to do or what the goal is with that is to better educate or give both communities as well as state agencies a better understanding of the impact of permanent supportive housing on utilization costs and patterns.

So the design of the data matching study is to find out within a period of years -- I believe it's from this year going all the way back for five years -- be able to find out people that have been placed in permanent supportive housing and be able to match their

information on the costs and utilization patterns with any costs that are attached to them and do some analysis to be able to help us or help people in the community and advocate to be able to approach maybe legislators or policymakers with better supportive data that would match what they're asking for.

That is the data matching project. As far back as April, we had six continuums of care that were interested in joining the study. With funding changes and the funding rounds, I think things may have changed, but I know that we have five continuums of care still currently on board, including Dallas, Austin, Houston, San Antonio, and El Paso. So we're hoping that it's going to be big enough as far as what permanent supportive housing data we can be able to get. HHSC is very supportive of ABT. They are the people that will be working through this on behalf of HUD and talking to the continuums of care, so we've had phone calls with them trying to work out the mechanics of how that exchange is going to work, and like you said before, talking about extending data is very weak and so we're working through that and hoping that we'll have something really good by the fall.

So those are the two main projects that we're working on. Terri had just asked me to give a brief

overview on it that you might be interested.

MR. RICHARD: I know that TDHCA funds and provides funding for some of the CoCs, so I thought it was a great example of housing and health services trying to work together.

MS. GREEN: I was in San Antonio last week for the Aging Texas Conference, the Medicaid managed care plans, under contract with HHSC for Star Plus Services presented at a workshop, and one of the plans which serves the Dallas service delivery area said that it wanted to do something innovative in terms of providing funding for its homeless members in the Dallas area, and I believe they're working with The Bridge. I'm not familiar with The Bridge. But I think it would be really valuable for them if you are able to get to any of that cost data. I'm not sure who they've involved in their discussions, but I think there might be an opportunity as well for looking at a study.

United has already made an investment in a model program, and Molina is interested in doing something as well, so I think they would be grateful for any technical assistance that they might be able to receive, for any cost data, and I think they might be a willing player in doing some kind of a study that's consistent with the plan.

MR. RICHARD: Kim Nettlelton is with United Healthcare. She sent me her presentation because she presented at the Housing First Conference in February. They have already implemented their project, she just didn't have the results of the data analysis yet, but she said she was more than willing to share that with us. It's about a year away before they can really do the analysis, but they're already kind of heading in that direction and have a research project underway. It would be great to get Kim here at one of the Council meetings, I think, to go over it.

MS. HOWARD: So one of the interesting things working with the managed care organizations is they're under contract by the state to provide care to certain individuals and they can't find the individuals, and so we're helping locate folks that are living in our homeless population, and that's the missed connection that Austin and Houston have been working on with United and that Dallas is pursuing with another provider. It's such a win-win, right, for the individual that all of a sudden is sort of on our radar for housing and has been connected to healthcare, and of course, the potential cost savings and profit to United. So everybody is sort of winning there. CSH has been helping make that happen.

MS. SONENTHAL: I have a question for Ann. So

what sources are you utilizing to get them connected?

MS. HOWARD: So in Austin what we do is we've done a data match between folks in our homeless database on the folks on the like can't find list that United has, and being very sensitive to how we can share information, we give our HMIS data to United, they give us back a list of numbers that we match back to people, and then as we encounter those individuals, we either do specific outreach to them.

MS. SONENTHAL: Like by ATCIC?

MS. HOWARD: We have an elaborate outreach sort of system, EMS is using it, it's all through HMIS. Recent in the news has been this new homeless outreach street team with our police department, so we're able to just share who each other is looking for. So yes, ATCIC, PAP, all of the above, and we find who each other is looking for.

MS. SONENTHAL: Is Houston doing it like that too?

MS. NDUKWE: Actually, Kelly is on the phone. I believe CSH is working on a project that might involve some data matching opportunity. I don't know how far down the line or how evolved that has become, but I know that at some point the Houston area was considering some data matching.

MS. OPOT: The is Kelly. CSH as an organization has contracted with United and Molina to provide technical assistance to do those things you've been talking about, so we've been having that conversation on a national level, and then I've been working directly with them as well as Anthem Amerigroup on a state level, and so we have already done data matching, some findings. The way it works in Houston is a little bit different than the way it works in Austin just because the systems are different and how we operate is a little bit different, but the overall end goals and outcomes are the same.

