TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Room 4105
Brown Heatly Building
4900 N. Lamar Boulevard
Austin, Texas

April 16, 2014
10:11 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair
PAULA MARGESON, Vice Chair
STEVE ASHMAN
MARTHA BAGLEY
SUZANNE BARNARD
MEGAN CODY
KENNETH DARDEN
MIKE GOODWIN
DONI GREEN
AMY GRANBERRY
JAMES HILL (via telephone)

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I N D E X

P R O C E E D I N G S

MR. IRVINE: I'm Tim Irvine. The time is 10:11, and I'm calling to order the April 16 of the Housing and Health Services Coordination Council.

A couple of preliminary items. One, anybody here is welcome to participate fully. All that we ask is that you come up and speak where you can be heard at a microphone if you're coming from the outside part of the room, and that you identify yourself so that our court reporter can appropriately record who you are and on whose behalf you are speaking.

So the first order of business is to seek approval of the January 8 minutes. Do I hear a motion?

MS. Green: Move approval.

MR. IRVINE: Doni.

MR. GOODWIN: Second.

MR. IRVINE: Mike seconds. Any discussion?

(No response.)

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

(A chorus of ayes.)

MR. IRVINE: Any opposed?

(No response.)

MR. IRVINE: The minutes are adopted as presented.

I'll turn it over to Terri for discussion of developing the biennial plan.

MS. RICHARD: Thank you, Tim.

Thank you all. You should have received the rough draft of the biennial plan that was developed after we had our final work group call, and just as a reminder, we divided into the three work groups. The council members wanted to have recommendations that were based on our technical assistance collaborative comprehensive analysis report, so we chose the three themes, or the three recommendations which were additional resources and incentives, for developing service-enriched housing, developing in rural areas, and creating incentives.

So we opened the work group calls and had a disparate groups of people who participated on those calls, so we had some additional input outside of the council. And then what I did was after the third and final call we had a list of recommendations, I took those and used the statute, the council duties statute as a guide and came up with this rough draft.

And my goal was for this one to try to be cogent and to make something that was short, sweet and to the point, and so I really kind of went back and focused on the statute and the definition. That came up on one of the work group calls -- actually several of them.

People don't really know what service-enriched housing is, so I really tried to focus on that, so hence the cover, you'll see the cover, great big Service-Enriched Housing and sort of a truncated definition so that people could focus on that.

And what I thought today, some of you may not have had a chance to look at it, my thought was we could just go through it section by section, unless somebody has other ideas, comments, thoughts before we even get started, or another process for walking through it or not.

Do you want to just start with the cover, any thoughts, comments on the cover, or even the whole idea of kind of keeping it short, sweet and to the point? Is everyone agreeable to that?

So the introduction was just a short introduction about the council, who you are. I included hyperlinks in there so that if somebody is reading it online and you want to go look at the specifics, who the 17 members are, you can leap over to the website. And then just told the readers here's what you're going to see in the report and just laid it out.

Any other ideas on the introduction or anything else that I need to include, or is everyone okay with that? Okay.

And then part of that was like in any state document when you talk about state programs, there's lots and lots of acronyms, and so we had a recommendation, a couple of recommendations to put the acronyms at the beginning of the report. And so there's advantages and disadvantages to that, but what I did was I put the list of acronyms in the report. We already found a couple, I had a duplicate for Public Housing Authority, and I've already fixed that.

We do have one that it's the same acronym that's used for two different meanings, Texas Administrative Code and the Technical Assistance Collaborative, so I tried not to use that acronym throughout the report. What I did was after that I spelled out the acronym the first time and then from then on just used the acronym so it wouldn't be so distracting to have to spell it out.

MR. IRVINE: Just a suggestion about the acronym table. As a user of services, I find it's really hard to navigate acronym soup, and I think it would be really cool if we could add someday, not necessarily as part of this report, but just as an informational tool, a third column that briefly describes what these things do and just make it available to the general public to help them navigate services.

MS. GREEN: It might also be helpful to insert Star+Plus which is the biggest Medicaid waiver. There is a reference to Community Based Alternatives, but that will go away as of September of this year.

MS. RICHARD: That's right. Thank you. Good catch.

Other thoughts on Section 1?

MS. BAGLEY: Terri, I read this this morning and I really didn't have any substantive comments, but I had a couple of little things that I found, and rather than spend time on that, I thought I'd just send that to you.

MS. RICHARD: Perfect. And I was going to let everyone know that what I would like for you to do, I thought we would kind of go through and have some discussion, but then I would like for you to give me any other comments, feedback, and I'd like that by April 30. I'll send out a friendly reminder if you could get that back to me by April 30. We'll talk then after we go through it about the next steps of what we're going to do with the report.

So the second section, after we've said here's what it is -- I'm sorry -- the first section was the introduction, and then we went into what is service-enriched housing, and so I took the council's definition,

I also looked at supportive housing is used a lot, so I put some examples in there of how the definition that you all are using as a council is similar and has some overlap. So we looked at the SAMHSA evidence-based practices kit and how they describe supportive housing, looked at permanent supportive housing for homeless populations, also the Governor's Committee for People with Disabilities, they also have a similar definition, so just trying to lay out what it is and the definitions.

I also mentioned in integration, and that is part of service-enriched housing is the integration part of it. And so that was sort of the goal of Section 2 is telling everybody what it is. Any other thoughts, suggestions for that section?

(No response.)

MS. RICHARD: I'm going to move on, so just stop me whenever you need to.

So the next one was, okay, why is it important, why do we need to know about service-enriched housing, why are we all here trying to increase state's efforts to expand service-enriched housing. So I wanted to use some stories and tell about real people. And then I also wanted to, some of the recommendation on the call was also about dollars.

So the goal for that section was to try to

talk about how it's important for people and their quality of life, it's also important for the nation, states, local communities to look at the fiscal side of service-enriched housing, how it is more advantageous, more fiscally -- you know, it costs less to serve people in the community. So trying to make the point that not only does it improve quality of life but, hey, it can also save money. So that was sort of the goal of that section.

Do you have a comment, Mike?

MR. GOODWIN: There were two things in that section -- I'm sorry but I didn't bring those pages because I'd already read them, and I thought I had brought it with some notations -- one, when you talked about costs, I didn't get the chance to go in and look and see what made up the lower number when you went from institutionalized to in the community, but are we confident that that is absolutely all-inclusive of rent, utilities, transportation, medications, food, everything that goes into maintenance?

MS. RICHARD: No, I don't think it is. If it's what I'm thinking of, it was 2010 Medicaid data, and Medicaid does not pay for room and board, so it was just Medicaid payments, and so it doesn't include room and board and those kinds of things.

MR. GOODWIN: A tenfold decrease just didn't sound right.

MS. RICHARD: It didn't. Okay.

MR. GOODWIN: And then the other one is when you were talking about the Texas rule on points for service-enriched housing in large and small properties, it seemed to be backwards. Wrong time to address it probably, if we're trying to not have concentrated properties with persons with disabilities or elderly, the percentage doubled when you went from a large to a small.

