

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Texas Department of Housing and Community Affairs
211 East 11th Street
Room 116
Austin, Texas

October 16, 2019
10:00 a.m.

COUNCIL MEMBERS PRESENT:

BOBBY WILKINSON, Chair
DONI GREEN, Vice Chair
SUZANNE BARNARD
MICHAEL GOODWIN
CLAIRE IRWIN
JOYCE POHLMAN
JOSE RAMIREZ

ON THE RECORD REPORTING
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I N D E X

CALL TO ORDER, WELCOME AND INTRODUCTIONS
 ESTABLISH QUORUM

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P R O C E E D I N G S

1
2 MR. WILKINSON: Good morning. I call to order
3 this meeting of the Housing and Health Services
4 Coordination Council. I'm Bobby Wilkinson, the new
5 executive director at TDHCA.

6 If we could just go around the room and
7 everyone please introduce yourself and who you represent.

8 MR. GOODWIN: Mike Goodwin. I am the governor
9 appointee for developers.

10 MS. GREEN: Doni Green. I'm with the North
11 Central Texas Council of Governments and I'm representing
12 the late, great Promoting Independence Advisory Committee.

13 MS. JOYCE POHLMAN: I am Joyce Pohlman with the
14 Health and Human Services Commission.

15 MS. IRWIN: Claire Irwin, Health and Human
16 Services Commission, Aging Service Coordination Office.

17 MS. BARNARD: Suzanne Barnard, Texas Department
18 of Agriculture, Community Development Block Grant Program.

19 MR. RAMIREZ: Joe Ramirez, Texas Veterans
20 Commission.

21 MR. SHEA: Danny Shea. I'm with the Housing
22 Resource Center at TDHCA.

23 MS. MCCARTHY: Monica McCarthy with Section
24 811, TDHCA.

25 MS. BOSTON: Brooke Boston, TDHCA.

1 MR. WILKINSON: Excellent. I think we have not
2 got a quorum, so we'll just move beyond the approval of
3 minutes and leave that till next time.

4 So moving on to agenda item 2, update on the
5 Statewide Behavioral Health Coordinating Council. Brooke
6 Boston will present.

7 MS. BOSTON: So the last meeting of the
8 Statewide Behavioral Health Coordinating Council, SBHCC,
9 was August 1 and it was a full day meeting. It was the
10 first time that group had gotten together and met since
11 before session started.

12 The meetings are now led by Dr. Courtney
13 Harvey. She's the associate commissioner of the Office of
14 Mental Health Coordination at HHSC. That group is a
15 really big group, and it has state agencies -- I want to
16 say there's 26 state agencies on there -- so it has
17 everything from Texas Department of Criminal Justice,
18 Veterans Commission, Juvenile Justice, other areas within
19 HHSC, DSHS, Texas Tech's Mental Health Institute, TEA, the
20 Texas Indigent Defense Commission, DFPS, several different
21 universities health and science centers, Texas Civil
22 Commission also, so kind of every facet you can think of
23 where behavioral health might touch.

24 So legislation formalizing SBHCC was just
25 passed this past session. Prior to that the council had

1 existed but it was only in rider, and so their stated
2 purpose, based on the new bill based on this last session
3 is specifically to ensure a strategic statewide approach
4 to behavioral health services.

5 So SBHCC is trying to become more formal as it
6 relates to the appointments of the individuals who have
7 been on there. So I've been on there for a year and a
8 half, two years. I think recently they asked Bobby to
9 kind of formalize who it is. They're going to start doing
10 proxies and stuff like that.

11 So among the different duties they hold
12 themselves to are things like a biannual coordinated
13 statewide behavioral health expenditure proposal,
14 developing and monitoring implementation of a statewide
15 behavioral health strategic plan, publishing an updated
16 inventory of programs annually, creating subcommittees and
17 then overseeing reports and certain grants.

18 This year the council is also expected to
19 collect emergency room data from DSHS and producing a
20 report and produce a report on suicide, rapes and
21 prevention, and then also create a sub-plan on substance
22 use.

23 So I had talked to you about a year and a half
24 or two years ago specifically about us serving as a
25 subcommittee to SBHCC, and I don't know whether it's

1 triggered by the formalization of them in statute or
2 specifically what prompted it, but they've decided they
3 want to formalize all of their subcommittees into being
4 specifically subcommittees of SBHCC. So when they had
5 talked about it in the past, they were interested in this
6 group, and certainly as a housing subcommittee you guys
7 very generously agreed to do that, but it was kind of
8 understood from their side and our side that that was
9 going to be kind of an informal relationship that would
10 mostly manifest when I go to those meetings I would report
11 out on whatever the last meeting of this group had been.

12 But because they want to have a lot of control
13 and direction over the subcommittees, they want to be able
14 to delegate deliverables down, require reporting up, they
15 want to have standardized forms and processes for all the
16 subcommittees, and they also want to decide who is on the
17 subcommittees. Since, of course, this council is itself
18 set up in statute, it doesn't work for that to happen the
19 way they'd like it to. And this wasn't the only one.
20 There were a couple of other councils relating to other
21 subject areas that kind of fell in the same boat.

22 So they've pretty much said -- well, I pretty
23 much told them, I said, Because we're out own statutory
24 council, I think this isn't going to work, you can't
25 really tell us what to do. So they agreed, and so they

1 have moved forward with deciding that they're going to
2 start creating their own subcommittees little by little.
3 So I think kind of informally we're no longer doing that
4 for them, and then I do think at some point they will set
5 up a housing subcommittee.

6 The only subcommittee they set up at this
7 meeting, after having the discussion the new way they're
8 going to go about it, was for suicide prevention, and I
9 think it's because that one has a specific deliverable
10 this year. I would think in the next year they'll
11 probably set up a housing subcommittee, I would presume
12 I'll be on it. Because of that, my thought is just
13 whenever that group meets I can come back and report to
14 you guys on what's going on so we're still sharing
15 information and keeping everyone informed and that that
16 committee is not off doing something crazy with housing
17 that no one knows about.

