

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

211 East 11th Street
Room 116
Austin, Texas

October 24, 2018
10:00 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair
DONI GREEN, Vice Chair
SUZANNE BARNARD
REV. KENNETH DARDEN
HELEN EISERT
MICHAEL GOODWIN
CLAIRE IRWIN
JOSE RAMIREZ
MICHAEL WILT

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MR. IRVINE: It's roll call time.

Helen Eisert, new member. Welcome. Before we move on, I'm going to incorporate item number 5 into this. Just a snapshot about yourself and what you do.

MS. EISERT: So obviously I'm with HHSC in the Adult Mental Health Services. The main program that I have is called the Healthy Community Collaborative. I don't know how many of you are familiar with that, but essentially that's funding from HHSC right now for main urban centers, Dallas, Tarrant, San Antonio and Austin, to provide funding for infrastructure that helps build collaboratives that serve people that are homeless with mental health issues. Those four projects do have housing attached to it, rental assistance. And then I'm also taxed to sort of help any time a grant or a program is having direct federal assistance to help provide support to that.

And then where I come in terms of background, did you want me to go into that?

MR. IRVINE: Sure.

MS. EISERT: So I've been dealing with homeless services since I was 18 so a long time, but I think it's due from my desire not just to serve people that are homeless but also look at programs and services that help

1 people in transitions in housing, so a few years back I
2 ran a program called Money Follows the Person, that you
3 guys should know about. And so that's where it moved into
4 just people coming out of institutions, sort of a desire
5 to work on programs and supports that help those
6 transitions.

7 MR. IRVINE: Excellent.

8 Continuing down the list, Veronica Neville?

9 (Not present.)

10 MR. IRVINE: Claire Irwin.

11 MS. IRWIN: That's me.

12 MR. IRVINE: You're new too.

13 MS. IRWIN: Yes, I am. I also work with HHSC
14 in the Aging Services Coordination Office. We were an
15 office that came over from DADS during the consolidation
16 and were formerly known as Volunteer and Community
17 Engagement, and we have programs. Some of the ones you
18 might have heard of are Texercise which is our health and
19 wellness initiative, but we do programs and services for
20 older adults and their families and their communities and
21 helping all of those populations to prepare for aging.
22 And we also work with state and local governments to
23 ensure the needs of their older citizens are being met.
24 We have lots of partners, Doni is one of them, we work a
25 lot with the area agencies on aging across the state.

1 A couple of the different projects I work on is
2 our Age Well, Live Well campaign which is our campaign to
3 encourage older adults to be healthy, fit and informed.
4 We also have the Aging Texas Well initiative, and this is
5 kind of where the housing component fits in a little bit.

6 It is an initiative -- and this is not my program so I'm
7 going to read a little bit -- that was established in 2005
8 by an executive order, and it has a council attached to it
9 and there are 16 different issue areas and housing is one
10 of the issue areas that they're starting to focus on more
11 this year, and they're going to start by creating an issue
12 brief that kind of focuses on the older adult population
13 and their specific issues related to housing.

14 We are also in the midst of creating a database
15 of all the different aging programs and services
16 throughout HHSC, and housing and all of the different
17 programs that work in any way with housing are going to be
18 included in that database so it's kind of a big project we
19 have.

20 And my history, I have ten-plus years in the
21 nonprofit world, all working with older adults doing case
22 management and direct service type stuff.

23 MR. IRVINE: Great.

24 I'm going to take this out of order because I
25 see we have one other new member. Jose.

1 MR. RAMIREZ: Hey. What's going on, sir? My
2 name is Joe Ramirez. I'm with the Texas Veterans
3 Commission. Thank you for inviting me and allowing us to
4 participate.

5 I'm the justice involved and homeless state
6 coordinator. We're trying to create initiatives. We do
7 have a scratch off lottery ticket, so we want to preach
8 that so we get some of the funds back in the community.

9 So once again, thank you very much, sir.
10 Appreciate it.

11 MR. IRVINE: Great.

12 Back on the list, Suzanne Barnard?

13 MS. BARNARD: Present.

14 MR. IRVINE: Scott Sroufe?

15 (Not present.)

16 MR. IRVINE: Michael Wilt?

17 MR. WILT: Here.

18 MR. IRVINE: Let's see, Doni Green?

19 MS. GREEN: Here.

20 MR. IRVINE: Michael Goodwin?

21 MR. GOODWIN: Here.

22 MR. IRVINE: Reverend Darden?

23 REVEREND DARDEN: Here.

24 MR. IRVINE: I guess we've got a quorum, we're
25 in business.

1 If there's anybody who's new to us, the only
2 rules are you're welcomed and encouraged to participate,
3 just come to the mic and make sure that everybody can
4 catch you on the recorder's soundtrack, and also be sure
5 to identify yourself as you speak.

6 All right. First order of business, as long as
7 we've got a quorum, let's see if we can get our minutes
8 approved.

9 MR. GOODWIN: So moved.

10 MS. BARNARD: Second.

11 MR. IRVINE: All in favor?

12 (A chorus of ayes.)

13 MR. IRVINE: Any opposed?

14 (No response.)

15 MR. IRVINE: The minutes are adopted.

16 Brooke is not here so she will not be updating
17 us on the Mainstream Voucher Program.

18 Let's see, Jennifer Martinez or Joy Kearney
19 will present on the Statewide Behavioral Health
20 Coordinating Council.

21 MS. MARTINEZ: Good morning. I am Jennifer
22 Martinez. I am with the office of Mental Health
23 Coordination through the Health and Human Services
24 Commission, and have had the pleasure of working with
25 Elizabeth and Brooke and Kali at our Statewide Behavioral

1 Health Coordinating Council meetings that we have every
2 quarter, or more frequently sometimes.

3 I did bring sort of an overview snapshot of the
4 plan itself and just sort of a graphic depiction which is
5 sometimes easier to me, and wanted to just kind of update
6 you guys on some of the progress that's been made but also
7 wanted to kind of get a feel from this body of what
8 information you're looking for from me regarding the plan.
9 I don't want to go into super detail about things that may
10 not be relevant to you guys. I assume you want me to kind
11 of start with what's going on around housing and the
12 coordination we've been doing with Elizabeth and Brooke
13 and Kali.

14 So one of the sort of tenets of the
15 coordinating council's strategic plan is to not be
16 redundant. Right? So this organization, a body exists to
17 work on housing issues and have representation from lots
18 of different agencies that are not eh coordinating
19 council, and so I understand. I don't know, Elizabeth, if
20 it was you or Brooke who sort of brought this to this body
21 to say would you guys be willing to sort of serve as the
22 expert body for the coordinating council on housing, and
23 so thankfully you said yes, and so we have really relied
24 upon this body to provide information to the larger
25 coordinating council who are not experts on housing, and

1 Elizabeth typically comes in and does a work group report
2 out to the coordinating council on discussions,
3 recommendations, barriers, solutions, or just why these
4 come up during our quarterly meetings. So that's sort of
5 the way we have navigated housing.

6 You'll notice on the actual handout that I sent
7 around that one of the gaps on the strategic plan is
8 housing, so that's incredibly important to us and
9 something that certainly, whether we're working with TDHCA
10 or internally at HHSC, it's certainly something that we
11 see as a huge issue. So as far as housing expertise, that
12 does not reside with me, that resides with this body, so I
13 can certainly go into some of the things that we have been
14 working on from a large sort of scale statewide
15 perspective. They're not specific to housing because that
16 kind of comes from you guys up through to the council over
17 to the council.

18 So does anybody have any questions about what
19 the statewide strategic plan is, what the coordinating
20 council is, why it exists, sort of some baseline
21 information, or has that already been explained to this
22 group?

23 MS. YEVICH: It was a few months ago kind of
24 just briefly. We've also been seeing Senator Nelson who
25 also is the author of the legislation for our council.

