

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

January 29, 2020
10:00 a.m.

COUNCIL MEMBERS PRESENT:

BOBBY WILKINSON, Chair
SUZANNE BARNARD
KENNETH DARDEN
HELEN EISERT
MICHAEL GOODWIN
CLAIRE IRWIN by OLIVIA BURNS
JOYCE POHLMAN
JOSE RAMIREZ
SCOTT SROUFE
MICHAEL WILT via telephone

ON THE RECORD REPORTING
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P R O C E E D I N G S

1
2 MR. WILKINSON: I'm Bobby Wilkinson, Executive
3 Director, TDHCA. And we'll call to order this meeting of
4 the Housing and Health Services Coordination Council. I
5 would like to start by having everyone at the table
6 introduce themselves, and say who you are with.

7 MR. GOODWIN: Mike Goodwin. I am a governor
8 appointee for housing developers.

9 MS. EISERT: Helen Eisert with the Health and
10 Human Services Commission. And I am on the Programs,
11 Planning and Policy Unit.

12 MR. SROUFE: Scott Sroufe, Texas Department of
13 Agriculture.

14 MR. RAMIREZ: Joe Ramirez, Texas Veterans
15 Commission.

16 MR. SHEA: Danny Shea, TDHCA.

17 MR. DARDEN: Kenneth Darden, minority
18 representative.

19 MR. WILKINSON: Would anyone on the phone like
20 to introduce themselves?

21 (No response.)

22 MR. WILKINSON: All right. Let's get started.
23 I don't think we have a quorum today. Right, Danny?

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

1 MR. WILKINSON: Hey, Michael.

2 MR. WILT: Hey.

3 MR. SHEA: Anybody else on the phone?

4 MS. ZATARAIN-FLOURNOY: Good morning. Hi. This
5 is Josefa Flournoy, with the Alamo and Bexar Area Agency on
6 Aging. I'm actually en route, but I'm in some traffic.

7 MR. SHEA: Okay. Thanks, Josefa.

8 MS. LANGENDORF: Hi. Jean Langendorf,
9 Disability Rights Texas.

10 MR. SHEA: Jean. I've got you. Okay. Anybody
11 else on the phone?

12 (No response.)

13 MR. SHEA: Okay. And then just a reminder for
14 anybody calling in. When you are not talking, you can put
15 your phone on mute, just to cut down on background noise,
16 that would be great. Thank you.

17 MR. WILKINSON: Joyce, who we are and where we
18 are from.

19 MS. POHLMAN: Sorry. Yes. I am Joyce Pohlman
20 with Health and Human Services Commission.

21 MR. WILKINSON: Great. Still short of a quorum.
22 So we can't vote on the minutes. So we will move on to
23 the presentation on the HUD Lead Hazard Control Grant.

24 MS. YEVICH: Unfortunately, she's not here yet.

25 MR. WILKINSON: We will move on to Item 3,

1 Update on the HHSCC Performance Measures Advisory
2 Committee, by Danny.

3 MR. SHEA: Thank you. So everybody should have
4 a handout on the performance measure project. And just as
5 a reminder, this is one of the pieces in the statute
6 enabling Council, where Council is directed to develop
7 suggested performance measures to track progress in four
8 specific areas which we will get into.

9 And just as a reminder from the last meetings,
10 we had talked it over, as we have with the small working
11 group, with Helen and Mike. And we're kind of all in
12 agreement that these are not going to be performance
13 measures as we usually think of them for state agencies.
14 So they can be a little more informal and with a little
15 different --

16 What we have suggested here, there is a bit of
17 overlap between the four of them. That is something that
18 we may be open to feedback on, as we move forward in this
19 process. So anything on this, that you have feedback on,
20 you are welcome to share it with me at any point.

21 So just to go through it quickly, we have kind
22 of put together a draft of kind of where we might be
23 pulling some of this or where we might suggest that Council
24 could pull some of this information from, to track these
25 performance measures.

1 The first thing in the reduction or elimination
2 of barriers in creating service enriched housing, we are
3 seeing this one as kind of a one time review of Council and
4 related activities, historically for the past ten years or
5 so.

6 And the first, working with our partners at
7 HHSC, to kind of compare over time in taking new
8 performance assessment data and specifically residence type
9 and that kind of data about housing stability, basically
10 that might be available to folks on the health services
11 side.

12 And then looking at those outputs on a program
13 level around Section 811, the mainstream voucher, all those
14 programs that kind of touch Housing and Health Services
15 along with some of the kind of technical assistance
16 opportunities that both have worked on; the Housing and
17 Services Partnership academies, obviously, the healthy
18 community collaborative. And so that is kind of what we
19 were thinking with that.

20 MS. BOSTON: Danny, can I ask?

21 MR. SHEA: Yes.

22 MS. BOSTON: So under the part for number of
23 clients housed --

24 MR. SHEA: Uh-huh.

25 MS. BOSTON: Isn't there -- there is a rental

1 assistance housing program at HHSC/ Right? That is -- so
2 could we add that one, too, to make sure that those --

3 MR. SHEA: Yes. Yes. And so I think that also
4 is kind of what we are looking for right now, is trying to
5 cast the widest net. Right. So anything like that, I
6 think is really helpful.

7 The second one, looking at increasing the
8 coordination between state housing and health services
9 agencies, we are also seeing as kind of a one-time review
10 of Council and related activities over the last ten years.

11 A lot of those outputs just kind of like what we are doing
12 right now; work group in coordinating Council deliverables
13 and work products.

14 And then also going back to that program-level
15 data to kind of see you know, not just how frequently our
16 agencies are collaborating, but kind of how effective it
17 actually is; that collaboration. What are the outcomes?

18 And then moving into the last two performance
19 measures, or performance measure categories, we are seeing
20 these as more kind of they could be ongoing. So, again,
21 some more program-level data, as opposed to those kind of
22 historical reviews that the first two might be.

23 So the third, increasing the number of state
24 housing and health services staff who are cross-educated or
25 who have expertise in both housing and health services

1 program. This one we are seeing as kind of having a lot of
2 overlap with that second category. But also adding from
3 HHSC hosts, the centralized training infrastructure and
4 they would train 811 referral agents.

5 Helen, maybe you could speak to this. I'm not
6 sure. Are there other trainings on there that might touch
7 on housing?

8 MS. EISERT: No --

9 MS. MORALES-ROMERO: Hello. Good morning. I am
10 so sorry for my tardiness. Where is my seat?

11 MS. EISERT: Not right now. They are developing
12 an online module.

13 MR. SHEA: Okay.

14 MS. EISERT: Online supportive housing training
15 modules.

16 MR. SHEA: Okay.

17 MS. EISERT: So those would be on the CTI
18 website.

19 MR. SHEA: Okay. So that is the kind of thing
20 that --

21 MS. EISERT: So that is the cross-training.

22 MR. SHEA: Yes. And I think as we are thinking
23 about this being kind of ongoing, that could be something
24 that could be looked in at a later time.

25 And then that very last one, the provision of

1 technical assistance to local communities and looking to
2 increase the number of service-enriched housing projects,
3 again, I think there is a lot of overlap here with the
4 first three. Anything like the Housing and Services
5 partnership academies. But I would also add, you know, the
6 regional summits, Joyce, that you are working on. Michael,
7 I know TDHCA is working on some trainings around permanent
8 supportive housing. Everything like that, I think, would
9 be really great to capture from all of the member agencies
10 and Council.

