

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Brown Heatly Building
Room 1410
4900 N. Lamar Blvd.
Austin, Texas

March 2, 2010
2:00 p.m.

COUNCIL MEMBERS:

MICHAEL GERBER, Chair
PAULA MARGESON
SHERRI GOTHART-BARRON
JONAS SCHWARTZ
MARC GOLD
FELIX BRIONES
JIMMY CARMICHAEL
MIKE GOODWIN
AMY GRANBERRY
KENNETH DARDEN
PAIGE MCGILLOWAY
NICK DAUSTER
JEAN LANGENDORF

I N D E X

<u>AGENDA ITEM</u>	<u>PAGE</u>
CALL TO ORDER, ROLL CALL CERTIFICATION OF QUORUM	3
Approval of Meeting Minutes from February 8, 2010	5
Policy and Barriers Committee Report	6
Discussion and Adoption of Service-Enriched Housing Definition	7
Discussion of Vision, Next Steps for Council and Staff Assignments	34
ADJOURN	41

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

P R O C E E D I N G S

MS. SCHWEICKART: Okay, here we go. Mark Wyatt, Texas Department of Rural Affairs.

MR. WYATT: Here.

MS. SCHWEICKART: Paige McGilloway, Texas State Affordable Housing Corporation.

MR. MCGILLOWAY: Here.

MS. SCHWEICKART: Jonas Schwartz, Texas Health and Human Services Commission.

MR. SCHWARTZ: Here

MS. SCHWEICKART: Jim Hanophy, Texas Department of Assistive and Rehabilitative Services.

MR. HANOPHY: Here.

MS. SCHWEICKART: Marc Gold, Texas Department of Aging and Disability Services.

MR. GOLD: Present.

MS. SCHWEICKART: Nick Dauster, Texas Department of State Health Services.

MR. DAUSTER: Here.

MS. SCHWEICKART: Sherri Gothart-Barron, Texas Department of Agriculture.

MS. GOTHART-BARRON: Here.

MS. SCHWEICKART: Doni Van Ryswyck, Governor appointee.

MS. VAN RYSWYCK: Here.

1 MS. SCHWEICKART: Jimmy Carmichael, Governor
2 appointee.

3 MR. CARMICHAEL: Here.

4 MS. SCHWEICKART: Michael Goodwin, Governor
5 appointee.

6 MR. GOODWIN: Here.

7 MS. SCHWEICKART: Amy Granberry, Governor
8 appointee.

9 MS. GRANBERRY: Here.

10 MS. SCHWEICKART: Paula Margeson, Governor
11 appointee.

12 MS. MARGESON: Here.

13 MS. SCHWEICKART: Felix Briones, Governor
14 appointee.

15 MR. BRIONES: Here.

16 MS. SCHWEICKART: Kenneth Darden, Governor
17 appointee.

18 MR. DARDEN: Here.

19 MS. SCHWEICKART: And Jean Langendorf, Governor
20 appointee.

21 MS. LANGENDORF: Here.

22 MS. SCHWEICKART: We have quorum.

23 MS. MARGESON: Wow, we are all here; that's
24 awesome.

25 The first item on the agenda is the approval of

1 the minutes from the February 8 meeting, and everybody got
2 those, right, and you've read them, I know. Are there any
3 corrections or things that you might have noticed that
4 needed correcting? If not, is there a motion to approve?

5 MR. GOODWIN: So moved.

6 MS. MARGESON: Second?

7 MS. GOTHART-BARRON: Second.

8 MS. MARGESON: All those in favor, say aye.

9 (A chorus of ayes.)

10 MR. GERBER: Opposed, no.

11 (No response.)

12 MS. MARGESON: Good, motion carries. That's as
13 far as I'm prepared to go.

14 (General laughter.)

15 MS. SCHWEICKART: That's fine.

16 The next item on the agenda was for Jonas
17 Schwartz, who's the committee chair for the Policy and
18 Barriers Committee, to give an overview of the meeting
19 that the Policy and Barriers Committee had earlier today,
20 and everyone should have a piece of paper at their seat
21 that is a definition that has been voted upon by the
22 Policy and Barriers Committee, so I will let Jonas take it
23 away.

24 MR. SCHWARTZ: Thank you, Ashley.

25 As you all know from the discussions that we

1 had at our last meeting in February, the Policy and
2 Barriers Committee was charged with coming up with a
3 working definition for service-enriched housing. That's
4 also specifically written in our statute that we are to,
5 as a council, develop a definition for service-enriched
6 housing. To recap the discussion at our February board
7 meeting, council members wanted the opportunity to have
8 all of the public forums completed before we voted on a
9 definition which would give us the ability to take in much
10 of the public comment that we received at the public
11 forums as we developed this definition, and so hence,
12 that's why we're having the meeting today.

13 At our Policy and Barriers Subcommittee meeting
14 this morning, we talked very extensively about the
15 definition and we talked about much of the input that we
16 had received, and we talked a lot about the process of
17 what it means to have this definition and what it will
18 mean to operationalize it as we go forward, and this is
19 sort of the conclusion that we have come to which has led
20 to the definition which I will recommend to the council
21 for a vote.

22 But we talked about we could have gone one of
23 two ways with the definition: we could have had a
24 definition that was very long and tried to incorporate, I
25 guess, all of the variables that we think are going to be

1 important as we go forward in trying to define and
2 operationalize service-enriched housing; or we could have
3 a more narrow definition such as the one that's in front
4 of you and then define some principles and some different
5 components of the definition within our biennial plan that
6 we have to submit to the legislature by September 1.