1 MS. MARTINEZ: Great. So the original sort of
2 concept of the Statewide Behavioral Health Coordinating
3 Council was a question that Senator Nelson asked which was
4 how much are we spending on behavioral health funding in
5 Texas, and no one could answer the question, and so as a
6 result of that, there was legislation that created the
7 Office of Mental Health Coordination, which is the office
8 that I'm with currently, that has purview over the
9 Statewide Behavioral Health Coordinating Council.

10 There are 23 member agencies on the council,
11 they're all on the council because they receive some form
12 of behavioral health funding, and so the council itself
13 came up with a strategic plan which is from 2017 to 2021,
14 so we're currently in that strategic plan, and identified
15 the goals, the gaps, the vision, the mission that you're
16 seeing on the graphics in front of you.

17 I think the power of the council itself is the
18 recognition that work is happening outside in the
19 community and it's not incumbent upon that particular body
20 to recreate any of the work that's already being done, but
21 it's rather sort of the thing that you hear about a lot in
22 state government which is the right hand doesn't know what
23 the left hand is doing. So this body, I think, was
24 created in large part to say what is everybody already
25 doing regarding this particular strategy, these gaps, what

1 funding do you already have that we may not know you have
2 that we can access to support our population and vice
3 versa. So I think there's been great success in just
4 relationship building, understanding who is responsible
5 for what, what resources are available, and then other
6 hand, what resources are not available that we do need to
7 ask for during session.

8 A really interesting exercise that happened for
9 the second time through this council was the exceptional
10 item review process, and so anyone who had behavioral
11 health funding or was asking for exceptional item dollars
12 in behavioral health came before the coordinating council
13 in August and then again in September and really basically
14 pitched their exceptional item, and it was a really, I
15 think, healthy exercise because we were able to say to
16 council members, they were able to say to one another: I
17 actually already have money for that, you know, let's use
18 my dollars that I already have, or that is a gap and we're
19 willing to 23 agencies get behind those exceptional items
20 and say we agree that this is a need that's not being
21 filled. So it was sort of a pre-legislative session sort
22 of review of exceptional items, and I think it was really
23 healthy, and again, I think it helped educate members on
24 what exists currently and what we do need to ask for
25 additional dollars for, but to very good stewards of the

1 dollars that we do have. There's \$3.8 billion in
2 behavioral health in Texas each year, so there's money out
3 there, we just need to make sure that we're spending it
4 well.

5 So that's kind of the bare bones of what the
6 coordinating council does. We are in the middle of
7 finalizing our progress report which is an annual sort of
8 update of what we've accomplished, and I know we've worked
9 with Kali and Elizabeth to capture what's going on around
10 housing which, you know, I certainly have captured here.
11 It feels awkward to speak as the housing expert in this
12 room, but I keep sort of deferring, but really a lot of
13 what we speak to around housing in the plan, in the
14 progress report is this body and the fact that there is
15 not duplication of effort and that we are collaborating
16 and we're getting information from this group and it's
17 coming up to the council and hearing about things that are
18 struggles or barriers or solutions. And then also some of
19 the ideas around creating staff expertise across the
20 different agencies so that it's not just TDHCA
21 expectations that that's where the expertise in housing
22 exists, we know that there needs to be expertise across
23 the agencies in order for us to access the different
24 resources that are available.

25 Kali, do you want me to go into detail on other

1 things we've accomplished, or what would be helpful?

2 MS. YEVICH: That would be fine.

3 And Brooke Boston just came in the room. You
4 were mentioned several times with Jennifer's group here.

5 MS. MARTINEZ: So would you guys like to hear
6 some of the things we've accomplished even if it doesn't
7 relate to housing?

8 MR. IRVINE: Yes, sure.

9 MS. MARTINEZ: Okay, great. I'm so worried
10 about I know how busy you guys are, I'm like, is this
11 meaningful, tell me if it's not.

12 So we sort of have in the legislation -- it
13 doesn't exactly align with our five goals but it's very
14 close -- we speak to any coordination efforts that we have
15 done around programming and services. One of the things
16 we always talk about is an interagency work group that's
17 called United Services for All Children, and it has
18 representation from HHSC and TEA and DFPS and TJJD, lots
19 of folks that work with children, and basically they have
20 done of expanding their work group membership from two
21 agencies to seven. They host a large behavioral health
22 collaborative summit each November and bring in all the
23 different folks from those different agencies to share
24 resources with those who are serving school-age children.
25 They have created a resource guide to share with each

1 other.

2 And then they also, I think, were successful in
3 recently receiving a Project Aware grant through SAMHSA,
4 TEA was, because they were able to quickly and easily
5 demonstrate the coordination that was already occurring in
6 the state around resources for school-age children, and so
7 I think they were able to get a wonderful grant that will
8 serve folks in Hurricane Harvey affected areas because
9 they already had those relationships built and were able
10 very quickly to sort of capitalize on those.

11 So I hope that happens across other work
12 groups. I hope there's opportunities with this work group
13 to do some of those same things.

14 We also have a mentalhealthtx.org website that
15 currently exists. It is not my most proud website. It
16 has much opportunity. We recently received money to
17 expand and enhance that website and so we're at the very
18 beginning stages of working with a vendor to develop sort
19 of the architecture for that website, but what we intend
20 to do over the next year is work with all the members of
21 the council to identify the resources that exist around
22 behavioral health and get those all on one website so that
23 folks can go to mentalhealthtx.org if they have any
24 questions around behavioral health in the state and find
25 it all in one place.

1 There is a website within Tarrant County that's
2 called Tarrant Cares that is something that it might be
3 very similar to if you're interested in kind of seeing
4 what the long term goal is for that site.

5 So one of the other goals is to utilize best
6 practice in contracting standards and grant projects, and
7 so we have a program, again through Block Grant dollars,
8 that's called Coordinated Specialty Care which is
9 basically -- and this is very high level -- it's a first
10 episode psychosis program where what we're seeing as best
11 practice shows if we can get in early and get supports to
12 younger folks -- I think it's up 18 to 30 or 16 to 30,
13 something like that -- that we can really impact their
14 need to have long term services and supports.

15 And so we've been able to leverage some success
16 in a pilot project to then get additional dollars through
17 a Block Grant, and then ultimately have an exceptional
18 item currently on the table to ask for additional dollars.

19 We really think that's going to help with folks that end
20 up using services that are much more costly and we can
21 intervene early and get better results.

22 One of the things that has been really helpful
23 for us, and we've heavily relied on the coordinating
24 council -- and you were talking about healthy community
25 collaboratives -- we have four grants that are sort of

1 responsible for updating the council on an annual basis
2 and kind of let us know are you coordinating, what
3 community resources are you leveraging, how are you
4 aligned with the strategic plan. And so we have been
5 really excited about the response from the coordinating
6 council and their engagement with identifying who the best
7 grantees are out there. So for each of the different
8 grants, we had one that was for high needs children in the
9 foster care system and DFPS, TJJD and HHSC all worked on
10 that together.

11 There are other grants. There's a Texas
12 Veterans with Families Alliance grant and we had HHSC, the
13 Governor's Office, and the Texas military department that
14 all were the ones that looked at those grants and reviewed
15 those. So I think we're trying to kind of walk the walk
16 around coordination and not just have it so sort of myopic
17 HHSC but we've been asking other folks to give us their
18 input.

19 One of the other goals is to identify
20 successful models for mental health and substance abuse,
21 or substance use disorder. We're a part of the Governor's
22 School Safety Plan, or there are specific things within
23 there that we've been asked to have purview over, and that
24 includes expansion of the Twitter project with Texas Tech.
25 Certainly that's not an HHSC project but it's funded

1 through some of our grants, and we work with Dr. Billy
2 Phillips on his expansion of that initial pilot program.