And ours is connected directly to our Medicaid waiver project for permanent supportive housing services, and so we're looking across what our FQHCs are providing, Federally Qualified Health Centers, are providing, what the managed care organizations are providing, so we're looking broadly at costs and stabilization and have some initial outcomes, and then we'll just continue to do that work and use the data that we have both gathered. I think the benefit that we have in Houston is because our provider on the health side, our provider is a Federally Qualified Health Center, they can share data back and forth with managed care because they're contracted with each other. That's also been a benefit in us connecting

them to United or Molina as well.

But I could go down a long rabbit hole with this, Anna, so if you want to reach out to me directly, I'd be happy to talk to you in more detail.

MS. SONENTHAL: I just may do that, Kelly.

MS. NDUKWE: So that was it for the data matching with the state and all the projects they just mentioned are really amazing projects and seem to be pioneering the way and just finding for the rest of the nation. For the state, this is the first time, I think, we have a project like this where we have to exchange this kind of data for this kind of population, and I think for HUD they are interested in having identified data sent to the state so it's making it a little bit more -- we're getting down into the weeds a little bit more on how the data exchange is really going to work.

So that's what we're doing. We have our legal team involved, as well as the strategic support area with HHSC, and just trying to get that off the ground hopefully by the fall.

MR. RICHARD: Thank you, Ele.

MS. NDUKWE: Thank you. And if you're interested any more in the projects, please feel free to email me.

MR. RICHARD: Thank you. Appreciate it.

MS. GREEN: Tim had prior commitment and had to excuse himself, so I will fill in for the rest of the meeting, and we will come back to agenda item number 3 which is a review of the Academy Technical Assistance.

And Kelly, thank you for hanging with us. At this point we'll turn it over to you.

MS. OPOT: Great. Thanks so much.

I'm really excited to be at this point. We've finished up the technical assistance and our team is now writing the evaluation report. So just to give everybody an overview of where we are, we partnered with TDHCA to send out a request for proposals in September and got responses from eight teams across the state, and everybody came together for a two-day academy where they learned a whole lot. And part of what TDHCA and the Council talked about doing differently this time was what do we do with our next steps. The teams put together a preliminary plan at the academy but really wanted to dig in and help teams from each community think about what they could do to help implement their plan and really work towards some implementation and finalizing their plans.

So what came out of that was some sessions of technical assistance, both in person and over the phone, really tailored to each community based on the population

that they were targeting for their academy and who was a part of the team, what resources were available, and also just what was happening in the community at large. And so every community looks completely different which made for very exciting technical assistance and kept things interesting on both ends, I think.

And because of where we are in the morning, I think the best thing for me to do is highlight some of the high level things that have happened and really talk about outcomes. And I know that initially we were a little bit nervous on the CSH side to say that there are going to be huge outcomes just from a six to nine month engagement, knowing that really impactful outcomes would take quite a bit of time to be able to see. And we've had conversations today about costs and stabilization and those kinds of things, but the preliminary outcomes that have come out of this academy, I think, have been surprising and really exciting for all of us who have been involved in it.

I've been so impressed with the teams that we've been working with and the initiative that they've taken and I think really being able to be there for technical assistance, it was more about bringing these teams back together. I think the recognition on the Council's part with the last academy is everybody came

together and a lot of people got great ideas and kind of got a lot of information, and then what do you do with that when you go back home. And so we were able to sit down and just talk through with communities what do we do with what we have, how can we use this in San Antonio, Dallas, Lubbock, or wherever these teams were located.

And so just to recap, the teams that were included in this academy were: Alamo Affordable Accessible Housing Cooperative who covered Bexar County and San Antonio and kind of the surrounding area; Coastal Bend which was based in Corpus Christi but covered a lot of those counties, Aransas, Bee, Brooks, Duval, Jim Wells, Kennedy, I won't go through all of them because there's like ten; the other is Dallas County Housing Alliance which covers Dallas and Dallas County; East Texas Housing Coalition which covers Tyler and Longview area; Greater Houston Area Housing and Services which was the Houston and Harris County area; Heart and Homes Communities which was kind of a North Central Texas group that covered rural areas of Brown, Callahan, Comanche, Eastland, McCulloch, Mills, San Saba and Runnels counties; then Housing and Services Roundtable of Tarrant County, which was Tarrant County; a Lubbock County team; and then San Benito which covered the area of San Benito. So just based on geography alone was really diverse from

the Border Valley area, to the Panhandle, to the big cities, to a couple of other smaller places in between.