7 And rather than having a long definition with a
8 whole lot in it, we've determined that it would be better
9 to put much of the detail around the definition in the
10 biennial plan because as we're writing the biennial plan,
11 we will have the opportunity to incorporate all the
12 feedback that we've heard and kind of develop our plan and
13 determine how we're going to move forward and the
14 definition can be more narrow but with the caveat that
15 it's very clear when you read the definition that the
16 definition only applies to the biennial plan developed by
17 the Housing and Health Services Coordination Council.

18 So for the benefit of everyone, I'd like to
19 read the definition and it says, "For the purpose of
20 directing the work of the Housing and Health Services
21 Coordination Council and its work product, including the
22 biennial plan, service-enriched housing is defined as
23 integrated, affordable and accessible housing that
24 provides residents with the opportunity to receive onsite
25 or offsite services and supports that foster independence

1 in living and decision-making for individuals with
2 disabilities and persons who are elderly."

3 And so that is the definition that we, as a
4 committee, would like to recommend to you for your
5 consideration, and I just wanted you to understand that we
6 understand that the detail around this definition will be
7 able to be found in the biennial plan that we will develop
8 going forward from this point, and with the first sentence
9 written the way it is, anyone who looks at that definition
10 then it will really drive them to look at the plan to see
11 what this really means.

12 (General talking and laughter.)

13 MR. SCHWARTZ: So anyway, if any of the Policy
14 and Barriers Committee members want to add to the overview
15 I've just given, please do. If any of the council members
16 have questions, we, as a committee, are also happy to
17 field them at this time.

18 MR. HANOPHY: Just to add one contextual piece
19 and that was the logic of this is you have your first
20 sentence which articulates what the definition supports so
21 that it's very clear that the definition can't stand
22 without the plan, you can't make interpretations of what
23 this definition does [inaudible].

24 MR. GOLD: And so therefore the devil is in the
25 details of the plan.

1 MR. HANOPHY: Correct.

2 MS. MARGESON: And what really helped us too
3 was to get the context that really this definition isn't
4 for the world, it's more for the work of the council, so
5 that, I think, allowed us to hone in on what we really
6 wanted it to be. It did for me, anyway.

7 MS. VAN RYSWYK: I have a couple of questions
8 and comments, and I think the definition is good and I
9 think that you all have done a nice job of defining the
10 housing piece, but I think what this definition doesn't do
11 is define what health services are, and I think if we're a
12 Housing and Health Services Coordination Council, we need
13 to be clear about what constitutes health services. This
14 just says onsite or offsite services and supports which
15 could be trash collection, it could be attendant services,
16 it could be a health clinic, and I'm thinking it might be
17 helpful to define what health services are all about.

18 As I read the best practices from other states,
19 they were all over the map, some were specific to long-
20 term supports and services, I think most of them dealt
21 with long-term supports and services in some way, but I
22 think that we need to give consideration to preventive
23 care, acute care. So that's kind of my first question or
24 concern: do we want to define health services; if so, in
25 what way. Again, my impression is that we're talking

1 about long-term supports and services.

2 The second kind of question and concern, I
3 think, spins off of that first question and if we are
4 talking about long-term supports and services, I'm a
5 little uncomfortable with saying individuals with
6 disabilities and persons who are elderly because aging, in
7 and of itself, does not equate with disability or need for
8 long-term supports and services. And again, I'm not clear
9 what this council's charge is with regard to health
10 services, but personally, I think a little clarity would
11 be helpful.

12 MR. SCHWARTZ: Well, you know, Doni, you're
13 voicing concerns that some of the members raised in our
14 discussion, not necessarily around the definition of
15 health services itself, but just when you operationalize
16 this definition as a whole, what does it mean because
17 there are a lot of things in here that could mean
18 different things to different people. And I guess the
19 conclusion that we came to was in our biennial plan, since
20 we are charged as the Housing and Health Services Council,
21 we kind of have to define what health services means in
22 terms of service-enriched housing, what accessible means,
23 all those kinds of things.

24 And so what we thought was it would be better
25 for us to define those things or clearly describe them in

1 the biennial plan that we're developing and so we would go
2 into great detail about what health services is in the
3 biennial plan itself rather than trying to put it in the
4 definition that then goes into statute.

5 MS. VAN RYSWYK: And then I guess a third
6 comment, I like the inclusion of the word integrated, but
7 at the Dallas forum we got a lot of input from folks about
8 assisted living and I think there's some who could argue
9 that assisted living is not really integrated housing, and
10 so if we keep the term integrated, that may limit the
11 housing options that would be within the purview of the
12 council

13 MR. SCHWARTZ: And again, it was our thought
14 that we would clearly define each of these components
15 within our biennial plan, so that people would be clear on
16 what we meant by integrated in terms of service-enriched
17 housing. So the plan really is going to be our roadmap as
18 we begin to develop what service-enriched housing looks
19 like for our state.

20 MR. GOLD: Let me ask you, Doni, you mentioned
21 the issue regarding individuals who are aging or elderly,
22 whatever that terminology is, and would it be your
23 preference that we just reference individuals with
24 disabilities which then would be regardless of age?

