## TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

## HOUSING AND HEALTH SERVICES COORDINATION COUNCIL MEETING

Via GoToWebinar

July 29, 2021 1:05 p.m.

## COUNCIL MEMBERS:

BOBBY WILKINSON, Chair
DONI GREEN, Vice Chair
SUZANNE BARNARD (absent)
SUZIE BRADY
DAVID DANENFELZER (absent)
REV. KENNETH DARDEN (absent)
DIANA DELAUNAY
HELEN EISERT by CARISSA DOUGHTERTY
JENNIFER GONZALEZ, Ph.D.
MICHAEL GOODWIN
BLAKE HARRIS, Ph.D.
DONNA KLAEGER (absent)
DERRICK NEAL
BARRETT REYNOLDS
SCOTT STROUFE (absent)

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1 PROCEEDINGS 2 MR. WILKINSON: Welcome to the Housing and Health Services Coordination Council meeting. I'm Bobby 3 Wilkinson, executive director of Texas Department of 4 5 Housing and Community Affairs, and it is about 1:05 p.m. on 6 July 29. 7 To start, let's do kind of a roll call. If we could have the members just introduce yourself and remind 8 9 us who you represent. 10 We'll start with Diana. MS. DELAUNAY: Good afternoon. Diana Delaunay 11 12 with Texas Regional Bank. MR. WILKINSON: And Barrett. 13 14 MR. REYNOLDS: Hello. Nice to see everyone. 15 MR. WILKINSON: Jennifer. DR. GONZALEZ: I am Jennifer Gonzalez with the 16 17 Meadows Mental Health Policy Institute. MR. WILKINSON: Thank you. 18 19 Mr. Harris. 20 DR. HARRIS: Hi. Blake Harris, psychologist, 21 director at the Veterans Mental Health Department for Texas 22 Veterans Commission. 23 MR. WILKINSON: Glad to have you. Michael Goodwin. 24 25 MR. GOODWIN: Mike Goodwin. I'm a governor

1	appointee for developers and obviously not very technically
2	capable, because I just now got things working.
3	MR. WILKINSON: Well, we can see you, we can
4	hear you, so it looks like it's working out.
5	Claire.
6	MS. IRWIN: Hi. I'm Claire Irwin from Texas
7	Health and Human Services Commission.
8	MR. WILKINSON: Excellent.
9	Any other members on the phone or that I can't
10	see?
11	MS. DOUGHERTY: Good afternoon. This is Carissa
12	Dougherty. I'm also from Health and Human Services
13	Commission, covering for Helen Eisert.
14	MR. WILKINSON: Glad to have you.
15	MS. GREEN: And Doni Green with the North
16	Central Texas Council of Governments.
17	MR. WILKINSON: Hi, Doni.
18	MR. STREMLER: It looks like Suzie Brady is on.
19	She's also a member.
20	MS. BRADY: Yes, here I am. I'm Suzie Brady.
21	I'm also with HHSC, a program specialist in the Adult
22	Mental Health Department.
23	MR. WILKINSON: Thank you, Suzie.
24	So Jeremy, is that a quorum?
25	MR. STREMLER: Yes.

MR. WILKINSON: Excellent.

Do you want to start us off with the housekeeping?

MR. STREMLER: Yeah. So this is for everyone watching as an attendee. Your screen should look something similar to this. You'll see this on your left-hand side, and on your right-hand side of your screen you'll have your control panel where you can select your different type of audio, ask questions in the questions box, and how you will generally participate in this call.

The control panel, like I said, you can select your audio, select computer audio, use your device to hear us, and at points throughout the meeting if there will be a source of comment or questions for everyone, you can use this control panel to raise your hand and be called upon to make comment or ask questions in the questions box.

You can also select phone call as your audio, and it will give you a phone number and access code to be able to listen through your telephone to the meeting.