18 The next thing we talked about -- as I said,
19 this was an all day meeting -- we had a presentation by
20 Dr. Lisa Wyman. She's the director of DSHS Center for
21 Health Statistics, and she discussed emergency data
22 reporting. In the 84th Session, Rider 12 had directed
23 DSHS to use their ER data to measure and report on
24 preventable ER visits. There are approximately 10.7
25 million ER visits a year in Texas and 9.2 of those do not

1 get admitted for a stay, so you've got to presume some
2 decent chunk of those were preventable and didn't need to
3 be an ER visit at all.

4 So interestingly, there's a lot to do with math
5 algorithms and all sorts of stuff that are making it hard
6 for DSHS to actually turn the data into an actual study of
7 preventable and the data gathered also didn't have
8 significant insurance information. So it sounds like, my
9 observation from the presentation, they probably won't be
10 giving the Lege quite what the Lege was wanting but
11 they're going to give them as much as they can based on
12 the limitations.

13 Then there was a presentation by Lisa Sullivan
14 who is the ED of the Texas Suicide Prevention Council.
15 She presented an overview of suicide in Texas, the council
16 and its role and the value of community-driven prevention
17 strategies. Again, there was a specific focus on the
18 suicide issue at this meeting to kind of kick off post
19 session that there's a requirement for a study to be done
20 about that.

21 Then the director of the grants coordination
22 unit at HHSC gave a presentation. It's their state funded
23 behavioral health matching grants, and they had set up
24 this coordination unit because basically they weren't used
25 to having any non-federal grants, and then over time they

1 were getting several of them, and then there wasn't a
2 whole lot of comparing and making sure that grant program
3 A was running similar to and not duplicative of grant
4 program B, so they set up this unit. And then the SBHCC
5 council is expected to hear reports on these state grants.
6 That's part of what's in the legislation. And this time
7 when we talked about those grant programs it was almost
8 entirely about performance measures and how the grantees
9 are proposing to measure things and then whether that's
10 even something reportable, so it was interesting.

11 And then each year SBHCC compiles a coordinated
12 expenditure proposal. They basically take all of the
13 programs across any number of agencies that are assisting
14 with behavioral health and they put all that together into
15 one big report, so it's trying to give a decent picture of
16 a real state estimate of how much money is going towards
17 behavioral health. The director of business operations
18 under Deputy Executive Commissioner Gaines handles those
19 and was kind of just reporting out to the group on where
20 that project is.

21 There's also a progress report of the
22 behavioral health strategic plan, and they also asked all
23 the member agencies -- Elizabeth is my right hand on all
24 this, so usually we get all these emails asking for all
25 sorts of information and data and we kind of sort through

1 it together and send back what we think is kind of
2 applicable. So the report will highlight pretty much
3 anything the agencies have done that could be considered
4 to be working towards that strategic plan on behavioral
5 health.

6 The council is working on a logo.

7 And then one item they do at every meeting is
8 each member agency reports out and just talks about what's
9 going on at their agency, and it could be everything from
10 spending reductions to state hospital construction to
11 additional conversations on mental health, just kind of
12 all over the place. But at this meeting on August 1 the
13 housing information that I shared was that we had a new
14 ED, and then that we've been working on a data matching
15 project with HHSC, and it's Medicaid data analyst
16 specifically, to see if we'll be able to perform a
17 realistic study on whether housing through 811 as an
18 intervention is having an effect on Medicaid expenses, and
19 then just gave a general 811 update.

20 In the future my report about it shouldn't take
21 this long, the meetings aren't usually this long, but this
22 was like catch up for months.

23 Any questions?

24 MR. GOODWIN: Two minor comments. On the ER
25 visit issue, San Antonio area has found that one way to

1 prevent ER visits is they're having EMTs visiting what
2 I'll call high possible impact areas, low income areas,
3 and doing clinics and home visits and stuff like that,
4 because the ER is what I will call the low income housing
5 first source of medical care. Because you walk in, you
6 know, if you don't have insurance they've still got to
7 treat you, they can't turn you away. And so finding a way
8 to cut those down by proactive, and it seems to be
9 working. You don't see much about it, though. There was
10 some stuff in the beginning and a few months later there
11 were indications that it was decreasing the number of
12 unnecessary ER visits for things like the common cold or a
13 rash or something like that.

14 And the other is one we faced when we first
15 started our saga is you might want to remind them that the
16 original intent was to develop a racehorse but they
17 started appointing committees and it ended up being an
18 elephant. You know, you get too much and too formal, the
19 sleekness goes away and it becomes so cumbersome that you
20 get a little bogged down, I think.

21 MS. BOSTON: Yeah. Well, and definitely
22 they've shown us what some of the breakout was of the
23 primary diagnosis codes, like the top ones, and they are
24 very much focused on like alcohol dependence, depressive
25 disorders, schizophrenia, generalized anxiety. So there's

1 definitely a lot that could be considered preventative
2 things relating to medical management and stuff like that
3 in theory should be able to help. So it will be
4 interesting to see what they are able to generate.

5 Any other questions?

6 MR. WILKINSON: Any other comments?

7 (No response.)

8 MR. WILKINSON: Thanks, Brooke. We really
9 appreciate it.

10 Next, Danny Shea will present the Performance
11 Measures Advisory Committee update.

12 MR. SHEA: Thank you.

13 So first I do want to check because I know we
14 have a few folks on the phone. Could you take a minute to
15 introduce yourselves?

16 (Participants on telephone introduced
17 themselves.)

18 MR. SHEA: Okay, great. So the Performance
19 Measures Advisory Committee, folks in the room have a
20 handout, for folks on the phone I can be sure to send this
21 out on a follow-up email.

22 So we talked about at the last meeting this
23 requirement in statute for the council to develop
24 suggested performance measures as kind of one of the main
25 outstanding requirements that council has after the

1 previous ten years, and those performance measures being
2 to track the reduction or elimination of barriers in
3 creating service-enriched housing, increasing coordination
4 between state housing and health services agencies,
5 increasing the number of staff who are cross-educated in
6 both areas, and then the provision of technical assistance
7 to local communities by state housing and health services
8 staff, and so this committee is to start working on
9 developing those performance measures.