25 MS. VAN RYSWYK: Well, it depends on how we

1 define health services. If health services include
2 congregate meals, then I think it's appropriate to leave
3 this in because that's a service enrichment, but if we're
4 talking about long-term supports and services or services
5 that help folks with disabilities compensate for loss of
6 function, then I would recommend that it be removed.

7 MS. MARGESON: That which should be removed,
8 Doni?

9 MS. VAN RYSWYK: The reference to persons who
10 are elderly.

11 MS. GOTHART-BARRON: Also, along with that,
12 under persons who are elderly, I think that in listening
13 to the various comments which we've gotten, and I didn't
14 get to go to the El Paso forum so I don't know if they
15 were consistent there as well, because the other forums
16 seemed very consistent that the term persons who are
17 elderly, lot of people who testified regarding the senior
18 population referred to them as seniors as opposed to
19 elderly, and would it be a possibility instead of saying
20 persons who are elderly to go along with the term seniors
21 instead?

22 MR. GOODWIN: We talked about that a little
23 bit, and you either will then have to go deeper into the
24 plan in definitions because I don't think the term senior
25 has a definition in law and regulation, where the term

1 elderly has definition and it's already in a number of
2 programs, although different from program to program, it
3 is defined and it has a definitive meaning, so that was
4 why we kind of stuck with it.

5 MS. VAN RYSWYK: And I don't think either one
6 of those terms is better than the other. I mean, I try to
7 avoid any kind of reference that suggests that folks who
8 are older are a monolithic group, so I always think of
9 people who are over the age of 60, or over the age of 62
10 which I think is usually the public housing cutoff. So
11 personally, I just don't like the labels.

12 MS. MCGILLOWAY: But since there's no
13 consistent age, you can't use one over the other because
14 sometimes a senior is 65, sometimes it's 62. I don't like
15 using the labels either, but you can't set an age, a
16 number, a numeric number in there because then either it
17 would be too inclusive or not inclusive enough. But we
18 went back and forth about seniors/elderly/aging component,
19 as well.

20 MS. VAN RYSWYK: The research suggests persons
21 who are older is the least offensive.

22 MS. MARGESON: That's relative.

23 (General laughter.)

24 MS. MARGESON: Well, I kind of thought one of
25 the things we would be doing next is to actually define

1 the full range of what, from our viewpoint, service-
2 enriched housing would encompass, both the health side and
3 the supportive side. Am I on the wrong track about that,
4 Ashley?

5 MS. SCHWEICKART: No, you're not. I think
6 maybe we wanted to make a firm decision as a council on
7 recommending this definition to the TDHCA's governing
8 board, and then go into what you're talking about, Paula,
9 so go into what you're talking about for the biennial
10 plan.

11 MR. SCHWARTZ: And the reason that we're so
12 focused on the definition is because the statute clearly
13 says that we are to recommend a definition to the TDHCA
14 board for their adoption into their statute.

15 MR. HANOPHY: I also think it's important, we
16 had a discussion, too, about finding a balance between,
17 for lack of a better term, planning forever and doing
18 something, and so we went into this with the understanding
19 that we would start with a definition that we felt was the
20 most reasonable based on what we had to work with, and
21 then part of our biennial plan was to be considerable
22 research on demographics and where things lay and
23 resources, and depending on whether we recommend pilots or
24 whatever direction we take, there's going to be a feedback
25 loop that we're going to learn more and we're going to

1 have to make adjustments one way or another.

2 We had a lot of discussion about unintended
3 consequences, and no one can possibly conceive all the
4 unintended consequences. We looked at the bigger ones,
5 but the idea is lay out your definition, build your plan
6 around that, test your plan to a certain extent to
7 whatever extent you can, and then learn from that feedback
8 and certainly constantly adjust. And so that was an
9 important part of our discussion.

10 MR. GOLD: That was an important part of our
11 conversation, and I was a guilty party, about unintended
12 consequences, and I think that we helped address some of
13 those concerns with that introductory clause. What I
14 think would be helpful for the rest of the individuals who
15 weren't at that meeting today -- and I thought it was a
16 very good meeting, I thought it was a really discussion
17 that everyone in this room would benefit by -- and I'm not
18 going to belabor it, but maybe we could take five minutes,
19 Ashley, to describe the process of creating the plan.
20 Because for me that was really helpful in terms of what's
21 going to go in in terms of input, how that's going to be
22 voted on, how that is finally going to look before people
23 vote, so maybe that will help them feel more comfortable
24 with this definition and what that means since we're
25 including that as part of the definition.

1 MS. SCHWEICKART: Right. So the piece that was
2 added to the front end of the definition that was slightly
3 tweaked from the draft, but remained close to the draft,
4 was to say that for the purposes of directing the work of
5 the Housing and Health Services Coordination Council and
6 its work product, including the biennial plan, then
7 service-enriched housing is defined as such. And so what
8 we're trying to do there is say that in order to be
9 informed about what this definition is about and what it's
10 doing, one must go to our plan to then learn more about
11 how each word within this definition is defined and that
12 lays kind of the framework for the work that the council
13 would do going forward in this first biennial plan that's
14 due in September.

15 So as the Policy and Barriers Committee had
16 discussed at the meeting this morning, the plan will be
17 one that we thought would be a great idea that it should
18 be presented to the TDHCA's governing board as well as the
19 governing boards of the other state agencies that are
20 represented here on the board, and say this is the plan
21 that we have recommended and we would like to present it
22 to you, not only to the governor and the LBB which it's
23 required to go to, but also to these boards of all state
24 agencies to say this is what we would like to recommend

25 And obviously, it's ultimately up to the

1 governing boards at these state agencies to look at these
2 recommendations and if they do decide to take some action,
3 they can, but that would be the way that we could present
4 it to the boards that make decisions about the programs
5 and policies of each of these state agencies.

