TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES COORDINATION COUNCIL

MEETING

Room 3501
Brown Heatly Building
4900 N. Lamar Boulevard
Austin, Texas

January 6, 2016
10:03 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair
DONI GREEN, Vice Chair
MARTHA BAGLEY
SUZANNE BARNARD
JUSTIN COLEMAN (by BRADLEY BAIRD)
DAVID DANENFELZER (by MICHAEL WILT)
REV. KENNETH DARDEN
RICHARD DE LOS SANTOS
ALLYSON EVANS
MICHAEL GOODWIN
MICHELLE MARTIN
ANNA SONENTHAL

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(512) 450-0342

I N D E X

P R O C E E D I N G S

MR. IRVINE: Good morning, everyone. Happy New Year.

My name is Tim Irvine. I'm with the Texas Department of Housing and Community Affairs. I'm just saying that because I see a few new faces in the room, and after we do roll call, we'll actually have introductions.

So roll call. Suzanne Barnard?

MS. BARNARD: Here.

MR. IRVINE: Richard De Los Santos?

MR. DE LOS SANTOS: Here.

MR. IRVINE: David Danenfelzer?

(No response.)

MR. IRVINE: Allyson Evans?

MS. EVANS: Here.

MR. IRVINE: Martha Bagley?

MS. BAGLEY: Here.

MR. IRVINE: Michelle Martin?

MS. MARTIN: Here.

MR. IRVINE: Anna Sonenthal?

MS. SONENTHAL: Here.

MR. IRVINE: Justin Coleman?

MR. BAIRD: Brad Baird for Justin Coleman.

MR. IRVINE: Doni Green?

MS. GREEN: Here.

MR. IRVINE: Mike Goodwin?

MR. GOODWIN: Here.

MR. IRVINE: Kenneth Darden?

(No response.)

MR. IRVINE: We have, apparently, a quorum, so we are in business.

Now let's have introductions and start the year knowing who we are.

MS. MARTIN: I'm Michelle Martin. I'm with DADS. This is my first meeting. I'm the director of the Center for Policy and Innovation at DADS.

MR. BAIRD: My name is Brad Baird. I'm with the Texas Veterans Commission. This is also my first meeting. I'm with government relations at the Veterans Commission and run the Texas Coordinating Council for Veterans Services.

MR. GOODWIN: My name is Mike Goodwin. I'm a governor appointee as the representative for developers. I live in Boerne, Texas.

MS. SONENTHAL: I'm Anna Sonenthal. I'm with Department of State Health Services in Adult Mental Health Program Services.

MS. CARDONA-BEILER: Good morning. My name is Darilyn Cardona-Beiler with Austin-Travis County Integral

Care, and I'm here to present on our project Housing First.

MS. SHILSON: Hi, everyone. My name is Kristin Shilson. I'm with DSHS, Home and Community Based Adult Mental Health Programs, and I'm here today to present on our program.

MS. RICHARD: And I'm Terri Richard, Texas Department of Housing and Community Affairs.

MS. GREEN: I'm Doni Green, Director of Aging for the North Central Texas Council of Governments in Arlington, and representing the Promoting Independence Advisory Committee.

MR. DE LOS SANTOS: My name is Richard De Los Santos. I'm with the Texas Department of Agriculture.

MS. BAGLEY: I'm Martha Bagley. I'm with DARS, Division for Blind Services.

MS. EVANS: I'm Allyson Evans, and I'm a policy analyst with the Medicaid Division at Health and Human Services.

MR. WILT: Michael Wilt, External Relations for the Texas State Affordable Housing Corporation, here on behalf of David Danenfelzer.

MS. BARNARD: Suzanne Barnard. I'm the director for the Community Development Block Grant Program at the Department of Agriculture.

MR. IRVINE: Let's go around the whole room.

MS. YOUNG: I'm Cacki Young with Foundation Communities.

MR. LITTLE: Michael Little, Chief of External Affairs for TDHCA.

MR. ECCLES: Beau Eccles, General Counsel, TDHCA.

MS. KEARNEY: Joy Kearney with DSHS, with the Home and Community Based Services Adult Mental Health Program, here to present today.

MS. LAVELLE: Tanya Lavelle with Easter Seals Central Texas.

MR. DURAN: Spencer Duran, 811 manager, TDHCA.

MR. IRVINE: Okay. Great. Who's on the phone?

MS. CARLTON; Belinda Carlton, Texas Council for Developmental Disabilities.

MS. OPOT: Kelly Opot with CSH.

MR. IRVINE: Anybody else?

MR. RAMOS: David Ramos with the Coastal Bend Area Agency on Aging, Aging and Disability Resource Center.

MR. IRVINE: Fantastic.

Before we jump in, just some ground rules. Got to have ground rules. This is a very collaborative,

freewheeling group and we assume that everybody is here because you've got interest and as a result, you probably have things to contribute, so we like contribution. But as you can see, we have a court reporter recording our activities, so if you're going to come up and participate, please just come on up to the table, have a seat so that you can be close enough to a microphone for her to pick it up and get you on the transcript. Also, when you speak, if you could say who you are and who you're representing. That way the court reporter can record everybody correctly. It's part of our commitment to transparency that everything we do is out there for the whole world to see and review.

With that aside, the other thing I want to mention, especially for the new folks, we do run this meeting in accordance with the Texas Open Meetings Act, and what that means is a couple of things. One is for you to count towards a quorum you have to be physically present; unfortunately, the Open Meetings Act does not allow members of the council to participate by telephone. So if you're unable to make it, please try to send a proxy or someone, such as some of the folks have done here today. There have been a couple of meetings where we've kind of been nip and tuck to the last second as to whether we were going to have a quorum, and if we don't

have a quorum, then we all go home.

The other thing is under the Texas Open Meetings Act you can't talk about things that weren't on the posted agenda, and that way the public knows what we're talking about and they have an opportunity to say: Hey, that's something that interests me, I'm going to get up and come all the way in from wherever to participate. So if you ever have something that you really want to be put in front of the council, please call me or Terri, and we'll get it on the agenda and that way it can actually be discussed.

Other than that, unless anybody else has preliminary remarks, we'll jump into the formal agenda. We've all had a copy of the meeting minutes from October 21, and I'd entertain a motion to adopt those minutes.

MS. GREEN: Move approval.

MR. IRVINE: Second?

MS. BAGLEY: I second.

MR. IRVINE: Motion and a second. Is there 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: No opposition. The minutes are unanimously approved.

We will now move to Spencer Duran who runs our 811 Program, and he's going to give us an update on that program.

MR. DURAN: Spencer Duran, Section 811 manager for TDHCA.

I'm really excited to be here today. We have a lot of stuff going on with the program. I'm going to try not to duplicate the big list of updates that I provided to you all at your last meeting, but we do have some new information to share. Notably, our current count of participating properties is at eighteen, and I want to say current count because the environmental clearance process is still being completed by our senior environmental specialist, and so through the environmental clearance we could still have some properties drop out. And if that was the case, then we would try and figure out some way to cure that deficiency to prevent them from dropping out of the program, but ultimately, at the end of the day we could still lose some properties.

Additionally, we still could gain some properties if, theoretically, a tax credit property

wasn't able to fulfill their obligations, those credits could be cycled and we could subsequently get one in the end. But nevertheless, we currently have eighteen properties spread across fourteen Texas cities.

And over the next several weeks, we're going to be going out and conducting in-person training to the service provider networks and the property management staff and the property owners. We're going to concentrate our training efforts in the areas that have existing properties, so as you may recall, through the 2015 Qualified Allocation Plan, participating properties had one of two options they could do: they could apply the 811 units on their principal property under the 2015 QAP round that was going to be receiving the tax credits, or they could have deferred and placed those 811 units on an approved existing development. So those approved existing developments have already been physically constructed and they're essentially ready to start receiving applicants.