You can also do a sound check to make sure that you are receiving audio through the correct device you are trying to use to access this meeting. If you do have trouble calling in with the phone, make sure you hang up, wait a couple of minutes, and try again before using the audio either on your computer or on the phone, as it takes

1	a second for the system to realize you are no longer there.
2	Again, for our attendees, to participate please
3	click the hand-raise button, and we will call on you and
4	unmute you so you can participate in the meeting. And just
5	a reminder to everyone that as a panelist and a member you
6	do not have to raise your hand; you can unmute yourself and
7	speak to be able to participate.
8	MR. WILKINSON: Thanks, Jeremy.
9	Moving on to item 1, approval of the April 14
10	meeting minutes. Any comments, anyone review the minutes
11	and have any edits or changes?
12	(No response.)
13	MR. WILKINSON: If not, I'll entertain a motion.
14	DR. HARRIS: Motion to approve.
15	MR. WILKINSON: And a second?
16	MS. DELAUNAY: I'll second.
17	MR. WILKINSON: All right. Approved and
18	seconded. All in favor of approving the minutes say aye.
19	(A chorus of ayes.)
20	MR. WILKINSON: Any opposed?
21	(No response.)
22	MR. WILKINSON: All right. Ayes have it. That
23	was a squeaker.
24	Next up is item 2, Texas Rent Relief CARES Act
25	and American Rescue Plan update. This is all our new big

money stuff.

Brooke Boston, deputy executive director of programs, will present.

MS. YEVICH: Actually, Brooke Boston is unable to be here, so Elizabeth Yevich is going to present today. And I apologize in advance; Brooke sent me her notes, and I'm just going to read them, and as Bobby said, it's big money and it's a big list, so I'm going to put it on my big screen over here so you're going to see the side of my face while I turn to actually read this.

So Brooke apologized. She is today participating in something called Community of Practice, another new acronym, COP, and that's a team led by HHSC and it includes TSAHC, and I believe that's probably why Michael Wilt is not participating today or Helen Eisert.

They are both on this council, but I think they are probably with Brooke at this community of practice. I just wanted to let you know it's hosted by the Council of State Governments Justice Center and the Corporation for Supportive Housing, and it's a three-session initiative. And it's going to focus on strategies and justice that housing leaders can use to collaboratively increase housing options for people with complex behavioral health needs, incarceration or diverted from the justice system.

I would assume that our next quarterly of this

council meeting, Brooke will be giving an update on that initiative, because I think it relates to this council.

Moving on to the agenda item, which is Texas

Rent Relief, CARES Act and the American Rescue Plan,

there's about eight bullets here. Brooke says that she's

not going into all the pandemic funds and activities, but

for some sense of scope there are now 15 different

allocations coming in across nine different programs, so as

Bobby said, it's big.

The great thing about it is that different teams of folks are able to work on each activity without overwhelming just one area, and every month Brooke provides TDHCA's Board with a report on all the pandemic response activities and their program status.

So she went on to say if you are interested in this, please check out the Board book each month that's on the Board meeting page of TDHCA's home page.

So the highlights are Texas Rent Relief Program, that was the first program. TDHCA has now paid out more than \$600 million to roughly 100,000 households, which is just phenomenal.

Texas leads the nation in the program on getting assistance out, and there's a robust eviction diversion program along with that, and as she said, we're happy to report we're finally getting positive feedback from

landlords and tenants.

And I can say that Housing Resource Center, we receive an awful lot of calls related to the Texas Rent Relief on a daily basis that I've had to hire an extra staff just mainly for this, and like with any program it had a little bit of a bumpy start but we're really starting to get a lot of positive phone calls and feedback, so I certainly echo that.

Brooke went on to say there's still room for improvement and that program is continuously making adjustments, but it feels great the program is helping so many Texans.

And then continuing on with ERA, which is the Emergency Rental Assistance programs, those are the funds that fund the Texas Rent Relief. Ten percent of those funds are able to be used for housing stability services.

TDHCA is in the final stages of executing a \$20 million contract with the Texas Access to Justice

Foundation to host workshops to provide direct legal services, including support eviction diversion activities.

Also, at last week's July 22 Board meeting, the Board approved awards to another 31 entities totaling more than \$50 million to provide stability services in many areas of the state. And a notice of funding availability, a NOFA, as it's known, is also anticipated in the coming

months with more of those stability funds.

Then on CDBG, which is Community Development Block Grant, for CARES, which they were awarded approximately \$148 million, we have local subrecipients now actively providing rental assistance in 41 cities and counties and mortgage payment assistance.

approximately \$71 million for food bank expenses and community resiliency activities which are designed to enable non-entitlement communities -- that means rural and small metro areas -- to better respond to future pandemics or disasters by having improved health clinics, emergency response, mobile response capacity. So this reprogramming of funds was submitted as a plan amendment to HUD, and we're waiting on their acceptance on that.

Actually, Jeremy might have a quick update on that later, because Jeremy was the one assisting CDBG on working on that plan.