6 And Marc, was there something else you wanted
7 me to add in there?

8 MR. GOLD: No, it's just the process. We're
9 going to be working as a council on the development of
10 this biennial plan, but there will be a vote on various
11 different aspects of the plan. Correct?

12 MS. SCHWEICKART: I think that we would vote on
13 the plan in its entirety.

14 MR. GOLD: The entire plan.

15 MS. SCHWEICKART: Yes.

16 MR. GOLD: Which means that there will be input
17 from everyone here as to the components, and then that
18 will be going forward, and I think, again, what my
19 colleague, Jim, from DARS mentioned, that the policies and
20 procedures and mission statements and how we help define
21 this process will then go into the plan which then feeds
22 back to this definition. So this definition, in terms of
23 moving the system ahead, then the real work goes on for
24 the plan now in terms of creating and developing that
25 plan.

1 MS. SCHWEICKART: Right. Brooke, did you want
2 to say something?

3 MS. BOSTON: Well, I just wanted to add one of
4 the things we talked about this morning is that the plan
5 is a product of the council and that plan, unlike the
6 definition which has to go through TDHCA's board for
7 rulemaking, the plan does not go through TDHCA's board,
8 and the recommendation that it potentially be presented,
9 that will be after the fact, after you guys have your
10 final document, you've turned it in to the legislature,
11 then it may be beneficial to present it to all of the
12 agencies' boards or whatever approach that you guys choose
13 to take. But I just wanted to clarify that, it's not
14 being presented forward to TDHCA's board for approval.

15 MS. SCHWEICKART: Right.

16 MS. MARGESON: Another thing we talked about
17 was the process that would be used to amend the ruling if
18 we found that we couldn't live with it for some reason, we
19 had a discussion about how easy or difficult that process
20 would be, and Brooke and Ashley assured us that it won't
21 be so hard, so don't feel like you're going to be tied to
22 this forever if it turned out not to be workable.

23 MS. SCHWEICKART: Right, that's true.

24 MR. WYATT: Can in interject one thing? I
25 attended the meeting and I thought they did a great job; I

1 didn't speak just because I wasn't part of the committee.

2 One topic, as far as the plan, that I would be
3 interested in exploring is we never really had a
4 discussion of anything that was involving costs, the term
5 cost-effective really never came up. I think the reality
6 is that is part of the whole delivery of services, and my
7 only additional concern is that the definition, would it
8 include particularly integrated, it perhaps will preclude
9 certain services and it will perhaps not address the fact
10 that certain very helpful services could be offered except
11 for the fact that we have this fairly extensive model, for
12 all practical purposes, it's going to cost more to deliver
13 these services in this manner.

14 And I think the definition is fine, but moving
15 forward as we do the plan, at least that's my perspective,
16 that some consideration -- I know you had a little bit of
17 discussion where a particular service may be tailored to
18 need, it's not exactly the same idea, and the idea that
19 certain things could be offered could be very useful. But
20 if you say you're never going to get funded or you're
21 never going to get the points unless it's just absolutely
22 every element of this, I think in the future you're going
23 to make this basically a one philosophy type council.
24 That's my only comment at this point. I thought you all
25 did a good job and I'll leave it at that.

1 MS. SCHWEICKART: So are there any further
2 comments about this definition that is in front of you?
3 Since we are trying to bring this to be adopted as a rule
4 in front of TDHCA's board, is there any more discussion
5 about this particular definition or did we want to -- go
6 ahead.

7 MS. BOSTON: I'm sorry, I just wanted to
8 mention two more things.

9 One, in response to your comment, Mark, I would
10 hope that the definition as written -- I guess I don't see
11 it as being not cost-effective on its face, and I think
12 part of the purpose of the plan is to look at different
13 models which will look at if you blend one program for
14 housing and another program for services, maybe that isn't
15 the most cost-effective model, although it could be a
16 service-enriched housing model, and then maybe show a
17 spectrum. And then hopefully, some of the analysis that
18 we'll be providing will be looking at the cost-effective
19 nature of different models, but hopefully, the definition
20 in and of itself won't create --

21 MR. WYATT: No, I didn't think so. I just
22 didn't want it to be like a taboo subject, like you know,
23 we're just offering what certain people desire and we'd
24 all love to do that, and the reality is that certain very
25 useful services could be offered, and I just didn't want

1 it to be to the point where if anyone brought, frankly,
2 the cost into the discussion, somehow they were anti-
3 service-oriented or something like that. Because the
4 reality is everything in life is limited to some degree,
5 and I just didn't want it to be a topic that's off the
6 discussion.

7 MS. BOSTON: And the other thing I was going to
8 mention, as we go to the last part of the discussion on
9 the definition, is just so you guys know kind of the
10 process from this point that came up this morning. It
11 will go in our board book on Thursday as a proposed rule,
12 our board will approve it, we expect, on Thursday, the
13 11th; it will go in the Texas Register and be out for
14 comment for 30 days. So one of the questions that came up
15 this morning was what happens if there is some significant
16 degree of comment during that period. Our board's next
17 meeting is in May but this full council doesn't convene
18 again before that board meeting, and so one of the things
19 we talked about was that if comment is significant, we
20 would shoot an e-mail to you guys and give the option for
21 you guys to decide if you'd like to reconvene to visit
22 that comment.