And so we basically have eight existing properties that are in six areas, so that's Dallas, Brownsville, Houston, San Elizario, El Paso, and Austin. So those are the areas that we're going to be training first and those are the areas that are going to have the first lease-ups occur. Because we've already conducted

the training in El Paso, or San Elizario, specifically, that's where our first lease-ups will occur.

So the eighteen properties -- this is maybe a little too much detail -- we have one property agreement that's been signed, and the property agreement is a contract between TDHCA and the property itself and it kind of has all the nuts and bolts and requirements and obligations of the property. So each of the eighteen are going to be signing what we call a property agreement. One has been signed by Tim, so fully executed, and I have eleven that I'm still preparing that I just need to physically print out and hand to Tim to sign.

We have three properties that we're waiting on them to give us their signature, and then we have another three properties that have not signed because they have questions. They don't have material issues with the contract, but they do have what I would call some clarifying questions and they're holding off signing until we answer those questions.

So in addition, we did add the El Paso MSA to the program, so now 811 is operating in eight MSAs, and we did that in response to requests from the community at large.

MS. SONENTHAL: You said El Paso.

MR. DURAN: I'm sorry. I meant Corpus

Christi. Thank you, Anna. I'm so sorry. I meant Corpus. We already had El Paso in the hopper. So there are eight metropolitan statistical areas and the new addition is Corpus Christi.

Additionally, 811 has remained in the Qualified Allocation Plan for the 2016 round with a two point option, like we had in the 2015 round, and we essentially netted eighteen properties in the 2015 round, so we hope to replicate that success in 2016.

In addition, we have released a stand-alone request for applications so that properties that are in the TDHCA portfolio or even properties that are not in the TDHCA portfolio that are otherwise eligible. There's a lot of eligibility criteria, but we've essentially opened up the program to a wide variety of properties that may not necessarily be jumping into 811 because of the Tax Credit Program. They could be an existing stand-alone property that meets the criteria and want to start participating in the 811 kind of their own volition.

In addition to that, Section 811 has been added to the multifamily direct loan NOFA. This is oftentimes referred to as the HOME/TCAP NOFA, and 811 participation is one point in that NOFA. I'm sorry. A NOFA is a notice of funding availability. It's a way that we distribute funding or resources to participating

properties and entities.

So the opportunities for 2016, we have the 2016 Qualified Allocation Plan for the Tax Credit Program, and then we have the multifamily direct loan NOFA, and then we have that RFA, that request for applications. So if you know of any interested properties that may want to jump in, there are a variety of venues that they can do so, and they can talk to me and we can help them apply to whatever program is applicable to them.

And Terri, that's all I have.

Ms. GREEN: Spencer, do you know how many units are available through the eighteen properties?

MR. DURAN: Yes. It will be over 180 units. In general, it's ten units per property. One has given us a little less and three have given us a little more.

MR. IRVINE: Let the record reflect that Reverend Darden has joined the meeting.

MR. GOODWIN: This, I guess, is a question for both you and Terri. Have either of you heard from anybody in the State of Mississippi regarding housing for persons with disabilities and trying to tie into the 811 Program?

MR. DURAN: I'm trying to think. So there are 25 states that were awarded Section 811 funds, just like

we were here in Texas. I don't have my list of those states in front of me.

MR. GOODWIN: They're not one. I went to their housing meeting four months ago, and they had this big presentation on exactly what we're doing here in Texas, and they're starting in ground zero. They've got a PhD over there that has done statistics out the kazoo, and I recommended that he contact either you or Terri for somebody that's been through this and the resources that are available. I just wondered if they took that opportunity to get some education.

MR. DURAN: I would be happy to talk to them. No one has contacted me from Mississippi. We have done a lot of kind of informal technical assistance to a lot of other states because although we haven't yet served any households, we do have a lot more experience because we're part of the very first class of the new version of 811, and so we got $12 million the first round and an additional $12 million the second round, so all of those second round states did contact us. For a state like Mississippi, it would be difficult for them to jump into 811 at this time because I don't think that HUD has an open NOFA right now. But I'm always happy to talk to people who are interested in working on housing and services collaborations.

MS. RICHARD: I haven't been contacted.

MR. IRVINE: Just a couple of clarifying points, maybe questions. With regard to the eighteen properties that are already in the program because of the prior QAP, the cycle is closed for that, so if there is any fallout from that, those credits would come into this year's QAP. So really, the two documents you talked about, the HOME/TCAP NOFA and the other request for applications, would be the two primary sources.

And just a reminder for everybody, this is a pilot program, and as a result, it is not statewide, it is confined to the eight communities that were described, but hopefully someday it will be a statewide program.

Anything else? As always, like I said at the outset, this is collaborative, so if you've got questions or suggestions or ways that you think we might consider improving the expansion and efficacy of the 811 Program, please call Spencer and provide your insights.

MR. DURAN: Thank you.

MR. IRVINE: Next we're going to get an overview of Housing First from Darilyn Cardona-Beiler.

MS. CARDON-BEILER: Thank you very much. Good morning, everyone. Thank you for the opportunity to present to you all on our very exciting project, Housing First Oak Springs.

MS. RICHARD: And you also have handouts that were under your packet that were also from Darilyn.

MS. CARDONA-BEILER: My name is Darilyn Beiler. I'm the associate director of Adult Behavioral Services for Austin Travis County Integral Care.

And for those of you who are not familiar with our organization, we are the local behavioral health authority for Travis County. We provide services across the county, and we provide an array of services, including behavioral health, housing services, homeless services, crisis services, and intellectual and developmental disabilities. Over the course of the years we have been providing housing services, however, our housing portfolio had not been the priority for our organization, even though we had been providing services in that area for many, many years.

Over the last three years, our organization has been going through a transformation in which we have been looking at the real needs of the consumers served. Over our community we have been primarily prioritizing and providing services related to behavioral health, related to crisis services, however, we have noticed that a vast majority of the people we serve are homeless.

MS. CARLTON: This is Belinda. Is behavioral health, mental health or substance abuse?

MS. CARDONA-BEILER: Behavioral health, we include substance abuse as part of behavioral health, so we provide behavioral health, substance abuse disorder treatment, intellectual disability services, crisis services. We provide a wide array of services.

So over time what we have noticed is that approximately 14 percent of the population we serve are homeless, and in our county all of the services -- I'd like to present the Maslow Hierarchy of Needs -- in our community around Austin and Travis County, most of the services provided are geared to helping individuals at the top of that Hierarchy of Needs. What we wanted to do was to step back and really look at the basic needs of those individuals we serve to make sure that we give them the safety and security they need to be able to move through their recovery journey.

Some of the challenges we are experiencing in Austin, and I'm sure you all are very familiar with that, we are at 98 percent. We are experiencing a lot of issues with gentrification, and our staff, our case managers are constantly having to relocate individuals from one place to another as leases expire, the rents are increased, and we're finding the need to put a consistent amount of effort in trying relocate individuals and work on homeless prevention because once individuals are not

able to pay for the rent increases, then they are potentially going to be homeless.

We have approximately 2,000 individuals in our community who are homeless, and as I mentioned before, 32 percent are considered chronically homeless. ATCIC serves approximately 20,000 individuals a year -- that's across our continuum of care -- and of that, 14 percent are coming to us indicating that they're homeless. Of the 32 percent chronically homeless we have estimated in our community -- and this is information that we're gathering from HMIS which stands for Homeless Management Information System -- approximately 60 percent of that 32 percent suffer from severe and persistent mental illness or have a substance use disorder.

We have been working with the city, the county and the state, especially the Department of State Health Services, to look at ways to provide more support and more housing resources for our consumers. Currently we have one hundred consumers on our wait list to access shelter and rental assistance, and the wait list across the board, what we're hearing from the housing authorities, is over one year at this point.