MS. RICHARD: Oh, the integrated rule, 18 percent for large.

MR. GOODWIN: And 36 for small, which as a percentage of the population does what we don't want to do under all of the federal lawsuits and everything, as far as concentration. You get less integrated when you concentrate.

MS. RICHARD: Other comments, thoughts on Section 3?

MS. GREEN: I have a comment about the personal stories. I really liked including those. I think it provides a face for the program. At the same time, I think some of the consumer comments oversimplified the process and kind of gave credit to a relocation contractor without recognizing that the

relocation contractor was funded by DADS, and the consumer said, Oh, the Center for Independent Living bought me furniture and paid for everything I needed. And again, I'd like that consumer voice, but I think it might be helpful to clarify at some point that the system is funded by DADS, that DADS pays for relocation contractors who provide intense case management. There are two transition grants that can help support consumers who are relocating, just so credit is given to those who deserve it. And I'm sure in the consumer side, if it was Coastal Bend Center on Independent Living, they were just kind of the conduit for these other benefits.

MS. RICHARD: And is that the TAS, Transition Assistance Services, you're talking about?

MS. GREEN: Well, chances are that person received those TAS which is managed by the managed care organization, and then TLC.

MS. RICHARD: TLC, okay.

MS. GREEN: But both of those are funded under Money Follows the Person, so maybe just another section in the Money Follows the Person, 3.2, just clarifying the supports.

MR. IRVINE: You know, that's actually really sort of the theme of this council, and that is to the consumer you want it to be as seamless as possible, but

in reality it is a patchwork.

MS. GREEN: It requires a lot of coordination behind the scenes.

MR. IRVINE: And I really think that perhaps a significant lead-in paragraph talking about that and say that the council believes that coordination among affected parts of this provider network are working beautifully together, as evidenced by these stories, would be useful.

MS. GRANBERRY: I think I like it better as a beginning paragraph than after you get past the stories, because once you've read the stories you're not going to look at that.

MS. RICHARD: Thank you. That's great feedback.

Any other comments on the stories, or any other thoughts? Do we have the right number of them, are they diverse enough?

MS. GREEN: Well, I think you did a nice job of providing a couple of scenarios where folks with primarily physical difficulties relocated, then you've got also somebody with intellectual and developmental disabilities, so I think that shows good balance. I did have one comment on page 10, the first full paragraph, last sentence, just clarification. The sentence reads

that the MFP program allows individuals to bypass the waiver interest list and enroll in a waiver once they've secured housing, but people can enroll in the waiver program at any time, and we don't want them to wait to apply for the waiver once they have housing because then they typically lose the housing, so the intent is to have those processes kind of running on parallel tracks.

MS. RICHARD: Okay. Appreciate that. And then maybe even I don't capture it all, Doni, if I can just touch base with you later to make sure I captured everything.

MR. ASHMAN: And then I've got to look at these numbers on page 10 also because I don't know -- and I guess I'll have to go back and look at Mathematica's report, if that's what that is, but we transition 200 people a month and this says 200 between January and June 2013.

MS. RICHARD: It was directly from that Mathematica report.

MR. ASHMAN: It may be an error.

And then the numbers have changed because of our enrollment, so the total of the grants is about $541 million and it's about $100 million in new money, so I'll give you some new numbers.

MS. RICHARD: Okay. Thank you, Steve,

appreciate that.

Any other thoughts on the importance of service-enriched housing?

MS. GREEN: Once Steve confirms those numbers, it might be helpful to just kind of build on the cost data on page 11 where you cite a savings of $16,282 annually. To the extent you can estimate cost savings for the people who have relocated, that might be compelling. And that may be specific to folks with mental illness, I'm not sure, so you may not be able to run the numbers that way.

And, Steve, is DADS collecting data on the number of MFP consumers with mental health issues?

MR. ASHMAN: No. The only ones we'd be doing that on are for the behavior health pilot.

MS. RICHARD: So then the next section I really tried to just capture activities to date, so tried to summarize those, and again, I laid it out according to the statute, so trying to look at activities as they relate to the statute directive. We talk about the Qualified Allocation Plan, the integrated housing rules, talked about some changes in the 2014 Qualified Allocation Plan that's directly related to policy, developing and implementing policy. Looked at the Project Access Program and how we're working with our

health and human services partners in the Project Access Program.

Included the capacity-building initiative, Steve, I included that from some documents you gave me before. And talking about limitations on funding, so I included in here the Section 811 for 2013 rental assistance, and then I don't think I knew at the time about the 2013 Section 811, so we talked about putting that in there, if we want to add that we are applying for the next round of Section 811. Then also talked about the DSRIP, Delivery System Redesign Incentive Payment. So really just trying to pull together activities that were related to housing and services that occurred over the last several years since the creation of the council.

I really tried to put a little bit of a bigger picture on the activities that have occurred, more of a statewide -- that was my attempt, anyway. Summarizing the 83rd Legislative Session infusion of additional funds for several for the state agencies. Talked about Housing and Services Partnership Academy.

MR. IRVINE: In terms of the funding for all the different agencies, I know it's all different kinds of funding, but would it be desirable, and if it would, would it be feasible to have a roll-up number? You know, the State of Texas appropriate X dollars to address this

universe of challenges. Anybody have thoughts on that?

MS. GREEN: I think to the extent you can include cost data, it makes a really compelling argument.

MS. BARNARD: Would you also include the number of persons served, or is that going to be even harder to collect?

MR. IRVINE: I think that would be way harder to collect because they're not served on a uniform basis. I mean, providing housing and providing certain services can be very much apples to oranges.

MS. GREEN: And I meant to say cost savings, because I think including the total investment is helpful, but if you can come up with some solid estimates of cost savings.

MS. RICHARD: Okay. I'll see what I can do about that.

So also talked about looking at the different opportunities that we have for cross-education and interagency/intra-agency efforts. Talked about the State Independent Living Council, the Community Resource Coordination group, the Reentry Task Force, Promoting Independence Advisory Council -- that most of us will be attending tomorrow too -- so really trying to talk about all of those kinds of committee meetings or councils are opportunities for us to cross-educate one another and

share information.

MS. GREEN: I'd love to see the Area Agencies on Aging included. They're not state-staffed, they're contractors, but benefits counseling is a required service of the Area Agencies on Aging, and one of the most common needs among benefits counseling consumers is affordable housing, and there's a very comprehensive curriculum that's been developed for benefits counseling certification but it does not include any housing content, and most of the staff do not feel equipped to provide consumers the kind of housing information that they need.

MS. RICHARD: So help me, Doni, would that be as --

MS. GREEN: It would be separate.

MS. RICHARD: -- activity to date, or is that more of a recommendation?

MS. GREEN: Under 4.5 where you've identified several entities that may be interested in training.

MS. RICHARD: Okay, great. Thank you. I'll add that.

Anything else on the activities to date, additions, comments?