3 We've also been working with the Department of
4 Public Safety. They have a new application called I
5 Watch. Has anybody heard them talk about that? It's very
6 interesting actually. They had something that was an app
7 for sort of terroristic threats and they have adapted that
8 for a school setting, and so you can download it and if
9 you're a child or a parent or anybody in the community,
10 they're modifying it so that you can capture that sort of
11 early identification information and get it to their
12 analyst for them to then make referrals out and get folks
13 assistance.

14 Our role in that, we've been kind of helping
15 them shift from a law enforcement sort of model and even
16 the language that they use, you know, incident or issue
17 versus something that's a little more mental health
18 friendly, and so we're helping them with sort of the
19 language around that.

20 In our shop we have the mental health first aid
21 training which is, you know, mental health first aid like
22 CPR. Right? You're a lay person, you don't know anything
23 about mental health, but if you want to have an eight-hour
24 training that basically says: Hey, this is what you're
25 looking for, if you see somebody is having a mental health

1 crisis, this is how you can assist them, these are
2 resources that you can avail yourself of. We put out that
3 training particularly in the summertime, so last summer we
4 had a 90 percent increase in the trainings that we did in
5 the fourth quarter through a partnership with TEA and
6 their Education Service Centers, so they were very helpful
7 in helping us get the word out about this is training that
8 needs to happen. We want children who are walking through
9 Texas schools to have somebody in the hallway who has had
10 mental health first aid training, so if there's anything
11 that's happening, somebody is recognizing that and can do
12 an early intervention.

13 And then finally on that particular goal, the
14 Veterans Commission hosted, I thought, a really fantastic
15 mental health summit this summer in June, and they brought
16 together not the sort of experts in the field or the
17 policymakers, right, which is typically who's around the
18 table making decisions, but actually asked the folks who
19 receive the services to come in and tell them how those
20 services are being received, what the barriers were, what
21 access issues there were, what awareness there was of the
22 services that existed. It was really interesting, so I
23 thought it was a fantastic summit so I hope the Veterans
24 Commission does that again.

25 And then, of course, yesterday there was, I

1 think, the conclusion to the Judicial Commission on Mental
2 Health's first summit, and that's, I think, a really,
3 really big deal. Is anybody here familiar with the work
4 that they're doing? It's the first time that the Texas
5 Supreme Court and the Court of Criminal Appeals have come
6 together and they have basically recognized that the
7 issues around mental health that are coming before their
8 courts need to be figured out much earlier. Right? And
9 they're invested in saying, all right, if you guys aren't
10 going to figure it out, then we're going to figure it out,
11 because by the time they get to us, we don't have the
12 options that we should have to help these kids.

13 So they have created a Judicial Commission on
14 Mental Health, and you know, when the Texas Supreme Court
15 asks you to show up for a meeting, you typically show up,
16 so they've been able to get some really heavy hitters to
17 show up and kind of ask and answer some tough questions.
18 So I look to that body to be doing some really important
19 work that I think is going to impact all of us.

20 And then, you know, data is a big thing that I
21 don't know how that works within this agency, but HHSC
22 maybe has issues around the comparable data across our
23 system and that's something that we're working diligently
24 on but certainly is not where we want it to be. I almost
25 don't want to make eye contact with folks from HHSC

1 because it's like eh-h-h.

2 (General laughter.)

3 MS. MARTINEZ: So we were able to create, at a
4 minimum, an interagency behavioral health work group that
5 was able to work with DFPS, TJJD and Texas Department of
6 Criminal Justice to basically identify how many people in
7 the state are receiving behavioral health services. We
8 didn't know that because none of our systems talk to each
9 other, we define it differently, our populations are so
10 different. We were able to finally get to at least a
11 place where we could say we think it's approximately 1.3
12 million people annually that are receiving behavioral
13 health services, so it's a very sort of baseline data
14 collection but it's a starting point.

15 And then we also have our community resource
16 coordination groups which are local community groups made
17 up of probably many agencies that are here today, agencies
18 that are on the coordinating council. They are trying to
19 solve local problems with local resources which is
20 ultimately, I think, the best way to solve problems is
21 locally. And so they support those local solutions and
22 they have created their own database with, I think, the
23 help of the Meadows Foundation, and so they're rolling
24 that out actually this month and so they hope to have some
25 better local information for us to access.

1 So as we look at 2019 and some of the goals
2 that are set in our strategic plan, a lot of those goals
3 are around data collection. And I'm looking forward to us
4 having a focus on data because I think that's going to
5 help us so much as we move forward on really identifying
6 where the issues are and what we're doing well and maybe
7 what we could do better.

8 So that's my very high level overview of our
9 2019 progress report.

10 MR. IRVINE: Can I ask you a question?

11 MS. MARTINEZ: Yes, please.

12 MR. IRVINE: Or perhaps even betray a
13 prejudice, or whatever. When you were talking about the
14 opportunities in developing your website, you started
15 talking about bringing in seven different agencies that
16 work with different aspects of youth, and immediately I
17 see a minimum of 21 acronyms.

18 MS. MARTINEZ: Oh, gosh.

19 (General laughter.)

20 MR. IRVINE: And you know, I think that web
21 information can really serve two completely markets. One
22 is you can be a resource for that local person who is
23 dealing with human beings in need and help them help the
24 person who's dealing with that person organize and
25 understand and bring to bear the right resources, or you

1 can look at it from the perspective of I'm a person and I
2 need some help, how do I access all of this? And you
3 know, quite often a person comes to a local conduit and
4 they don't know which special sub-population they are
5 members of, they have no idea what the programs are, they
6 quite often talk to other people that have gotten into
7 programs and they frequently spend time pursuing programs
8 that aren't really the optimal fit.

9 And to me, the ridiculous -- sorry, not our
10 fault -- but the ridiculous complexity of the world we
11 live in really makes a gigantic obstacle for people who
12 are trying to access services. It just needs to be: Hi,
13 I'm here, I think I need some help. And that begins a
14 process where you understand the person's full range of
15 needs, you understand the full range of resources that can
16 be brought to bear, and you know, you help them navigate
17 that and get in touch with those resources.

18 And so I really hope that as you developing
19 your website you'll think of it in terms of two funnels:
20 one is helping the person who's dealing with folks in need
21 of assistance to get to the most quick and appropriate
22 array of services to access, and one for people who are
23 actually looking for those services to get as quickly and
24 directly as possible in touch with somebody who can
25 actually speak to them in a non-programmatic way.

1 MS. MARTINEZ: This is the right time to be
2 having a conversation about that sort of insight because
3 we don't know yet. Right? We're still at the very
4 beginning stages, so I think that's something that
5 absolutely we should be saying this is a goal, not just
6 from an agency perspective but from an actual family
7 member or individual perspective, what resources can I
8 avail myself of.

9 MR. IRVINE: Right.

10 MR. GOODWIN: I have a question. Being an
11 older person and having grown up in the '40s and '50s, 30
12 percent of your problems would go away if parents had a
13 willow bush outside their back door and teachers had a big
14 fat ruler that they were able to use. Seriously, I think
15 that does because that gets kids on the straight and
16 narrow at an early age.

17 But in our area have you tapped any of the
18 housing side? And I cringe when I say that because now my
19 question is how invasive are we getting into the private
20 lives of our citizens. TDHCA does all the tax credits
21 which essentially are low income families. I've been a
22 member of a group that does the lowest of the low, the
23 Affordable Housing Management Association that does
24 Section 8 only, and we have the residents who have the
25 most problems of anybody that can have, and we don't need

1 to be getting into their personal lives. But have you
2 thought about hooking up with, I'll say in Texas the two
3 state agencies that do that, TDHCA and there's one, AHMA,
4 that covers everything except Houston, and doing a couple
5 of training sessions? Because these are the managers who
6 are on the properties onsite that see these happening.
7 The theory is the reporting, if you will, you know, that
8 kid has got a Mohawk with purple hair, I'm going to call
9 the agency, that's scary.