So taking all those challenges into account, what we are working on at this point is implementing the Housing First philosophy across all of our continuum of

services. That is including tenant-based rental assistance programs, our programs funded by the COC, the continuum of care HUD-funded programs, and also our own properties as well. And Housing First is an evidence-based practice that has been proven to work across the nation with great success, and we are seeing already in our second year of implementation some amazing outcomes ourselves in terms of people able to achieve recovery and maintain stability, and what we're trying to do is identify those individuals with the highest need and bring them into housing and decrease the barriers to get them in housing.

We have a significant amount of resources in our community that we could potentially access, however, the population we're focusing on is that population that everyone is saying no to. So those are the individuals who have criminal background histories, individuals with no good rental history, those individuals that are not able to access our traditional affordable housing units, those are the ones who we're targeting ourselves to provide them opportunities.

In 2014, DSHS made available some resources that were utilized to spearhead this collaboration, and you may have already heard about Health Community Collaborative. We were really thankful and honored to be

one of five communities who received the initial allocation. We received $3.5 million the first year, and of that, we allocated $1.4 million to build a Housing First project, and the rest of the money has been utilized to create a system transformation. And this system has been just amazing to see the impact across our community. We have been able to implement coordinated assessment, and coordinated assessment is a process in which all of our homeless individuals are triage and assessed using a single instrument, and from that point they are identified by providers in our community and then matched with the appropriate level of intervention and housing available.

We have been able to increase our behavioral health opportunities for our homeless individuals, our homeless consumers, provide access to primary and substance use treatment, increase our peer recovery and housing-based case management, and also worked on rapid rehousing strategies, something that the community has been kind of like teetering but not fully embracing and taking on to work with the chronically homeless population. And of course, we are working on developing permanent supportive housing units.

The project I would like to discuss with you is the Housing First Oak Springs building, however, I

wanted to make sure that I talked a little bit about the partners in our community working together to make this possible. We have a relationship with ECHO. ECHO is our continuum of care. They are the provider for the coordinated assessment system, so they are doing an exceptional job and really working with homeless service providers, housing providers, the county, city, the criminal justice system, to make sure that we have a system to really assess the needs in Travis County.

And as part of the collaborative, we wanted to make sure individuals had a choice where they were going to be living, and not everyone is ready to go into an apartment or we felt that they needed to have more opportunities rather than just going to a single site. So we developed a relationship with Mobile Loaves and Fishes, and Mobile Loaves and Fishes is in the process of developing a community to serve 250 individuals and all of those individuals will be assessed or selected from our coordinated assessment strategy.

And if you haven't had a chance to go and visit the community, I really encourage you to do that. It's just heartwarming to see the work of this group and what they're doing to reach the most fragile. In collaboration with us, they are building 250 micro homes and they're providing those opportunities to consumers,

and Integral Care will be providing supportive services on site, and we'll be working with Community Care to provide primary care on site as well. We're working with Caritas, Front Steps, Salvation Army, Austin Recovery is a provider of substance use treatment services, Goodwill is playing a big role in the provision of supportive employment services, and Communities for Recovery is the organization to provide peer support.

So the Housing First Oak Springs facility, we have a very nice picture on the information I passed. We have a case statement with some information about our statistics, and we also have some great stories, successful stories, and some of our statistics. And the building, we have been working with the architects, and it's this one over here. We have a very large one, I should have brought it, but this is a good representation of the building.

The building will be located at 3000 Oak Springs Boulevard, and it's in the process of being developed based on the principles of Housing First which means that this property is different than other affordable housing properties, and it takes into account to make sure that we have services on site, that we have the ability to provide community rooms, have outdoors space for individuals who will be moving into the

property, and we will have a beautiful place for people to call home and it will not feel like an institutional setting. That's the primary focus: we want to make sure that it feels like home.

Currently we have an existing treatment facility. The facility will be relocating and we anticipate to start construction this spring, if everything goes well. The building will have fifty efficiency apartments, and we anticipate, the plans with the architects right now is to have four floors. And we heard the community and which they wanted to maintain services available to that side of town. Since we currently have a treatment facility at that location, we will dedicate the first floor to provide clinical services available to the entire community. And we will also have a retail space and we're working with Goodwill to provide supportive employment for the residents or anyone who will be engaging services with us. So we have parking for the clinic, for the residents, outdoor space and community rooms, like I just mentioned.

Some of the accomplishments and some of the challenges of the collaborative. Right now the accomplishments, of course, is just the community investment. We have been working with the City of Austin and received an award for $3.6 million to help us with

the development of this building and the provision of supportive services moving forward, and like I mentioned, the state has been helpful in terms of providing allocation for not only the services but the capital as well. And we continue to work with foundations and private funders to raise the money needed. The Healthy Community Collaborative investment has a requirement of a one-to-one cash match, and it has to be a private match, so that has been a big focus for our organization to make sure we have the resources to do that.

Right now, through the assessment process, we have been able to assess close to 3,000 individuals, and we have been able to house 270 individuals since we started the collaborative, and that is through scattered sites, that's not single site placement. And the next challenge we have on hand is to work with families. We have been able to assess a significant amount of families, and we currently have waiting for housing 222 households, and those households have been waiting -- this was our data as of October, so we know that probably that number is a little bit higher than that.

The funding continues to be a challenge, and I know that probably you all will have some questions about what we are doing in terms of braiding the resources. At this point we are approximately needing $7 million to

complete the project and we are working with several consultants to help us make this project a reality, with the inclusion of tax credits and Federal Home Loan resources, and definitely the different foundations throughout the community who are interested in partnering and making this project a reality.

So this concludes my presentation, and I'd welcome any questions.

MS. SONENTHAL: I have a question just for my own clarification. I'm Anna Sonenthal, DSHS.

The coordinated assessment, so that's not just within your facility, that's coordinated assessment in Austin. Right?

MS. CARDONA-BEILER: Correct.

MS. SONENTHAL: Okay. Some of the other agencies, it's just kind of within them, so I was wondering. So that's good, you're with the continuum of care and doing everything.

MS. CARDONA-BEILER: Yes. The coordinated assessment, we are supporting financially the coordinated assessment, and it has been distributed. We have coordinated assessment specialists at our Front Doors which is all of our homeless shelters, and the continuum of care is now working on the extension of that as well, but they are the provider and we are funding the

coordinated assessment

MS. RICHARD: Darilyn, I just had a question about Housing First and the new project. Housing First, the philosophy is that someone doesn't have to be ready to be housed, they may not necessarily be clean and sober, but you still put them in housing first and then you pull services in later.

MS. CARDONA-BEILER: Correct.

MS. RICHARD: And that is what you plan to do at Oak Springs?

MS. CARDONA-BEILER: Yes. So we are adopting the Housing First philosophy a hundred percent. We have been adopting that philosophy through our scattered site vouchers, and we have noticed some great success. The problem with that, of course, is finding available units and landlords willing to embrace that philosophy, however, our teams are working really hard and have done a good job in expanding our landlord recruitment process. But yes, the philosophy very much is you serve people where they're at and they will do better.

MS. RICHARD: Thank you.

MS. SONENTHAL: I have another question. So if you were to give advice to other behavioral health providers who they maybe want to adopt a Housing First approach but their argument is like they have to be in a

certain level of services if I'm going to give them housing, what would you say, or like how do you get around that? How would you give advice to them?

MS. CARDONA-BEILER: Well, I think it comes down to the philosophy of person-centered care and clinical practices. The statistics demonstrate that if you put a lot of barriers for people to engage in housing or services, you're not going to be as successful. We have for a very long time, including ATCIC, in the past made sure the people were clean and sober before services, and meanwhile, you have hundreds of individuals who are homeless. And when you have someone who is homeless, they cannot focus on anything else other than taking care of their basic needs, there is no engagement with treatment adherence. When you have to worry only about where are you going to sleep, what are you going to eat, the last thing you have on your mind is I need to go and see my doctor.