10 So September 26 we had a phone call with Mike
11 and Joyce and Helen Eisert from HHSC. Elizabeth was also
12 on that. And then we've also been having some internal
13 conversations with Brooke and with Bobby, so I wanted to
14 kind of update y'all on those conversations and talk a bit
15 about next steps for the Performance Measures Advisory
16 Committee.

17 So everyone so far has been in agreement that
18 current performance measures don't really address the four
19 performance areas as written, and that what is being asked
20 of the council here doesn't really align with performance
21 measures as we usually think of it for state agencies,
22 like performance measures to report on to the Legislative
23 Budget Board, and so kind of re-framing how we might be
24 able to work on this.

25 We are looking at really areas A and B so those

1 are the reduction or elimination of barriers in creating
2 service-enriched housing and increasing coordination
3 between agencies as kind of a one time review about ones
4 that have been created or impacted by this council to get
5 a better understanding of kind of how that coordination
6 has impacted the delivery of those services over the last
7 ten years, and then areas C and D, actually using those
8 more as kind of ongoing measures and performance data that
9 we might be able to use in future reports for the council
10 and having those all in one place actually might be
11 helpful for folks who are doing this work.

12 So we talked quite a bit on the phone call with
13 Helen, Mike and Joyce about what different data and what
14 different performance outputs are available to agencies
15 currently, so looking at like intake data from LMHAs that
16 are working with HHSC or other data like Medicaid. Brooke
17 talked about the data matching work that's being done
18 right now between TDHCA and HHSC. As well as some other
19 outputs, deliverables and work products from groups like
20 this or like the SBHCC.

21 And then technical assistance. We talked,
22 again, at the last meeting about the housing and service
23 provider academies a few years ago, there are the Healthy
24 Community collaborative learning communities going on
25 right now, and then Section 811, I know there's a lot of

1 ongoing technical assistance to the folks who are working
2 on that program.

3 So all of this data that we have, and I think
4 we want to start figuring out kind of how to put that
5 information together in a way that can kind of help us
6 answer these questions that are required for us in
7 statute.

8 So in terms of defining next steps, what we
9 really talked a bit about on the phone call, as well, is
10 defining key terms. Mainly thinking about for A and B,
11 how do we operationalize barriers, which I know this group
12 has talked a lot about over the years, and how we
13 operationalize coordination, so starting to look more at
14 that. I know, again, as I said, this council has done a
15 lot of work on identifying barriers. Mike has been really
16 helpful kind of with that institutional knowledge of the
17 council, sharing those with us. And so we're going to
18 sift through all that information and start drafting
19 suggested measures, start identifying data that we might
20 be able to use.

21 And we're thinking that the timeline aligns
22 with the next biennial plan and report of findings that
23 will be due to the LBB and to the Governor's Office on
24 August 1, 2020, so we are hoping to do drafts of the
25 performance measures to share with the council April of

1 next year, and then voted on as part of the biennial plan
2 in July 2020, so kind of aligns with the progress of that
3 plan over the next year.

4 And that's our update.

5 MR. WILKINSON: Any comments or questions for
6 Danny?

7 (No response.)

8 MR. WILKINSON: Thanks, Danny. Appreciate it.

9 MR. SHEA: Thank you.

10 MR. WILKINSON: Next up, our Multifamily
11 director, Marni Holloway, is going to give us an update on
12 the proposed 2020 Qualified Allocation Plan.

13 MS. HOLLOWAY: Good morning, everyone.

14 So the 2020 QAP, the final QAP will be going to
15 our Board at the November 7 meeting. We have gone through
16 posting draft, we've gone through public comment. The
17 public comment period closed on October 11, so right now
18 we're working through all of the comments that we received
19 and starting to draft up our reasoned responses that we'll
20 take to the Board.

21 In the QAP for 2020 we have a number of
22 statutory changes. Under our two mile same year rule,
23 which said that two developments could not be within two
24 miles of each other within the larger metropolitan areas,
25 now has a carve-out for Houston, so if the City of Houston

1 says it's okay, they can be closer than that.

2 There was a change to the community support
3 from state representatives statute so that now if a state
4 representative doesn't want to provide comment or provide
5 a support letter or a letter of non-support, those points
6 transfer back down to local government, so it basically
7 increases the value of the local government support if the
8 state representative chooses to not participate.

9 Also, there was a statutory change from the
10 previous legislature that expired this past September.
11 There was a bill filed to extend it and that bill was not
12 successful, so now we are allowed to consider schools in
13 scoring, whereas previously we could only consider them in
14 threshold. As a result of that change, we've added
15 schools to the menu of options in our opportunity index.

16 Some other changes that were made as a result
17 of multiple roundtable meetings and postings on our forum
18 and conversations with a lot of stakeholders. We've made
19 some changes to the supportive housing definition and
20 basically what we've created is supportive housing light,
21 so the supportive housing definition as we've known it and
22 in the future some supportive housing developments will be
23 able to have foreclosable debt but those developments will
24 not be able to access some of the underwriting quirks, the
25 allowances for supportive housing without foreclosable

1 debt. So it's a little different model and this is
2 something that folks have been asking us to take a look at
3 for a long time and we'll see how that works out.

4 We've added an item, at the request of the
5 development community, and I actually don't think we have
6 any comments on which is really interesting, we will only
7 be making one award per census tract in the urban
8 subregions as a disbursement measure, so the highest
9 scoring application in each census tract would be eligible
10 for award.

11 In underserved area we've added an item.
12 Previously there were points available if there weren't
13 developments within the last 15 years or the last 30
14 years. We've added another item for the last 20 years so
15 that we open up some more census tracts that way.

16 The 811 Program has come out of the QAP. It's
17 my understanding -- and I don't know if Monica can speak
18 to this later on -- that at this point there are far more
19 units than there are vouchers. So basically, I think the
20 thought is that there are enough units out there, at least
21 for the moment, so we've taken 811 out of the QAP. It's
22 also come out of the Direct Loan rule.

23 We've added a new scoring item, proximity to
24 jobs. We are hoping that this will help to balance the
25 current urban core, proximity to the urban core scoring

1 item, but also address some metropolitan areas that have
2 jobs concentrated in places other than downtown -- so
3 think of the Domain here in Austin, there's a bunch of
4 jobs up there -- and providing scoring to proximity to
5 sites like that.