10 MS. MARTINEZ: So I think -- and I'm going to
11 kind of defer to some experts around here -- I think
12 that's a piece of what we're looking for this body to do
13 which is to make those sort of recommendations: Listen,
14 we think there's opportunities within some programs that
15 we have for you guys to bring mental health first aid
16 training in. Lots and lots of different resources that we
17 have around mental health, we think that would be a great
18 idea.

19 And a pilot program, that's something that
20 Brooke or Elizabeth could bring to the council and say,
21 We'd like this group to identify that as a recommendation
22 that we think would be really helpful. Then I think it
23 moves forward from there. That's how a whole bunch of
24 this stuff I just talked about happened was folks going:
25 There's a need, here's a proposed solution, let's do this.

1 So we won't decide that, I thankfully don't
2 have to decide that, but the coordinating council could
3 certainly, and Brooke is a member of it.

4 MS. BOSTON: And I think the question is
5 feedback for us to then share with the coordinating
6 council.

7 MR. GOODWIN: Well, just the education of
8 something that would be a clear warning sign that
9 normally, I'll say, our staff would not touch because they
10 don't think -- at least they would know somebody they
11 could call and ask.

12 MR. IRVINE: Yeah, and one of the underlying
13 principles we have is that accessing services is choice-
14 driven. Just because you live in an affordable property
15 doesn't mean you're required to obtain any specific
16 services. So the people who are on the property certainly
17 need to be aware of how you get into the channels to
18 access services, but I think that what Mike is really
19 talking about is, you know, sometimes it's not that you're
20 invading someone's personal space or privacy, it's that
21 they are acting in a way that just requires you to respond
22 and it would really be great if the onsite managers had
23 some training.

24 MS. MARTINEZ: The mental health first aid
25 training, in particular, so that front level, non-

1 clinical, just what's happening, sort of triage stuff.
2 There's lots of opportunities for us to get that training
3 out across the state, you know, through Education Service
4 Centers, through other state employees. If TDHCA wanted
5 to do a training for their folks, that's an opportunity as
6 well. There's a training model so there's lots of
7 different ways to do that.

8 MS. GREEN: And I think along with that
9 property managers would be in a position to make
10 information available, so they're not obligated to
11 intervene but perhaps serve as a outlet.

12 MR. GOODWIN: We have thousands of notices
13 posted on our properties, but if you had one that says if
14 you need personal help or something, here's a hotline. And
15 I don't think we do that. It's not our business and so we
16 try to stay away from it.

17 MR. IRVINE: And also, you know, mental health
18 isn't limited to people in lower incomes. You know, I
19 think that TAR, the Realtors association, they're the ones
20 that are going to provide real estate agent licenses for
21 all the people that are doing leasing at properties across
22 the state, you know, it would be really nice to build
23 awareness and look into the larger population through
24 them.

25 Well, everybody has got your name.

1 MR. WILT: I have a couple of questions. The
2 first is about the mental health first aid training. Do
3 you work with first responders? I'm a little alarmed by
4 how little training first responders get when it comes to
5 mental health intervention.

6 MS. MARTINEZ: Well, there's actually somebody
7 in our office who's been working on a first responders
8 work group. I think it came out of last session, sort of
9 responding to their needs. I don't know what the
10 recommendations were out of that body. I will say I think
11 they have a training, what they have asked for is much
12 more substantial than this mental health first aid
13 training. We can find out, I will find out for you.

14 MR. WILT: Then how does the Behavioral Health
15 Advisory Committee, do you work with this coordinating
16 council?

17 MS. DOUGHERTY: So I think the overlap is more
18 that TDHCA regularly attends the Behavioral Health
19 Advisory Committee Housing Subcommittee, and so they're
20 active members not that body which is largely made up of
21 stakeholders and then invited other state agencies that
22 were also mentioned as part of the Statewide Behavioral
23 Health Coordinating Council.

24 MR. WILT: So yours was statutorily created by
25 Senator Nelson?

1 MS. MARTINEZ: Right. There is a huge
2 interplay between the two. The person who is the
3 associate commissioner for the Office of Mental Health
4 Coordination reports back to the Behavioral Health
5 Advisory Committee to say these are things that we've
6 discussed, these are recommendations that were made. And
7 then conversely at the Statewide Mental Health
8 Coordinating Council, that same person reports back this
9 is what was shared at the Behavioral Health Advisory
10 Committee, these are some concerns, these are
11 recommendations. So there is a lot of sort of information
12 sharing between those two bodies.

13 MR. IRVINE: If I could ask an indulgence. I
14 know Brooke has to be somewhere by 11:00 and she's in the
15 room now, so, Brooke, if you could come on up and give us
16 your update on the Mainstream Voucher Program.

17 MS. BOSTON: Oh, sure, yeah.

18 I just wanted to share with you guys that TDHCA
19 had pursued the Mainstream Voucher Program application
20 recently for HUD and that we specifically when we applied
21 for it we wanted to be able to assist more of the folks
22 from our Project Access waiting list. We report out to
23 you guys periodically about Project Access, and as you
24 know, those are Section 8 vouchers that let us help people
25 exit from institutions into community settings. And

1 unfortunately, just because of a variety of things going
2 on with Section 8, we have not been able to deplete our
3 waiting list much recently and so it's gotten stagnant
4 which, you know, is really disappointing and frustrating.

5 So when we saw the opportunity to go after some
6 vouchers that would let us work on our list we went for
7 it, and we were very pleased to hear recently that we
8 received 50 vouchers for that. So within a couple of days
9 our Section 8 administrator had released the vouchers to
10 people on the list. So they're not housed yet, they're
11 out looking, they know they have a voucher in hand, so
12 that was a big accomplishment and we were very excited.

13 Along the same lines, we also had gone after
14 some VASH vouchers as well. We had started out talking
15 with the different medical centers, VA medical centers,
16 and they indicated a need in Fort Bend and Galveston
17 counties, and we were successful in that as well and got
18 20 vouchers for that.

19 And I'll actually maybe talk to you a little
20 bit more because we're struggling to have our VA contact
21 get back with us, so that's who we need the referrals from
22 to get the clients help.

23 MR. RAMIREZ: Yes, ma'am.

24 MR. IRVINE: Joe's the guy.

25 (General talking and laughter.)

1 MR. IRVINE: Okay. Just wanted to make sure we
2 got that one.

3 Do you want to circle back to anything else on
4 the Statewide Behavioral Health Coordinating Council?

5 (No response.)

6 MR. IRVINE: Okay. Well, we all know how to
7 find you, and I would anticipate that people will ping you
8 from time to time.

9 MS. MARTINEZ: And I will follow up with Brooke
10 on the mental health first aid. And Michael, I will
11 follow up on the first responders training.

12 MR. IRVINE: Excellent.

13 Okay. You know the next thing we're going to
14 move on to is performance measures, and one of the things
15 that is buried in our governing statute is the concept of
16 performance measures, so Kali has been doing some work on
17 that.

18 MS. ADAMS: Yeah. I'm just going to talk a
19 little bit about sort of what we've been brainstorming and
20 I definitely want to get your input on it.

21 We have a few new council members so I'll
22 briefly explain the topic before diving in. Our biennial
23 plan and report of findings which were prepared this
24 summer -- which a lot of y'all had a lot of great input
25 on -- the report was submitted at the end of July to the

1 governor and the LBB and it had a recommendation for
2 council to work towards developing performance measures
3 over the next biennium. This directive for performance
4 measures come directly from our enabling legislation that
5 created the council, and that's in Government Code Title
6 10, Chapter 2306, and under that section the legislation
7 requires that council develop suggested performance
8 measures to track progress in four different categories.