MS. SONENTHAL: So how do they get around that? Sorry, I'm more like asking questions people have asked me. So how would you get around that if someone is saying they have to be seeing the doctor this many times for us to provide services? Like what did you guys do?

MS. CARDONA-BEILER: We're not requiring. The first thing we do is develop a relationship with that

individual, and we have our outreach, we have our case managers developing that relationship. Once that relationship is established, then we work with them to make sure that they have a place to stay, and work afterwards in terms of making sure that they have access to the resources, and really going by what they want to work on. If they're homeless, they want a home, and then once they have that place they're able to say, okay, I've been dealing with these voices.

We have individuals who move into a place who have been homeless for ten years and they bring all their belongings and they refuse to use sometimes the bed, the put down cardboard, that's what they feel they need to do initially, and it requires some time for them to feel that this is my home and now I'm able to engage in other things.

MS. SONENTHAL: I would a hundred percent agree with you.

MS. CARDONA-BEILER: It's a shift in philosophy. It needs to be all the way from the leadership and the development and how the dollars are allocated. The leadership has to buy in. They need to see the benefits of the best practice.

MS. SONENTHAL: So they're served with separate money, basically, until they're in services and

in a different funding stream?

MS. CARDONA-BEILER: We braid every single resource we can to make things happen.

Good questions.

MR. WILT: I've got a few questions. Can you go back to the slide on your capital sources? So what's the total project cost?

MS. CARDONA-BEILER: It's $14.6 million.

MR. WILT: And then how much was the grant from the state?

MS. CARDONA-BEILER: Going towards capital is $1.4-.

MR. WILT: And then $3.6 million from the city?

MS. CARDONA-BEILER: Three.

MR. WILT: $3 million from the city?

MS. CARDONA-BEILER: The $600,000 is to go towards services.

MR. WILT: And that was through GO bonds?

MS. CARDONA-BEILER: Yes.

MR. WILT: And then how much have you raised in the private support?

MS. CARDONA-BEILER: I'm sorry, I was not prepared in terms of discussing the specifics in terms of the financing, but I do have my pro forma in front of me.

So I'm looking at the services which is a pretty intense budget as well.

MR. WILT: That's all right.

MS. CARDONA-BEILER: So we have been able to obtain the support. I can tell you who has supported us and approximately how much. Would that help?

MR. WILT: No, that's all right.

And then you're going after Federal Home Loan?

MS. CARDONA-BEILER: Yes, we are.

MR. WILT: And maybe tax credits?

MS. CARDONA-BEILER: Yes.

MR. WILT: And do you charge any rent?

MS. CARDONA-BEILER: Thirty percent of the income.

MR. WILT: Okay. And is there some sort of plan to transition them from Housing First to permanent housing?

MS. CARDONA-BEILER: Well, Housing First is permanent.

MR. WILT: So they can stay there as long as they want.

MS. CARDONA-BEILER: They can stay there as long as they want. In my experience, individuals stay in a Housing First single site for approximately two to three years, and then they move on. Keeping in mind that

Housing First units tend to be rather small, they're efficiency apartments, and once people do better, they want to have friends over and family, and they move into one or two bedroom apartments, depending on how they do, so they tend to move.

MR. WILT: I'm just wondering with the pipeline is going to be on a year-to-year basis. Maybe you'll have ten to fifteen units available per year? Obviously, you don't have enough Housing First units and you're doing all scattered site right now, this will be finally a home where these will be all Housing First. I'm just wondering if somebody comes in and needs a roof over their head, there's going to be a waiting list probably. Right?

MS. CARDONA-BEILER: Yes. So Austin has been working on the development of Housing First and permanent supportive housing, and the new goal is to develop 400 units of permanent supportive housing using the Housing First philosophy. So our hope is that this project will be able to demonstrate to the community the effectiveness of this approach and other individuals who develop other projects. I come from Ohio and we developed a wide array of Housing First, but it started with one project that was really successful and they spearheaded other developers to work with service providers to do that. So

this will be fifty units and probably the first year we may have two or three units available. But Housing First, in terms of the success rate, is over 92 percent, so maybe after two years we may have ten units on an attrition basis as they move into other forms of housing.

MR. WILT: And the successes that you would want to point to down the road are cost savings from emergency rooms or criminal justice and things like that?

MS. CARDONA-BEILER: Correct.

MR. WILT: At some point down the road could you make the case that maybe those different entities could partner in financing. Like if you're saving money from the emergency rooms, get the hospital district to kick in for Housing First.

MS. CARDONA-BEILER: Yes. We started collecting outcomes and just preliminary, if you look at the case statement on page 5 at the bottom, it talks a little bit about the reduction in services, and if you translate that into actual costs -- and this was only a very small sample -- you could see that there was a significant reduction in service utilization, and we will be working with the community to make the case that this program really helps as a whole to save dollars, to save resources.

MS. GREEN: So what was the sample size for

this data?

MS. CARDONA-BEILER: So here I believe there were eighteen consumers and it was for six months before and six months after.

MS. RICHARD: Have you already done the calculation on the cost savings? Is that something you're working on?

MS. CARDONA-BEILER: Yes, we're working on that, and we're also working with our continuum of care to ensure that we have the same costs across the board. We don't want to have a situation in which you have one set of costs and someone else releasing another set of costs, so we're part of the collaboration with our COC to look at the overall cost, and that is including how much a chronically homeless individual is costing to our criminal justice system, our hospitals, and we are really close to releasing how much that is in savings. And as a matter of fact, there is also in Travis County an initiative to look at Pay for Success, which is what he just described, and how we're looking at the investment of the savings to turn it around to provide funding opportunities for other providers to do this as well.

MS. RICHARD: That would be great. I'll have to get with you later because we'll be talking about our biennial plan that the Council is charged with writing,

so we're looking for dollars and cents.

MS. CARDONA-BEILER: Sure. And we will have that information, so stay in touch with us.

MS. RICHARD: Thank you very much.

MR. BARRETT: Brad Barrett with the Veterans Commission.

I had a question about the Homeless Management Information System. Is that an Austin only system?

MS. CARDONA-BEILER: No. That is actually a system that is used across the nation. It is very strong and vibrant in Austin and Travis County across the board. We have all of our homeless providers utilizing the system and now the VA is working with us to incorporation HMIS as well.

MR. BARRETT: And that was my question, is there veterans identification or coordination with services in that forum?

MS. CARDONA-BEILER: Yes. One of the initiatives that the collaborative is working on is to ensure that we have housing opportunities for our veterans. We have a safe haven dedicated to serve only veteran individuals and veterans who are chronically homeless, and they're moving those individuals into permanent housing using the same coordinated assessment system and the same infrastructure.

MR. IRVINE: Any other questions?

MR. DE LOS SANTOS: I have one. This is Richard with the Texas Department of Agriculture.

How do you present this to potential homeowners who may want to provide that type of housing?

MS. CARDONA-BEILER: If you know of any potential owners, I'll give you my card.

MR. DE LOS SANTOS: It would be good to show the benefits of if they have rental property to participate in the program or something like that.

MS. CARDONA-BEILER: We have dedicated staff to do landlord outreach, and that's what they do day-in and day-out, they go out and meet with landlords, develop relationships. And we're also working with the City of Austin with the Veterans Initiative and the apartment homeowner association to ensure we have enough units coming to initially serve the vets, but hopefully as we develop the relationships with the non-traditional landlords, hopefully we'll be able to have more access to units for the consumers we want to serve. So there are many, many ways in which we're doing that. The only organized system at this point is through the City of Austin and the mayor's initiative with the apartment association.

MS. RICHARD: Darilyn, one last question. Are

you working with managed care organizations?

MS. CARDONA-BEILER: Yes, we are. We look at our revenue across the board, our revenue from mixed income sources across the board. The managed care organizations are not paying for housing at this point, however, they pay for the very necessary supportive services we provide to those individuals, and many of our consumers have insurance through the managed care organizations.