Also, Brooke goes on to say that she's sharing the good news that TDHCA's ESG CARES -- so that's Emergency Solutions Program -- they also have gotten CARES money, pandemic relief money. It was across two allocations, and it totaled \$97 million, and approximately 20 percent is already expended as of July 13, which means that TDHCA met the first federal expenditure benchmark -- so that's

great -- more than two months early, so that's fantastic.

The ESG team and the subrecipients have put in long hours to get everybody there.

Then moving on, the Department was also allocated \$842 million in Homeowner Assistance Funds, and that one we're calling HAF, but that acronym gets me confused, and I think it gets everybody else confused when we talk about HAF.

Anyhow, that's the HAF program, and these are funds like the rent relief program but to help homeowners with mortgage payments, and Treasury is overseeing that one, and they require that each state turn in a HAF plan. And that one was originally June 30, but they pushed it to July 31, so staff are working hard on getting that out momentarily.

MR. WILKINSON: It's actually, Elizabeth, being extended again. We just got an email yesterday.

MS. YEVICH: Oh, really? What's the new date, Bobby?

MR. WILKINSON: They didn't give one; they just said we're about to extend it, but they still haven't given us the template or anything.

MS. YEVICH: But that's out there at some point out there, so it's sort of a half a HAF plan at this point.

Okay.

Another wonderful new source of assistance is the Emergency Housing Voucher Program, which provided 798 new vouchers to address homelessness. Spencer Duran is coming up, I believe, shortly on today's agenda. He will be giving a detailed update on that.

And the last thing Brooke wanted to share, which really resonates with the purposes of this council, is the new HOME funds under what is ARTA, which is American Rescue Plan Act.

I think in the bill they call it Homeless

Assistance and Supportive Services Program. The program

provides \$132 million to TDHCA and allows typical HOME

activities as well as homeless services, non-congregate

emergency shelter, permanent supportive housing, and

operating costs for eligible nonprofits. So that really is

large.

The funds have a long expenditure deadline and have until 2030. Unfortunately, because of that long deadline, HUD has made it clear they intend to issue formal guidance for this program and that they won't do so until fall. I'm assuming that means fall of 2021, but anyhow.

So everybody is on hold on that until HUD releases more guidance, then TDHCA and the HOME program area will be planning around that and submitting another consolidated plan amendment -- which also Jeremy is very

much involved in those amendments for consolidated plans and action plans.

So that's the update, unless, Bobby, did you want to add anything, and obviously you added something about the HAF plan, so thanks.

MR. WILKINSON: This summarized it, and of course, we've had a flood of money from the various COVID relief packages, and we're trying to get it out as best we can.

Some of it's moving very well. We're first in the nation on rent relief. Some of it is moving slower; for instance, the Homeowner Assistance Fund, and that's obviously because Treasury keeps extending when they want this plan before we can even implement and start spending the money.

Some of this more flexible spending that we're trying to get out the door, there was mentioned a NOFA where we released \$100 million, and that's for housing stability services, which we've interpreted to include like some homeless activities, helping people get their identification documents, maybe some job training, stuff like that. So there might be organizations you're familiar with or partner with that need to take a look at the money we have available and go for it.

Blake Harris at Veterans Commission is a likely

recipient of some of that money that we just had the Board pass this last week. So there's funds there for the taking.

Any questions? I mean, that's a broad topic about a lot of money that we're running right now. Any questions from any board members on what we're doing or implementation?

MS. GREEN: Just congratulations for leading the nation.

It's interesting, I was watching the national news last night, I think it was NBC, and they were talking about the program at the national level and how states have really struggled to create the processes and hire sufficient staff and handle applicants who don't often have ready access to technology.

And I can't remember the statistic, but I think they said that over half the states had expended less than 10 percent of the funds just associated with starting up a new program where you've got to have good controls to make sure that the funds go to the right place. So again, congratulations on overcoming all of that.

MR. WILKINSON: Thank you. We have had our hiccups, especially towards the beginning in February and March, and then we've slowly ramped up and are moving at a really good clip now. So I'm proud of the staff and our

contractors and everybody for doing a good job.

Well, if there's no more discussion on item 2, we'll move on to item 3. It's going to be a legislative update from Michael Lyttle, director of External Affairs.

MR. LYTTLE: Thank you, Bobby, and thank you to the board members and the group for letting me present this information. Wanted to just sort of give you some general tidbits on the 87th Regular Session that we finished up late this spring.

Total bills filed was close to 7,000: 6,927.