And to highlight two of our more rural communities, it's interesting, a lot of the resources -- as I've been thinking about this and I think it would be a great evaluation piece -- so many of our resources, or at least I hear this quite often, go to our big cities, and I think part of the rural communities being smaller, they all know each other already, they're all working together already, they're all kind of the same five people that are doing this continuum of care, that are doing the ADRCs, that are covering pretty much all the bases for these teams.

And so one really exciting outcome was the Heart and Home Communities, so that was our North Central Texas communities, they came in with this idea of rehabbing a building. It was a fairly new idea and they'd been kicking it around, by the time they got to the academy I think they purchased it or figured out how to purchase it, and what RTA really focused on, and my colleague, John Peterson, was how you put together a financing package and what it looks like and bringing all the right people in the room to make that happen. And so the initial outcome for them is they were able to create the financing structure, they understand where to get

financing for rehabbing this unit that would include 25 units of affordable housing and five for service-enriched housing. And so hopeful that once they secure kind of that gap financing, the last little bit of financing that's needed for it, that that will be up and operating in the next twelve to eighteen months, just kind of depending on what financing they get. We all know it can take a lot longer than that but that's our big hope for their longer term outcome.

Another one that happened very quickly and it was a bit of an aha moment was the East Texas Housing Coalition which is Tyler and Longview and realized as they were there meeting kind of to go over their plan and finalize their plan and their outcomes for the Housing and Services Partnership Academy that they had an opportunity with project-based vouchers and they could make a change relatively quickly in their PHA admin plan, public housing authority admin plan, and had already begun the process. I'm not exactly sure where they are now but had already begun the process to make some changes to their admin plan so that they could get some project-based vouchers for service-enriched housing.

They, like a few other communities across the state, large and small, were really interested in how they can better use that 811 resources that are on the

table, so communities like Tyler and Longview who don't have any, they're trying to figure out what do we need to do to recruit developers to start participating in this. Houston-Harris County has done the same: how can we figure out how to get some of these apartments owners that we already know, that we already send our individuals who are exiting institutions to, what can we do to help bring them along and get them into this 811 process.

So those are some of the exciting initial outcomes. Another one that I want to talk about is with our Alamo Affordable Accessible Housing, and that's in San Antonio, and that group, we talked about what kind of training and just about lots of ideas, and from this academy put together this really phenomenal training that the team led completely on their own. They pulled together developers, HUD, a researcher from UTSA that's doing research on affordable housing, lots of service providers, and the housing authority, all kinds of stakeholders within that community to have the conversation about how do we connect better, how do we create more service-enriched housing, how do we limit the barriers for the individuals that we're trying to house, and really started this robust conversation around that, and I know are planning to have a followup summit and

training as well.

So through all of these it has been so fantastic to have housing authorities at the table, and I think that was the decision that we made as a team early on and let's incentivize these communities to include housing authorities and being able to have the housing authority at the table to be there to say I can do this or I can do that. And rather than being service providers kind of hiding in vacuum and thinking about what they might do and to knowing how to ask housing authorities, having the housing authorities right there listening and saying this is something we're interested in doing, this is how you can do it, this is how it works in our community, this is what already fits, let's figure out how to make those things work.

So the partnerships that have been created through these have been really fantastic and I'm so excited to see what comes up over the next year from the outcomes from these groups.

MR. RICHARD: There was a housing summit in Corpus Christi too. Right?

MS. OPOT: There are a whole lot more things. There was a housing summit in Corpus Christi that actually was built off of the first Housing and Services Partnership teams. The summit in Corpus Christi came out

of the first academy and they made that very clear, and there was a lot of discussion about the Housing and Services Partnership Academy and the Council and the work that you're trying to do on a state level and how important this is at the state level and the support that they have from the state to do the kind of local level. And so they had that affordable housing summit in April, I believe, and plan to have another one as well.

Dallas County has created a larger group that commented on their new affordable housing plan. San Benito had a community meeting where they brought together providers to talk about how they can partner better with the housing authority. There are all kinds of really great community conversations and connections that happened out of all of these.

MR. RICHARD: Thank you, Kelly.

MS. OPOT: Sure.