(No response.)

MS. RICHARD: Okay. Well, I'll move right

along to the recommendations, Section 5. As I mentioned, I took the recommendations that we put together that came out of the work groups. So we start with describing how we got to the recommendations, so I put in a little bit of information about the process of how we did that, and then public input that we received getting there. And then started with, again, laid it out by statute, so looking at developing and implementing policies.

We talked about the Qualified Allocation Plan that came up on the work group that not very many people with disabilities or advocates for people with disabilities participate in that process. There was a comment by one of the callers that it was because it's difficult and complex and we need to simplify it, so one of the recommendations is maybe look at some other states' qualified allocation plans, looking at ways that we can streamline and make ours a little less complex.

Then also, incentivizing developers, so there were a number of recommendations about how to increase points for developing service-enriched housing, so I laid those out. And then went on to pursuing additional funding, we talked about that, and there were a number of resources.

The Section 202 housing, I think, Paula, that was one of your comments on the call was let's not just

look at Section 811 but what other funding sources are out there to kind of keep our eyes open and look at other opportunities. So additional vouchers for veterans, the HUD VASH, Veterans Administration Supportive Housing vouchers, I know Texas was awarded a number of new vouchers for that. We mentioned DSHS rental assistance program. So we mentioned a number of opportunities there.

And I know we have Carmen here to talk about the Home and Community-Health Program, continuing to work closely with DSHS on the rental assistance program. So just kind of walked through the opportunities that we have. Continue to encourage public housing authorities and DADS to join the Aging and Disability Resource Centers, so DADS look to expand the Aging and Disability Resource Centers. I know at one point I went and looked at all the websites and I think of the 14 there were only two of the website where I couldn't find anything about housing, but most all of the others had links or mentioned their public housing authorities that they work with. So ways that we might be able to encourage that.

And then continue with the capacity-building initiative. That's going to continue. Is that right, Steve? I think it was one of the recommendations to continue that capacity-building initiative. Is that

going to continue?

MR. ASHMAN: Yes. They've moved on to Arkansas. You guys would know better than me, but I think there are eight regions in the HUD region, so they're hitting some of the other ones, but they left it open for us to go another round.

MS. RICHARD: Okay, great. I did include that in here as a recommendation to continue that, so if you want to look over that part of the report.

MS. GREEN: But in terms of funding for ADRCs, funding has been made available to all to work on housing issues.

MR. ASHMAN: Yes. We were approved, we had a pilot where four ADRCs acted as housing navigators for us. Based on the success of that program, we received funding for 23 ADRCs to hire housing navigator staff, about $1.175 million through 2016.

(General talking and laughter.)

MS. RICHARD: So then I went through to continue the efforts that we are on the interagency work groups, and then also put in there that we're going to continue to look at the performance measures, like we talked about, developing performance measures. We talked about that at the last council meeting, working towards developing those. And then just did a real short

summary, basically, you know, we've come a long way, there's still more work to do, and kind of ended at that. And of course, I'll have a table of contents, executive summary and references, I just gave you the bulk of it.

Other thoughts, comments, anything else?

MR. IRVINE: Nice work.

MS. RICHARD: Okay. Well, great.

MS. GRANBERRY: I do think Doni is right, as much cost data as you can put and as much return on their investment as you can put. The number that the state spends is large, but what are they getting out of that in return, and not only how many people are served but how much are we saving in future costs, that number gets very large very quickly and makes a difference.

MS. RICHARD: Sure. That last number that you gave me, Steve, I think was about 30,000 people would have moved thought the MFP program since 2001. Would there be some data that we could get to talk about?

MR. ASHMAN: And I didn't get our questions in. It was 46,000.

MS. RICHARD: Oh, 46,000. I'm sorry. You just sent me that new number.

MR. ASHMAN: It was 46,411, but we just say over 45,000.

MS. RICHARD: Okay.

MS. GREEN: And DADS has good estimates of cost savings through the waiver.

MS. MARGESON: Is that since the initiation of Money Follows the Person?

MR. ASHMAN: Well, I'm sorry, say that again.

MS. MARGESON: I said is that since the initiation of Money Follows the Person.?

MR. ASHMAN: Yes, that since September 1, 2001. And the only thing I can say about the cost savings is what we published in our LAR or our budget and we identify what the average monthly cost is for a nursing facility versus the various waivers.

MS. GREEN: So you don't necessarily track it on a consumer basis for MFP.

MR. ASHMAN: We just use the average cost.

MS. GREEN: But even so, those are good numbers.

MS. RICHARD: And I don't think I had a chance to put that in this rough draft, but I went to the DADS Blue Book, and that's where I saw the average cost.

MR. ASHMAN: That's where I would go also.

MS. RICHARD: Okay. And I had planned to put that in here. It has the average cost to serve someone in a nursing home versus serving them in a home health situation. However, I don't know how much I could get it

broken down back to Mike's comment, what all does that include. It's what Medicaid pays, and so that will be a challenge.

MR. ASHMAN: You're right, because when we look at it, we don't look at the acute care side. When we look at waiver services and the average cost, that isn't taking into consideration the acute care and family practice, things like that, it's just the waiver services, it's not total Medicaid cost.

MS. RICHARD: Right, and I don't think it does in nursing home either, folks that have to go out and see their doctors or physical therapists.

MS. GREEN: Especially if they're dual eligible, because all of that would be charged to Medicare, as opposed to Medicaid.

MS. RICHARD: Right. So it is just Medicaid dollars. But I'll see what I can do to try to include what those costs would include or not include.

MR. GOODWIN: On the back side of that, that's encouraging because we're really talking about saving state dollars, as opposed to overall, and that's key for what we're trying to get is look and saving the state money here so spend some more there.

MS. RICHARD: Yes. For Medicaid, what we get 60 cents federal match, so it would be 40 percent state

dollars for each one of those individuals that we are saving dollars on.

Okay. I'll see what I can do to get some more numbers. I love to look at numbers.

Okay. Other thoughts, comments? I hadn't planned to do pictures and things like that throughout this document. Is everyone okay? Okay. We'll just try to keep it succinct and cogent.

MS. MARGESON: Clear, concise and cogent.

MS. RICHARD: Thank you. The three Cs: clear, concise and cogent. I like that.

MR. GOODWIN: If you're dealing with legislators, they want pictures.

(General laughter.)

MR. IRVINE: Anybody have any comment, chime in. Ready for the next one?

MS. RICHARD: I think so.

MR. IRVINE: Before you go on, does everybody have this in Word.

MS. RICHARD: Yes.

MR. IRVINE: So if you've got edits, just use track changes.

MS. RICHARD: That would be great, and April 30 -- and I'll follow up -- April 30 would be great. And the next step was to do an online discussion forum.

We'll post the plan, and then we do plan to have a public hearing, and that's going to be May-ish, sometime in May. And then we'll bring back the final draft.