9 So the first one is the reduction or
10 elimination of barriers in creating service-enriched
11 housing. The second is increasing the coordination
12 between state housing and health service agencies. The
13 third is increasing the number of state housing and health
14 service staff who are cross-educated or who have
15 experience in both housing and health service programs.
16 And the last one is the provision of technical assistance
17 to local communities by state housing and health services
18 staff to increase the number of service-enriched housing
19 projects.

20 So looking at how we might go about our
21 performance measures we've come up with several options
22 that we'd like to discuss and get council input on, and
23 hear if you feel we should choose one of these options or
24 if there's alternate ways to work towards doing this
25 performance measures project for the council, so there are

1 three options that I'm going to discuss.

2 The first option would be -- this is sort of
3 modeled on what the TICH is doing, the Texas Interagency
4 Council on Homelessness, which I think both of you are on,
5 Joe is also on. So the first option would be to have each
6 state agency who has a representative who sits on council
7 self-report one each of the four named categories in this
8 legislation and provide a brief methodology on the data
9 being reported. So this option would allow state agency
10 council members to interpret each category, the four that
11 were just discussed, and report on how their agency has
12 addressed each of them.

13 Data reported in this manner might not
14 necessarily be something that's already measured or
15 tracked by the agency but in collecting this data in this
16 manner be might be able to address each category directly,
17 and these reports could potentially be quantitative or
18 qualitative.

19 The second option that we've sort of
20 brainstormed up would be to report on these categories
21 using performance measures data already collected by each
22 respective state agency that is reported to the LBB every
23 quarter. This would require analyzing agency reported
24 performance measures and matching as closely as possible
25 the already performance measures to the four categories

1 that we have listed in statute.

2 Many of the state agencies represented on the
3 council don't necessarily have performance measures
4 specific to service-enriched housing but their programs do
5 assist populations served by service-enriched housing and
6 there may be existing data and performance measures of
7 those activities and programs. So if this option was
8 agreed on and selected by council members, I would work
9 directly with the agency council reps or any other state
10 agency staff as needed to pull together this data to track
11 the progress of the state agencies in increasing state
12 efforts to offer service-enriched housing through existing
13 performance measures.

14 The third option would be to do a combination
15 of option A and B which would be to utilize existing
16 agency performance measures as well as allowing state
17 agencies to self-report on activities for the council's
18 required performance measures.

19 And so now that I've laid those out, also I'll
20 do a few examples just so that we can better understand
21 those and what they might look like.

22 So for example, in option A which would be for
23 each state agency to interpret each category and self-
24 report on how their agency has addressed them, TDHCA might
25 address the council measure A which is the reduction or

1 elimination of barriers in creating service-enriched
2 housing by providing a report on various actions taken by
3 the agency to increase service-enriched housing, such as
4 programs like Section 811. As another example, TDHCA
5 might address council measure which is increasing the
6 coordination between state housing and health service
7 agencies by providing a report of work groups, councils
8 and programs that promote coordination of housing and
9 health services state agencies. And just a reminder, this
10 option could include qualitative work.

11 So for option B which is to use existing
12 performance measure data from state agencies, using TDHCA
13 as an example again, TDHCA in our performance measures has
14 five overarching goals that our performance measures speak
15 to. So in looking at the four required categories of
16 council's performance measures, we could look at TDHCA's
17 goal number one which is to increase availability of safe,
18 decent and affordable housing, and TDHCA goal number two
19 which is to provide information and assistance. So with
20 those goals these measures that speak to council's
21 required measures, under goal one, one of TDHCA's
22 performance measures is the number of households assisted
23 through Section 811, the PRA program. This measure could
24 be reported by council to address the performance measure
25 one which is the reduction or elimination of barriers in

1 creating service-enriched housing. Aside from the Section
2 811 measure, there aren't really any TDHCA measures that
3 are specific to service-enriched housing.

4 Under goal number two, one of TDHCA's
5 performance measures is the number of information and
6 technical assistance requests that are completed by the
7 Department, and this measure could be reported by the
8 council to address performance measure four which is the
9 provision of technical assistance to local communities by
10 state housing and health services staff to increase the
11 number of service-enriched housing projects. It's
12 important to note that this TDHCA performance measure
13 reports on both informational and technical assistance and
14 doesn't narrow it down by the population service or the
15 type of housing assistance requested, so this measure
16 would not speak directly to service-enriched housing but
17 more so just the technical assistance numbers.

18 So as you can see, with this option there's
19 definitely some limitations and require sort of some
20 finagling to make existing measure to speak to the
21 requirements in legislation for council, as most existing
22 state agency performance measures don't speak directly to
23 service-enriched housing or directly to councils required
24 performance measures.

25 So option three, which is the combination of

1 both of the two I just mentioned, and would include
2 reporting existing agency reporting measures as well as
3 self-reporting for council's required performance
4 measures. This option would allow council to report on
5 the full scope of the work that state agencies are doing
6 as it pertains to service-enriched housing with relevant
7 existing state agency performance measure for those who
8 have measures specific to what's required of council,
9 while allowing those who don't have service-enriched
10 housing specific measures to report on their activities as
11 well.

12 This option would give state agencies who don't
13 have relevant performance measures but are doing work that
14 aligns with council's purpose to report on its activities
15 while still giving state agencies with relevant
16 performance measures the opportunity and potentially even
17 self-report as well. Agencies that do have relevant
18 performance measures could report both their performance
19 measures as well as self-report on others and that would
20 be able to give us a more holistic report of activities by
21 state agencies that's working to increase service-enriched
22 housing.

23 So just to sum it up, option A would be to
24 solely self-report on activities taken by state agencies,
25 option B would be to utilize existing state agency

1 performance measures, and option C would be to do a
2 combination of the two. So with that said, I'd like to go
3 ahead and open it up to some discussion by council to see
4 what y'all are thinking in terms of how we might be able
5 to address this statutory requirement.

6 MR. IRVINE: You know, listening to the
7 discussion about mental health first aid training, to me
8 you sort of start at the beginning, and being able to
9 recognize mental health issues and put together a picture
10 of what's an appropriate response is stage one. I would
11 really like it if we could develop an online training
12 module for that and everybody that we deal with, if we
13 could direct them through that training module, if we
14 could expand the universe that would be alerted to that
15 training module, like Realtors that are property managers,
16 and to me it would be very meaningful to keep track and
17 report how many people have received that critical first
18 stage of training.

19 And then probably a second stage of training
20 would be training for the person who's identified that
21 someone is having a mental health issue that might want to
22 be referred for some sort of assistance, a training not
23 necessarily in what all the different types of assistance
24 are but a training module on how to navigate it. To me
25 those would be two really good sort of baby steps, they're

1 really elementary but they're very quantitative: we
2 trained 532 people in identifying these kind of issues,
3 and they're people who are actually on the ground in
4 affordable housing.

5 MR. GOODWIN: I was going to disagree when you
6 said TDHCA has only the 811 Program as a program to
7 eliminate barriers. I think TDHCA has done a tremendous
8 amount with the QAP and the point scoring for we'll say
9 people who will residents at or below 50 percent, or at or
10 below 40 percent, or at or below 30 percent. Probably the
11 biggest barrier is being able to pay for your housing, and
12 the more people they can get to participate.

13 So getting back to your question, I guess I'm
14 saying I prefer item 3 where you take their internal
15 reporting only and then the reporting they would do to
16 here, in reality it may give a thought process to assist
17 to realize, hey, we're doing more than we thought we were,
18 or maybe we're not doing as much as we thought we were,
19 but at least it gives a look at what's being done.