6 We have added extended affordability scoring
7 items going to 40 years and to 45 years.

8 In neighborhood risk factors, because TEA has
9 changed how they rate schools, we've changed our
10 neighborhood risk factors to address the letter grade that
11 TEA is using now.

12 We've also made some changes for some of the
13 third party reports that are required with applications,
14 just trying to get to tools that will better help us and
15 the communities evaluate multifamily deals.

16 I'd be happy to take any questions.

17 MR. GOODWIN: The 811 is a tad surprising
18 because from my recollection -- and maybe we'll be able to
19 find out -- is we've got people sitting out there with
20 units looking for bodies, and we've got the contracts
21 awarded but we don't have the bodies to fill them because
22 there's not a geographic match. Is that what brought that
23 on dropping it?

24 MS. BOSTON: You want to speak to that?

25 MS. McCARTHY: That could be so in some areas

1 but in other areas it's very much the opposite where we
2 have long waits for properties. But essentially, as far
3 as the amount of funding that we have for the number of
4 tenants that we can potentially fund as we continue to
5 grow, we now have many more units available than we would
6 ever be able to fund.

7 MR. GOODWIN: Are these units locked in? We'll
8 say they've applied, it's in the QAP and part of my
9 scoring was you'll provide X number of units. Are those
10 units locked in regardless of whether they have a Section
11 8 allocation or not?

12 MS. SYLVESTER: Yes. We have contracts with
13 the properties, because something could happen. You know,
14 we could have a property that is really desirable today
15 and that is not desirable and we can reduce the RAC, or
16 rental assistance contract, that we've given the owner to
17 zero and move those voucher units somewhere else. And
18 we're actually in the process of doing that with a couple
19 of our contracts.

20 MR. GOODWIN: This goes back to in my mind we
21 created a barrier because if we've locked those units in
22 as Section 8, that means the owner can't rent them to
23 anybody but Section 8.

24 MS. SYLVESTER: No.

25 MR. GOODWIN: Well, that's the information I

1 got because I chased this down about a month ago. I am
2 involved in two properties that are credit properties,
3 already developed, and was thinking, okay, let's apply for
4 811 as an already existing property, and when I started
5 looking at it, the answer is: If we give you a contract,
6 those units are locked in, and if you can't fill them,
7 you're going to sit there with a vacancy.

8 MS. BOSTON: No. That's definitely not with
9 811. And there's actually two levels of contracts. So as
10 a property has gotten the points in the QAP, we make them
11 sign a property agreement, but that is a state level
12 agreement just between TDHCA and the property. It puts
13 them on the hook and they are required then if we ask to
14 enter into the HUD agreement, which is the rental
15 assistance contract, the RAC. So we could have some that
16 if no tenants on any of our waiting list ever show an
17 interest in a particular property, we may never ask that
18 property to execute a RAC and they're never officially
19 under the HUD program, but they'll always be on the hook
20 to us in case five years from now, you know, a client is
21 interested in that property.

22 So the next tier are the ones who we've asked
23 to execute a RAC and have people currently in the units or
24 people being referred to their units. Neither of those
25 are the same as a Section 8 project-based unit, and for

1 all of our units the requirement is that as soon as a unit
2 becomes available, whether that's because the property
3 just came online or because they just had an opening in a
4 unit, if all our 811 units that they've committed to us --
5 let's say ten -- are not full, they have to let us know
6 right away and we have 90 days to fill it -- 90 or 60?

7 MS. MCCARTHY: Sixty days.

8 MS. BOSTON: Sixty days to fill it. If we
9 don't, then they can lease it to someone else and it
10 doesn't have to stay vacant.

11 MS. MCCARTHY: And many times if they let us
12 know of a vacancy and we don't have anyone waiting, we
13 release that unit back to the property and we say you can
14 go ahead and fill that with a tax credit tenant.

15 MS. SYLVESTER: And we pay them vacancy
16 payments.

17 MR. GOODWIN: But do you now have those units
18 blocked out of 811 somewhere else, or are they mobile
19 enough that you could transfer it to another property that
20 has a candidate and no unit? I'm trying to figure out how
21 you can execute what I will call -- bless their hearts,
22 the Democrats say -- the constitution to living document
23 so that you change it at will to fit your need as opposed
24 to you have a contract and you're stuck with that contract
25 for the duration of the contract.

1 MS. BOSTON: Well, we do have that flexibility
2 because not only have we not had every property do a RAC,
3 some just have the property agreement, but we can amend
4 RACs, and so some RACs we may only ask them to fill five
5 units even though they're on the hook to us for ten. We
6 could have a property, like a couple of the properties we
7 have in El Paso signed RACs for twelve units but we don't
8 have twelve people interested, so we're going to amend
9 those RACs down to like three, still keeping some units on
10 the hook for El Paso because we don't want to leave a
11 geographic area unserved if, in fact, people are ever in a
12 case of wanting to live there, but it lets us free up more
13 elsewhere.

14 So it's a good problem to have. We only
15 recently have gotten to this point of needing to really
16 start kind of finding that exact kind of balancing act
17 with grant one because we didn't have enough tenants
18 filled in units to worry about like basically being at our
19 max amount, but now that we're kind of getting there for
20 grant year one, we're more careful about trying to figure
21 out which RACs need to be amended. Does that make sense?

22 MR. GOODWIN: Yes.

23 MR. WILKINSON: Any other questions or comments
24 for Marni on the QAP?

25 (No response.)

1 MR. WILKINSON: Thank you, Marni.

2 MS. HOLLOWAY: Thank you.

3 MR. WILKINSON: Next we'll have an update on
4 the National Academy for State Health Policy technical
5 assistance initiative by Ms. Joyce Pohlman.

6 MS. POHLMAN: Good morning, everyone. I want
7 to report on the National Academy of State Health Policy
8 program, the technical assistance initiative that goes for
9 about 2-1/2 years. I think we have about 1-1/2 left, no
10 monies associated with it, but we do get technical
11 assistance on the national level and collaborate with
12 other states to get ideas for how to improve health
13 outcomes through housing and reduce Medicaid costs.