MR. IRVINE: And I want to point out, I was trying to be prudent with our finances and not go around having a lot of, frankly, not particularly well attended public hearings around the state. I really find that we generate a lot more discussion and input with online forums. It's certainly been the case with our rule development. But if there is ever any significant group of interest that would like to have a public hearing in their area, just let us know.

MS. MARGESON: Where is the one that we will have?

MR. IRVINE: In Austin. Next?

MS. RICHARD: DSHS Housing Grant discussion, and I know that Melissa is filling in for Anna. Appreciate you coming and talking to us about that.

MR. IRVINE: Come on up where we can hear you.

MS. DOUGHERTY: Carissa Dougherty, and I am representing Anna Sonenthal, who is not here. We both work for Adult Mental Health Services, and I just have a brief update for her rental assistance program. And it looks like there were 19 local mental health authorities, and in addition NorthSTAR, that were awarded the

supportive housing dollars, which was $12 million over the biennium. And as of February number, which the date is locked for us, 786 individuals have received rental subsidies, 660 from the local mental health authorities, and then 126 from NorthSTAR area, and as of today we're on track to spend all of the obligated funds.

I'm also here to just give a brief heads-up. The Department of State Health Services is interested in pursuing the next funding award stream for the cooperative agreement to benefit homeless individuals at the state level -- that's through SAMHSA. The funding for this fiscal year, the application was due on the 14th, and so when we first became aware of it and were interested in it -- and there was actually community interest as well, stakeholders were contacting us -- we didn't feel that we had enough time to really do the proposal justice, and we wanted to get stakeholder feedback. So we are planning to take this next year to really develop and hone in a really good proposal.

And so the funding, at its essence, is for services, 15 percent is dedicated to building and enhancing state infrastructure related to serving the chronically homeless population, and that includes veterans and non-veterans with disabilities, mental health, substance abuse or co-occurring disorders, and

then 85 percent is dedicated to actual service delivery. And so SAMHSA is really looking at that permanent supportive housing model and pairing enhancing behavioral health services and pretty much wraparound services, including integrated medical, peer support services to help someone move directly into housing and stay stabilized.

And so the target population really is looking at those who aren't already eligible for existing services, so that would get at those folks who are veterans who don't qualify for VASH housing subsidy and really targeting that population of chronically homeless individuals.

MR. IRVINE: Just curious, do you coordinate at all with our HHSP providers or continuum of care on those issues?

MS. DOUGHERTY: Yes. I'm unfamiliar with HHSP.

MR. IRVINE: HHSP is something that's funded with State GR dollars, it's the Homeless Housing Services Program. It is a program that is currently administered in the eight largest cities in Texas, and it's really very flexible funding that allows those large cities to develop what they think is the optimal approach for addressing issues in their communities.

MS. DOUGHERTY: Okay, great. And I am familiar with the continuum of care, and we will definitely reach out to Texas Homeless Network across the state.

MS. GRANBERRY: They not only have them across the state, but they have contact with the development community.

MS. DOUGHERTY: Yes. That's great. And then we've gotten on TICH's next meeting to talk to them about it because they'll be an integral part of this proposal.

MR. IRVINE: We also are really working kind of around the edges, trying to get our community action agency network, which, of course, is statewide, to relate more to the continuum of care and the addressing of homelessness issues, because ultimately having one statewide network that is supporting things is in everybody's best interests.

MS. DOUGHERTY: And so hopefully some of these dollars might help with that effort.

MS. GRANBERRY: At the state level, how much can you apply for?

MS. DOUGHERTY: It's a maximum of $1.2 million over three years.

MS. GRANBERRY: Because we have one that is just expiring that was $350,000 a year for five years

with that SAMHSA grant.

MR. IRVINE: Great. Thanks.

MS. BLISS: I'm not sure how much you guys are familiar with the Home and Community Based Services - Adult Mental Health Program. I believe that Dena has probably already been here to kind of give you an overview of what our plans are and that I'm here to give you guys an update.

MS. RICHARD: Carmen, actually, Dena has not been here, so you might give a short little overview.

MS. BLISS: So basically, we've identified that there is a small population that are in the state hospitals right now that don't need meet clinical criteria for being in the state hospitals, they don't have psychiatric crisis or any mental health need that can't be better served in the community, but for various reasons they have ended up living in a state hospital or institution for years, sometimes even decades. So how we provide the services, what services do they need to be supported in the community and have successful tenure in the community in the location or housing that they choose.

So we've written a state plan amendment and submitted that to CMS so that the services provide a transition from state hospital to long-term tenure where

they choose to reside. It will be a statewide, obviously it's a state plan amendment. We'll be contracting for providers through an open enrollment process.

The population that we're targeting obviously are adults. What we've noticed so far is a lot of times these individuals have a history of chronic homelessness, traditionally have less community supports or family supports than individuals who have mental illness in general, and then oftentimes have cognitive issues, such as dementia or traumatic brain injury, those types of things. So definitely some complex challenges and needs that need to be addressed for this population which is exactly why they haven't gotten out of the hospital thus far. So that's basically the broad overview.

So what will happen is there will be an independent assessment once somebody is identified meeting our target population. There will be an independent assessment. We're going to be using the Adult Needs and Strengths Assessment, as well as expanding upon that, but basically that is the foundation that assesses for the needs and strengths of the individual. Some of the benefits of that are that same assessment tool that's being used in the outpatient mental health system. It's able to not only assess for needs but really identify strengths. It's those

strengths that keep people in recovery, transition them from the hospital and keep them in the community long term and start building those connections.

The Adult Needs and Strengths Assessment, the ANSA, is also able to identify outcomes, so eventually the program is up and running, we can look at building those strengths, we can look at the decrease of needs and all those things as well, so an additional financial benefit. We can look at the clinical benefit of the population we serve as well.

MS. MARGESON: In a previous presentation we learned that 85 percent of the population in the state hospitals have criminal backgrounds.

MS. BLISS: I don't know the current numbers on that, but there is a significant portion for the population that meet our initial criteria who are on forensic commitments. So depending on who you talk to, there is an involved process to get people off of their forensic commitments or have their criminal charges dropped in order to successfully get housing in the community or be discharged from the hospital or discharged from charges.

MS. MARGESON: So that wouldn't automatically disqualify them then?

MS. BLISS: From our program? No, it would

not. Right now we're trying to determine, because of how involved that process is, and some of the challenges existing, not just for our program, but in general there are some nuances to every community and approaches to people's criminal charges or what kind of crime they committed in the past, and judges' or communities' perception of their readiness for life in the community.

So we're hoping that with our program we can go to the judge and say: We have those supports, they're ready to be transitioned, and to the best of our ability we'll help them transition into the community and work with discharge planners at the hospital and community without keeping the person committed to our program, it still has to be voluntary. So there are some challenges associated with that; we're trying to work through that right now, but they're not excluded outright from the beginning.

MR. ASHMAN: It could affect their ability to get subsidized housing with that criminal background.

MS. BLISS: Yes, absolutely.