20 MR. IRVINE: Yeah, and it's interesting how
21 that all sort of factors into the way I think about this
22 stuff. My knee-jerk reaction was in the properties if we
23 could start collecting how many people come onto the
24 waiting list because of a referral through something like
25 a local mental health provider, things like that, but we

1 don't want to be aggregating data that would indicate
2 predicted help status information. If there were some way
3 you could cleanse and protect the data so that it didn't
4 create HIPAA issues, I would really like to know how many
5 people are entering our housing because of referrals.

6 MS. EISERT: Let me ask a question. Is this
7 function of this committee to create an actual product, or
8 is the function of this committee to show how the agencies
9 are all actually performing on these performance measures?
10 Because if the second is the case, which is my sense
11 based on what you just said --

12 MS. ADAMS: Yes.

13 MS. EISERT: -- it would be really nice to
14 maybe start with one of the things that you offered, one,
15 two, three, it doesn't really matter, but really what that
16 would do is have us bring to the table what each agency is
17 doing and then we can develop a definition that we're all
18 using. Because I think one of the challenges we have is
19 that we don't have common data and so allowing us to
20 figure out how to identify what that is so that we can
21 say, Hey, as a state here's what we're doing.

22 I don't know if we'd want to stay with doing --
23 item 3 is probably one of the better options, but I don't
24 know if we would want to stay with that because I think we
25 need to develop our own language where we're speaking the

1 same thing.

2 MS. DOUGHERTY: I would add -- my name is
3 Carissa Dougherty and I'm with HHSC and I'm an
4 alternate -- that these required activities are so
5 qualitative in nature that it really does strike me as
6 difficult to even wrap my head around getting to a
7 quantitative number until we have a universe of sense of
8 what we're already doing. I mean, it would be great if we
9 could start collecting what we bring to the table, what we
10 report out, and then see if there's any similarities that
11 could be developed into something uniform that then
12 everyone has to report out on.

13 MR. WILT: Have we done this before?

14 MS. YEVICH: No.

15 MR. WILT: But it's always been statutorily
16 required?

17 MS. YEVICH: Correct. It's the one remaining
18 thing. We're going back to the statute through the nine
19 years of council now. There's a lot in that statute so at
20 any point, maybe once a year maybe we should go back to
21 the statute and look to see what it is, but that is the
22 one thing where it could be looked at one way, that
23 through our biennial reports that we have addressed
24 various issues that could be applicable to what the intent
25 of the legislation was. But when really looking at the

1 word if they're talking about performance measures
2 mirroring what state agencies do, then we have not.

3 MS. EISERT: Coming up with statewide
4 performance measures, that would be amazing, to be honest.

5 MR. WILT: Well, I'm a letter of law guy, and
6 so I think option A is the best because the four
7 categories that are described, that's exactly what the
8 statute is asking for us to meet and we report under those
9 four categories.

10 MS. EISERT: But some agencies don't, I think,
11 have those categories.

12 MR. WILT: Understood but that's what the
13 statute is asking for and I think that's what we have to
14 report.

15 MS. DOUGHERTY: Well, it kind of gets at is
16 this body required to do that. So agencies that are
17 required to be a part of the council, then maybe we start
18 thinking about ways to help agencies start doing that
19 stuff, operating in other ways.

20 MS. EISERT: It would be nice to know where the
21 gaps are. If HHSC collects one of them and TDC doesn't
22 and vice versa, then starting to track something.

23 MS. DOUGHERTY: And it makes me think of like,
24 oh, it's an opportunity to turn back within our own
25 organizations and figure out how would I know that staff

1 are cross-trained in services and housing. Maybe I need
2 to figure out how to make that happen and then do some
3 work there.

4 MR. GOODWIN: I'd like to ask what I call an
5 outsider dumb question. Is there any state agency that
6 has access to housing assistance funds that isn't in this
7 room?

8 MS. EISERT: State funded housing assistance?

9 MR. GOODWIN: However they get housing
10 assistance. Because I don't think our charge of creating
11 opportunities for service-enriched housing is tied to
12 state dollars. I think it's anything we can do in the
13 State of Texas to create opportunities. And I'm sitting
14 here listening to this and I'm saying, okay, we talk a lot
15 about TDHCA but how much of an input do we get from
16 Veterans on their VASH program, same thing with TSAHC who
17 runs housing programs, HHSC runs housing programs.

18 MR. IRVINE: GLO.

19 MR. GOODWIN: Who?

20 MR. IRVINE: General Land Office.

21 MR. GOODWIN: Okay.

22 MS. YEVICH: The disaster funding was with the
23 General Land Office. So to answer your question, there
24 isn't at least one agency. Great question.

25 I have another question. Michael Wilt, does

1 TSAHC have performance measures?

2 MR. WILT: Yeah, we have a strategic plan.

3 MS. YEVICH: And so you do a report quarterly
4 through HRSA like state agencies?

5 MR. WILT: No, we're not required to do that.
6 I don't even know what that is.

7 MS. YEVICH: That's what the rest of us have to
8 do. The strict reporting on performance measures to the
9 LBB, literally, for all state agencies.

10 MS. DOUGHERTY: And I want to bring up, too, we
11 are in the middle of drafting our report to the
12 legislature that's due in December, it's on our Rider 45,
13 and it speaks to social determinants of health and it's a
14 requirement of HHSC to develop performance measures
15 specifically for social determinants of health, of which
16 housing and homelessness are included. And so one of the
17 draft items that I saw specifically around housing was
18 that the research to date has not indicated any national
19 standards for performance measures across the board so we
20 would kind of be remiss to kind of spin our wheels at
21 that, figuring out what we can meet the letter of the law,
22 to Michael's point, and then chip away at it longer term.

23 MR. IRVINE: But you know, going back to the
24 law, you know, I think that the purpose of the council is
25 generally to enhance the effectiveness of putting together

1 services and housing, making those connections, and I
2 think that the concept of performance measures would be
3 are we quantitatively getting closer and closer to where
4 we want to be. So I kind of share your concern about it.

5 I can't wrap my head around qualitative issues as things
6 that you report through performance measures. You know
7 addressing barriers. Well, okay, how many barriers are
8 there, what's a barrier? I mean, you know you've
9 addressed it, getting a fix, I mean, that kind of
10 terminology we use in the AI and that's just a gigantic --
11 you know, it's a way to generate a paper.

12 MS. EISERT: Well, I think that, getting to
13 what Michael was saying, I think the performance measures
14 don't change but we need to define what those are, so we
15 define what the barriers are, so I think we can do that,
16 you know, we can limit ourselves. It's something we can
17 actually report, each agency can report on.

18 MR. IRVINE: Right.

19 MS. EISERT: The next step is actually defining
20 those a little more clearly, and then it's going to help
21 us know what data we can get.

22 MR. IRVINE: Maybe just charge each member to
23 bring forward next time, you know, the top one or two
24 specific quantitative things that you do or want to do
25 that would help address the charge of this council.

1 MS. EISERT: It might help to limit a little
2 bit. I just think the barriers -- like criminal justice
3 involvement in it, yes, I can pull some numbers for some
4 specific programs and reduction of that or something.

5 MS. DOUGHERTY: I think it's more of an
6 academic, in my mind, exercise that we think strategically
7 around how do we define interagency, so I'm thinking about
8 the collaboration between HHSC and TDHCA with the Section
9 811 Program, how we've kind of defined one barrier and
10 developed a report to monitor and track around denials and
11 what are those denials about, are they criminal justice,
12 are they credit. That's how that program has defined it,
13 so it would kind of wrapping our head around all the other
14 housing programs that we have to maybe see do we even do
15 anything like that in other programs, or could replicate
16 it.