14 So really, a heavy focus right now at the NASHP
15 is on data, and as Brooke was mentioning, we are working
16 with the Texas Health Improvement Network to look at the
17 relationship between the 811 housing and usage of Medicaid
18 services. We did do a data match to see if there was an
19 interrelationship between Medicaid and 811, and we found
20 that 61 percent of those who are either applicants or
21 housed are on Medicaid and about 80 percent of them have
22 some kind of behavioral health encounter with Health and
23 Human Services Commission. So we've identified that there
24 is indeed enough data to be able to do an analysis and now
25 we're just determining who is going do the analysis and

1 what that's going to involve, so that is moving forward.

2 In a project that's been around since I first
3 started in this role -- well, actually before this role, a
4 couple of years, we are finally at the point where we are
5 signing contracts with continuums of care around the state
6 to do a data match between Medicaid and HUD continuums of
7 care to identify individuals who are homeless and whether
8 or not their receipt of permanent supportive housing as an
9 impact on their Medicaid usage. This is a HUD-sponsored
10 initiative. The continuums will provide their data from
11 the homeless management information systems, and Medicaid
12 will match that to our data and then Abt Associates in
13 Massachusetts will do the actual analysis, so they're
14 looking to see if provision of permanent supportive
15 housing has a reduction in medical usage.

16 We're also very close to sending contracts to
17 our STAR+PLUS MCOs. Those are MCOs that provide long-term
18 services and supports to individuals so that we can do a
19 Medicaid match with them to, again, evaluate the impact of
20 housing. This would be looking at any type of housing,
21 including project access housing or Section 8 vouchers
22 that were announced through the recent main stream
23 vouchers announcement, so anyone who's been housed in MCO,
24 what is their use of Medicaid. All of this clearly a
25 theme here, looking to see if housing has an impact on

1 health outcomes and usage of the Medicaid system.

2 And finally, our incredible data analysts and
3 geeks at HHSC -- I love them -- they have also done a
4 review of something called Z codes. Z codes are codes
5 that providers can put on a client that identifies a
6 social determinate of health that that individual has, so
7 maybe a housing-related issue, they may have a poverty-
8 related issue, they may have an education-related issue,
9 there's a lot of different Z codes. We're looking at
10 whether or not our managed care organizations are getting
11 data from providers that are using Z codes. It's not
12 currently required, and are they reporting that and what
13 does that data say.

14 So we have found that less than 2 percent of
15 the STAR+PLUS population had reported Z codes but it's
16 still about 15,000 individuals, it's a big program. The
17 most common Z code that's being reported is a homelessness
18 Z code. So this is completely voluntary but it's clearly
19 important enough that the providers are noting this on the
20 individual's encounter.

21 Another interesting piece of data is that the
22 average number of emergency room encounters per client who
23 has a Z code on their encounter is 12 ED visits at the
24 total of \$4,483 per client, whereas, the comparison sample
25 had a total of 1.2 visits at a total of \$365. Now, this

1 is admittedly a skewed sample, so these are just Z codes
2 that people reported because they see something that they
3 think is worth noting in the encounter, so we're going to
4 mine this data some more.

5 There is a new requirement that's coming up in
6 the managed care contracts that's going to encourage
7 STAR+PLUS MCOs to be reporting on Z codes for those
8 clients, so we hope to be able to get some more data. All
9 of this is to help prove that this is a worth effort to be
10 looking at the relationship of housing and medical care
11 usage.

12 On the non-data side, we are organizing
13 regional summits in eleven of the Health and Human
14 Services regions around the state. Doni, we may be
15 calling you. The intent of these is just to help identify
16 and develop solutions to the need for affordable housing
17 for the most vulnerable populations, so that includes
18 people with disabilities but also includes victims of
19 domestic violence and other vulnerable populations.

20 We have a policy paper that's been developed
21 that I'm going to distribute that was done by Claire's
22 office. I don't know if you brought copies too.

23 MS. IRWIN: I did.

24 MS. POHLMAN: So we were both thinking the same
25 thing. If you want to pass those around, so that's

1 something that's been accomplished since the last time we
2 met, and thank Doni Green and her staff for their help in
3 preparing that document.

4 We have an affordable housing partnership that
5 we're moving forward with with the Texas State Affordable
6 Housing Corporation in which we're using general revenue
7 funds that we earned through Money Follows the Person and
8 we're going to use those to incentivize developers to set
9 aside units for individuals who are Medicaid-eligible and
10 need long-term services and supports. We're allocating
11 about \$2 million to that and we estimate we'll be able to
12 maybe get 12 units out of that, so it's not a big program
13 but it's a big program for HHSC to be doing something in
14 housing. So that's actually going to result in units and
15 that's very exciting to me.

16 We recently got that notice about additional
17 Section 811 funds that are going to become available and
18 are notifying our local mental health authorities and our
19 Aging and Disability Resource Centers. They are unlikely
20 to be applicants because it's a portion of the funds, but
21 I think \$75 million is allocated to nonprofit developers.

22 They're probably not savvy enough to be a nonprofit
23 developer but they can partner with a nonprofit developer
24 and the notice of funding availability encourages
25 relationships with mental health authorities and

1 community-based organizations, the state Medicaid agency
2 and the state mental health authority, all of which are
3 represented through HHSC.

4 And last but not least, Michael Wilt through
5 TSAHC -- we'll take credit for his work. He is doing the
6 Housing Academies with developers to help them get savvy
7 and experienced and knowledgeable enough in order to be
8 able to submit tax credit applications so we can get more
9 supportive housing programs through that funding source.

10 I think I talked a little fast, but if you have
11 any questions.

12 MR. WILKINSON: Any questions for Joyce?

13 MS. HANCOCK: Am I allowed to ask questions?

14 MR. WILKINSON: Sure.

15 MS. HANCOCK: Okay. Thank you.

16 So you talked about using MFP dollars to
17 incentivize developers to set aside units to support
18 certain people. They don't have to be a certain type of
19 Medicaid provider or anything of that nature. How is the
20 MFP money going to flow to the developers?

21 MS. POHLMAN: We're going to contract the money
22 to the Texas State Affordable Housing Corporation and then
23 they're going to do a competitive application process.
24 But they will have to serve individuals, the units will
25 have to be allocated to individuals who are Medicaid-

1 eligible and need long-term services and supports, so that
2 is a specific type of Medicaid.