MR. ASHMAN: And I know that some of the local mental health authorities have done a pretty good job of working with private landlords and securing housing under reasonable accommodation for the SMI population, and they've done a good job of that.

MS. BLISS: Absolutely. And we anticipate that some of our provider agencies will be local mental health authorities and some of them may be that HCS waiver providers and see if they would be interested in expanding a line of business. But regardless, I think they're going to have to work very hand in hand with the local mental health authority that have experience with specifically these challenges.

Additionally, we're looking towards using some of the dollars that we were allocated for this biennium to see what we can do to help with that housing piece, because the Home and Community-Based Services - Adult Mental Health is the name of our program, and this is looking at the H of that, addressing the home. Again, that's one of the biggest challenges for getting people out of the hospital is they don't have housing or they have challenges such as that to getting back into the community. So we're working on exploring opportunities to purchase housing or expand existing capacity, and maybe take into consideration reducing some of those barriers and working directly with landlords, because their screening tools that screen some of these guys are played out of housing.

So looking at after the assessment occurs and based on the assessment we'd be able to identify an

individual recovery plan using a person-centered recovery planning. We're working with UT School of Social Work and the VIA Hope to look at some online training to become available for persons that are in recovery planning. Through VIA Hope and the work they've already done with that, they were able to look at Austin State Hospital, who is part of their learning community, and some of their success of getting people, the long-term residents of the hospital out of the hospital is actually doing person-centered recovery planning according to the evidence-based practice model.

And so we can try to integrate that into the system from the beginning before we exist by making that training available if that's what we want to do. Other than that, training online would be available to maybe potentially other partners or other state agencies as well who are also doing person-centered recovery planning or have been charged to do that.

So then, once the person has an individual recovery plan, services could be provided. Some of those services will be provided while they're in the state hospital, so peer support. Our flavor of case management is called recovery management, it's more than an intense case management model, to be start provided inside the hospital using general revenue dollars, so that the

recovery manager and that person can start building rapport and their relationship with the individual while they're there.

And instead of just a warm handoff from the hospital to the community, it's the same person who has been helping along the way and the person will have maybe less anxiety to get out of the hospital, the long-term institutionalization, all the things and thoughts and feelings that go along with that transition.

So some of the services that we've submitted for the sate plan amendment: adaptive aids, residential assistant services, psychiatric supports and treatment, peer support, employment assistance, home-delivered meals, minor home modifications, nursing, recovery management, rehabilitation services, short-term respite care, substance use disorder services, transition assistance, flexible funds, and transportation services.

So we've also been getting some guidance from CMS, a final rule regarding settings for 1915(I). I don't know how familiar you guys are with those but I'll go over those briefly. Basically, it is that the setting must be integrated in full support and access of the greater community, be selected by the individual, ensure the individual has rights to privacy, dignity and respect and freedom from coercion, optimize autonomy and

independence in making life choices, and facilitate choices regarding services and who provides them.

The individual must be able to have a lease and legally enforceable agreement. They must have privacy, be able to lock their doors, a choice of roommate, control their own schedule, including access to food at any time, they must be able to have visitors at any time, and the setting must be physically accessible.

So CMS supplied this guidance and it's not going to be that much of a challenge for that. Since we're currently writing our state plan, we can write that into it and make sure we meet those requirements right now. Much less of a challenge for those who already have a 1915(I) program up and running.

MS. MARGESON: So that's requirements for what? What specifically falls under those stipulations?

MS. BLISS: For the provider-owned settings, so the individual has to be able to basically have full independence and not have any sort of semblance of being in an institution, even though it's in the community. So it also can't be adjacent to or on the grounds of an institution, must be fully integrated to the greatest extent possible in the community.

MS. MARGESON: So would this be like for assisted living providers?

MS. BLISS: Yes.

MS. MARGESON: Pretty cool. Where can I find that?

MS. BLISS: I wrote that down but then I did not, I typed it in here but didn't write it down. I believe it's www.medicaid.gov/hcbs, and then it's the CMS guidance on the final rule for settings.

MS. RICHARD: And I have that. I included some of that language in the biennial plan too.

And, Carmen, I have a question about residential assistance. You mentioned, related to housing, home and community-based services, those are providers that provide group homes, and so the residential assistance component of this service, is that going to be something like that. Are group homes going to be something that will be an option?

MS. BLISS: Yes. The setting that's provided is the services that we provide at each setting, so some of the individuals may choose to live in a group home, and if they choose to live in a group home, they can also live in their own home. So depending on what the residents need clinically, those services may be provided.

MS. RICHARD: So their individual recovery plan is going to have whether they have a home to go back

to, whether they need a Section 8 voucher, maybe project access, so they're going to be really looking to coordinate their housing.

MS. BLISS: Yes.

MR. GOODWIN: Just one comment from the landlord standpoint, and we've beaten this to death over the last three years, probably. But one of the things that would help break down barriers is some form or ability of a hold harmless provision so that if I, as a landlord, took one of your clients with the knowledge that they had a chronic mental illness or that they had come from an institution and had had a criminal background -- and the only way you're going to get rid of that is expunge it, you're not going to get it just by dropping the charges, unless it's expunged from all records -- under current conditions I will absolutely guarantee if one of your clients falls off the wagon and harms a resident or anybody in the area, the landlord is going to be at the top of the list of people who get sued because I knowingly put that person into my property and I didn't warn everybody -- which you can't do -- and so the person living next door had no knowledge that I had a person who was drug-dependent, committed aggravated assault and spent three years in a mental institution.

That's putting it horribly, but you would get

much more cooperation if there was something that says that the landlord takes this person under those conditions and whatever responsibility the landlord has for being aware meets those responsibilities and they could be held harmless in a civil case, if you will, of someone that commits an additional act.

MS. BLISS: So you guys have pounded that to death over the past three years. Is it written down anywhere that I could reference that?

MR. GOODWIN: No, but we've talked about why landlords -- in many cases in HUD programs, you cannot take a person that's had a drug history, and a person with violent assault, family violence or another one on the HUD list. So you have categories out there that the federal government says you can't do, and now we're coming in and saying there are conditions under which that ought to be done.

MS. MARGESON: Steve, did I understand you to say -- and I probably didn't -- that in situations like that, let's just say that someone has a felony and they're excluded from a HUD project, but did you say that a landlord could waive that exclusion, or did I misunderstand that?

MR. ASHMAN: I'm going to be dangerous, but there's only three automatic barriers for criminal

backgrounds. Any more stringent requirements are requirements that the landlord has placed on as part of that property that they enforce for every tenant in there. There's only three automatic barriers that you cannot provide housing; the other ones the landlords have some flexibility on whether or not they can waive or change that occupancy rule.

MS. GREEN: So the three?

MR. ASHMAN: Manufacture of methamphetamine --

FEMALE VOICE: Arson?

MR. ASHMAN: I didn't think arson was one of them, you'd think it would be. Sex offenders, and sale and distribution of drugs, I think.

MS. MARGESON: What's the third one?

MR. ASHMAN: That was three. Manufacturing.