23 Kind of my gut instinct is that if the comment
24 that we hear is consistent with everything we got at the
25 forums -- which I would expect that it would be -- then

1 obviously you guys have listened, you've weighed that, and
2 this is the definition you came with, so the staff
3 recommendation back to our board would be in line with,
4 you know, yes, we heard the comment and received it,
5 however, this is consistent with what they heard at the
6 forums and therefore, staff is not recommending a change.

7 If, however, the comment varies for some reason
8 from what we've heard at all the forums, then I do think
9 there would be more of a compelling reason for you guys to
10 get together and make sure that how staff reports that out
11 to our board in May as a final rule adoption, you might
12 want some further discussion about that, and we will make
13 sure we share that with you as comment comes in.

14 MR. GERBER: I would add also that I think our
15 board is going to be extremely deferential, I think they
16 really appreciate the work that's being conducted and has
17 been conducted by this council, and as was noted earlier,
18 I think that this is not a definition that's being carved
19 in tablets, we can change it, it's not the easiest thing
20 to change a rule and you don't want to change it too
21 often, but it's something that we do each year, at least,
22 on most of our rules and we can certainly do it more often
23 if necessary. So hopefully it will be a good starting
24 place for us.

25 MS. VAN RYSWYK: My I offer up a friendly

1 amendment? And I respect the approach of being general
2 and then getting into the details in a plan, but just
3 because we make no reference to health services in the
4 definition, can we just insert between offsite health
5 services or health-related services, and then define what
6 those are in the plan?

7 MS. SCHWEICKART: It wouldn't be up to me, it
8 would be up to you guys.

9 MR. GOODWIN: My concern with that is we're
10 going in the direction that we tried to run away from in
11 our committee meeting in that we start adding parameters
12 that have specific definitions, and we would prefer to
13 leave the definitions to the plan because, from a provider
14 standpoint, I see service-enriched housing encompassing
15 more than just health services that could be brought in at
16 the same time, but if we eliminate them in this program,
17 then there are some things that we might can provide.

18 For example, one of the testimonies we had at
19 one of the meetings was something that both seniors and
20 persons with mental disabilities need as much as anything
21 else is budgeting and financial management, but that's
22 certainly not a health service, and I wouldn't want to
23 eliminate that as part of the product that could be
24 delivered under this by starting to put defined terms. We
25 tried to make it as much as possible, I guess what I'm

1 trying to say, that we can then define in the plan the
2 obviously very important role and the overriding role that
3 health services will play.

4 MR. HANOPHY: I agree. I definitely agree that
5 there's a need to address health services but I see that
6 as a sub-group of the overall term of services.

7 MR. GERBER: I like the idea of putting health
8 services in because I think it gets to the core mission of
9 the council and I wonder if there would be some
10 willingness to maybe make it onsite or offsite health-
11 related and other services and supports. It starts
12 getting wordy there but it keeps the tie-in to the focus
13 of the legislature which I think is really to integrate
14 both the health-related and housing side.

15 MR. GOLD: Would you have a concern, Doni, that
16 if we just put health services that for me the connotation
17 is acute medical services versus functional long-term
18 services and supports, and are we excluding functional
19 long-term services and supports for acute services.

20 MS. VAN RYSWYK: And I like the broader
21 definition, I wouldn't want to restrict it. As I look at
22 the title of the council, it's not service-enriched
23 housing, it's health and housing and so I'm still
24 struggling to understand what that means in terms of the
25 council, so that addresses my concern, and I wouldn't want

1 to say health only because I think it needs to be broader
2 than that.

3 MR. GOLD: So my recommendation would be if
4 you're trying to eliminate making this very lengthy in
5 terms of language, and if you are suggesting to include
6 acute services and other services, either say long-term
7 services and supports or other functional services,
8 functional meaning that's the way the long-term service
9 assistance looks at service as it's functional supports
10 versus medical supports.

11 MS. MARGESON: Well, I'm a little confused
12 because I know that we are the Housing and Health Services
13 Coordination Council, but every time I've seen the term
14 referenced, it's been housing-enriched services. Am I
15 missing something?

16 MS. SCHWEICKART: Service-enriched housing?

17 MS. MARGESON: Exactly, service-enriched
18 housing. So I know that health is in our title as a
19 council, but when we talk about service-enriched housing
20 is defined as, or whatever.

21 MR. GOLD: I'm going to go back again to
22 keeping it where we say that we're going to define -- and
23 this is my own personal opinion -- that the way it's
24 established right now, to receive onsite or offsite
25 services and supports, that's not excluding acute

1 services, it's not excluding long-term services, I see
2 that as being inclusive of the whole broad array, and
3 again, the biennial plan will help define what we're
4 talking about.

5 So again, in the spirit of trying to keep this
6 as broad and that we're going to give further definition
7 to some of this terminology in the biennial plan, again,
8 that we're all going to have input into that, this seems
9 to be very inclusive and we're not excluding any one
10 connotation of what this means. So I think it works well
11 the way it is right now.

12 MR. GOODWIN: I think we need to also go back
13 to what staff related to us in their discussions with the
14 legislative staffs, and that was they chose not to come
15 into the definition but rather to leave it to the council
16 to decide what the basic definition was, and then in the
17 plan how you define that. So that while that's the name
18 of the council, the fact that it's not in the definition,
19 we use services as just services, I don't think is a
20 killer from any standpoint.