11 And so, yeah, that's kind of where we are at,
12 right now. Again, I would be really open to any feedback
13 or any additions, especially from, you know, member
14 agencies, that might not see any of the work that they are
15 getting captured in these proposed performance measures,
16 and we would love to have that all in here.

17 And so the timeline that we are looking for is
18 to basically have a draft of these suggested performance
19 measures, like more formalized, kind of a draft of a
20 language that would actually be included in the report to
21 Council at the next meeting in April.

22 And then voting on basically approving these
23 finalized performance measures as part of the draft
24 biennial plan and biennial report of findings, which I will
25 also be talking about today, at the July 2020 meeting.

1 MR. WILKINSON: Thank you, Danny.

2 MS. BOSTON: Sorry. I was just going to say,
3 would you be okay if we added in the numbers of who get
4 assisted with your housing program?

5 MR. RAMIREZ: Well, we don't really have a
6 housing program. What we do is, we give funds to the
7 nonprofits, and however they choose to disburse. We can do
8 a big push to see if we can get some of the numbers back on
9 that side.

10 MS. BOSTON: Yeah. So the locals, when you pass
11 it down, don't have to do housing; they could do something
12 else.

13 MR. RAMIREZ: I mean, I don't understand your
14 question. I mean --

15 MS. BOSTON: Like could they use the funds for
16 something besides housing?

17 MR. RAMIREZ: Oh, yes, ma'am. Yeah, whatever
18 they write into the grant. Like, for example, we are
19 making a big push to have a lot of people add child care.
20 So if it actually says it in the grant, then we can also do
21 it. Some of them are auto repairs, assistance.

22 MS. BOSTON: Okay.

23 MR. RAMIREZ: So we are trying to really make
24 more of -- we give the money, but we can't dictate who,
25 how, what, where. It's all up to the nonprofit on how they

1 disburse it; how they triage, intake, and stuff like that.

2 MS. BOSTON: Okay, I see.

3 MS. EISERT: How many of the grantees right now
4 are using it for housing, would you say, if you had to
5 estimate?

6 MR. RAMIREZ: Probably ten or twelve.

7 MS. EISERT: Out of how many?

8 MR. RAMIREZ: Out of 40.

9 MS. EISERT: Okay.

10 MR. RAMIREZ: I can get Danny the list of
11 everybody. And we do encourage -- like I say, it's all
12 across the state.

13 We have the scratch-off lottery ticket. So
14 those basically are the funds that we are pushing back to
15 the community. And we encourage everybody to apply. So I
16 will make sure I shoot Danny that list so we can get it
17 out.

18 MR. SHEA: That would be great. Thank you. And
19 I was even like kind of thinking about the two that are
20 looking at some measure like coordination between agencies,
21 that we were talking earlier today about your work group
22 with the Housing Subcommittee and everything. So I think
23 that kind of information we need.

24 MR. RAMIREZ: I will start working on that. And
25 then I will shoot you all the info.

1 MR. SHEA: Great. Thank you.

2 MR. DURAN: So, Danny, also, under C, under 811,
3 we have trained now 600 811 referral agents across MCOs,
4 LMHAs, all of that stuff. That would be an easy number to
5 grab.

6 MR. SHEA: Right.

7 MR. DURAN: And the other thing I want to
8 suggest was, there's a lot of housing activities that are
9 funded by MFP. I am thinking specifically about the
10 Housing Navigator program. I wonder if you could count the
11 number of Housing Navigators as well.

12 MR. SHEA: Definitely. Yes. That is a great
13 idea.

14 MS. BOSTON: And I kind of think that while the
15 statute had said that it needs to be the number of state
16 housing services staff, I don't know that they were
17 realizing or envisioning that the onsite property people
18 aren't really an extension of the state. But those are in
19 fact people who, as they have gotten training, are now far
20 more sensitive to the service needs of their residents.

21 And so I mean I could see expanding that
22 definition to include the numbers you had up under A, to
23 relating to the property management. And the only other
24 thing that I would add is the mental health first aid.

25 MR. SHEA: I thought about that early this

1 morning. Yeah. And I note you are looking to roll that
2 out to property managers, also. Yes.

3 MS. BOSTON: Another thing.

4 (Simultaneous discussion.)

5 MR. SHEA: Great. Thank you, everyone.

6 MS. POHLMAN: I think that the second bullet on
7 A, the sub bullet under HHSC. So Medicaid uses data tied
8 to housing status; it's like a special data pull that we
9 have to do. So it is not something that we could produce
10 on a regular basis.

11 MR. SHEA: Right. So, yeah. I will say, the
12 one with that first -- that reduction or elimination of
13 barriers, we are kind of thinking as like a one-time
14 review, so looking at maybe like comparison over time. I
15 know this like data piece is something that we're talking
16 about, and like a lot of caseworkers.

17 But yes. I think any kind of information would
18 be helpful there. So we would be happy to work with you
19 all on that. More than that, looking forward to it.

20 MS. ZATARAIN-FLOURNOY: Danny?

21 MR. SHEA: Yes.

22 MS. ZATARAIN-FLOURNOY: This is Josie Flournoy.

23 I was just wondering if you could tell me, did we -- you
24 know, not the Council members but the rest of us, do we
25 have access to that rough draft, so we could take a look at

1 that and see if there was anything that maybe we wanted to
2 share with you, any thoughts or suggestions?

3 MR. SHEA: Yeah, so I have --

4 MS. ZATARAIN-FLOURNOY: I just wondered if that
5 might be available.

6 MR. SHEA: Yes. So I have a handout here for
7 folks in the room, and I will be sure to -- it will be
8 posted online with the rest of the meeting materials. And
9 then at the future meetings, you know, when we are actually
10 voting on drafts and reviewing drafts of a plan, those will
11 be available at the meetings as well.

12 MS. ZATARAIN-FLOURNOY: All right. Thank you
13 very much.

14 MR. SHEA: Thanks.

15 MR. WILKINSON: Okay. We had a couple of people
16 enter last time before we introduced ourselves.

17 Claire, do you mind?

18 MS. BURNS: I am filling in for Claire.

19 MR. WILKINSON: Okay.

20 MS. BURNS: My name is Olivia Burns with the
21 Aging Services Coordination Office at HHSC.

22 MR. WILKINSON: Great. Suzanne.

23 MS. BARNARD: Suzanne Barnard, Texas Department
24 of Agriculture, Community Development Block Grant program.

25 MR. WILKINSON: Excellent. And Zuleika.

1 MS. MORALES-ROMERO: Zuleika Morales-Romero.
2 I'm with the U.S. Department of Housing and Urban
3 Development. Thank you for having me here today.

4 MR. WILKINSON: Good to have you here.

5 MR. GOODWIN: Do we have a quorum now?

6 MR. WILKINSON: I believe we have a quorum now.
7 Right? So we can vote on our meeting minutes for July 31
8 and October 16. Do I have a motion?

9 MR. GOODWIN: So moved.

10 MR. WILKINSON: Second?

11 MS. EISERT: I will second.

12 MR. WILKINSON: All in favor, say aye.

13 (A chorus of ayes.)

14 MR. WILKINSON: Opposed?

15 (No response.)

16 MR. WILKINSON: Excellent. Let's skip back now
17 to Item 2, for our presentation on the HUD Lead Hazard
18 Control Grant.