3 MS. HANCOCK: And would that be for permanent
4 supportive housing only?

5 MS. POHLMAN: It's not PSH, there's not a
6 requirement that services be attached, it's just
7 subsidizing the capital costs of the development in order
8 to reduce the rents.

9 MS. HANCOCK: And then I got lost on the part
10 where you were talking about the NOFA having certain
11 developers partner with experienced nonprofit developers.
12 And what was the lack of knowledge base for certain
13 developers that they would get with using a nonprofit
14 developer?

15 MS. POHLMAN: I think you've got two things
16 confused, so let me clarify.

17 MS. HANCOCK: I got lost there.

18 MS. POHLMAN: Yeah, absolutely. So HUD
19 recently announced additional funds under the Section 811
20 Program, which is housing for persons with disabilities,
21 and they announced a new funding stream -- I'm looking at
22 Brooke -- I think it's about \$75 million and allocated
23 just to nonprofit developers for capital subsidies and
24 rental subsidies. And so those developers are encouraged
25 to partner with community-based mental health providers,

1 the state Medicaid agency and the state mental health
2 authority.

3 So we're just getting the word out to our
4 partners through HHSC who work on the community level to
5 say, Hey, this funding is out there, go look for partners
6 who are potential developers and tell them that you are
7 available and want to partner with them.

8 And then the other piece that kind of got mixed
9 in with that is that the Texas State Affordable Housing
10 Corporation is doing Housing Academies for nonprofit
11 organizations that have done housing developments but
12 maybe aren't at the level of sophistication or knowledge
13 or experience that they've been able to do a tax credit
14 program, so we're just trying to help them take that next
15 pretty big leap to be able to do that kind of a project.

16 I hope that was clear.

17 MR. GOODWIN: Is this new money going to be the
18 same as the last new money or are they going back to
19 sticks and bricks?

20 MS. BOSTON: There's two pots. There is a pot
21 that's specifically the old school way for sticks and
22 bricks that's open to nonprofit applicants directly to
23 HUD.

24 MR. GOODWIN: So they don't have to be credit
25 properties or funded by a state agency.

1 MS. BOSTON: Uh-uh. And then \$37 million was
2 released for PRA, which is the one we talk about here all
3 the time that we run. The max grant amount per
4 application is \$7 million and TDHCA is intending to go
5 after some of it.

6 MR. GOODWIN: Because that will be a help
7 because the people who used to do this were the affiliates
8 of the National Mental Health Association and these are
9 the local parents, if you will, that have children with
10 disabilities, and they jump on these things. We did seven
11 of them in about five years as the builder and I'll say
12 nonprofit, knowledgeable in Section 8 or grant
13 knowledgeable, and we partnered with various mental health
14 local agencies in San Antonio, Houston, Snyder.

15 MS. SYLVESTER: I glanced over the NOFA. It is
16 a more friendly approach to how financing works in the
17 21st Century. So I'm hopeful that there will be people
18 who wouldn't have done it had they -- they released it
19 like in 2011, I think, was the last ones they did, and it
20 was still sort of that old 1980s how you develop housing
21 model, and then they've sort of updated it to make it more
22 friendly.

23 MR. GOODWIN: The biggest issue was you
24 submitted your application and you submitted your budget,
25 and five years later when you opened the door because of

1 how long it took it to be approved, you were stuck with a
2 five-year-old budget with no inflation, so the nonprofit
3 sponsor had to come up with about \$50,000 to outfit the
4 property with computers and a community room and things
5 like that, and then they had to probably subsidize it for
6 almost a year because you could not have a rent increase
7 for the first year. That was a huge hurdle to get by.

8 MS. BOSTON: And if I remember correctly, it
9 doesn't have an integration requirement for those, so it's
10 kind of an interesting term because since on the 811 PRA
11 there was an integration cap that no more than 25 units in
12 a property can be set aside for people with disabilities,
13 but this 811 capital advance one, I'm pretty sure it's
14 not.

15 (General talking and laughter.)

16 MR. WILKINSON: Any more questions or comments
17 for Joyce?

18 (No response.)

19 MR. WILKINSON: All right. Next we'll have
20 from Monica McCarthy an update on our Section 811 Project
21 Rental Assistance Program.

22 MS. MCCARTHY: Yes, hot topic. And thank you,
23 Joyce, because I think you touched on a few of the things
24 I was going to.

25 MS. POHLMAN: Just a few.

1 MS. McCARTHY: Doing a great job.

2 So I'm Monica McCarthy, the program specialist
3 for Section 811, and since, I think, Spencer reported out
4 to y'all the last time, we are excited to announce some
5 updates on the program numbers.

6 We've now assisted over the lifetime of the
7 program 318 households have been housed and we currently
8 have 287 households housed. In the last month we're
9 billing at \$220,600 from 41 properties rental assistance.

10 As we were discussing earlier, we currently
11 have those 119 properties and we're working to bring in
12 the new properties that have come in through the 2019
13 cycle that Marni was discussing, so that is going to be
14 somewhere around 25 new properties and possibly 10
15 properties that will be adding more units, 10 existing
16 properties that will be adding more units, and so we're
17 working to onboard those into the program and get them
18 going.

19 We have almost around 2,000 applicants who are
20 sitting on our waiting lists and they will be moved into
21 properties as those vacancies become available. The 811
22 Program is a closed referral network so working with our
23 partners at LMHAs, LBHAs, LUDAs [PHONETIC] at DFPS and
24 also through our MCO partners. We've trained over 500
25 referral agents and we have 87 who are actively making

1 referrals at this time. So that is sort of some of the
2 updates on our numbers.

3 Something we're working on currently is a
4 proactive sort of update to our wait list. Now that some
5 of our waiting lists are over two years someone could
6 potentially be waiting, we've begun a proactive sort of
7 policy that we're going to be doing quarterly to reach out
8 to those applicants who have been on the wait list to make
9 sure that we have their updated contact information. One
10 of those challenges has been in making those referrals
11 that sometimes after someone has been on that wait list we
12 don't have updated contact information and then that could
13 sometimes be cause for someone to be skipped. And so this
14 is something we're going to do moving forward and very
15 similar to the way that PHAs would manage their wait list
16 and keep those things updated.