Interestingly enough, this was the third-highest total of filed bills in the last ten regular sessions, so there was a lot to follow and track. And always the case, filing a bill was easy, passing a bill was not so easy. We see that only 1,073 bills were passed, so that is 15.5 percent of filed legislation made it to the finish line.

So I thought I'd mention a few things about some interesting bills that you all would find of interest and also talk about some things that did not pass as well.

The first bill that we're going to talk about is House Bill 1558, which was filed by Representative Chen Button. She actually was the chair of our oversight committee two sessions ago, and she chaired House Urban Affairs and still had an interest in housing, and the bill that she filed and passed directs TDHCA to add a scoring

incentive for housing tax credit applications that are within two miles of a veterans' medical facility, and as well, these proposed developments would have to have a leasing preference for low income veterans.

A couple of interesting things about this bill.

Number one, it was bracketed to just several counties:

Dallas, Tarrant, Bexar and Travis counties. Harris County was in the bill initially but they opted out, and so some language that was changed during session on this bill kind of added this bracket, if you will, impacting these four counties.

Also, as we work through the rulemaking process next year for our 2022 Qualified Allocation Plan, which we'll also cover in the Tax Credit Program, we're going to have to define what is a veterans' medical facility, so for now I've kept it kind of generalized because that's what's in the bill.

The agency will be working on defining that and having that in the rules soon enough. But nevertheless, this was one of the tax credit bills. There were a number of them that were filed, but this one did make it to the finish line and was signed by the governor.

Another bill that I thought may be of some interest to you was filed by Senator Nathan Johnson of Dallas, Senate Bill 403. This bill expands the list of

entities who are eligible to basically to sell their tax credit development, or offer it for sale within the first 60 days of what is the 180-day right of first refusal period.

It's kind of a narrow bill in the sense that it impacts mainly deals where you're talking about a public housing authority or a public facility corporation that has ownership interest on these developments, as well as having a leasehold on the land.

But the idea being is that when these developments come up for sale that the nonprofit groups that are associated with it directly almost have that initial ability to make an offer within 60 days. And so this bill was something that was obviously of great interest to some public housing authorities, and it did pass.

Let's see. This was an interesting bill that did not pass, for example, and there was a companion bill in the Senate. House Bill 249, it was filed by Representative Philip Cortez, who is chair of our oversight committee this session. He is the chair of House Urban Affairs. This bill would have removed the 90-mile proximity requirement for basically nonprofit board members who are in organizations participating in the ownership structure of a tax credit development.

Basically right now there are a fair number of these organizations that are involved in the tax credit industry, and some of them have ownership interests outside the state, and I believe that they were the ones that were sort of pushing to try to change these requirements, if you will, of whether the people are in Texas or not in Texas.

But certainly some of these organizations are involved with developing service-enriched housing through the Tax Credit Program and the initiative actually has been pushed two sessions in a row now and has not been successful, so we very well may see a bill like this filed next session again.

Another bill that would be of great interest, had it have passed, with you guys as this council is House Bill 1225 from Representative Liz Campos. She is a freshman member out of San Antonio.

She sat on our oversight committee, currently sits on the oversight committee, and filed a number of housing bills. Homelessness and housing are of great interest to Representative Campos, and one of the bills that she filed would have required this council by August 1 of each year to basically do an extensive evaluation of the 2-1-1 network in Texas, to kind of look at it.

And as part of the biennial plan that you all produce, you'd have to include ideas on how to improve the

delivery of information within the 2-1-1 network. It would have been a fairly expansive bill, and it would have been a very expansive project for the council, you know, to be honest. But the bill was filed, did make it out of committee, but that was about as far as it went.

Just to mention on some of the other housing tax credit bills that didn't pass, several of them dealt with this right-of-first-refusal process that I briefly addressed before. Several of them were on prohibiting rent increases during the course of the lease. Several of them dealt with scoring incentives for tax credit developments that would have been located in gentrifying areas of urban cores in Texas.

A couple of bills advocated for a two-year QAP process. Another bill that as sort of a large housing bill that was filed by Chairman Cortez would have allowed TDHCA to determine how we rank the scoring criteria for the Tax Credit Program, which is currently in statute. The top 13 items are in statute right now, and had it passed it would have allowed us to sort of rank those as we thought appropriate, but that did not make it to the finish line.

MR. WILKINSON: Excuse me, everyone. I have another meeting I have to jump off to, so I'm going to hand over the gavel to Vice Chair Doni Green, and I hopefully will be back in a moment. Thank you.