19 MR. SHEA: Can I just real quick --

20 MR. WILKINSON: Sure.

21 MR. SHEA: Actually we had to do the July and
22 October meeting minutes because we didn't have a quorum
23 in --

24 MR. WILKINSON: Do I need two motions, is what
25 you are saying?

1 MR. SHEA: Yes.

2 MR. WILKINSON: Okay.

3 MR. SHEA: All of the program items.

4 MR. WILKINSON: Okay. Megan?

5 MS. SYLVESTER: Yes.

6 MR. WILKINSON: Okay. So we just did July. We
7 agree. Do I have a motion for the October meeting minutes?

8 MR. GOODWIN: So moved.

9 MR. WILKINSON: Second?

10 MS. EISERT: Second.

11 MR. WILKINSON: All in favor, say aye.

12 (A chorus of ayes.)

13 MR. WILKINSON: Opposed.

14 (No response.)

15 MR. WILKINSON: Good.

16 MS. MORALES-ROMERO: Okay. Well, good morning.

17 And I apologize for my delay. Unfortunately, we were
18 parking challenged when we got here to Austin. Either the
19 traffic didn't --

20 MR. WILKINSON: No, that doesn't happen here.

21 MS. MORALES-ROMERO: Oh, no? Well, there was
22 public parking there, but it says, only contractors. And
23 that doesn't help, right.

24 So what I am handing out right now is just a
25 brief presentation. And I also have these great booklets

1 that we have. Pass those around.

2 I'm going to start off by talking to you guys a
3 little bit about lead. Does everyone of you have a pen at
4 your -- have you?

5 If you hold up that pen and you see that bright
6 tip of it, that is enough lead to poison a child. So
7 that's is how serious lead can be, is that that is enough
8 to poison a child.

9 So when we are doing some construction work, and
10 we are creating dust, how many points of that is in that
11 dust? So we are poisoning not just the child but we are
12 poisoning everyone surrounding the child.

13 And so what I also brought today was some key
14 facts of lead poisoning -- and I'll pass those around, too,
15 and my presentation. But another interesting thing that I
16 have to pass around is very interesting, because I think
17 this is what brings up the importance of us being aware of
18 lead poisoning.

19 And there is an article that was written in
20 2016, because they relate the fall of Rome on lead
21 poisoning. We can see those consequences now. We can see
22 some of that happening today in Flint, Michigan.

23 If you guys heard about the lead poisoning and
24 all, everything that was in the water and how those kids
25 that were affected six years ago, five years ago, now need

1 special needs in their schools. So this is not just
2 affecting them today. But when we talk about special
3 needs, we are affecting a long term.

4 And unfortunately, lead stays in us. So we
5 probably all here in this room have at one point been
6 exposed to lead. That lead stays in our bones.

7 And as women, when we have children, we pass it
8 on to our children, not in the same intensity that we
9 stored it, but we can still pass it on to our children. So
10 this is something that carries on for a long time.

11 Now, why am I here today is because the State of
12 Texas has never issued or applied for a grant. And I would
13 like to place this or plant the seed -- we don't have to do
14 it for this year, but I would hope that we would do it for
15 this year -- is to encourage a coordination effort to be
16 able to apply for a grant.

17 Why am I saying that? The City of Houston has a
18 grant, San Antonio has a grant, Dallas has a grant, Waco
19 recently got a grant. They are doing it at a city level.

20 But what happens with those small towns that
21 don't get -- they're not HUD entitlement communities, and
22 don't get HUD money that does some of this prevention.
23 Those cities are not -- the only way they get the money is
24 through you guys at a state level. That is how they get
25 their monies.

1 But if we have a state grant, it's adding to the
2 state fund. So I am just going to share with you, and I
3 want to -- I am going to go back to my presentation. Was
4 there enough booklets for everybody?

5 (Pause.)

6 MS. MORALES-ROMERO: Is that, you know, what
7 does our Lead Hazard Control Grant do? Right? It could
8 actually be combined with some of the monies that you
9 already have and you are providing to those smaller cities.
10 But what it does is address the lead hazards in a home.

11 Now, just as I mentioned to you, that peck of
12 lead is enough to poison a child. If that house is dust
13 free of lead, it could be a lead-safe home. And so that
14 remediation of that home is not probably going to be maybe
15 in the realm of \$5,000 to \$8,000, because we are not
16 removing the lead from everything. We are basically
17 encapsulating it. We are putting paint over what was
18 there. We are making it a safe environment. That is what
19 we call just a lead hazard removal issue.

20 Now, there is lead abatement, which is much more
21 expensive, because you are basically stripping things,
22 components off the home to do it. So it fixes the
23 unhealthy housing stock, while also preserving affordable
24 housing.

25 So what is this? If you get lead money, and

1 that lead money is put into your privately owned homes. I
2 am a homeowner, and I am going to be receiving some of this
3 money as a grant money, I need to also sign, stating that
4 that house is going to be kept affordable.

5 So when I sell it, it still has to be an
6 affordable house price. So when you have and you are
7 addressing multiple units, if it is like going to be a
8 multifamily unit, it is the same thing. The affordability
9 stays there.

10 What I mean with affordability is that those
11 apartments cannot go market rate; they have to be at an
12 affordable rate. And, you know, if we make sure that our
13 children are safe the long term, the whole community will
14 continue to be safe.

15 And that is why I handed out that paper about
16 the fall of Rome, because the Romans used to sweeten their
17 wine and sweeten their food with lead. It really does
18 taste sweet, but it is poison.

19 And it is a long-term effect, so it is not just
20 the generation; it carries on to more than that one
21 generation. And so if you just go to the next slide, we
22 are trying to help those that are more vulnerable.

23 Now, who lives in these units that need the
24 work? It is a vulnerable population. It is low-income
25 people that can't afford fixing their homes or are living

1 in substandard conditions, because that is the only thing
2 they can afford.

3 We shouldn't -- we all need to be focused on the
4 same thing. Everybody deserves to live in safe and healthy
5 housing.

6 The next slide there is its return on
7 investment. What happens, right? When you fix one home in
8 one block, it normally has a ripple effect, and all the
9 other homes start getting fixed.

10 And then not necessarily with the state lead
11 money or the CDBG money or the HOME money, or whatever went
12 in there. It is going to be their own money probably
13 fixing it.

14 In addition to that, you have to think about the
15 long-term benefits that you as a community receive, because
16 those children are not going to be going to the emergency
17 room. They are probably not going to be seeking the
18 attention that they probably need now.

19 What is happening in Flint, Michigan, which is
20 very sad, because even though those children got poisoned
21 five years ago, they are still -- the consequences are very
22 bad.

23 I'm going to go to the next slide. So how much
24 money are we talking about. For the state, at the state
25 level, you know, right now, the whole bucket of money is

1 about -- HUD gets 139 million for Lead Hazard Control. You
2 know, close to 100 million for -- or closer to 50 million
3 for the Healthy Homes Initiative, and I am going to tell
4 you the difference right now.

5 And how much does -- each applicant can apply
6 to? When it is a state applicant, it goes up to 5 million,
7 you can opt for 3 million. And you can combine your money
8 with other funding, too.

9 So one important thing, and I think maybe
10 Suzanne hasn't shared this before, but CDBG, our bucket
11 that she oversees, is the only federal funding that you can
12 use as match.

13 So CDBG can be used as match, because there is a
14 match requirement for this grant. It is not 100 percent
15 for 100 percent. So that money can be used. And it can
16 also be used with some of the EPA funding that you can get
17 because you can combine it.

18 So if there is energy efficiency happening right
19 now in your communities through EPA funding, they can
20 combine it, and not just make that house energy efficient
21 but also lead safe.