MR. IRVINE: Before we move off this topic, I'd like to spend a minute on my soapbox. We talked about looking for dollars, and we clearly need to provide, where we can, money to address these situations, and a fundamental concept in the creation of this Council is that it's a coordinating body, so we want to understand all of the different dimensions. But one that we don't talk about a lot is I think we are each educational ambassadors, and I would encourage everyone in the room to go spend fifteen minutes searching Google about Housing First, understand it, wrap your head around it, embrace it and communicate it, be champions for the concept of Housing First.

Statistically, many, many, many people in our society, people maybe in this room, certainly people in our households, have these kinds of challenges but we

don't operate from the vantage point of homelessness. And you know, we talk about saving dollars, we also need to talk about saving humans, these are people, and we need to understand and embrace that our fellow human beings have needs that sometimes they just need some help addressing their challenges.

If I were confronting these kinds of substance abuse issues or mental illness issues and I didn't have a home to go to, I'd have a really hard time doing anything about it. So if you don't provide that fundamental level in Maslow's Hierarchy of Needs, the problems will persist, regardless of the cost. Human potential will be squandered. So educate and be ambassadors.

MS. CARDONA-BEILER: Thank you.

MR. IRVINE: Okay. On to our next presentation. Kelly, are you on the phone?

MS. OPOT: Yes, I am. Sorry, I was on mute.

MR. IRVINE: You're good. Thank you. You're up.

MS. OPOT: All right. Great. And I just want to make sure that everyone can hear me okay with the phone at this level.

MR. IRVINE: We hear you.

MS. OPOT: Great. So I am from Corporation for Supportive Housing, CSH, based in Houston, but we

work nationally in communities around supportive housing and erecting supportive housing and affordable housing with services for low level populations. And I presented to the Council a couple of times but it sounds like there are a couple of new people in the room, so I wanted to give you an overview of how we came to where we are today with the academy, a bit about what the Housing and Services Partnership Academy is, and let you ask me some questions as well, if you have any.

So just so that you know where we started, we, in partnership with TDHCA, conducted some outreach and created a request for proposal to solicit teams from across the state in September and asking people to participate in the Housing and Services Partnership Academy, and this academy, which is through the Council, the idea is to help communities create more accessible, integrated and affordable housing.

So we created this RFP and from the solicitation we selected nine teams in October which have a really diverse area of communities across the state including Dallas and Dallas County, Greater Houston, Fort Worth and Tarrant County, San Antonio, East Texas which includes: the cities of Longview and Tyler; Coastal Bend which includes Corpus Christi but also a lot of counties in that area, Aransas, Bee, Duval, Jim Wells, Kenedy,

Kleberg, White Oak, Nueces, Presidio and San Patricio; as well as a team from North Central Texas which includes the counties of Brown, Callahan, Comanche, Mason, McCulloch, Mills, San Saba and Runnels; San Benito; and Lubbock. And so those are the nine teams and you can see that it's a pretty big range from our largest cities to some really smaller, more rural communities in Texas.

And they were asked to select at least three but no more than five members that covered housing and disability services, and the minimum requirements for participation were that the teams needed to include a residential housing developer from their sector or a public housing authority, a services provider who works with individuals with disabilities, as well as an individual with disabilities or their representative, family member or guardian, and in particular we wanted if it's not a person with disabilities, we wanted to make sure that the person that's representing them is their guardian or family member rather than just a case manager because we figured that that would be covered under the service provider group.

Applicants were also given preference to include public housing authorities or developers in hopes that they would have some people in the room that could really think thorough getting some new housing on the

ground to using their existing dollars or units to set aside some units for service-enriched housing. And we were really pleased with the diversity in location issues but also the diversity of team members from those teams that we got. And so of those nine teams some of the participants included in the team members are eleven representatives from housing authorities, four developers, four persons with disabilities, and two representatives from managed care organizations, which Terri, I heard, mentioned earlier, for the insurance companies that cover Medicaid.

And so the populations that these teams are covering also include persons with physical but not mental disabilities, individuals relocating from institutions, people with serious mental illness, aging Texans, and how to improve aging in place, as well as homeless individuals with disabilities. So you can see that the interest in targets for the populations that teams want to develop their service-enriched housing plans are wide, but the idea behind developing a plan is while the teams may be targeting a specific population for this academy, what they develop will be transferable to other populations that need service-enriched housing in the community.

So we've already begun engagement with the

teams. We hosted two pre-academy webinars in December to prepare for the academy -- the academy will be held in Austin on February 9 and 10 -- and in those webinars we covered some basics of housing and services funding. There is a whole lot in Texas and so we were able to get a lot of information to this community to prepare them to come to the academy so that everybody was on the same page and we could take a deep dive into the subjects the teams let us know ahead of time that they're most interested in covering.

As part of the preparation for the academy, we also assigned some homework, and it was a little bit to learn what's happening in your community, so teams are putting together local resource guides based on the information that we provided in the webinars, but also it's an opportunity for the teams to really do some team-building ahead of coming to the academy so it's no their first time together, but they really know each other and they're all on the same page so they can work really well together in preparing their plan during the academy.

For the academy in February, all of the teams will come together for two days and engage in intensive some training and planning, and at the end of it we'll have developed a solid draft of ways to increase service-enriched housing in their communities.

The objectives of the academy that we have put together are: to develop beneficial partnerships between providers of Medicaid services, housing and other social services to create increased availability of integrated, affordable, accessible housing for persons with disabilities and aging Texans; understand how to begin to develop comprehensive plans for improving the quantity and quality of affordable, accessible and integrated housing; and remove stigmas associated with people with disabilities and understand the best practice approaches to housing people with special needs; and finally, be able to advocate and establish an ongoing group to further the goal of increasing service-enriched housing.

And so while the teams will leave with a solid plan, CSH will continue to provide onsite and remote TA to the teams to help them think through implementing their plans, engaging in partnerships to increase service-enriched housing, and also making sure that they have a leadership team based on the team that they put together that can make sure that this carries on beyond the academy. We don't want it to just be you go and learn and take that back, and that's great, but we want this to be a team that is seen as a leadership group within the community and is out there as a resource in the community to help other members of the community that

are serving individuals with special needs to make sure that they have access to affordable, accessible and integrated housing.

That was a lot in a short time and so I'm sure everyone is digesting it, but I wanted to know if you have questions about where we are or the team makeup or anything like that that you'd like to ask.

MR. IRVINE: Questions?

MR. GOODWIN: One that I would be curious because this is what, the second round of the academy?

MS. RICHARD: This is the second one.

MR. GOODWIN: And if my brain cells are still active, we originally sort of tied it to the 811 applications to help them qualify, so the question is do we have feedback of the number of people who have successfully entered the 811 Program that go back to the academies that were done in the first round. I mean, I think the program is great just for development of housing, but to see if our original purpose had any effect.

MR. DURAN: I'm not sure if any of the developer partners that attended have ended up in the 811 Program as a participating property. One of the things that we have seen, however -- and this isn't something you can really quantify -- the enthusiasm of the service

providers who participated are going to become really good partners in making referrals to the 811 Program. So for example, in Houston and Dallas and then El Paso, those are all areas that had academy participants, I believe, and are also really energized and have been working to build bridges with local properties to get involved. But I haven't seen any, I guess, hard evidence that shows that that kind of local advocacy has led to a property jumping into the game, but I do know that we have lots of energized folks who are going to be excellent partners in making referrals to the program in the near future.

MS. OPOT: And before we developed the RFP, we did reach out to the list that we had from participants in the academy and asked about what they learned, what they gained. Some people had left their prior positions, and so really got some feedback from prior participants and what they've been doing since and what the best part of what they got out of it was.

MS. RICHARD: And that is one of the deliverables for CSH is an evaluation and the followup onsite technical assistance, so I think having some information like that, it will be a lot more than just anecdotal. They are working on the evaluation as we speak, and I think that is going to be part of it.