MR. LYTTLE: Just to finish up, the other bill that I thought might be of interest to you all was the creation of a state housing tax credit that would have worked in conjunction with the federal Housing Tax Credit Program.

That bill made it out of the House again and got over into the Senate but did not pass the Senate, and that actually makes two sessions in a row where the state housing tax credit bill was filed, got out of the House, got over to the Senate, but the senators had some concerns about that, and so it did not move out of the Senate.

Wouldn't surprise me if we saw next session another state housing tax credit bill.

I'm not sure if we have anything after this, or was that my last slide, Jeremy? Ah, there it is.

Special sessions, yes. We are on our first special session right now, and as you've seen from the news, not much is going on here in Austin. The session will end August 6. We hear and from what we see in the papers and what the governor has said, there will be other special sessions that will be called.

What I thought would be of interest to you all is that the governor did say that this fall he's going to have a special session on redistricting and federal pandemic response funds and how state agencies spend those

funds.

So those issues on the latter subject could be in play as we look at how TDHCA works with the funds that we have and whether or not the legislature determines if there's any flexibility there that will be provided by the Feds if we could focus on some different areas.

And so we'll wait and see what the legislature decides and what they determine between them and the governor. We will take our marching orders from them on what we do.

So nonetheless I thank you, and I wanted to provide a brief snapshot of session and things that I thought might be of interest to you. So thanks.

MS. GREEN: Thank you.

Any questions for Michael?

(No response.)

MS. GREEN: If not, we will move to the next item on the agenda, which is an update on HHSCC projects. So Jeremy, I'll turn it over to you.

MR. STREMLER: So this is going to be a short update. I've been working on kind of organizing the service-enriched housing properties. We got a list of 811 and 202 properties off of HUD's website. I've been kind of paring that down to Texas properties and then pertinent information that people might want to know that's on those

spreadsheets because there's a lot of very technical HUD information that people looking for or interested in seeing what those units are wouldn't need, so I've been working on paring that down to both 202, 811.

And the next will be putting in additional properties that we consider to be service-enriched housing that have been funded by TDHCA, excluding our own funded 811 properties, as they are already on our website in a very clear place in a very clear format by Spencer and his team.

But any other properties that we deem as service-enriched housing that we've provided funding to I'll try and collect those and stick those in that as well. And then it's just a matter of figuring out the best way to present that information to put on our HHSCC page to be able to be consumed by the general public or anyone else in search of where those units might be in the state.

That's kind of the update for now, and hopefully by our next meeting I will have most of that information together and have a few ideas for how we can present it and maybe ask the council's recommendation or thoughts on different ways to present that information that we fell might be most useful for people who might be trying to access it.

MS. GREEN: Thank you, Jeremy.

Any questions? 1 2 MR. REYNOLDS: You know, I kind of forgot what HHSCC stands for. 3 MR. STREMLER: Housing and Health Services 4 5 Coordination Council. 6 MR. REYNOLDS: Oh, there it is right there. 7 MS. YEVICH: We have a lot of acronyms; we're a It happens all the time. You've got 8 sea of acronyms. 9 housing and health and they all look alike, so yeah. 10 MS. GREEN: Other questions? 11 (No response.) MS. GREEN: Hearing none, that takes us to an 12 13 update on Section 811 Project Rental Assistance Program, 14 and presenting this item is Spencer Duran. 15 MR. DURAN: Good afternoon, everybody. I have a 16 quick update on the Section 811 Program. Jeremy has on the 17 screen just some of our overview numbers. Each month we're paying out \$360,000 in rental 18 19 assistance to our 115 property partners, and it's been a 20 pretty good few months of the program. We're still going 21 strong; we're still serving our target populations. 22 Right now we're trying to work on some program 23 innovations and some changes so that we can get a broader 24 impact on the program, so we're still trying to serve youth 25 and young adults who are aging out of the foster care

system. We just trained 65 new referral agents who work with youth with disabilities who are aging out, and so we're really excited to try to break through to better serving that population.

We're also working on training, and we had a series of meetings and webinars on how to better serve people with IDD, so we want to expand the program into those populations. Right now we primarily serve people with serious mental illness from the local mental health authorities.

I also want to mention that we were awarded the FY19 funds a long time ago, but we still do not have those, and so it's kind of a mess, but I just want to say that we had a plan to spend those funds. It was about \$7 million, and our plan is kind of disintegrating every day because we have properties that are coming online who were going to use those funds to make referrals and pay assistance to.