22 MS. BOSTON: Does it match with DOE
23 Weatherization funds?

24 MS. MORALES-ROMERO: It does. Yes, it does.
25 And that is something actually very common for states to

1 do. They will use their weatherization to do the
2 weatherization at the home, they will use the lead to do
3 all the other infrastructure part of the home.

4 And they will sometimes combine it also with
5 some HOME funds from the CBD money to do the roof and other
6 things that happen, so there's innovative ways of putting
7 the money into those homes and making them lead safe.
8 Absolutely.

9 So just addressing briefly about the Healthy
10 Homes Initiative, which is also another pot of money which,
11 again, the state doesn't apply to -- and I really encourage
12 the state to apply -- is that the other aspect of healthy
13 housing is not just on the lead side, it's also on the
14 other health issues that the house may trigger. For
15 example, asthma. Asthma is one commonly known, especially
16 for children. And so that money is really focused on
17 those. One thing that is coming up a lot is radon. Funds
18 can be used for radon prevention. And even though asbestos
19 does fall into that realm, asbestos is normally lead more
20 on the EPA side. But you can combine if you work with
21 those pots of money.

22 Then the next slide. If you take a look, there
23 is a before and after picture. But then the next slide
24 talks about some of the technical studies grants that we
25 provide. Those are really for higher education entities.

1 I'm not going to spend a lot of time talking about those.

2 But then I am going to go into the lead, the
3 regulatory enforcement. So, every property that is built
4 before 1978, if it is being sold, it needs to provide a
5 lead exposure form. If it is being rented, it needs to do
6 the same thing.

7 And those are not compliant with the law are
8 obviously, out of compliance, and there are consequences
9 for that. Here in Texas there have been cases settled with
10 management companies that weren't doing their job, or they
11 were just getting the form with no information, just a
12 signature, and having the tenants sign it. Things like
13 that.

14 So that is something, a component. So what
15 happens is that when this lead money goes into those
16 properties, there is information that they need to
17 disclose, because obviously abatement or risk mitigation
18 that is happening with the property.

19 So I am here today to try to entice the state of
20 considering applying for a state grant. And that way,
21 those small communities that are not entitlement
22 communities, that don't get the money directly from HUD as
23 a formula pot, will have an opportunity of getting some of
24 this money to work on their homes.

25 Now, here in the state of Texas we do have

1 entitlement communities, like Austin is an entitlement
2 community. San Antonio is an entitlement community. San
3 Marcos is an entitlement community.

4 But what happens with Kyle? It is just down the
5 street. If they have a child that has been poisoned, what
6 do they do? I mean, how does it work? Who do they tell?
7 Do they tell Health and Human Services? Does Health and
8 Human Services report it to the local government?

9 I don't know. I'm asking you guys. How does it
10 work?

11 (No response.)

12 MS. MORALES-ROMERO: If they would know that a
13 pot of money is available and they are recipients -- they
14 get money from the state at the CDBG. I mean, it trickles
15 down to them and they know that this is something
16 available, they could say that this property has a reported
17 child.

18 They report it to the school system. And now
19 what do we do with the house? I mean, it is a big huge
20 burden on that parent to say your child is being poisoned
21 by your home. This is what is creating it.

22 And if they don't have the money to do it, what
23 is going to happen to that child? I mean, their expectancy
24 is going to be no high school, probably drop out. Probably
25 not get into -- definitely not going to college.

1 I mean, why would we put that child in that
2 situation or that family in that situation if there is an
3 alternative. And the only way to do it is being able to
4 tap into another pot of money.

5 But small cities like those are not going to get
6 it directly. They can apply, but they will likely not have
7 enough volume to be able to make it more competitive.

8 At a state level, it is definitely -- we are
9 talking about the state of Texas, the largest state in the
10 country. So it is definitely more viable.

11 Right now we as HUD can provide the technical
12 assistance to you if you are interested in applying. We
13 can tell you the steps of the way. We can give you samples
14 of state applicants that applied and the things that you
15 need.

16 Once the notice is published, and it is
17 available to the public, it has not been released, I may no
18 longer be able to talk to you about it. We are subject to
19 what we call the HUD Reform act, and technical assistance
20 on future applications ceases when that happens.

21 So while it's not out on the street, I want to
22 leave this with you for you to think about it and see if it
23 something that you may be interested in looking at. And if
24 it is not for this year, fiscal year 2020, for the next
25 year and what you need to prepare for that.

1 Important things that I want to make sure that
2 you are aware of is that the communication between the
3 health department and your community development department
4 are essential. Why?

5 Because if there is a poisoned child, how is
6 that poisoned child's data being tracked? And is there any
7 type of communication with that community development
8 department or housing department to say there has been a
9 poisoned child here. That communication is important.

10 So I am very lucky to see this group of people,
11 because I am seeing folks from the health side as well as
12 from the housing side in the same room. And that is
13 already a big plus towards a successful application.

14 I did meet with folks that handle some of the
15 data. And they are very -- I can see that they are very,
16 very private about it. And they told me that there is a
17 lot, these things that don't happen.

18 But having you guys in the room, I will let you
19 guys talk about it. I will leave you guys my information.

20 I want to make sure that you guys consider it. It would
21 definitely help a lot of families, if this happens.

22 And the administrative part of it is not much
23 more of a burden than any other competitive grant. Any
24 questions?

25 MS. EISERT: Who -- when you said that you

1 talked with people that handled the data, is that data at
2 the statewide level?

3 MS. MORALES-ROMERO: At the statewide level.

4 MS. EISERT: Who's handling it at the statewide
5 level?

6 MS. MORALES-ROMERO: I can't give you that
7 person's name right now. But it is here with HHS, with the
8 health and human services department. I am more than glad
9 to pass on that information.

10 MS. EISERT: Yes.

11 MS. MORALES-ROMERO: Because I know definitely
12 who it is. I mean, I just don't have the person's name.
13 Anyway, I can pass that on.

14 We as HUD -- this office has a memo that we have
15 been provided by the Center for Disease Control, making us
16 an -- I guess an authorized party to receive data, because
17 we know that there is HIPAA restrictions on this. But when
18 it comes to this type of work, we can.

19 Now, when it starts with the interaction between
20 the health department and the housing department, you have
21 to establish that same understanding, and we understand
22 that.

23 And we have samples of all of that, because this
24 is not going to be the first state that's doing this. Ohio
25 does this. California has done this. There's several

1 states that has done it. And the reason why states
2 normally apply is because the only that they get to their
3 smaller communities is by having a statewide grant, as
4 opposed to just a city grant.

5 MS. BOSTON: Do the states who are doing it, do
6 they use local subrecipients?

7 MS. MORALES-ROMERO: They do, they do. So I
8 know that for a fact, Ohio has. They have gotten the
9 5 million, and they have made a competitive basis and they
10 have also given out grants to smaller cities that have
11 demonstrated need of it.

12 So the way that you want to spread out the
13 money -- you know, I will help you with samples of
14 different applications. But it is really depending on how
15 the state works.

16 Every state works a little bit different and the
17 government is a little bit different. So it depends on
18 that. Yes.

19 MS. SYLVESTER: When is the NOFA typically
20 released?

21 MS. MORALES-ROMERO: I can't tell you if it's
22 ever any one firm date. I mean, last year, it was during
23 the summer. This year I don't even want to predict.

24 MR. WILKINSON: Annually?

25 MS. MORALES-ROMERO: It is annually. It is only

1 once a year.

2 MR. WILKINSON: Okay.

3 MS. MORALES-ROMERO: It is once a year. And the
4 Lead Hazard Control, the Lead Hazard demonstration, the
5 Healthy Homes Initiative, as well as the technical studies,
6 all of those grants are released at the same time. But it
7 is only once a year.