21 MR. HANOPHY: Well, again, I agree
22 wholeheartedly that at some level the health services
23 needs to be included in the plan, I just have some concern
24 that if we put the word health in there, that we are then
25 excluding other services, and that is not our intent. So

1 I think the plan would be to flesh that out based on
2 what's available, what research we find on what really is
3 out there.

4 MR. GOLD: If you go on medical services, then
5 are you avoiding functional, and given how people's
6 definitions and words change, are we excluding social
7 supports and services, or just keep it broad and lose
8 everything.

9 MS. SCHWEICKART: Is there any other comment?
10 Nick?

11 MR. DAUSTER: I guess I should wait until we've
12 finished with that particular discussion.

13 MS. LANGENDORF: I was just reading the
14 legislation because truthfully, I know it's in our name
15 but I was wondering how specific or if they were specific,
16 and the only thing I can really see in talking about the
17 biennial evaluation that includes the council's report to
18 the governor, that the paths of statewide long-term care
19 providers, interest by housing developers investing in
20 service-enriched housing, to increase the consistency in
21 housing regulations and recommend changes to home and
22 community-based Medicaid waivers that are up for
23 renewal -- I didn't know we had that -- and research best
24 practices with respect to service-enriched housing,
25 clearinghouse of information of tools and resources. But

1 I really can't find anywhere where it is sort of directed
2 specifically towards health services.

3 MS. BOSTON: Just skimming through it again, in
4 the section where it talks about goals and purposes and it
5 talks about what the council will do and staff will do, it
6 looks a little bit like there's almost a dichotomy. Some
7 of the language alludes to service-enriched housing which,
8 as we know, is undefined, and some of it alludes to kind
9 of the coordination of housing and health service agencies
10 at the state and local level, but it's not very clear that
11 those two definitely are blended one and the same or how
12 they will be. It seems like, therefore, that's really
13 room for you to take that flexibility.

14 MR. DAUSTER: I think that one clue that they
15 gave us is the agencies that they chose to sit around the
16 table, and I think there are both long-term and health
17 agencies here, so that's who they wanted to talk, those are
18 the services they wanted discussed.

19 MR. SCHWARTZ: I think that's a good point.
20 Part of the reason for this was to begin to have a
21 discussion so that these agencies sitting around the table
22 that don't all talk to each other on a regular basis would
23 begin to have discussions with one another and have more
24 of an understanding of each agency's service system and
25 who they serve and what they provide and where the

1 coordination can be when possible.

2 MR. GERBER: I think if you go also to the
3 performance measures, it comes up in Section 560, the
4 council will develop suggested performance measures to
5 track progress in and the need to increasing coordination
6 between state housing and health services agencies,
7 increasing the number of state housing and health services
8 staff who are cross-educated, the performance of technical
9 assistance, you see the connection between housing and
10 health services over and over again

11 And I think it's key because I think what we
12 heard from the legislature over and over again was just,
13 if nothing else, the next session is going to be a budget
14 session and what are the big cost drivers, and they see, I
15 think, to some extent, greater coordination as being
16 something that allows you to serve more people with either
17 the same or marginally increasing resources.

18 I guess I'm concerned that not sort of keeping
19 that in perspective and making sure that that tie-in is
20 real clear in the definition may give some folks gas down
21 the road. I think we don't want to exclude things but I
22 do think the word health somewhere in there needs to
23 figure prominently because I think that's the big tie-in
24 there in their minds.

25 MS. LANGENDORF: So what was discussed was to

1 add residents with opportunity to receive onsite or
2 offsite health and other services?

3 MR. HANOPHY: Well, your proposal was health-
4 related and other services, and I could live with that.

5 MR. GERBER: Health-related and other services.

6 MR. HANOPHY: Health-related and other services
7 because that remains inclusive with the world health.

8 MS. GRANBERRY: What if we did this, what we
9 made this after support that said including but not
10 limited to health services. Would that leave it open
11 enough?

12 MS. LANGENDORF: I'm fine with anything that
13 adds and other, health and other.

14 MS. GRANBERRY: Other services that are
15 absolutely necessary but not necessarily health

16 MR. HANOPHY: Health-related and other services
17 and supports; keeps it broad and gets the word health in
18 there.

19 MS. SCHWEICKART: Okay, we can make that
20 addition.

21 Was there any other comment, Nick?

22 MR. DAUSTER: I'd like to be inclusive of
23 service but I'm a little worried that the definition of
24 the client base may unintentionally exclude some people.
25 I'm speaking, I guess, from the perspective of the mental

1 health and substance abuse, what people commonly think of
2 individuals with disabilities could include them, normally
3 includes people with substance abuse issues, and that
4 makes me kind of uncomfortable. And at least partially,
5 the more we look at this at DSHS with physical health
6 problems and mental health problems and substance abuse
7 problems that we frequently find all of them together and
8 I think we did hear some testimony to those grounds.

9 So I'm not going to offer a friendly amendment
10 and cause us to sit here for another half an hour and
11 discuss my friendly amendment, but what I would like is
12 some assurance from other members of the council that this
13 doesn't mean we're excluding those populations.