That's a good suggestion.

MR. IRVINE: The one thing that sort of struck me as I heard Darilyn's presentation, where people were talking about the intersection of housing and services, is there are pretty compelling reasons why those are separate solutions, and to me, I see the need for the academy to grow in a way that promotes the concept of putting those two sources together yet retaining their distinct identity.

MS. RICHARD: And I was thinking that I sent everyone a calendar invite for February 9 and 10, because Council members are more than welcome to attend. I'm not sure if I did that or not. If you didn't maybe I can send that out again just so it's on everybody's calendars.

MR. IRVINE: Thank you, Kelly.

MS. OPOT: Thank you.

MR. IRVINE: Okay. Ready for the next one: update on HCBS Adult Mental Health Program. Kristin.

MS. SHILSON: Yes. Hi, everyone. I'm Kristin Shilson, and this is our team lead for the program, Joy Kearney, and we'll be presenting on the Home and Community Based Adult Mental Health Program through DSHS, and we'll give a general overview of the program and then touch on some of our residential services, as well as

some of the unique services of the program, as well as our setting requirements and where our program is today.

So I will turn it over to Joy now who will give an update and general overview.

MS. KEARNEY: So Home and Community Based Services-Adult Mental Health -- I'm going to refer to it as HCBS-AMH because that's quite a mouthful either way -- is 1915(I) state plan amendment that was formally approved by the Centers for Medicare and Medicaid in October of this past year, 2015. It's designed to focus on adults with mental health needs, so what that means is it's the first federally approved program in Texas that's a home and community based program. So similar to some of the IDD waivers that you might be familiar with, the goal is to really help support those individuals live successfully long term in the community and support long-term recovery goals.

And our current target -- the reason I say current is we recently received legislative direction to expand which I'll touch on at the end of this, but our current program target population is adults, and that's defined as 18 and older that have a diagnosis of a serious mental illness and have resided long term in a mental health facility. And the way that that's currently designed is three of the past five years prior

to enrollment, so that can be cumulative or consecutive time within a mental health facility. The individuals have to be Medicaid eligible as this is a Medicaid program, and then meet our functional and financial eligibility criteria.

And if an individual is participating in another HCBS program, such as the ones we have listed there, you know, CLASS, DBMD, we would just assess the individual's need, and if they had a higher need for mental health services or substance use disorder services, they could transfer, they just couldn't receive two HCBS programs at the same time.

So this is our service array. We have nineteen services, so I don't want to go too in depth in all of them, and some of them mirror some of the services that are offered for individuals through like a 1915(c) or a waiver program, but I just wanted to highlight some of those that are specific to individuals with mental health needs and substance use disorders.

So we have our own psycho-social rehab, so that's using cognitive adaptive training or illness management recovery. We also have a stand-alone peer support service for individuals. There is a substance use disorder service that can be used after the state plan benefit is exhausted or in place of that, if the

individual needs more time to really process through their recovery goals, so that service is designed for that. There's community psychiatric supports and treatment, and that's using evidence-based therapy models such as cognitive behavioral therapy, dialectical behavioral therapy. Those are just some examples, but if there are others that meet the clinical needs of the individual, there's some flexibility within that to meet the treatment needs.

And then we also have nursing services. We've found a lot of individuals that reside long term within a psychiatric institution weren't able to leave because they still required a lot of medical care, so this would supply those nursing services that could be long term to the individual provided in their home or community.

And then recovery management is our term for our intensive level of case management, so really meeting the individual where they are and seeing them as much as needed in their home and their community, connecting with that individual to help coordinate all services through the HCBS-AMH program, and then any other services through their MCO for acute care services or anything to help them meet the needs that they require to be successful in the community. So that's a really stand-alone service within this program as well.

And then I wanted to go a little bit more in depth in our first four, so it's a home and community based program, so obviously there are individuals residing in their homes for these, so the individual's rent would be covered through their entitlements. These first four are the services that are provided in the individual's choice of home to help them be as independent as possible and to live with assistance with ADL, helping them learn how to do meal prep, helping them organize throughout their day, encouraging socialization, those things that are important to all of us that we might need or that these individuals might need a little more structure with when coming out of a long-term institutional placement.

So if we go to the next one, it breaks it down a little bit. So there's host home companion care, and that's provided in a private residence so either the individuals or the person that they'll be residing with, it could be a family member or a professional. And the level of frequency is really dependent on the individual's level of need.

And then the next one would be our supportive home living and this is in an individual's own home or family home, and this could be someone coming into the home one hour a day, four, or up to six, depending on

what that individual's level of need is.

And then supervised living is more intensive so it would be in a smaller, community based residence where they have 24-hour on site staff for individuals that might need a little bit more structure and supervision throughout the day.

And then our final one is assisted living, so this would be in an assisted living facility that's licensed through DADS and has that 24-hour response on site available as well.

So those are the levels of the assistance and some of the examples of where they can reside while they're in the program. Kristin is going to get more in depth with the settings, and I'm going to turn it over to her to talk about the distinction between the provider roles and responsibilities.

MS. RICHARD: Just quickly, on the residential settings, it is part of the service array, but because it's a Medicaid waiver program, the individuals still cannot use any of that funding to pay for room and board.

MS. KEARNEY: Correct.

MS. RICHARD: Okay. So the room and board is something they're responsible for no matter what the setting.

MS. KEARNEY: Correct.

MS. RICHARD: Okay. Thank you.

MS. SHILSON: So as Joy touched on, she touched on the services, including the full array of HCBS-AMH services as well as the recovery management services. So we have two different types of providers for our program: one will be providing that full array of services mentioned, with the exception of recovery management, and then the other provider will be providing distinctly that recovery management role. And so recovery management really provides that intensive level of case management that Joy mentioned, and it supports the individual in all aspects of their recovery process, so they're responsible for helping the individual develop their goals and identify what services are needed and then monitoring and coordinating those services while the individual is in the program.

Another key aspect of the recovery manager is provided to individuals that would be eligible for our program but are currently residing in a state hospital. Just from experience with other pilot programs, working with individuals that are currently institutionalized, it's been identified that they need some additional support to help them transition successfully into the community. So that recovery manager will be able to come in and provide what we call transitional services, and

that would be provided while the individual resides in the state hospital, it can provided anywhere from three to six months, and that helps the individual develop a relationship with the recovery manager as well as identify any services and receive services that will help them transition more smoothly into the community.

And then another key aspect of our program are the HCBS-AMH setting requirements, and these setting requirements are passed down by the Centers for Medicare and Medicaid Services. Many of you might have heard of them because they are mandated for all HCBS programs. For many HCBS programs that are currently up and functioning, there is a five-year transition plan in place to come up to date with these setting requirements, but because we are a brand new program, we actually have to be compliant with these setting requirements right off the bat.

And so what these setting requirements do is they identify where an individual can live while receiving services through the HCBS-AMH program, and this can include an individual's home, an apartment, an assisted living facility, or a small community based residence. Any type of nursing facility or setting that has an institutional quality would not be eligible and meet setting requirements.

And what the setting requirements really do is ensure that the individual is fully integrated into the community and has the same rights and responsibilities that you or I would have while residing in the community. So it ensures that they're integrated into the community, it encourages them to have freedom and privacy, as well as makes use of the individual's needs and the resources currently available.

I provided a link to the Code of Federal Regulations that outlines the setting requirements more in depth, so I encourage everyone to take a look at that.

And then for provider owned and operated housing, there's some additional setting requirements, and this includes that the individual has a lease or other legally enforceable agreement, that they have access to visitors at any time, that the setting is physically accessible to the individual, and also that the individual has a lockable door and they have a key to their living unit.