8 MS. BOSTON: I would think that the home owners
9 who you are doing this for, the requirement, that they are
10 having to limit their resale ability is not attractive. I
11 mean --

12 MS. MORALES-ROMERO: That is true. You are
13 right. You are absolutely right. I mean, we are going
14 through that in San Antonio right now. And I know that
15 Austin has gone through that, too. But it is not forever,
16 right? It does have a limitation in time and depends on
17 how you present the two. Some cities are saying three
18 years, some cities are saying five years. It really
19 depends on how you --

20 MS. BOSTON: So as long as they stayed in the
21 house for, let's say, three years longer after the grant,
22 then --

23 MS. MORALES-ROMERO: I think the minimum in the
24 language right now is three years. Yes.

25 MS. BOSTON: Okay.

1 MR. WILKINSON: An anti-flipping provision.

2 MS. BOSTON: Yes.

3 MS. MORALES-ROMERO: Which makes sense.

4 MS. BOSTON: Yes.

5 MR. GOODWIN: In using the term affordable, is
6 it currently affordable or ought to be affordable? I live
7 in a small -- it used to be a small town. It is now going
8 to be called Katy 2.

9 But there is a tremendous amount of go buy the
10 old stuff, put a masonry facade on it and either sell it or
11 rent it. And these are houses that nominally would sell in
12 the \$170,000 range are being resold in the 350- to \$400,000
13 range.

14 MS. MORALES-ROMERO: I definitely believe it.
15 So, one of the --

16 MR. GOODWIN: So do they have to be affordable
17 now or do they have to be affordable after?

18 MS. MORALES-ROMERO: When we talk about keeping
19 affordability, let's say it is going to be three-year
20 minimum. It is for the three years. So, they are not
21 going to be able to then flip this house or sell it within
22 that three-year period or five-year period, whatever the
23 state comes up with under the plan.

24 MS. BOSTON: But you are asking at the time that
25 you get the assistance, does the house have to have been --

1 MS. MORALES-ROMERO: Yes.

2 MR. GOODWIN: Yes.

3 MS. MORALES-ROMERO: That is a caveat. So one
4 of the requirements of the money is that there either has
5 to be a child that lives in that property or has to be
6 children that visit often in that property.

7 So let's say it's the grandparents, and
8 grandparents have their grandchildren over. That property
9 and the grandparent has a fixed income that they are at low
10 or median income, they can actually get their property
11 fixed because those children come to visit and spend time
12 there.

13 But if it is just, you know, a vacant property
14 that is sitting somewhere, it probably will not qualify to
15 get the money. There has to be that.

16 MR. GOODWIN: Okay. We are -- again, based on
17 this and that community, the definition of affordable --
18 and I will say, I will pick the tax credit world. It is
19 that we will say 40 percent of the units that are rented to
20 people who make 60 percent or less of median area income.

21 MS. MORALES-ROMERO: Okay.

22 MR. GOODWIN: That's not affordable.

23 MS. MORALES-ROMERO: No, it is not.

24 MR. GOODWIN: Okay. You know, that is -- the
25 average person in San Antonio, it is not the entry-level

1 person. It is not the people who work at McDonald's. It's
2 probably not even a school teacher. And that is -- so that
3 definition of affordability, is that written into this
4 grant that you have to --

5 MS. MORALES-ROMERO: It is.

6 MR. GOODWIN: What level? For example, the 30
7 percent, you can't pay more than 30 percent?

8 MS. MORALES-ROMERO: I think it is at median
9 income.

10 MR. GOODWIN: For rent and utilities.

11 MS. MORALES-ROMERO: Right now. Yes.

12 MR. GOODWIN: At what?

13 MS. MORALES-ROMERO: At median income.

14 MS. SYLVESTER: So 100 percent, 100 percent of
15 median.

16 MS. MORALES-ROMERO: I think it is -- I will be
17 honest. I can't remember the exact language right now.
18 But it is low to medium income. So it probably is in the
19 40 percent range, 40 percent to 60 percent.

20 MS. ZATARAIN-FLOURNOY: Maybe I can help with
21 that. I'm sorry. I'm Josie Flournoy. I have worked in
22 affordable housing in the San Antonio region pretty much
23 all my adult life.

24 And I don't mean to speak in your place, but I
25 do have some understanding and actually a very good

1 understanding of the lead based program; I have been
2 listening on the phone. And the affordable -- because it's
3 HUD dollars, the affordability pretty much is any -- you
4 know, the 30, 50, 60, 80 percent of AMI.

5 And these programs have been administered in San
6 Antonio for many years in conjunction with other housing
7 programs, as she explained it earlier. And so for a
8 housing tax credit property, I think in general what they
9 are doing is they are -- they qualifying the [inaudible] of
10 the household when you move in in some areas too.

11 But, in general, for the single-family
12 household, owner-occupied households, it is, you know, the
13 range of percentages, so the 30, 50, 60, or 80 percent of
14 AMI.

15 MS. MORALES-ROMERO: And the application gives
16 you flexibility of proposing how you are going to look at
17 it. Nobody knows better Texas than the people around this
18 room, and know how to work it out. So that is what is
19 going to be key.

20 MS. BARNARD: And I just want to -- I have
21 spoken with Ms. Morales before about this, and I
22 recommended that she come to this group.

23 MS. MORALES-ROMERO: Thank you.

24 MS. BARNARD: Because our program as it is
25 currently designed is not conducive to the quick

1 turnaround. And you don't want to say you are poisoning
2 child; in two years you can have the money to try to fix
3 that, which is kind of the way our program is designed,
4 much more long-term right now.

5 And this kind of program will require
6 interagency coordination if we were to ever be able to do
7 this. So that's why I recommended that she come to this
8 group. It may not be the right people in the room, but
9 it's at least the right agencies to have the conversation
10 about it. So it's something we are interested in, but it
11 would certainly be a new adventure; something we don't
12 currently do.

13 MR. WILKINSON: Thank you, Suzanne.

14 MS. MORALES-ROMERO: Yeah. I strongly encourage
15 it. I mean, I think it would be the best way of being able
16 to spread out some of that money, that is available.

17 MR. WILKINSON: Do you have an extra slide deck
18 for the Rome article? It's the last one.

19 MS. MORALES-ROMERO: I am so sorry. I can
20 definitely send it to you, if I don't have another copy.

21 MS. BARNARD: You can have mine. I have one
22 from before.

23 MR. WILKINSON: Okay. I will take Suzanne's.

24 MS. MORALES-ROMERO: Okay. And I do want to
25 give out my business cards. So if you need to have them,

1 here they are.

2 MR. WILKINSON: Great.

3 MS. BOSTON: Suzanne, are thinking TDA would
4 apply?

5 MS. BARNARD: No. I am not volunteering, if
6 that was the question. At TDA we do have a discussion
7 about the importance of lead-based paint safety. I mean,
8 we do have lead-based paint safety requirements in our
9 current CDBG program.

10 There is a housing rehab activity that is
11 available in our program currently. It is not utilized
12 very well. So this would be a very new program design if
13 we were to do it, which would mean a con plan revision
14 likely, definitely action plan revision.

15 And our agency is not really in a position to do
16 that right now, but we would be happy to support anyone
17 else would wanted to volunteer.

18 MS. MORALES-ROMERO: And one thing I wanted --
19 when you get a chance to read the NOFA. And I will send it
20 out to you guys via email, to this distribution list. And
21 I will highlight the things that you need to know in that
22 NOFA.