17 MS. EISERT: Sort of a boilerplate list versus
18 the actual.

19 MS. DOUGHERTY: I don't think we're ready.

20 MR. IRVINE: Carissa, you're up.

21 MS. DOUGHERTY: Thank you for inviting me. My
22 name is Carissa Dougherty. I am a senior advisor at the
23 Health and Human Services Commission, and I the lead staff
24 support person for our participation in a 2-1/2 year
25 technical assistance opportunity through the National

1 Academy for State Health Policy. So they're actually
2 funded through HRSA federal funding. We're one of five
3 states to participate in this opportunity, and it's
4 focused around the Medicaid population, so we have a
5 Medicaid lead who is one of our executives, and then we
6 have to have a housing lead and TSAHC has graciously
7 agreed to be our housing lead for that initiative.

8 It is a group that is building off of the work
9 that was done from the previous technical assistance
10 opportunity through CMS, Housing Medicaid Innovative
11 Accelerator Program, so we spent nine months working
12 together to identify some gaps and barriers in our system.

13 What came out of that was an action plan that our group
14 is operationalizing and implementing.

15 So some of the stuff that the group is working
16 is developing a pilot that we're seeking funding through
17 CMS Money Follows the Person to test the efficacy of
18 having housing coordinators in managed care settings to
19 help do more service coordination and really bridge the
20 gap, having housing expertise at the managed care level
21 and work with providers. That's specifically working with
22 behavioral health issues, largely referred through and
23 served through local mental health authorities through
24 targeted case management and mental health rehab.

25 Some other components of that pilot include a

1 study that will help us synthesize the information that
2 we've gathered through this technical assistance and
3 provide some next steps policy recommendations which would
4 inform potentially future exceptional item requests and
5 fits into more collaborative opportunities.

6 And then what the group has been focused on, as
7 Brooke mentioned, the Mainstream Vouchers. We're
8 understanding that there's going to be several potential
9 more rounds of that funding coming up, and the group is
10 very interested in helping local public housing
11 authorities connect with local providers to embrace and
12 support those collaborations at the local level, and so
13 this pilot could potentially fund up to one FTE to help
14 support those efforts by picking up the phone and calling
15 and making those relationships at a state level, helping
16 bridge the gap.

17 Then we would do some data collection to assess
18 really who's doing what at the local level, because our
19 housing situation is so decentralized in a way, and TDHCA
20 doesn't have that information, no one is really the holder
21 of that information, however, it really goes a long way to
22 helping sustain local efforts.

23 So another big part of this technical
24 assistance initiative has moved in several managed care
25 organizations and we've done a survey of those who provide

1 behavioral health through the STAR Plus kind of package,
2 and I'm not a Medicaid expert so that's the extent of what
3 I can say about that. But four MCOs responded to our
4 survey and they all are doing housing initiatives outside
5 of what the state is paying for, so they, in our mind, are
6 another stakeholder group who can fund housing
7 initiatives, who can partner with local communities, so we
8 want to know more about that and we want to, as a state
9 agency, figure out how to incentivize and support those
10 efforts.

11 And then back to data, we're very interested in
12 data as well because we don't have a robust system in our
13 area that tells the tale about the return on investment,
14 really, of permanent supportive housing and of service-
15 enriched housing. So one of the initiatives that we're
16 tracking is a data-match project that's well underway,
17 we're waiting for final contracts to be executed, to match
18 four local continuums of care, their HMIS data, Homeless
19 Management Information System, with their Medicaid data.
20 And once that happens, we're really anticipating that that
21 will be a jumping point for our communication internally
22 with our executive leadership as well as external
23 stakeholders who are interested in telling that story,
24 making sure the data supports the efforts that are
25 currently in place.

1 So we're tracking that, as well as we're in
2 support of another initiative through the Texas Homeless
3 Network called the frequent users of services, systems
4 engagement use. So THN applied for this to be a part of
5 this learning collaborative. They're tasked with creating
6 an action plan around data collection and identifying
7 frequent users of multiple statewide systems. And so
8 that's another opportunity where housing could be inserted
9 in that initiative and the pairing of services and
10 housing.

11 Do you have any questions?

12 (No response.)

13 MS. DOUGHERTY: Thank you.

14 MR. IRVINE: Okay. We're coming down the home
15 stretch here.

16 MS. YEVICH: Tim, I hate to interrupt. I think
17 we may have number 2, Spencer.

18 MR. IRVINE: Oh, I'm sorry.

19 (General talking and laughter.)

20 MR. DURAN: I wanted to share I put together a
21 presentation recently for the NCSHA which is basically the
22 national professional organization for state housing
23 finance agencies, and I put together this presentation and
24 I thought this group might also be interested, and I know
25 that it went out with the agenda as well. And at that

1 housing conference we had the opportunity to talk about
2 the Texas model and we've had a lot of interest and people
3 wanting to kind of emulate what we're doing.

4 One of the things that we have been focusing on
5 is choice and one of the ways that choice is important and
6 the way that we reflect that value in our program design
7 is by incentivizing participation into the program through
8 our multifamily programs, mostly the Low Income Housing
9 Tax Credit Program, but also the Multifamily HOME Program
10 as well.

11 And so the idea is to induce participation by
12 properties and then ultimately bring those properties to
13 the program but the actual households, the target
14 populations themselves are who decides. And so one of the
15 graphs that I show is the number of units under PA, which
16 is the 811 participation agreement, and then the number of
17 actual rental assistance contracts that we have actually
18 signed which would permit a property to the program. And
19 it's just a demonstration to show that just because a tax
20 credit developer elects points to participate and we sign
21 a participation agreement with them, we begin marketing
22 the property and then the target populations themselves
23 decide whether or not that property will be participating.

24 So that big gap is kind of like a choice, a
25 reflection of choice, so it's kind of a thing that was

1 important that a lot of other states have not been doing.

2 A lot of other states have just been picking what
3 properties they want to put into the program but this way
4 we ensure that the families we're serving actually have
5 choice. So that's just a really important value that
6 people are really interested in our program.

7 And you can thumb through that presentation as
8 well, but I just wanted to hit a few highlights real fast.
9 We're now at over a thousand referrals to the program, we
10 have 106 households that have been housed, we've
11 identified 1,600 units that have made that commitment
12 under that PA, the participation agreement, but we've only
13 signed up 350 units under the rental assistance contract,
14 so again, that's that choice difference.

15 Last quarter was really amazing, we had 34
16 move-ins last quarter which is the highest, and that's a
17 reflection of the properties that have elected to
18 participate in the program going back to 2015 and 2016,
19 those properties were physically constructed and were
20 ready for lease-up last quarter. So it can take a two- or
21 three-year delay in bringing a new construction property
22 to fruition.

23 The other thing last quarter was we had a 320
24 percent increase in the number of referrals that we made
25 to properties. So Linda Perry, who manages our waiting

1 list, and I think of her as the traffic cop, you know, she
2 takes referrals from the community and then she directs
3 them to the vacant units that they wanted to live at, and
4 so she's been really busy and this kind of really tested
5 our systems and the way that we set up the program.

6 But again, 106 households have been housed. I
7 think that it's a really -- it's been proven to be
8 successful, if not a lot slower on the rollout.

9 One more thing that is kind of surprising that
10 we learned recently was 95 percent of our referrals are
11 people who are receiving behavioral health services and
12 only 5 percent are people with physical disabilities. I
13 think that when we first contemplated the program back in
14 2012 we thought that the program would mostly be a nursing
15 facility or an institutional kind of program, but the
16 local mental health authority, the local behavioral
17 authority has really latched onto this program and has
18 really figured it out. So we're basically running a
19 behavioral health rental assistance program just kind of
20 as a function of who at the local level has figured out
21 how to engage with us.