14 MR. SCHWARTZ: Nick, we had extensive
15 discussion about that very fact this morning, and what we
16 determined as a committee was that we wanted to see some
17 research and some statistics, and that we would clearly
18 describe and define within the plan about each of the
19 populations that we were going to serve, including people
20 who are homeless, people with substance abuse issues. So
21 we had that discussion extensively and we feel strongly,
22 as you do, about that, and we'll be sure to talk about
23 that in detail in the plan.

24 MR. DAUSTER: That's all the reassurance I
25 need.

1 MR. SCHWARTZ: Ms. Langendorf, would you read
2 the definition one more time, please?

3 MS. LANGENDORF: "For the purpose of directing
4 the work of the Housing and Health Services Coordination
5 Council and its work product, including the biennial plan,
6 service-enriched housing is defined as integrated,
7 affordable and accessible housing that provides residents
8 with the opportunity to receive onsite or offsite health
9 and other related services and supports that foster
10 independence in living and decision-making for individuals
11 with disabilities and persons who are elderly."

12 MR. GOLD: Say that again.

13 MR. HANOPHY: Health-related and other
14 services.

15 MS. LANGENDORF: Health-related, yes.

16 MS. MCGILLOWAY: Because I do think there's a
17 difference.

18 MS. SCHWEICKART: I think that was it, health-
19 related and other services and supports.

20 MR. SCHWARTZ: That concludes the Policy and
21 Barriers report, and our recommendation is as such.

22 MR. GERBER: Is there a motion to approve that
23 definition?

24 MR. GOODWIN: So moved.

25 MR. GERBER: Is it seconded?

1 MS. GRANBERRY: Second.

2 MR. GERBER: Is there any objection to that
3 being the service-enriched housing definition? If there's
4 none, then it will be considered approved by the council
5 and we'll put it on TDHCA's governing board agenda for
6 next week, and we hope that some number of you will come
7 speak about that, Jonas in particular, if you and other
8 members of the committee could attend, we'd like you to
9 speak for just a moment or two just to explain how we got
10 here and what it includes.

11 MR. SCHWARTZ: I'm happy to do that.

12 MR. GERBER: And I would mention to Nick, also,
13 that I think there's members of our board and I personally
14 also take issues of persons suffering from addiction and
15 substance abuse to be an important part of this
16 discussion, so we look forward to really fleshing that
17 out.

18 MR. DAUSTER: I've had no doubt that that was
19 the case, but we're here by virtue of where I work so I
20 had to say something about it.

21 MS. GRANBERRY: I appreciate Nick bringing that
22 up. We had talked about it briefly in El Paso that that
23 is always a big concern for me.

24 MR. GERBER: Well, congrats to those of you who
25 sat through the 14 hours of meetings to hash that

1 definition out.

2 MS. SCHWEICKART: Paula, did you want to start
3 any kind of conversation about defining or do we want to
4 go into that conversation right now? It's 2:45. In terms
5 of timing, I don't know how people feel about kind of
6 continuing if we want to flesh anything out that will be
7 included in the plan, so separate from the rule.

8 MS. MCGILLOWAY: I think what's going to be
9 helpful is like what you said we were going to have for
10 the next one, an outline of what needs to be in the plan
11 and what's going to be asked of us. I think that would be
12 more helpful for me personally before I move on or I delve
13 into that.

14 MS. SCHWEICKART: Okay.

15 MS. BOSTON: And for the benefit of the full
16 council, this morning we talked about the next steps, the
17 staff will be presenting you guys with a breakout of kind
18 of what we're going to suggest and then you guys can
19 critique it and let us know what other direction you might
20 want to go. We'll show you a draft layout in terms of how
21 the report might be organized, what questions will need to
22 be answered by the committees and the full council to get
23 those fleshed out, and the type of information that we
24 pull into section, what words we need to define, that kind
25 of thing. And then as we talk that through, then that

1 will obviously help educate the rest of the work of the
2 committees and then the full council as we finish up
3 getting to September.

4 MS. GRANBERRY: And so that's something that we
5 would have, because I think our committee meets next in
6 April.

7 MS. SCHWEICKART: Yes.

8 MS. MARGESON: That's actually our vision, et
9 cetera, et cetera.

10 MR. SCHWARTZ: And I just want to compliment
11 the staff of TDHCA because I had the opportunity to attend
12 all of the public forums and I'm very glad I did because I
13 found them to be extremely productive and well attended,
14 and so thank you, TDHCA, for suggesting this and then
15 making them be the productive meetings that they were,
16 because I think all of the information that we gained will
17 really be helpful in developing the biennial plan.

18 And Ashley shared with us this morning that all
19 of the transcripts from all of the hearings, with the
20 exception of El Paso but El Paso will be up soon, are on
21 the Housing and Health Services website. So if you all
22 want to take a look at those transcripts if you didn't
23 have an opportunity to attend one of the hearings, then
24 please do that because I think there's a lot of
25 information in there that will help inform the direction

1 that we go in terms of what our biennial plan is going to
2 look like and what it should address and who should
3 benefit from what we recommend.

4 MS. SCHWEICKART: And Jonas, thank you very
5 much. And going off of what you just said, for those of
6 you who were not able to attend one or more than one of
7 the public forums, I have written testimony of those who
8 spoke at those forums. If there's anything that you think
9 is a best practice or you really like their example that
10 they talked about and you want to hear more about it, I
11 have their written testimony.