23 It does cover administrative costs. So the NOFA
24 does pay for a person to be your program director and what
25 have you. So there is -- it is just not money to be doing

1 intervention.

2 There is also a component of outreach. So to
3 make sure that you are spreading the word at the same time
4 to help you bring in those units if you need to. So those
5 are the things that I will highlight there. Don't think
6 that this is just going to be one added more item that you
7 need to do and it is not going to be covered by personnel.

8 Now, cities have been successful doing this.
9 San Antonio is one city that has done it. Houston, Dallas,
10 they've done it around, in those areas. But we are not
11 addressing the smaller communities, and that is the part
12 that hurts me when I go out to the smaller communities and
13 see that they are not being helped.

14 MR. GOODWIN: Well, for those of you who are
15 young, in the '90s, HUD came up on the Section 8 portfolio
16 and actually did grants where, in theory, every project-
17 based Section 8 community has had a lead-based paint study
18 done and either certified as lead free, or has a program.

19 But since that time -- and this comes over I
20 will say, to TDHCA -- if you have applied for 4 percent
21 credits for acquisition and rehab on conventional
22 properties, there is this whole community if you will, or
23 inventory of what is now considered "work force" or
24 affordable housing that has had no lead-based paint studies
25 at all, generally. Although if you are doing your job, if

1 you buy one, you are going to do an environmental.

2 So what if you find lead. What do you do? So
3 there is a -- you would say, this is all 40-year-old-plus
4 housing, a lot of it out there that has come into the
5 affordable housing since it was built.

6 MS. MORALES-ROMERO: And one last thing I'm
7 going to leave you guys with, and then I will let you guys
8 carry on your meeting, is that this also brings an economic
9 opportunity for those areas that are doing this, because it
10 brings in a new requirement of a new profession, a new
11 career.

12 You know, who is doing your lead inspections?
13 Who is getting the training for the lead inspections? Who
14 is doing your lead abatement, or your lead interventions,
15 your mediation. And so that's going to bring in a
16 different pool of workers or requirements that it is going
17 to enhance.

18 So if this was a community that wasn't getting a
19 lot of traction, this will definitely bring that traction.

20 And the training is available. Because we have those
21 other cities that have been so highly focused on it, the
22 training is available to be able to build capacity, which
23 is important too.

24 Well, thank you very much for your time. Feel
25 free to send me a message. Hopefully next time I am going

1 to sit down with you guys to apply for the grants. I put
2 as one of my successes here, Texas. I really appreciate
3 that. Thank you very much.

4 MR. WILKINSON: Thank you so much for coming.

5 MS. MORALES-ROMERO: Thank you.

6 MR. GOODWIN: Take a donut before you go.

7 MR. WILKINSON: Okay. Now we move back to Item
8 4, the Biennial Plan and Report from Danny.

9 MR. SHEA: Okay. Thank you. So, this will
10 really just be kind of quickly finishing up on the earlier
11 conversation about performance measures and how that is
12 going to fit in with the plan and report.

13 So, every two years, the Council is required to
14 do a plan and then a report of findings. The report of
15 findings is basically kind of an update. You know, over
16 the past two years, kind of what we were talking about
17 earlier, all the programs that the Council touches.

18 That is due to the Governor and LBB on August 1,
19 so I kind of just wanted to give everyone an update on the
20 timeline for putting those two documents together.

21 So working backwards, we will have, as I said, a
22 draft of the suggested performance measures to Council at
23 the next meeting in April. And that will also be with kind
24 of a robust outline of the plan, and report of findings,
25 kind of highlighting what we will be changing or adding

1 from the one two years ago. And then we will be working on
2 it in June, hopefully, with everyone's feedback.

3 And then I will get that out to everyone, those
4 two drafts, at the start of July, out to members of
5 Council, inviting comment and feedback. And then as I
6 said, those are due to the Governor's Office and to LBB
7 August 1.

8 So we won't be doing the July meeting like July
9 29th. Hopefully it will be a little earlier in the month,
10 so that we have time to vote on it, make any edits that are
11 necessary, and then get it out by August. So we will have
12 kind of a more substantial update in April.

13 MR. WILKINSON: Thanks, Danny. Next up is Item
14 5, an update on Section 811 Project Rental Assistance
15 Program by Spencer Duran.

16 MR. DURAN: Thank you, Bobby.

17 Spencer Duran, TDHCA, Section 811 Manager. I'll
18 provide a quick update. We have generally kept this as a
19 standing report-out item on how this program is doing,
20 because it is pretty much the epitome of housing and health
21 coordination and interagency cooperation.

22 Just some quick numbers, and then I will kind of
23 give you some updates about where we are with the program.

24 Currently housed, we have 358, as of our last month's
25 billing.

1 Throughout the life of the program, though, we
2 have housed 402 households. So we are at about a 10
3 percent, 11 percent attrition rate, which is pretty good.
4 It is not that far out of line with other subsidized
5 housing programs.

6 We are billing at \$255,000 per month at 48
7 properties that are billing. We have, I think, 150
8 properties signed up for the program, total, which is a mix
9 of preexisting and new construction properties.

10 So we have got, you know, 40 properties that are
11 billing, which to get a property that doesn't have any HUD
12 experience, no project-based experience, most of the time
13 and then get them trained and housed and up to billing is a
14 huge lift for our program and our staff. So we are getting
15 there. We are making a lot of progress.

16 So moving up in the numbers, and we can dive
17 into those if anybody is super interested. But just some
18 general program updates:

19 In the very near future, we will be closing
20 waiting lists for properties located in Bexar County,
21 Dallas County, Travis County, and Nueces County. We have
22 extremely long wait lists, and we have established a ratio
23 of available units to the number of people who are waiting
24 for those units.

25 And there's situations where you know, I don't

1 really want -- I am not really excited about adding the
2 thousandth household to the San Antonio property list.

3 So if you project that out, it will just take
4 years and years for the thousandth household to get housed.

5 Our energy with our local partners and our staff and our
6 properties, that energy is just better focused on those who
7 are coming up to be housed and really focusing on keeping
8 people housed, which is what we really want to start
9 focusing on right now.

10 So we are also -- and with those wait list
11 closures, we have been working with the local referral
12 agent network in those areas to get their feedback, and it
13 has gotten generally positive feedback. Everyone kind of
14 understands that just adding more and more households to a
15 waiting list isn't necessarily helpful. But focusing our
16 energy on the actual housing end of things is where we
17 should be concentrating on.

18 Also we are working really closely with HHSC
19 right now to better serve people who are exiting out of
20 state supported living centers. State supported living
21 centers are institutions that are operated here in Texas
22 that serve people with intellectual and developmental
23 disabilities.

24 That has been an eligible population for 811
25 since the program inception, but we haven't really

1 established a good referral pipeline, and so we are really
2 trying to rebalance our target populations that we are
3 serving.

4 The local mental health authorities, the local
5 behavioral health authorities, thanks in large part to our
6 HHSC partners, specifically Helen, have done a really,
7 really good job, and they just dominated the program.

8 And so we want to kind of affirmatively work to
9 support those other target populations that haven't been as
10 successful in 811 and kind of use this year to kind of
11 concentrate on kind of rebalancing who we are serving.

12 We are also working on a similar project with
13 DFPS and Superior, which is a managed care organization, to
14 try and serve more people, more young adults with
15 disabilities aging out of the foster care system, which is
16 another eligible target population.

17 So 2019, you know, it's really just all about
18 trying to refine our program and get better at what we are
19 doing. We have also trained our 600th referral agent, so
20 we are really excited about that.