And so our program understands that at times individuals may need some modifications to these setting requirements to ensure their health and safety, and so any modifications that are going to be made to the setting requirements for the individual must be based on their clinical need and it must be documented on what's

called the individual's recovery plan, which is the treatment plan that outlines all the individual's goals and services they will receive while in our program.

And so some of the setting requirements that are appropriate for modification would be an individual's access to visitors, of course the individual's privacy in their living environment, if other staff members might need access to their room to check on them and ensure their safety, and also if there's any modification that needs to be made in terms of the individual's schedule.

So this is somewhat of an undertaking for some of our interested providers, so we've worked to create a setting checklist that helps interested providers look at where their settings are in terms of meeting federal requirements. And the setting checklist is based off of what CMS has provided as resources available to meeting the settings requirements. The setting checklist will be available on our website soon. There's a link to the website on the last slide of our presentation, and I can send out this presentation as well. So any interested provider can take a look and match their settings with this checklist, and then we can provide any type of technical assistance to help interested providers in meeting these requirements.

And then also, CMS has some additional

guidance on the setting requirements because there's been a lot of questions and back and forth, and so I've provided kind of an overview of some of the things they provide assistance on that would be overview of the regulations, summary of key provisions and regulatory questions, and some exploratory questions for residential and non-residential settings, and that information can be found at the link listed on this slide.

And so now I'll pass it back to Joy, who will provide some basics about our program currently, and then we'll open it up to questions.

MS. KEARNEY: Well, as I mentioned before, we received formal approval from CMS, which we're very excited about -- it was quite a long negotiation process to get there -- so we received that formal approval in October. And we currently have two open enrollments posted, so there's a separate open enrollment for the service provider and the recovery management entity, and that was per negotiations with CMS that those two entities be separate to ensure conflict-free case management.

And so we are working to identify interested providers, we are trying to work to network with housing providers in the community to help them understand this program and see how we can collaborate, work together.

There's different initiatives that kind of collide with this. There's a large majority of these individuals that are homeless or could be homeless, and so we're really trying to work to bridge those together, which is what brings us here today.

And then additionally, we received legislative direction through this past session to expand home and community based services to divert individuals with serious mental illness frequently being arrested due to their serious mental illness or frequently visiting the emergency department due to their serious mental illness. And so we've been working really diligently to host several stakeholder meetings, to do targeted calls, to really do some research and dig in and see how we can best formulate this. Our plan is to amend our current state plan amendment to include those new populations, and in the interim we would be running that via general revenue to serve those individuals in need.

So I do want to turn it over to questions to the group, and then we had a couple of questions for you all.

MR. IRVINE: Questions?

MS. RICHARD: I'll jump. So is it the service provider that is responsible for helping find whatever type of residential setting the person needs?

MS. SHILSON: So that would actually be a main role of the recovery manager.

MS. RICHARD: Okay. It's the recovery manager. And so it's somebody that is in a state hospital, they want to move into the community, but they don't have a home of their own but they want an apartment, so the recovery manager would be looking to try to find all the housing resources in the area that the person wants to live, so like accessing Section 8 if the person is going to be receiving services maybe in one of the areas of the nineteen that have the additional rental assistance. So it's the recovery manager that's trying to put all those housing resources and coordinate that on behalf of the individual.

MS. SHILSON: Right, correct.

MS. KEARNEY: And I do want to say there's approximately 700 individuals identified statewide that meet that initial criteria: 500 are across the state hospital system, and there are around 200 currently in the community. So there are some folks that meet this criteria and are entitled to the benefit that are currently residing in the community as well. And I anticipate the numbers that are in the community with the expansion to be quite a bit larger as well.

MS. RICHARD: Thank you.

MR. DURAN: Do you mind, if I'm not a Council member can I ask a question, Tim?

MR. IRVINE: Of course.

MR. DURAN: Spencer Duran, TDHCA. I have two questions. So the first question, would you go back to the modification slide? So are you talking about physically modifying people's houses to help with the various things?

MS. KEARNEY: So there's minor home modifications as a service that addresses this. This would be a specific modification that would be identified on their treatment plan which is called our individual recovery plan, so it would be a modification that was identified for a clinical or a safety need that maybe had to modify the settings requirement.

MR. DURAN: So you're not talking about physically modifying someone's structure?

MS. KEARNEY: Not with this. There is a service that can do, though, that within the nineteen service array.

MR. DURAN: Right. The TAS.

MS. KEARNEY: I think it's minor home modifications. The transition assistance service helps with money set up for first and last month's rent, any pots and pans, dishes, anything somebody needs who has

been in an institution a long time and doesn't have basic household setup.

MS. GREEN: Although, I think the Texas Administration Code for transition assistance services doesn't recognize this waiver and it was just amended to add HCS as an eligible waiver in November. So will that rule need to be amended again before the benefit is available?

MS. KEARNEY: I'll have to take a look at this. This is different because it's not in the 1915(c), it's not a waiver, it's a state plan amendment, but I will take a look at that rule and make sure. But there are differences between a waiver program and a state plan amendment, there's some nuances between that and how it's identified.

MR. DURAN: Are you able to share anonymous numbers? Like the 700, do you know in which communities they reside?

MS. KEARNEY: The majority are in the five largest metro areas, so Austin, Dallas, Fort Worth, Houston is very large, San Antonio.

MR. DURAN: Thank you.

MS. RICHARD: I looked at your open enrollment and it does look like for the recovery management, they are required to demonstrate when they apply to be a

recovery management provider that they have some expertise in housing.

MS. KEARNEY: Right.

MS. RICHARD: Can you tell us a little bit more about that? Isn't it like sort of a separate form?

MS. SHILSON: Sure. We have a separate form in the open enrollment that kind of tries to gauge their knowledge of community resources in their region and their knowledge of housing resources available, and also their knowledge of entitlements and kind of how that works for the individual.

MR. IRVINE: Okay. Do you want to read us our rights and ask us questions?

(General laughter.)

MS. KEARNEY: Go ahead, Kristin.

MS. SHILSON: Well, our main question was really to get feedback from you all as how to kind of reach out to some of the community housing providers and get them interested in maybe providing some of these services for our program, specifically the residential services. We have a lot of potentially interested providers but they've had a hard time identifying residential housing providers, so we would like to get feedback from the group on some ideas and maybe potential providers that you know of that may be interested.

MS. KEARNEY: Or other groups we could come and speak to, to network, to spread the word.

MS. GREEN: Like assisted living facilities or adult foster care facilities?

MS. SHILSON: Most likely the assisted living facilities or even the group homes.

MS. GREEN: It's really a tough nut to crack, and a lot of facilities will discriminate, even if a person's mental illness is well controlled, and one of my frustrations is that they can decline a prospective resident based on inability to meet the care needs and they don't have to justify that in any way. So we work with consumers in need of assisted living and facilities will, in my mind, wrongly deny because the person is too young, which there's no support in the rule for that, based on behavioral health issues, and the TAC reads that assisted living facilities may care for people with behavioral disturbances. So I'd really like to see some more rigorous standards and enforcement.

But I think working through the professional provider organizations might be a good way to go, and I think those facilities that are more forward thinking realize that there's a significant market.

MS. SHILSON: Do you think it would take some additional education to some of the current assisted

living providers?

MS. GREEN: Probably so. Because I think the concern is that the resident will place undue demands on staff and the Medicaid reimbursement for assisted living is not very good, and so facilities can really struggle to meet the needs of those consumers with uncontrolled mental illness, and I think with some assurances that there will be supportive therapies that they would be more willing to admit and participate. Because there hasn't been a waiver to meet that need, and a lot of times for people whose primary needs are behavioral as opposed to physical, it's not compliance issue, so I think education is critical.

MS. SHILSON: And we have talked little bit with TORCH. Are there any other organizations you recommend?

MS. GREEN: The Texas Association of --

MS. RICHARD: Home Care and Hospice.