FEMALE VOICE: Is that for recent past related to selling substances? Because most have tenant selection plans where they include some area to advocate for that person if they have a substance abuse history. So I think HUD has also issued recent guidance to local public housing authorities to take a second look at their criminal background checks in terms of the homeless population they're serving and trying to include utilization of Section 8 and other housing opportunities, but it's been unclear.

And especially given the for-profit landlord/owner, they still have rights to kind of set their own criteria, and as long as they're posting that criteria in a public place and making it available to people.

MR. IRVINE: I'd like for Megan to maybe weigh in on this.

MS. SYLVESTER: Well, I think it's more complicated than what we're saying. There's all different kinds of funding from HUD, and so traditional public housing, bricks and mortar, have a lot more stringent requirements than a Section 8 voucher which the housing authority may have more leeway about who to give it to, and yet there's other types of funding where HUD contracts directly with private landlords and they have similar, yet different restrictions about how long an offense had to take place whether somebody is eligible to live in that apartment complex.

So I think it's very property-specific, and I really liked your point of that's why it's so important to have somebody work with a local entity who knows the players involved and can kind of negotiate that route for the consumer.

MR. IRVINE: And I would also point out the scenario where there isn't a lot of safety and there

isn't a lot of clarity, and increasingly I think we are seeing people resort to causes of action that relate to things like disparate treatment or disparate impact, so you need to be really careful about how you apply those types of screening tools, especially against protected classes.

MS. SYLVESTER: It's definitely an evolving area of law, but there are some hard and fast offenses out there, depending on the type of funding stream, that aren't waiveable. It would take congressional action.

MS. MARGESON: I'm always hearing that if someone has a felony, they can't get housing, period.

MR. GOODWIN: That's a landlord -- HUD discourages it but they leave it to the discretion of the landlord because the range of felonies are such that are you talking about murder or are you talking about getting in a fistfight.

MS. MARGESON: Or even in Texas, possession is a felony. It's not in a lot of states, but here it is. Let alone selling and making, just possession.

MR. GOODWIN: So anyway, the whole point were if there were some way that a landlord who participates in your program could have some degree of protection as long as they held up their part of the bargain. It will take a while to break down the barriers, I guarantee you,

and here we go to discrimination, but if I have two candidates and one apartment, I guarantee you which one I'm going to take.

MS. MARGESON: Even if that felony had occurred, say, ten years ago, you'd still feel that way?

MR. GOODWIN: If you had somebody with a good rental history and clean record, a great credit history, and someone who had a ten-year-old felony that's iffy on credit, your screening criteria allows you to reject on that deal. It is what it is.

MS. MARGESON: That's why we set people up for reoccurring -- but that's another debate.

MS. BLISS: So if you guys are ready, I'll go ahead and talk about the achievements or updates that we've had thus far. So we were able to publish the rules in the Texas Administrative Code that became effective April 3. Like I said, we submitted the draft state plan and then went to CMS, and are hopefully having a meeting with them in early April. That keeps getting pushed back which that, of course, pushes back the approval of the state plan amendment which then pushes back the implementation of the program. But as soon as we can get that approval, we're going to be up and running through open enrollment for providers to have them ready from day one as well.

And like I said, as well, doing some of the background stuff to get people trained in the person-centered recovery planning, having that available as well for our provider agencies from day one. I've already mentioned we're trying to explore the feasibility of working with maybe the community collaborative projects to leverage those existing contracts to expand capacity specifically for our population and dealing with some of those criminal issues or criminal background barriers.

And then also work with HHSC as far as making sure that people are not dually enrolled in home and community-based service programs. Developing a statewide agency agreement with Social Security Administration. They have agreements already with some state players like TDJD -- no, I'm sorry, the other one, the adult population one -- to work with DSHS so that people have been in a state hospital, regardless of whether or not they end up in our program or not, that have been in a state hospital and have lost their eligibility or lost their benefits, can have an expedited process so the date they set foot outside the state hospital, then they'll have access to Medicaid and their Social Security benefits which is another barrier, as well as to be able to afford housing.

I already mentioned the person-centered

recovery planning.

Next steps are, as I mentioned, the approval for the state plan amendment, contracting with provider agencies, and then enrolling individuals in the program. So we want to be really careful that the people we enroll first while the program is in its infancy stages of implementation are the people that are most apt to be successful in the community. We don't want to reinforce that people can't be successful, especially for the individual to go out and say you can do this, and then they go out and have a failed placement. So working very hard to identify those individuals and identify the best providers for them. So those are the next big steps.

So does anybody have any questions?

(No response.)

MS. BLISS: All right. Thanks.

MR. IRVINE: Thanks. That's great.

MS. RICHARD: Thanks, we appreciate that.

I just realized that I skipped over an agenda item. I apologize, Tim.

MR. IRVINE: That's why I was going like that.

MS. RICHARD: I'm sorry. That went right over the top of my head. I apologize.

MR. IRVINE: I was making a sign as if I were filming something.

(General laughter.)

MS. RICHARD: I didn't get that. I'm sorry. I was supposed to give an update on the video project. We did talk about at the last meeting, developing a video or several videos that we were going to use as the Technical Assistance Collaborative, the training materials that they developed for us. We also talked about, and I want to make sure you all realize, we did talk about using those materials in a number of ways, including webinars, and I know, Doni, in particular, face-to-face. But we did move forward with looking at creating some videos, so we're in the process.

We've reached out to the University of Texas, their Department of Radio, Television and Film and we've provided them a scope of work and what we want, and we're in the process of working with them. They've sent us back and estimate, and so we have maybe some additional funds. We're going back to them to finalize that budget, but if it's similar to what they've submitted so far, we may have some additional funds.

And so we also wanted to tell you just a little bit about a couple of things that we might embark on if we have some additional funding available, and one of those was to look at, also contracting with the university, to analyze the 2-1-1 data and the online

clearinghouse. I think most of you are familiar. I know Kate has talked a lot about that online clearinghouse. It was a new feature that was on 2-1-1.

So we're looking at to maybe get some statistical gurus to look at some of that data to identify needs, people that are accessing the online clearinghouse or that are calling 2-1-1, but they're looking for programs that maybe funded by TDHCA and how we might could analyze that data and see if there's a need, and maybe we could do some additional outreach. So our people using the online clearinghouse maybe they're calling because they don't know it's on the web, so looking at doing a project like that.

And then the other potential was to contract with someone to help develop performance measures. We talked about that also at the last meeting, and developing performance measures, so perhaps contracting with someone also who could talk to all of us individually. I did get Form H from Anna. It's a pretty big document, so there's a lot of data that's collected, so looking at maybe having someone with some expertise in developing performance measures and a way to help us track that.

So a couple of opportunities that we might use if we happen to have some additional funds left over, but

I'll keep you updated on the video project.