21 I don't know. We have got our fourth staff
22 person coming on board on Monday. We are really, really
23 excited. And this will be a position funded through the
24 Money Follows the Person program. So thank you so much,
25 HHSC.

1 This fourth person will be a program liaison
2 that will have the ability to get a little bit more in the
3 weeds with solving applicant problems and tenant problems,
4 to try and support the local disability services staff and
5 the property management staff, so that we are just kind of
6 providing more of a tenant-centric focus, which I think is
7 a really unique position here at a state housing finance
8 agency. So to kind of scratch at the surface of direct
9 service.

10 I think it is really interesting, and so we are
11 super excited. We had a lot of great candidates. And so
12 they will be starting on Monday.

13 And my last update is we are working with Danny
14 Shea and the Housing Resource Center. We are getting
15 really, really close to submitting our application for an
16 additional \$7 million from HUD's fiscal year '19 funding
17 round for additional Section 811 PRA program units.

18 We think that \$7 million will translate into
19 about 140 additional units, so we think we have the
20 capacity. It's hard to say, but I think we have enough
21 money from our previous two awards for about 600
22 households.

23 So this will allow us to go up to maybe 740
24 households total, once everyone has been housed and all,
25 and everyone. And then everything is kind of our

1 stabilized rate, I guess you could call it, if it was a
2 property.

3 So with that, if anybody has any questions about
4 progress, I am happy to answer those questions.

5 (No response.)

6 MS. BOSTON: It's all awesome.

7 MR. DURAN: Thank you. That means a lot. But
8 we are doing pretty well. So, yeah, that's it. So anybody
9 have any other questions?

10 MR. WILKINSON: Thank you, Spencer.

11 MR. DURAN: Cool. Thank you.

12 MR. WILKINSON: Michael, on the phone. Michael
13 Wilt, TSAHC. He is going to give us an update on his
14 Supportive Housing Academies.

15 MR. WILT: Yes. Thanks, Bobby. Can everybody
16 hear me? I want to make sure I am off mute.

17 MR. WILKINSON: Loud and clear, Michael.

18 MR. WILT: All right. This is actually an
19 update on the workshops that we did in 2019 and then the
20 future Academy we have planned for 2020.

21 We, in conjunction with Lift San Antonio, we
22 conducted three permanent supportive housing workshops last
23 year, starting in March in Austin and then in San Antonio
24 in August. And then we did the last one in conjunction
25 with the Texas Homeless Network annual conference in

1 Houston in October. And they were all very well attended.

2

3 We used a consultant out of New Orleans to talk
4 about the service side of things, and then one of the staff
5 members from Lift San Antonio talked about the financing
6 side of things.

7 And they were very 30,000-foot kind of one-day
8 workshops, an overview of the Department's supportive
9 housing development process. We were trying to identify
10 organizations interested in potentially developing TSH
11 units.

12 And we had approximately about 130 participants
13 attend the workshops. The highest turnout was in Houston,
14 and like I said, in conjunction with that THN conference.
15 So not surprising that that was the most well attended one.

16

17 And our goal, not only to provide information,
18 was really to collect information on people who were
19 interested in developing TSH, knowing that we would be
20 launching an in-depth academy in 2020.

21 We are in the process of fund-raising for that
22 institute, academy, whatever you want to call it. We are
23 about two-thirds to three-fourths of the way there in terms
24 of fund-raising. We just got another commitment last week
25 from a bank.

1 And our goal is to contract with people who will
2 conduct the institute this spring and then work on the
3 content together and then begin accepting applications
4 towards the midsummer, end of the summer, and then to
5 launch it by September 1.

6 It will be four to five sessions. We may move
7 them around the state. Our goal is to identify four
8 development teams across the state. We are not really sure
9 how far in the process they have to be. Maybe they already
10 have a site in mind. Maybe they just have a concept in
11 mind.

12 But our goal is to take them from wherever they
13 are when they enter the Academy, to a shovel-ready stage,
14 where they have all their financing in order and they have
15 their services lined up, and to really walk them through
16 each part of the process.

17 We would like to focus on urban areas, but there
18 is some interest from the Valley, and potentially
19 identifying a team down there that has already made some
20 progress.

21 So, we are flexible on the urban versus rural
22 location of the development team, although we may conduct
23 an additional Academy in 2021 that is more focused on rural
24 or small market.

25 So that is where we are with that. I would be

1 happy to answer any questions.

2 MR. WILKINSON: Any questions for Michael?

3 MS. BARNARD: Just one -- not a question, but a
4 comment. Suzanne Barnard from TDA. Part of our rider to
5 our appropriation for our CDBG match funding includes
6 support for the COGs.

7 And we specifically asked them to address Fair
8 Housing this year, for the first time. We've just not been
9 very specific in the past. And so we have added some very
10 specific tasks.

11 And some of them have been interested in housing
12 in general, so there may be some partnership opportunities
13 when you get to that rural-focused event, so there's that.

14
15 MR. WILT: That's great, Suzanne. And I should
16 also mention that this is an outcrop of our work with HHSC.

17 So kudos to Joyce and everybody on that team that has been
18 providing feedback along the way.

19 MR. WILKINSON: Thank you, Michael. We
20 appreciate it.

21 Next up, Item 7 is an update on National Academy
22 for State Health Policy Technical Assistance Initiative, by
23 Joyce.

24 MS. POHLMAN: Hi, and thank you, Michael, for
25 that shout out. We really appreciate all of the work that

1 you are doing. It has been very helpful to us in achieving
2 our goals with the NASHP, or the National Academy for State
3 Health Policy technical assistance initiative.

4 We are moving forward on a work plan that we
5 have. We have made a lot of progress on a lot of the
6 action items that we have on that work plan. We have done
7 a lot of research around data analysis.

8 And the last time I was here, I talking about a
9 possible partnership with the UT Texas Health Improvement
10 Network. That is still in the works, but it is on a slow
11 track because of other obligations. But there is still
12 interest in working with them and looking at the 811
13 applicants and recipients to see if their use of medical
14 services and health care services changes after an
15 individual receives housing.

16 Another thing that is moving forward is that
17 HHSC is participating with homeless coalitions to match
18 their data to our Medicaid data that would then be provided
19 to a consultant hired by HUD.

20 We will analyze the data to look at whether or
21 not people who have received supportive housing have
22 changes in their health care usage after receiving that
23 housing.

24 So data is a big part of what we do in NASHP.
25 We are also hoping to be moving forward on a contract that

1 will look at providing tenancy supports through Medicaid,
2 teaching local mental health authorities how to do that,
3 and providing technical assistance to them on how you do
4 that in Medicaid.

5 I guess I really want to focus on the big items
6 that we are working on. One is there's regional housing
7 summits that we are sponsoring, where our intent is to do
8 them in all public health regions of the state, but we only
9 have funding through June, so we will probably do less than
10 that.

11 We did one in Temple, Texas in January. And the
12 Central Texas COG, Michael, is really interested in
13 housing, and they are really go-getters. So if you are
14 interested in connecting with them, I can provide you with
15 that information.

16 They are now -- the Central Texas people are now
17 contacting us, saying what can we do next? What is the
18 next step? How do we do a housing plan? That of course,
19 wasn't in our contract, so we are scrambling to figure out
20 how we can assist them without having a dedicated funding
21 source.

22 Our next regional summit will be in the Schertz
23 area. We are doing that with the area Agency on Aging with
24 the COG in the Alamo area. Thank you, Josefa, who is
25 working hard on this. And that will be on February 28.