17 And aside from that, Joyce mentioned the data
18 match. We were excited to see the level of data match we
19 have from our 811 applicants and tenants, and even right
20 now it's giving us a better idea of who we're serving with
21 the program, and we're hopeful that that could go forward
22 to pursue the Robert Wood Johnson Foundation grant.

23 I'm happy to take any questions about 811.

24 MS. GREEN: Do you have the web-based training
25 for the referral agents yet?

1 MS. McCARTHY: Yes, we do. And I can
2 definitely provide it to you.

3 MS. GREEN: I'm training a new person tomorrow
4 and would like to get her trained.

5 MS. McCARTHY: Yeah, and the length did change
6 recently. We had one previously; I'll make sure you get
7 the updated one.

8 MS. GREEN: Super.

9 MR. GOODWIN: Is there an intention of
10 cooperating with what I'll now say the civilian side of
11 811? Because I'm sitting here thinking these properties
12 are going to be 25 units so the economies of scale that
13 you have to have with a credit-funded property, as opposed
14 to one where you're working with a grant, allows those to
15 go into places you wouldn't put a 150 to 200 unit credit
16 property with 25 units, rural areas, underserved areas. I
17 was wondering if there would be some cross-pollinization
18 so if you've got 40 people -- I'll use my favorite place -
19 - sitting in Snyder, Texas, which is 50 miles from
20 anywhere, and nothing, and all of a sudden a local
21 nonprofit came in and wanted to put in an 811 property
22 because they had the 10 or 12 or 15 potential residents
23 for that property already, whether there would be cross-
24 pollinization that you might share your waiting list, and
25 say, well, we've got 10 people in your area that we can't

1 house because they don't want to move to Dallas, they want
2 to stay in Snyder.

3 MS. BOSTON: I think there's probably a way to
4 share quantity without giving out any public information.
5 I think there are ways.

6 MR. GOODWIN: I'm just sitting here thinking of
7 the ability to maximize the program of maybe getting some
8 of your clients housed that may not be taking up your 811
9 units that TDHCA administers but getting the clients that
10 need it housed where they wouldn't otherwise because, like
11 I said, they're not going to move.

12 MS. BOSTON: Yeah, and the project access
13 waiting list. I think actually at one of our previous
14 DAWs we talked about trying to do that with local referral
15 agents.

16 MR. WILKINSON: How about like a waiver from
17 the applicant on can we share --

18 MS. BOSTON: Well, I don't think we'd share
19 their personal information, we'd just say there's X
20 numbers.

21 MR. GOODWIN: Or tell them, hey, there is a
22 property available over here where you want to be.

23 MR. WILKINSON: It could that way too.

24 MR. GOODWIN: That would be the way to do it is
25 go through, I'll say, the sponsor of the property and say,

1 hey, do you mind if we give them your name.

2 MS. BOSTON: Yeah, I would think from either
3 method we could probably maneuver some ways to get it done
4 so that we increase the odds of those people being housed.

5 MR. WILKINSON: Any more questions or comments
6 for Monica?

7 (No response.)

8 MR. WILKINSON: We talked 811 a little bit
9 before you got started.

10 All right. We'll move on to general TDHCA
11 updates from Brooke Boston.

12 MS. BOSTON: Well, it was just 811. I was just
13 going to mention the NOFA which has already been discussed
14 and that TDHCA does plan on applying probably for the
15 maximum amount. I don't think, because what we talked
16 about earlier that we have this big group of properties
17 with a pretty large population of units already committed,
18 we don't think that we would need to somehow put the
19 program back into the QAP or the MF rules. We could go
20 after these additional funds, which if you figure it out
21 at the five years, I think Spencer estimated was needed
22 like 150 more units, and that for sure could be absorbed
23 within our current portfolio.

24 We'll have to take it to our Board for
25 permission, which we'll probably do in November or

1 December. They have a really long application time.
2 Usually I feel like HUD's turnaround times on their NOFAs
3 is, you know, 60 days, and the MVP vouchers were really
4 fast, in this case it's not due till February, so that's
5 nice.

6 And the only other thing I was going to mention
7 is there's actually an 811 presentation being done
8 tomorrow at the Texas Health Summit which is a health
9 summit put on by UT and the Texas Health Improvement
10 Network. And Spencer and myself and one of the developers
11 who has 811 and then one of the LMHA folks are going to be
12 on the panel and we're just going to talk to the audience
13 about kind of what 811 looks like and kind of from their
14 perspective, because most of the attendees at this
15 conference are local health care providers, so they can
16 kind of see what it would look like.

17 That's all.

18 MR. WILKINSON: Any public comment, either in
19 the room or on the phone? Going once, going twice.

20 MS. HANCOCK: I had a question.

21 MR. WILKINSON: Can you get next to a
22 microphone, please?

23 MS. HANCOCK: Sure. I'm just wondering can you
24 help explain the mismatch between saying we're going to
25 remove the 811 Program from the QAP because the

1 understanding is that there are more units available than
2 we would ever fund, versus that there are over 2,000
3 applicants on waiting lists for over two years?

4 MS. BOSTON: That's a good question, and I
5 think everybody asked that question early on. So having
6 the units committed doesn't mean they're empty and
7 available, so that's the disconnect. We have units who
8 have committed to us through properties and it could be
9 that those units aren't even built yet, and as soon as
10 that property kind of goes online and is constructed,
11 they'll offer all the 811 units they committed. So let's
12 say it's a 200 unit property, they've agreed to give us 10
13 units, but when they're going to start leasing up they'll
14 let us know and we can fill 10.

15 Alternatively, though, some of the properties
16 that were committed to the program were existing
17 properties that were fully occupied so we have to wait for
18 every unit to become vacant, and in some of them that have
19 done it, they're great properties and their turnover is
20 really low, and even if it comes open and it's a three-
21 bedroom and we didn't have anybody waiting for a three-
22 bedroom, we have to pass on it. So it could take us three
23 or four years before we're even hitting the full amount we
24 could get out of that property, you know, if they've
25 committed 10 and their turnover is low and their turnover

1 has a lot of bigger-size units, it could take us a long
2 time.