12 I submitted to you electronically any testimony
13 that wasn't given verbally but was written and submitted
14 to us by the deadline of February 26, so that was
15 submitted to you as well, but if there's anything that you
16 wanted to hear more about that is in one of those
17 transcripts, please let me know. I know that we had a
18 request about Enterprise Foundation from El Paso that
19 we're going to look into. And so please let the staff
20 know so that we can formulate something for these upcoming
21 meetings that will give you maybe an idea of something
22 that you guys can recommend that you heard about at one of
23 these forums.

24 Is there anything else?

25 MR. GERBER: Thanks for your kind words about

1 the TDHCA staff; they do an incredible job, and I
2 appreciate that, Jonas.

3 There's probably going to be some research
4 needs, obviously, as we flesh out strategy and an approach
5 to the plan, that I know Ashley and others will undertake,
6 and if any of you have specific ideas or thoughts about
7 research that you may need to help inform decisions or to
8 help guide the work of the council, there's a nice window
9 in here, so feel free to pass those along, and Ashley will
10 try her best to make sure that every member of the council
11 is informed of the research that she's doing so that folks
12 can have a sense of it and if they have things that they'd
13 like to add to the areas, that would be appreciated, or if
14 your respective agencies have things they could add to it
15 as well, that would be helpful as well to our team.

16 So the next upcoming meeting is the cross-
17 agency training education meeting on April 6, and is there
18 any other business to come before the council?

19 MS. SCHWEICKART: I don't believe at this time
20 there is, no.

21 MS. LANGENDORF: When is our next meeting?

22 MR. GERBER: Monday, May 10.

23 MS. SCHWEICKART: May 10, yes.

24 MR. GERBER: And if there's no further
25 discussion.

1 MS. MARGESON: Well, I do have a discussion
2 item

3 MR. GERBER: Oh, sure.

4 MS. MARGESON: On the plan itself, it sounds
5 like it's a formative endeavor, and I'm supposing that the
6 two subcommittees will have some work group time to
7 basically draft our components. Is that right, is that
8 how you see that playing out?

9 MS. SCHWEICKART: Yes. I think that going
10 forward that the meetings that the subcommittees will have
11 will be a time to discuss the issues at hand, that we will
12 present you with the framework for the plan and that the
13 content, though, is decided by you. And we'll do,
14 obviously, all the legwork with the doing the research
15 that you request and doing the writing up of what you
16 decide, but those committee meetings will be work group
17 meetings.

18 MS. MARGESON: I just know from doing the state
19 of the art plan and the independent living plan, that plan
20 development can be pretty time-intensive, so I guess what
21 I'm a little worried about is just having one or two
22 committee meetings between now and the time that the plan
23 is due and presented to the legislature or the LBB, I
24 don't know if we can accomplish that in like two committee
25 meetings.

1 MALE SPEAKER: Depends on how many definitions
2 you have.

3 (General talking and laughter.)

4 MR. GERBER: Well, Ashley, maybe the thing to
5 do is maybe to convene a conversation between Paula,
6 Jonas, Sherri and myself and sort of figure out, sort of
7 map out the work as you sort of see it.

8 MS. SCHWEICKART: Sure. Having the
9 Coordinating Committee finally coordinate.

10 MR. GERBER: Yes, and sort of see where we need
11 to go to get maybe some key groupings of folks together,
12 and not in a quorum where we violate Open Meetings, but
13 some smaller grouping that's based on issues that people
14 have expressed interests and concerns about and try to get
15 some logical order to piece this thing together, because I
16 agree, it's a massive undertaking.

17 MR. HANOPHY: I envisioned a considerable
18 amount of work through kangaroo meetings. I was kind of
19 thinking we'd come together and be divvying up
20 assignments, so to speak, whether it's in teams or
21 individually, and then come together later.

22 MR. GERBER: We'll see if we can get the
23 Coordinating Committee, or whatever we're calling it, to
24 get everybody on a conference call and see if we can get
25 some agreement about how to approach it and then we'll

1 come back and share with everyone on the council what we
2 propose, and if anyone has any concerns or objections or
3 wants to participate -- frankly, anyone who is available
4 and has time to assist, I think all of us would be very
5 appreciative of that, and for those of you within agencies
6 where you have staff who's supporting you in this effort
7 who can lend a hand to it as well, that would be most
8 appreciated. So maybe before the end of the week.

9 MS. SCHWEICKART: Yes, sure.

10 MS. LANGENDORF: Plug the summit? Well, they
11 did a good job of plugging the summit at the El Paso
12 conference. I didn't bring anything, but we do have a
13 housing and transportation summit planned also for the end
14 of April.

15 MS. MCGILLOWAY: Here in Austin.

16 MS. LANGENDORF: Here in Austin. And I guess
17 that's one of the questions when we were talking about
18 other related services, we did hear at several of the
19 hearings about the need for transportation and how that is
20 a service enrichment or that is something that is very
21 popular in some of the models that we've seen as far as
22 service-enriched housing to have some kind of
23 transportation available. So it's an issue.

24 MS. MARGESON: Jean, what's the date?

25 MS. LANGENDORF: April 28 and 29, I think.

1 MS. MARGESON: Well, as long as it doesn't take
2 us as long as it took us to get this definition, we'll be
3 all right.

4 MS. SCHWEICKART: I think that's everything.

5 MR. GERBER: If there's no other business to
6 come before the council, is there a motion to adjourn?

7 MR. HANOPHY: So moved.

8 MR. GOODWIN: Second.

9 MR. GERBER: Great. Thanks, everyone.

10 (Whereupon, at 2:56 p.m., the meeting was
11 concluded.)