1 Those summits bring together people from
2 providers, managed care organizations, advocacy
3 organizations, developers, city and state government
4 officials, to talk about what are the housing needs in the
5 area, what's the relationship between housing and health,
6 and how can we begin to address those issues as a group?

7 So we're really focusing on sort of the smaller
8 areas of the state that don't usually have that much
9 attention paid to them in this area or aren't necessarily
10 doing a consolidated plan that would address these
11 questions.

12 We also have a housing choice plan that was
13 directed to HHSC to do. It was directed by our behavioral
14 health advisory council, which is an advisory council to
15 HHSC.

16 They have a housing subcommittee. That housing
17 subcommittee has been meeting for about a year and a half,
18 and they have been looking at existing housing options,
19 barriers within those existing housing options, as well as
20 gaps in the existing housing continuum.

21 And as a result of that, they have asked HHSC to
22 be the lead on developing a housing-choice plan that will
23 outline the current continuum of housing for people who
24 have mental health conditions, substance abuse histories,
25 or intellectual and developmental disability.

1 We are going to outline what the current
2 landscape looks like, identify barriers and things that
3 keep people from being able to access that housing, or
4 problems with that current continuum; looking at things
5 like boarding homes as well as group homes, as well as
6 independent living in the community.

7 And then we will also be looking at where are
8 the gaps in the housing continuum. The Committee has some
9 ideas about housing types that are harder to find for
10 people who are in that population that I have identified,
11 and they want to point that out in a formalized plan for
12 HHSC to be used as an educational document that advocacy
13 organizations can then use to promote their concerns to the
14 state.

15 As part of that, we are collaborating with our
16 state agencies who participate with HHSC on various
17 committees. We will be doing a survey, a written survey of
18 state agencies to ask them what they perceive as barriers
19 and what they are doing in the housing arena, as well as
20 survey of individuals and families, and focus groups for
21 the individuals with Lift experience. And that is just a
22 real shorthand version of what we are doing under that
23 plan.

24 I talked a little fast there. Sorry. I'm from
25 the Northeast; it comes naturally.

1 MR. WILKINSON: Right. Thank you, Joyce. That
2 is great.

3 MS. POHLMAN: Any questions?

4 MR. WILKINSON: Any questions?

5 (No response.)

6 MR. WILKINSON: Thank you again, Joyce.

7 Next up is Item 8. General TDHCA updates by
8 Brooke Boston.

9 MS. BOSTON: Just a couple of things. We have
10 got our Board's permission to apply for a Fair Housing
11 grant, and so we will be turning that in -- I think that
12 was due -- we're applying for two. As Spencer mentioned,
13 we are applying for 811, and then we are also applying for
14 Fair Housing. They are due like the 6th and the 10th or
15 something, between the two of them. So that is exciting.
16 That one will be to promote expanded training and more
17 outreach.

18 And then I also wanted to mention, you know, the
19 Department has had a HOME Division for a long time. And
20 then a year or two ago, we merged the Homelessness Division
21 into that.

22 And then just this week actually -- well,
23 starting on February 1, we are taking our HTFOCINSP, which
24 stands for Housing Trust Fund Office of Colonia Initiatives
25 Neighborhood Stabilization Program, which has been a

1 division that was -- I don't know.

2 It has just kind of evolved into this kind of
3 mishmash division of things, and the director is retiring.

4 And so, we have taken this opportunity to merge everything
5 together with HOME and Homelessness, and we'll now just
6 have one single unified single-family division, which we
7 have talked about for years. And just based on, you know,
8 people in positions and what was going on, that wasn't
9 opportune, and so this was the perfect opportunity.

10 So that is exciting, and all of that is going to
11 be under Abigail Versyp, who many of you guys have heard
12 come in and talking here periodically, and has been with
13 HOME for many years. So that's exciting.

14 And then the last thing I would just mention is
15 we've come here before over several of you all's meetings
16 and asked for con plan consultations, and Jeremy Stremmer
17 would come and talk to you guys.

18 And I just wanted to mention, the draft con plan
19 will be going to our Board in March. And then after that
20 of course will be all the hearings and stuff. But just as
21 an update.

22 MR. WILKINSON: Thank you, Brooke. Item 8,
23 public comment. Any public comment?

24 MR. GOODWIN: Can I ask a question --

25 MR. WILKINSON: Of course.

1 MR. GOODWIN: -- unless I blew it by not asking
2 before. On the HHSC initiative that is going on with the
3 mental disabilities, are we duplicating stuff that Danny is
4 already doing on identification of barriers and things like
5 that?

6 MS. POHLMAN: We are -- Danny is a member of our
7 group.

8 MR. GOODWIN: Okay.

9 MS. POHLMAN: And also we are using the TDHCA
10 data and information from the State Low Income Housing Plan
11 and the Health and Human Services Coordinating Council.
12 And so we are looking at resources that are already out
13 there that have done some of that work, and we are honing
14 in on these specific populations for more detail.

15 MR. GOODWIN: Okay.

16 MS. POHLMAN: If I have missed anything in what
17 we are looking at, just throw resources at me.

18 MR. SHEA: I would just add, in terms of working
19 on the housing choice plan that Joyce is talking about, the
20 focus is slightly different, like Joyce mentioned: group
21 homes and boarding homes, the kind of things that, you
22 know, TDHCA doesn't fund and so aren't going to be
23 necessarily a part of our department's focus. And so there
24 is -- I understand your question, but they are definitely
25 different.

1 MS. POHLMAN: So many facets to it. Yeah.

2 MR. WILKINSON: Any other public comment, not
3 that was public comment; that was the Board. Anyone on the
4 Board want to say anything?

5 MR. RAMIREZ: Yes, sir. Joe Ramirez with the
6 Texas Veterans Commission. We did meet up earlier this
7 month with Dr. Yevich and Mr. --

8 MS. YEVICH: There is no doctor there.

9 MR. RAMIREZ: Oh, sorry. You'll always be a
10 doctor in my eyes.

11 Yeah, we're just trying to come together.
12 Basically what it is is that Texas Coordinating Council for
13 Veterans Services, the TCCVS, since everybody likes
14 acronyms, and we are trying to come up with some unmet
15 needs that we're finding across the state. And as we come
16 up, we're going to have a council approve which ones are
17 acceptable, and then we will present them up to the 82nd
18 Legislature and see if we can get some ground on that. So
19 I will keep you guys informed on all of that stuff.

20 MR. WILKINSON: Thank you, Joe. I appreciate
21 it.

22 MR. GOODWIN: Is the Sergeant going to make the
23 presentation?

24 MR. RAMIREZ: No, not this time. I guess I'm
25 stuck doing it.

1 MR. WILKINSON: Anything else from anyone on the
2 Board or anyone on the phone?

3 (No response.)

4 MR. WILKINSON: All right. The next meeting is
5 going to be Wednesday, April 29. If you have any suggested
6 agenda items, please give them to Danny -- or any
7 questions.

8 And as he outlined earlier, we will be seeing
9 drafts of our performance measures and our biennial plan in
10 the coming months. And at this time, I would like to
11 adjourn. Thank you for attending.

12 (Whereupon, at 11:10 a.m. the meeting was
13 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: January 29, 2020

I do hereby certify that the foregoing pages,
numbers 1 through 58, inclusive, are the true, accurate,
and complete transcript prepared from the verbal recording
made by electronic recording by Elizabeth Stoddard before
the Texas Department of Housing and Community Affairs.

DATE: February 3, 2020

(Transcriber)

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