And I did talk with one of our council members who was not able to make it today and asked him if he would like to be interviewed, so we want to have some of the videos, some face-to-face and interviewing some folks in their homes, and he was willing to participate. I might look to some of you sitting around the table to also be interviewed, particularly one of the first videos we were going to work on is about the council and about service-enriched housing and about the work that you're doing, so might want to just tap a few of you to be willing to become a movie star on these new videos.

MR. GOODWIN: Are you going to write the script for us?

(General laughter.)

MS. YEVICH: This is Elizabeth Yevich with TDHCA, and all of this is going to be happening very, very quickly. We have to move very quickly with UT and the contract because it all has to be done by the end of August. So yes, scripts have to be written, interviews have to be done, locations have to be done, all the videos have to be done. First we have to nail down this contract, see where we are, so Terri is really going to be working on this but it's really going to take up a lot of the next couple of months, so I'm glad the biennial

plan is getting really close and everybody is pleased with that.

And again, if we have additional funding, we're probably going to move forward very, very quickly with one or two of the other projects she proposed, and again, all of that has to be contracted, obligated, as we know, by the end of these dates.

MS. MARGESON: Are the performance measures for the council or for the plan?

MS. RICHARD: For the council.

MS. MARGESON: That's what I thought.

MR. GOODWIN: Can I ask, again, one of my stupid questions? Tim, has your agency seen any movement, increase, decrease, enthusiasm or new people coming in with the service-enriched housing components that you're using in the QAP, that they're readily accepting it? Do you all have a feel for that?

MR. IRVINE: Well, service-enriched housing, as defined, is a really broad spectrum and under a liberal interpretation, using the council's prepared definition, virtually all of our tax credit housing qualifies as service-enriched housing because it all has accessible units and provides for services.

As for the developments that are really targeting specific populations that require more intense

work, no, I'm not seeing a real increase in the number of people interested in that. There are a couple of just very mission-driven developers that do a fair amount of that type of work, but it requires somebody, A, who is, as I said, mission-driven, and B, it really requires somebody who is a sophisticated fundraiser who can put together a structure that's basically debt-free.

MS. GREEN: It's interesting, though, because I have developers that approach me over the years to write letters of support, and I'm happy to do that, and it seems like within the last one to two years those requests have increased probably fivefold within our region, and so I don't know if that's unique to the region, or maybe that's the result of the housing navigator reaching out and engaging developers. At a statewide level you're not seeing any significant increases in applications?

MR. IRVINE: Not really. I mean, just a few moments on the dynamics that we're seeing in the Qualified Allocation Plan and the types of activity that it's really generating. Under the remedial order in some federal court litigation in the Dallas area, we are required to develop a QAP, and we're operating under such a QAP right now, that provides significant incentives to develop what we characterize as higher opportunity areas,

areas with lower poverty rates, higher incomes, higher quality schools, and because of the federal Fair Housing implications of this litigation, we're applying those criteria throughout the state. So that's really the focus, frankly, right now. We're seeing a lot more applications that fit those parameters.

MS. GREEN: Because our requests are coming in Collin and Denton County which wouldn't qualify under those criteria.

MR. IRVINE: There is generally going to be within virtually every county a census tract or two that will meet the criteria.

MS. GREEN: Okay.

MS. SYLVESTER: I will say we've also had a focus that there are some areas of our state that for many years more elderly applications were successful and over a period of time that resulted in perhaps disproportionately serving the elderly population, and so we've made revisions to our QAP this year to encourage more general population type deals.

MS. GREEN: And so would those general populations be available to older folks?

MS. SYLVESTER: Absolutely.

MS. GREEN: It wouldn't exclude, it would just be for all.

MS. SYLVESTER: Right. And those are required to be accessible as well.

MR. GOODWIN: It's a tough nut to crack. We have a project in downtown San Antonio that was one of the first credit deals, and it's ideally, if you look at the program, this is the perfect project, but fiscally it flat doesn't work because of the income restrictions. You're not going to get the young urbanites moving into this property because they make too much money, and there's really no grocery stores so they're not mobile, but the only people that really qualify are the service staffs of the River Walk restaurants. So it looks good and it qualifies out the kazoo for credits, but the sighting of it is kind of doomed. We had two or three in San Antonio that had that happen to them.

The City of Boerne essentially just ran off a tax credit project about two weeks ago. There was a gent wanting to put up a tax credit project, and it was we're not going to have low income housing in our area.

MS. GREEN: City of Plano, City of Flower Mound, they do that too.

MR. GOODWIN: And it sits right across from the new sewer plant, but Boerne is a higher end community and the citizens said we don't want low income housing concentrated. Tough fight.

MR. IRVINE: It is.

Are we ready for an update on 811?

MS. RICHARD: Kate was not able to make it today, so I'm going to pitch hit for Kate and just wanted to give you an update. As I mentioned, the Section 811, the 2012 which I know she's been here and told you we were awarded back in February of '13, but we continue to work with HUD, getting closer on the cooperative agreement, I think would be a fair statement. So we continue to work on that.

While we're continuing to work on that, they released 2013 funding, and so the 2013 grant opportunity, that was the reason Kate was not able to make it here because she is working on that grant application for 2013 funding. And what she asked to let you all know is that it's going to mirror the 2012, but with the exception that we'd like to expand it to four additional metropolitan statistical areas. So in 2012 it was seven MSAs, this would include four additional ones. What we're looking at currently is Corpus, Waco, Tyler and Amarillo. So we're in the process of moving that forward. That grant is due May 5, so she's working on that.

We are going to have a Disability Advisory Work Group, and I'm sorry I maybe confused some of you.

I copy the council members when I send out notices about the Disability Advisory Work Group just for your information in case anybody wants to participate in that, but she is going to be talking a little bit more about that grant application, and that's on April 24.

MS. MARGESON: And is it still going to target the same populations?

MS. RICHARD: Yes. Good question. Yes, the same target groups.

MS. MARGESON: I just want to go on record as saying that I understand why those populations are targeted, but understand that, you know, when you're in the disability community, we're struggling to keep people in housing and to get them out of their parents' homes or other less desirable living arrangements. You know, I k now that people in institutions are a priority, but also too, you know, I believe keeping people from ultimately becoming institutionalized because they have no other option is of equal concern, and there has to come a day when we make that a priority as well for these projects.

MS. GREEN: That's been a huge push in the Dallas-Fort Worth area. There's a group of 700 parents of children with disabilities, primarily autism, but broader disabilities, who they've been living with their parents and the parents are aging and becoming disabled,

and there's really nothing for the children.

MS. MARGESON: I would say at our office the most frequent request for assistance is some kind of affordable housing, and it's really the cornerstone of independent living, and if people don't have access to it, then they're not going to be able to be self-sufficient with an SSI kind of income. Sometimes we have to look at the mainstream of the community too.

MS. GREEN: And they're kind of being hit with a double whammy where the primary waivers have interest lists of up to 15 years, and so these are parents whose children don't qualify for any services, and they're just limping along and trying to create a permanency plan without the benefit of either services or housing, and it's a struggle.