MR. RICHARD: Does anybody have any other questions or comments?

MS. GUZMÁN: Hi Kelly. This is Gloria.

MS. OPOT: Oh, hi Gloria.

MS. GUZMÁN: As a result of the academy, after that first conference that we had, we're having another one on the 25th of August about service-enriched communities. And from then on we are in the process of

aligning different subjects, everything related to affordable housing, especially in my case to the elderly and the disabled. So we are going to have one every six weeks. We had one with [mentioned names] and other developers and they are giving us their facilities so we can have these training and conferences and so it continues. So we're looking for about ten in the next year.

MS. OPOT: That's great. And the Council will have the evaluation report and the full report by your next quarterly meeting that you can see all of the outcomes that we outlined and the feedback that we got from the communities, both on how this worked, recommendations for future academies, so I think all of that complements the biennial plan and the working document that Terri has been putting together kind of makes the work that you're doing on the Council really effective for local communities.

MS. GREEN: Thank you, Kelly.

We will move to agenda item number 7 which is public comment. Would anyone like to provide comment?

MS. GUZMÁN: The reason I came here mostly was, first, to tell you about our success story, what we are moving forward with which is the education. We have really come to a point that since we don't have enough

affordable housing and the NIMBYism is really effecting all of us in so many ways, that we are going to continue with education, education to the councils, education to the employment agencies in the different townships, and to continue with these trainings every six weeks as a continuing thing. We are not stopping.

And I think one of the things that we'd be looking to for the next academy should be how to tackle NIMBYism, because as a matter of fact, one of my developers this week had a big project for the Selma area and it was turned down after so many months of work it was turned down four to one by the council. And Kelly already knows that we have a council poster child from Boerne which he was totally against affordable housing and he was one of my speakers during that, and that's why we call him the poster child.

So there are two things: one is education and the other one is the financing. We need to get people to say yes, we want affordable housing and we understand that this is the only way. That is better for everybody because it will get more revenue into the townships, for example, because they won't have people going around not existing because they don't have housing not on the ground.

So we're working on it and we thank Terri and

we thank Kelly for that project. And I think that it should continue and it should be two full days where the speakers will have longer times to develop their subject. Instead of having 15-20 minutes of a lot of people, maybe less people, stronger subjects and with lengthier time to develop it and then to have focus groups where they can see. For example, when you had the tables, it was very hard because we were in a very small place, the tables were full of people, we couldn't hear very well. So I think that people should be learning first what is it that I'm going to take out of the academy and then based on that there should be a survey of the people that are applying to go into the academy, and then a survey to them saying this is what we would like and this is the focus groups that we would like to be in while we are there.

So thank you for this opportunity.

MR. RICHARD: That's great feedback.

MS. YEVICH: And if I could follow up a little bit on that. This is Elizabeth Yevich. I'm the director of the Housing Resource Center at TDHCA, and for those of you might not know, the Council and Terri are under the Housing Resource Center, so I sort of oversee the budget for this. And as you did earlier, you actually voted on and passed the biennial plan and in that was the

recommendation to continue the Academy, so I think if the budget allows it, that it will be going forward.

And to that end, Kelly, if you're still on the phone, I'll be giving you a phone call later.

So I just wanted to put this all out here so that everybody knows what's going on, and I'll speak with Kelly and see what her possibility might be there, and we'll go from there. We can update you at the next meeting, but from what I'm hearing everyone saying, there would be still money in this year's budget. I cannot speak to anything in the future. As you all know, there are budget cuts happening, but as of this writing, we could continue it on and as of this writing I will be first reaching out to CSH and seeing the possibility there because I'm understanding that everybody would like to continue it and assuming with CSH.

MS. GREEN: Thank you.

Further public comment?

(No response.)

MS. GREEN: Seeing none, we will move to agenda item number 8, general updates, next steps and staff assignments.

MS. YEVICH: This is Elizabeth Yevich again. I'll do a brief update.

I think a lot of you are aware of the National

Housing Trust Fund, and I just wanted to let everybody know that a draft of the allocation plan was approved by TDHCA's Board last Thursday for release for a 30-day public comment period. That public comment period opened last Friday and continues on for one month, ending August 15, and it is up on our website under the public comment page, a link to the draft National Housing Trust Fund allocation plan. There's going to be a public hearing, and that's on Thursday, August 4 at three o'clock, and a LISTSERV will be sent out soon about that, and then Terri can then forward that LISTSERV to the Council.