3 So that's the disconnect. And putting it in
4 the QAP wouldn't necessarily get us more units right then.
5 It will have a bigger pool with the same problem.

6 MS. GREEN: I would suspect that you also have
7 issues with people being on the wait list and then once
8 you try to contact them they've gone missing because
9 they've made other arrangements or they've passed away or
10 gone missing.

11 MS. MCCARTHY: And that was sort of part of
12 that wait list update effort that I was mentioning was
13 trying to make sure that we do know that people who are on
14 our wait list they are still interested, we have their
15 up-to-date contact information, we know how big their
16 household is, those sort of things.

17 MS. HANCOCK: So with wait list planning, have
18 you all made an effort to look at the wait list
19 requirements, whether they be one-bedroom, two-, three-,
20 four-bedroom, and then sort of match that to your future
21 planning in terms of what the units look like so that you
22 can get the people? Because if you have 1,500 people that
23 need a one-bedroom and you just keep plugging out three-
24 bedrooms, then you're not going to fix the wait list
25 problem.

1 MS. BOSTON: Right. So we have. A couple of
2 things. One is the properties that get offered to us, we
3 don't have direct say-so over, so if someone offers a
4 property that is predominantly larger units --

5 MS. HANCOCK: The developer selects the units?

6 MS. BOSTON: The developer selects the
7 property. We can then select the units, so when we
8 execute the rental assistance contract, the RAC I
9 mentioned, we say in there which size units we want. But
10 if it's a property that's predominantly two-, three- and
11 four-bedrooms, they may not have a whole lot for us to
12 pick from.

13 However, we do tend to only put in the RAC ones
14 and twos. We don't want to, though, make it impossible
15 then if we get a family to not have done any threes, so it
16 may be if the property has threes maybe we'll do one
17 three-bedroom, two two-bedrooms, and five one-bedrooms,
18 and that will be what the agreement is. And that
19 agreement can be amended so if we ended up having a family
20 come in who wanted that property and a three-bedroom was
21 open, we could amend it. We haven't had to do that much
22 yet, but absolutely could.

23 You're thinking about it perfectly because the
24 questions you're asking are the questions we've faced each
25 step along the way.

1 MS. HANCOCK: We just took over a property in
2 San Antonio and the prior property manager kept saying we
3 can't fill these 811 units, but it went on for like six
4 months, and there's a certain point where you all say, you
5 know, 60 days or you can convert it to something else if
6 we can't fill it. I just want to make sure that everyone
7 is working off the same sheet of music because there
8 wasn't any reason to have vacancies for six months, for
9 instance. And then why is everyone up in arms if there's
10 a vacancy reimbursement during the vacancy period?

11 MR. GOODWIN: Well, it's not we'll pay you
12 vacancy for 10 years, and it's what, 80 percent or are you
13 paying 100 percent?

14 Ms. SYLVESTER: Eighty percent. And I will say
15 if you're not on a RAC we can't pay you a vacancy payment,
16 but once you're on the RAC then we can pay that vacancy
17 payment. That's a HUD limitation, that's not us.

18 MR. GOODWIN: You also have to think location.
19 I've got two credit properties in San Antonio, okay,
20 let's go do 811. One property, very few people would
21 apply there or they would not accept the unit there
22 because it's in what I would call a more industrial-
23 oriented area than it is a neighborhood area that would
24 have, we'll say, grocery, drug stores, schools, shopping,
25 as opposed to warehouse and car dealership. So just

1 because you have a unit there and you offer that unit to
2 an 811 client, they don't have to take it, and in many
3 cases some of it won't take it because they want the what
4 I'll call downtown feeling, the neighborhood feeling with
5 everybody and everything right there.

6 MS. BOSTON: And if you ever encounter a
7 property who's telling you that they've had to hold a unit
8 for longer than 60 days, please have them call me or
9 Monica or Spencer. I mean, that's not required.

10 MR. WILKINSON: Danny, can you get her a
11 witness affirmation form?

12 MR. SHEA: Sure.

13 MR. WILKINSON: Any more public comment?

14 MR. STREMLER: It's not necessarily a public
15 comment but I just wanted for the last time to -- Jeremy
16 Stremmler, TDHCA -- bring up potential consultations for
17 the five-year consolidated plan.

18 I know this is the third time y'all have heard
19 me ask this, but if there is any data or information that
20 you would like to provide -- like the issue brief here
21 which is nice -- that you feel could influence the five-
22 year consolidated plan or should be included in that plan
23 for the housing needs, health needs, whatever it might be
24 in the State of Texas, and maybe how the market isn't
25 responding to those needs.

1 We would be happy to take that information and
2 see where we could incorporate it into the five-year plan
3 and how it can influence our writing and editing of that
4 plan as we move forward with putting it into draft form to
5 go out in the spring.

6 So with that being said, that is the last time
7 that I will take up your time. If possible, if you could
8 send that to me by the end of this month, it would be
9 appreciated, or to Danny if that is easier for you to do,
10 to have that included in the consolidated plan. Thank
11 you.

12 MR. WILKINSON: Thanks, Jeremy.

13 Upcoming 2020 meeting dates, right now we have
14 January 29, April 29, and July 22. If you have any
15 requests for agenda items for the next meeting, get those
16 either to Danny now or you can email them later, and we'll
17 get it on there.

18 And also any staff assignments, if you want
19 Danny to do something for you.

20 MS. BOSTON: Within the scope of the council.

21 (General laughter.)

22 MR. WILKINSON: So you can ask him here or
23 later if there's things you want him to look up and for
24 future agenda items.

25 Thank you all, and this meeting is adjourned.

1 (Whereupon, at 11:06 a.m., the meeting was
2 adjourned.)

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C E R T I F I C A T E

MEETING OF: Housing and Health Services Coordination
 Council

LOCATION: Austin, Texas

DATE: October 16, 2019

I do hereby certify that the foregoing pages,
numbers 1 through 47, inclusive, are the true, accurate,
and complete transcript prepared from the verbal recording
made by electronic recording by Nancy H. King before the
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DATE: October 22, 2019

(Transcriber)

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