MS. MARGESON: And the same kind of wait lists for just getting Section 8 rental assistance, there's years and years and years of wait. And so we're just telling people we would love to have a solution but we don't, you know, unless we can get people to go in and share housing some way, but what else can we tell them when they're receiving $721 a month. So there has to come a time, I think, when we really need to broaden that target population.

MR. ASHMAN: Paula, you do realize for the 811

program that Congress is the one that identifies who the program is for.

MS. MARGESON: No, I didn't realize that.

MR. ASHMAN: TDHCA has no flexibility on changing who can be housed in the 811 programs.

MS. MARGESON: Seriously? Well, I'm going to have to go to Congress then.

MS. RICHARD: For the grant funding?

MR. ASHMAN: The 811 program itself.

MR. GOODWIN: It's persons with mental disabilities or elderly. You did one or the other: you did mental disabilities in this property and you did elderly here.

MR. ASHMAN: The original 811.

MR. GOODWIN: And the law who 811 serves hasn't changed. They've changed and gone from sticks and bricks to the program we're under now, but I don't think they changed the basic law of the target population.

MS. MARGESON: So right now Congress has said it's people coming out of institutions and people with mental health.

MR. ASHMAN: Texas chose the target populations, but the target populations had to be in compliance with the HUD 811 program that Congress authorized. That program has always been for individuals

with intellectual disabilities or mental illness.

MS. MARGESON: Oh. I guess I thought it kind of was similar to the criteria for the 202s which was pretty wide open as far as having a substantial disability.

MR. ASHMAN: Yes, 202 is elderly and even have a term called near elderly.

MS. MARGESON: Well, and you know, you could go in on a 202 just for people with disabilities too.

MR. GOODWIN: But the 811 doesn't do that.

MS. MARGESON: I did not realize that.

MR. GOODWIN: That being said, it's the only thing we've got, as far as I'm concerned, for new Section 8.

MR. ASHMAN: But going back to Doni's comment about the Dallas Housing Authority and that permanent supportive housing organization, they've really been innovative. Dallas Housing Authority has made project-based Section 8s available to local property owners for these folks, and now they're looking at the possibility -- we'll find out more on May 15 -- of home ownership where a family member of the individual, family member probably, can own a home and have services brought into their own home.

MS. MARGESON: Wait. Elaborate on what you

mean.

MR. ASHMAN: Well, I don't know much more than that yet, I haven't seen the request for proposals.

MS. RICHARD: You're going to that meeting?

MR. ASHMAN: Yes. They're putting together some type of proposal for individuals/families that have adult children with disabilities where they can purchase a home and then they'd have the services brought in on their own, whether they're private pay or Medicaid waivers.

MS. GREEN: That's Robin Leah Grand.

MS. YEVICH: Robin Leah Grand. And two years ago when we took the biennial plan out for all the hearings, Robin and about 30 to 40 people showed up at the Dallas hearing to talk, which was actually very informative at that time.

MS. SYLVESTER: This is an allowable use of Section 8 to transfer into home ownership. Not a lot of public housing authorities have that in their plan to provide that service. It's primarily the larger housing authorities. But any housing authority that runs a Section 8 program could ask HUD to run that service.

MR. ASHMAN: And I think the top ten do have home ownership.

MS. MARGESON: But you're talking about

something different, aren't you? You're talking about something that would be owned and then two or three or four people with intellectual disabilities would live there and the services could be brought in.

MR. ASHMAN: That's possible. We don't know what it is yet, we don't know. And they have to be cautious because if they are acting as an HCS provider, they have to be licensed.

MS. GREEN: Well, they also have to avoid falling under the assisted living regulations with three or more unrelated individuals, so there would have to be a lot of controls.

MS. RICHARD: Any other questions about that?

MR. ASHMAN: One other. I was late on my assignment for the 811 program but it went out today and now it went out to some other folks in this room, so you need to read your email this afternoon.

MR. GOODWIN: Is the Texas departmental working group going to do this with the expertise they used last time, or are they going to convene another?

MS. RICHARD: Like the Section 811 team that they had?

MR. GOODWIN: Is that going to be reconstituted? The folks that finally put this together did a fabulous job.

MR. ASHMAN: I can't speak for TDHCA, but I didn't think so, because the work group was put together for the DADS 811 grant that we received, to develop the original application, and so we've gotten all that input. Now, I hadn't heard about any additional meetings of that group since we finished up on that application.

MS. RICHARD: I'm not aware of reconstituting that group, I think particularly just because we intend to just mirror what we've already done.

MR. GOODWIN: But within the state departments there was a group that did all the ground work.

MS. MARGESON: How long has 811 been in existence?

MS. SYLVESTER: Technically, the 811, to distinguish it from the old 811 program which just created housing, we call it the 811 PRA, and PRA technically isn't in existence yet, we have not signed a cooperative agreement with HUD. We were awarded those funds back in February of '13, and HUD did not give us any documents to review until November, and we reviewed them along with the twelve other states and we provided comments, and then HUD gave us what they were calling final versions back in early March.

MR. IRVINE: But how long was the previous iteration in place?

MR. GOODWIN: About '98 was when the 811s came in.

MS. MARGESON: See, it's time for a modification, I think.

MS. SYLVESTER: Actually, it was a demonstration project before that, like in '94, and then they had the first where anyone could apply, I think '98.

MR. GOODWIN: If it makes you feel any better, one of the problems with the 811 program is that you locked in your budget when you submitted your application and you didn't really get the project open for about 2-1/2 years because it was so laborious to get through HUD, and so you opened a project with 3-year-old budget and rent projections. So generally there was a nonprofit involved with mental health, if you did mental health, they had to go find money to supplement the operations for the first year because you weren't allowed to ask for a rent increase.

MS. MARGESON: They weren't allowed to ask for a rent increase?

MR. GOODWIN: No, even though everybody knew that you were upside down to start with.

MS. MARGESON: Sounds like typical HUD to me.

MR. IRVINE: The tradition continues.

(General laughter.)

MR. IRVINE: Well, we've clipped through the agenda in pretty good order, and we're meeting again July 9, I believe. Other than receiving your detailed input on the plan, anything else in particular you want staff to be doing or working on? We'll knock out a great plan and get it out there for a public discussion forum and have an Austin hearing.

MS. GRANBERRY: And the Austin hearing, is that something that you're going to want some of us to be at?

MR. IRVINE: I think everybody is always welcome, but it's not a command performance.

MS. GRANBERRY: Because I know the initial round of public hearings, you wanted several of us at each one.

MR. IRVINE: Okay. Well, thank you all so much. It's 11:37, and we are adjourned.

(Whereupon, at 11:37 a.m., the meeting was concluded.)

C E R T I F I C A T E

IN RE: Housing & Health Services Coordination Council meeting

LOCATION: Austin, Texas

DATE: April 16, 2014

I do hereby certify that the foregoing pages, numbers 1 through 63, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Nancy King before the Texas Department of Housing and Community Affairs.

04/23/2014

(Transcriber) (Date)

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