MS. GREEN: Not home care and hospice but the nursing facility provider organization also represents assisted living facilities, and I think that would be a good group to coordinate with, home care and hospice too

MS. RICHARD: Which is kind of where I was going. Promoting Independence Advisory Committee, that might be good to reach out to Nancy Walker.

MS. SHILSON: We have done that.

MS. RICHARD: Oh, great. You're way ahead of me.

MS. SONENTHAL: Have you talked to the ADRC? They have a consortia of ADRCs and so they're all over, and I guess what I was thinking about is that they know a lot of people, or they should, that's like their job to kind of navigate housing for people that have disabilities.

MS. GREEN: I'm actually co-chair of the ADRC association. It's a fairly small population and the ADRCs get a lot of requests for housing. I think whether we get the calls from one of the 500 who's in a state hospital for three of the past five years, maybe not. We do have housing navigators who are charged with being knowledgeable about resources, and so I think particularly the housing navigators would have interest in this, would have interest in 811.

MS. SONENTHAL: I'm going to come on one of their calls at some point and get involved with them.

MS. RICHARD: Well, we have David Ramos on the phone, who is a housing navigator down in Corpus.

David, were you able to hear the discussion? Do you have anything to add?

MR. RAMOS: Yes, I did hear the discussion.

It's very interesting. I'd be more than glad to help in any way that I can. I think it's a matter of being involved in the community, and like they indicated, having the knowledge and the skills to be able to transfer all that information on housing.

MS. GREEN: And I think the long-term care ombudsmen have responsibilities for advocating for residents of assisted living facilities, and so they have really strong working knowledge of facilities and leadership and could probably identify some of those more progressive facilities that would have interest in participating.

MS. SHILSON: Oh, great.

MS. GREEN: So Patty Ducayet is the state ombudsman, and she could help make that connection.

MR. GOODWIN: One other source might be the -- and I don't know if they have a state string around or not, I've been affiliated with about seven of them, but that's the NAMH affiliated properties which were traditional 811. They are required to seek only persons with mental disabilities and essentially the only requirement for entry there is that the person has a support structure. It doesn't say they have to use it but there has to be somebody that can be contacted in case the person goes off the grid and creates a problem.

From experience, the only issue you would have there is in a community those properties tend to be fairly closely utilized in that they are generally formed by persons who have relatives or something that qualify for there and the boards are filled with a lot of folks who have personal interest in the people in there. After the first few cycles of residents, it's going to open up. But these are pretty small, they're 22-unit properties or 14-unit properties.

It's the National Association of Mental Health, I'd say the global sponsor, that's who does most of it. There's like five in Houston, I know there's one in El Paso, I know of three in San Antonio because we built them and managed them for a couple of years. Great properties, some of the best in the neighborhoods, they're very clean properties, and there's issue with a mental health issue, though. There would be with a drug abuse because that's one thing, they will take a recovered person but if they're in recovery, I think they all have a human cannon that they use to shoot them out of the property.

MS. SHILSON: I think that was our main question. Thank you very much.

MR. IRVINE: If anybody thinks of more ideas, funnel them through Terri.

Okay, Terri, what are we going to do for the next two years?

MS. RICHARD: Well, you all should have received a copy, and this is a very drafty draft of the outline, and of course, I've plagiarized stuff which I will have to go and paraphrase, but I just wanted to give you an idea of the literature review that I've completed so far and I want to ask again -- and I know I'm going to follow up with Darilyn -- I still would like to have more information about cost savings related to service-enriched housing or Housing First.

But what I really tried to do in the plan was to give just a brief summary of what the previous plan focused on, and for everyone's recollection, you really kind of focused on quality of life last time and what is service-enriched housing, why is it important and what kind of differences it makes in the lives of people. And Doni, I think it was you during the latter part of the discussion about that plan, and Mike too, is what about the dollars and the cost savings.

And so the plan was to then really focus on that this time and to look at being able to illustrate in Texas, but also other states -- the legislature, typically in a lot of hearings I'll hear them say, well, what are they doing in other states, so really trying to

give some examples of projects that they've done in other states.

CSH is a nationwide organization and you'll see a number of these sources are from CSH where they have done projects in other states. And I've just really tried to go through and look at trying to find specific examples. I put in here I think it's Washington where they gave specific numbers even, you know, housing placement went from 223 down to 35 days. That was a Housing First approach looking at the HUD VASH, Veterans Affairs Supportive Housing. So trying to get as many sources, information and data as I can from Texas, but then also looking at other states.

And so talking about the philosophy of Housing First and supportive housing examples, examples of cost savings, and then moving on to the latter part of the report would be the activities you have done as the Council, and then recommendations for increasing service-enriched housing. And so I still hope that there may be some recommendations that will come out of some of the sources. I just have started trying to read all those and get some real specific information. And so I think that was sort of kind of the layout of the plan.

Mike, I know you commented about trying to get as recent numbers as possible, and right after I talked

to you, I was able to find a source that I hadn't found before and it was Cornell University that had some numbers. Because one of the things I did want to start with is the need, too, and so how many people are there with disabilities, what's their housing situation like, and so I did find some more recent data. So I'm trying to get data hopefully within the last five or six years, so like 2010 is my goal. I think I ended up finding 2009. Sometimes some of these research projects, you know, that come out in 2010, they're using and analyzing data from '08, so sometimes there's a couple of years lag before they actually write the report.

I've gone to the different conferences and tried to make contacts with people that are doing projects. I know I've reached out to Tanya and some other folks, as I mentioned CSH, to send examples of research and any kind of data that we can get our hands on, and then I'll try to make it flow real nice and smooth and natural for the biennial plan.

MR. IRVINE: I think that Texas data is obviously more compelling to Texas legislators than data from other areas. And even though they might not keep it on a uniform basis, I'm pretty confident that participants in the Housing Homeless Services Program, the HHSP, in the eight large cities have got a lot of

good data that they use to help make their case for funding, and I would suggest that you construct a pretty simple small spreadsheet to ensure consistency and say: Please provide what you've got on these data points.

MS. RICHARD: Any other suggestions? Everyone okay with the direction I'm going with it? Well, you can pick it apart then in April and then we'll see how it shakes out in April. But in the meantime, feel free to call me, email me and send in other information that you might have.

MR. IRVINE: So when is the next meeting?

MS. RICHARD: April 13. That is a Wednesday.

MR. IRVINE: And don't forget, if you've got anything you want on that agenda, shoot it to Terri or me and we'll make sure it gets on there.

MS. RICHARD: Did you want to see if we did have any public comment today?

MR. IRVINE: Any additional public comment? I want to reinforce that this is an open process and public comment can occur at any time.

MS. OPOT: Terri, this is Kelly with CSH. In the Housing First discussion earlier, I just wanted to make this announcement to everyone that there is a Housing First Partners Conference that happens every two years and it's happening this year on March 22 through 25

in Los Angeles, and there's a wide array from states, from direct service to research, a lot of information on Housing First and Housing First has worked and does work nationally and internationally. It's a really good conference, and even if you can't go to the conference, staying abreast with who is presenting and what they're presenting could give you some resources but also some general resources. I'm not sure about Googling Housing First but that might be one place, the Housing First Partners Conference.

MS. RICHARD: Okay, great. Thank you.

MR. IRVINE: Have we covered it?

MS. RICHARD: I think so.

MR. IRVINE: Well, thank you all so much, and don't forget to spend some time with the Google learning about Housing First. See you in April.

(Whereupon, at 11:45 a.m., the meeting was adjourned.)

C E R T I F I C A T E

MEETING OF: Housing & Health Services Coordination Council

LOCATION: Austin, Texas

DATE: January 6, 2015

I do hereby certify that the foregoing pages, numbers 1 through 71, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Nancy H. King before the Housing and Human Services Coordination Council.

01/12/2016

(Transcriber) (Date)

On the Record Reporting
3636 Executive Cntr Dr., G22
Austin, Texas 78731