22 You know, we can make resources available at
23 the state level but we can't force rental assistance on
24 the local communities. We can make the opportunity
25 available but we rely on that referral network, so we've

1 trained over 450 local social workers, coordinators,
2 disability providers and those 450 people across the
3 state -- Doni Green, your organization is one of them --
4 have been making referrals to the program.

5 So those are some of the highlights, if anybody
6 has any questions.

7 MR. GOODWIN: Have you got any feeling for why
8 the number of declined units is so high?

9 MR. DURAN: Yeah. So that's, again, kind of a
10 manifestation of choice. One of the problems is that
11 people their client information is out of date, and so
12 let's say you apply for the program and you sit on the
13 waiting list for a year. Maybe your local telephone
14 number has changed, you're living with family and no one
15 can get ahold of them, so the properties have to fill the
16 units in a timely fashion, otherwise they have to just
17 move on to the next household.

18 MR. GOODWIN: You describe no content. I'm
19 talking about people who had the opportunity, were shown a
20 unit and said, No, I don't want it. Do you have any idea
21 why?

22 MR. DURAN: Transit proximity is one of the big
23 things.

24 MR. GOODWIN: Proximity?

25 MR. DURAN: Say somebody has indicated on their

1 application that they need an accessible unit. We'll go
2 ahead and offer them a unit that's become available on the
3 second or third floor just because we don't want to
4 preempt that choice, and so we know that someone is a
5 wheelchair user and we know that the one-bedroom unit that
6 they need has come available and we know it's on the third
7 floor, we'll go ahead and offer that unit and then they
8 can decline it themselves. And if you decline a unit you
9 stay eligible, it doesn't harm you, you'll just stay in
10 the queue for the next available unit type.

11 MS. GREEN: We've had experience with some
12 nursing home residents who'll say I'll go anywhere, but
13 once the unit is offered, well, maybe not there. Smoking
14 policies have been an issue.

15 MR. DURAN: Smoking policies is a big thing.

16 MS. GREEN: And I was surprised that the number
17 exiting institutions is so low, but I think one of the
18 challenges for us is we work with nursing home residents
19 who skew older and this is a program for people under the
20 age of 62 and that eliminates the majority of our folks in
21 need of housing. They typically need to go for project
22 access or senior housing as opposed to 811.

23 MR. DURAN: I think also in Dallas, as a good
24 example, we had one property that was physically
25 constructed for a long time, and then the next property we

1 got was kind of outside not the fringe of the DFW area,
2 and so the product that we're bringing to the table is
3 just a reflection of the tax credit apps that we get and
4 the property elections that the developers or the
5 applicants to the tax credit program make. We don't
6 necessarily dictate what properties come to the program.

7 We have some standards that we've established
8 in rule. You know, you have to have good inspection
9 scores, low vacancy, things like that, but the developers
10 themselves can kind of choose what properties they want to
11 come into the program, and so we're not always bringing a
12 product that meets the needs of the community, especially
13 when it comes to transit proximity, community amenities.
14 I don't know the quality of the sidewalks, or I might see
15 that there's a bus stop close by but I don't know if it's
16 actually a usable bus stop or what the frequency is.

17 So you know, what we'd kind of like the team to
18 do is just bring a ton of properties to the program, get a
19 ton of referrals to the program, and then just let that
20 choice -- you know, really foster that choice and we'll
21 end up committing all of our money and certainly a lot of
22 households.

23 Helen and Carissa, we collaborate on a daily
24 basis to make this program work. Did y'all have anything
25 to add or say?

1 MS. DOUGHERTY: No. I mean, from my
2 perspective it feels like a unique opportunity to
3 demonstrate a statewide initiative and a true
4 collaboration because TDHCA has a role to play, HHS has a
5 role to play, and those are complementary but they're
6 certainly divided when necessary, and so there's lots of
7 opportunity there to demonstrate at the statewide level
8 that that could be replicated.

9 MR. IRVINE: Well, I also think that when 811
10 was initially being rolled out, the lay of the land for
11 affordable housing development was very dominated by an
12 earlier stage in the ICP litigation and a qualified
13 allocation plan that had a dominant emphasis on developing
14 in high opportunity areas, often suburban locations. And
15 I think that our development a couple of years ago with a
16 kind of equal scoring opportunity in urban cores in large
17 cities where you're close to the center of a major
18 metropolitan area is creating a scoring path where we're
19 probably doing a lot more developments that have
20 attractive proximity for 811 tenants.

21 MR. DURAN: We've absolutely seen that, pulling
22 it back to the urban core. Obviously I haven't done a
23 complete analysis of the tax credit portfolio, but the
24 proximity to the city hall or similar structure, that was
25 like an elastic, that snapped people pretty early.

1 MR. IRVINE: Well, and the other really cool
2 thing about it is fair housing objectives, I think, would
3 probably be met more effectively through emphasis on the
4 urban core as we undergo, you know, all of the dynamics of
5 gentrification and all of those things. If we can
6 preserve good affordable housing in our large urban cores,
7 it will create very diverse communities.

8 MR. DURAN: I think as a reflection of that, I
9 think that we're going to have 30 units in the Mueller
10 development here in Austin, so there's, I think, 30 811
11 assisted units that are going to be in Mueller, so you can
12 kind of see that, absolutely.

13 MR. IRVINE: Anything else?

14 (No response.)

15 MR. IRVINE: Okay. We've got proposed dates
16 for our next year's worth of work: January 30, May 1,
17 July 31, and October 16. Obviously, the January and May
18 meeting will be during the next legislature, so is
19 everybody cool with those dates, or at least a quorum cool
20 with those dates?

21 MR. WILT: You don't care. Right?

22 (General laughter.)

23 MR. IRVINE: Have you emailed those possible
24 dates, Kali?

25 MS. ADAMS: Not yet.

1 MR. IRVINE: If you can go ahead and email
2 those, we can start the process of coordinating and making
3 sure that your calendars work.

4 Anybody got anything else that they really want
5 us to take up at the next meeting? Obviously we're going
6 to have a followup on performance measures.

7 MS. DOUGHERTY: I would just make a plug for
8 this group really having some cool connections with that
9 Statewide Behavioral Health Coordinating Council. I know
10 it's not the entire universe of your scope, but pushing up
11 recommendations through Brooke and Elizabeth to that work
12 group and bringing in the whole array of other state
13 agencies that may not be at the table that are impacted --
14 I see especially TJJD and TDCJ -- who are impacted by
15 those barriers that everyone faces could be really
16 impactful.

17 MR. IRVINE: Anything else?

18 MS. YEVICH: Did you have something, Doni, with
19 the dates?

20 MS. GREEN: Well, I just wanted to say thank
21 you, Tim, for your leadership.

22 MR. IRVINE: Thank you. This is a great group
23 and does great work, and thank you for everything you do
24 every day.

25 MS. YEVICH: Is everyone here aware?

1 MR. IRVINE: I'm leaving.

2 (General talking and laughter.)

3 MR. IRVINE: David Cervantes will be stepping
4 in as the acting director, and so hopefully the agency's
5 Governing Board will sort out what the permanent solution
6 is, but I won't be part of it.

7 MS. GREEN: It's really been my privilege to
8 work with you during the last, I don't know, five or six
9 years.

10 MR. IRVINE: Five, six years.

11 MS. GREEN: I just really appreciate the
12 opportunity and commend you for all you've done and wish
13 you well.

14 MR. IRVINE: Well, thank you very, very much.
15 Well, everything I do, I thank my team for doing it, so
16 thank you.

17 All right. Nothing else to do.

18 (Whereupon, at 11:22 a.m., the meeting was
19 adjourned.)

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C E R T I F I C A T E

MEETING OF: Housing & Health Services Coordination
 Council
LOCATION: Austin, Texas
DATE: October 24, 2018

I do hereby certify that the foregoing pages,
numbers 1 through 60, 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.

DATE: October 31, 2018

(Transcriber)

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