And just one final thing. Because that National Housing Trust Fund is tied to the five-year consolidated plan which is then associated with the 2016 one-year action plan which is still at HUD for approval, it all becomes a lovely tangled web. Anyhow, whenever you see National Housing Trust Fund, you're also going to see the con plan and the one-year action plan. We have to state all that because we have to merge the National Housing Trust Fund eventually into the five-year plan and into the one-year action plans, but this public comment period is strictly on the National Housing Trust Fund, so I just wanted to make that clear. For this 30-day public comment and the public hearing we have gotten word through HUD in D.C. that it really is only for the

National Housing Trust Fund plan even though it is merged into these documents per HUD regulations.

So that's the tangled web there, but we're real excited that the National Housing Trust Fund allocation plan is in a draft form and it's out for a 30-day public comment.

MS. GREEN: Thank you.

MS. BARNARD: Suzanne Barnard with the Texas Department of Agriculture Community Development Block Grant Program.

I had mentioned sometime back that we were revising some of our guidelines related to housing rehabilitation, and I wanted to let everyone know that those are now out in draft on our website. Did I send you the link?

MR. RICHARD: I believe you did, yes.

MS. BARNARD: I think I sent the link to Terri.

They're in draft just in case we made any boo-boos, but they will go into effect on September 1. And the change essentially just says that if a community has a housing rehabilitation project, they can choose an owner-occupied house or a nonprofit-owned house. That's the change, we added nonprofit ownership to the list of eligible structures that could be rehabilitated with this

program. So that's out there to go into effect September 1.

We also have just released the application where someone could actually apply for the funds to do this, that's our Community Development Fund. The application is available on our website now, it is due in February, so a nice long time to prepare it. It's two years worth of funding included in this application cycle. Each region gets to select their own priorities from among the dozens of eligible activities, so for housing rehabilitation in particular, if you're interested, the East Texas COG region and the South Texas COG region are the most likely places where a housing rehabilitation project would be competitive. It's eligible everywhere but it would be most competitive in those two particular areas.

MR. RICHARD: East Texas, and I'm sorry?

MS. BARNARD: East Texas and South Texas development councils.

MS. GUZMÁN: South Texas from where to where?

MS. BARNARD: South Texas Development Council is Jim Hogg County, Zapata County, it's the COG region, the state council of governments regions, it's I think five counties.

MR. RICHARD: So it wouldn't include San

Antonio.

MS. BARNARD: No, it doesn't include San Antonio. I should have memorized all of these counties by now.

So that's out there. The guidelines are out there to allow the activity and the application is now out there that someone could apply for the activity. We are a local control kind of program, so it's really up to each community what they want to apply for.

MR. RICHARD: When you mentioned the rehab, when you first started you said an owner-occupied or a nonprofit, so single family homes?

MS. BARNARD: Single family homes which would include up to a four-unit structure, but not any multifamily. That would be a completely different activity under the HUD regulations, so we're single family. That would include accessibility modifications as well if that was something that there was a need for housing rehab to provide.

MR. RICHARD: Thank you.

MS. BARNARD: And that came out of one of the other work groups, the IDD work group is where that kind of change began.

MS. GREEN: Any other business?

MR. RICHARD: The only thing I wanted to

mention is think the third Wednesday of October, the 19th, so we have tentative October 19 for our next meeting.

MS. GREEN: So take out your parking place now.

MS. YEVICH: Actually, I think Mr. Irvine had said nixing the Winters Building from here on out, just got an email, so it will probably be Brown Heatly, more than likely, or somewhere else.

(General talking and laughter.)

MS. GREEN: Seeing no other business, do we have a motion to adjourn?

MS. BARNARD: So moved.

MS. SONENTHAL: Second.

MS. GREEN: All in favor?

(A chorus of ayes.)

MS. GREEN: We are adjourned. Thank you.

(Whereupon, at 11:51 a.m., the meeting was adjourned.)

C E R T I F I C A T E

MEETING OF: Housing & Health Services Coordination Council

LOCATION: Austin, Texas

DATE: July 20, 2016

I do hereby certify that the foregoing pages, numbers 1 through 66, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Nancy H. King before the Texas Department of Housing and Community Affairs.

7/25/2016
(Transcriber) (Date)

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