So we're letting some vacancies go, and we're redesignating some properties from FY19 over FY13. We've fully committed all of our FY12 funds, the first grant, we've only spent about 60 percent, but 100 percent is committed, and the same with FY13. Just about 100 percent is fully committed from that grant as well.

By we have some other exciting news and I wanted to turn this over to Kaitlin Devlin, who is our waiting

list lead. So Kaitlin.

MS. DEVLIN: Hi, everyone. My name is Kaitlin Devlin. I am the waiting list lead for the Section 811 Program, and I'm going to be talking to you guys about our risk mitigation funds.

So we have two branches off of our risk mitigation funds. The first one is our barrier-busting funds. They're funded by HHSC through the Money Follows the Person interagency cooperation contract and allows the Department to provide Section 811 PRA participating properties with their barrier-busting payments so when the properties' denial would otherwise prevent them from being housed, this is an incentive payment that is equivalent to one month's contract rent.

The barrier-busting funds have been successful across the country in increasing access to affordable, accessible and integrated housing for individuals with disabilities, and especially those who have trouble passing property screening criteria due to their credit, criminal or rental history.

So those who qualify are applicants who were rejected by the 811 PRA participating properties due to property level screening criteria. So far we have released a total of \$2,000 in barrier-busting funds, which have helped applicants to overcome barriers such as rental

history and criminal background checks. If it weren't for 1 2 these funds, these tenants may not be housed to this day. Next part of our risk mitigation funds is our 3 4 damage funds, which are also funded through HHSC through 5 Money Follows the Person. This fund allows the Department 6 to provide properties in 811 PRA rental assistance 7 contracts with the Department up to \$3,000 for 8 reimbursement of expenses associated with repair of certain 9 damage to 811 PRA program units. 10 So far we've released more than \$10,000 in damage funds which have helped our participating properties 11 cover damages that are above the normal wear and tear that 12 old tenants leave behind. 13 14 Both of these funds have been a really great 15 resource for our participants and properties, and we're really excited to be kind of one of the first of 811 16 17 programs across the country to utilize them. With that, I will turn it back over to Spencer. 18 19 Thank you guys. MR. DURAN: Thank you. Yeah, I think it's a 20 great example of housing and health collaboration, which is 21 22 kind of what this council is all about. 23 Any questions about 811 or these two initiatives? 24 25

MS. GREEN:

That's great what you're doing with

the damage fund. It's interesting that the spend has been only \$10,000, so to me that indicates that the renters are good renters.

MR. DURAN: Yeah. I want it to get used, but at the same time I don't want it to get used.

Okay. I can move on to the next one if you're ready for me.

MS. GREEN: Yes, please go ahead.

MR. DURAN: Thank you, Doni.

So I'm going to talk about our new emergency voucher initiative. It's a whole entire program, but TDHCA we've been awarded 798 Section 8 vouchers that are part of HUD's American Rescue Plan appropriation. So our award represents 18 percent of the 3,500 vouchers that were awarded to public housing authorities, so these 798 vouchers effectively doubles the size of the TDHCA housing authority, so it's a pretty big deal.

So these emergency housing vouchers are limited to serving certain target populations, and so those are people experiencing homelessness, people at risk of homelessness, and person fleeing or attempting to flee domestic violence, dating violence, sexual assault and things like that, and those who are recently homeless.

So we basically established a service footprint to try and commit these nearly 800 vouchers and the service

footprint was designed to try and serve areas that were otherwise unmet, so a lot of public housing authorities across the state got their own allocation of these vouchers.

So we didn't want to double-serve those areas, so we excluded those areas, and we wanted to find good partners, so we're partnering with three Continuum of Care organizations.

So we're basically trying to serve the entire Balance of State, with help with the Texas Homeless Network. We're not sure yet if the Texas Homeless Network will provide the referrals directly or if we'll work with some of their coordinated entry participants, or they're also working with the Texas Council on Family Violence, to try and figure out how to best serve the Balance of State counties. We're also working on contracts with the Waco CoC and then also the Wichita Falls area.

So we're quite a ways away from rolling out these 800 vouchers, because we're trying to secure our contracts to get referrals for the eligible populations, and then these entities will also provide or coordinate services, so for each voucher that we got we also received \$3,500 that we can use for services.

So it's a helpful amount of money but it's not enough to provide comprehensive long-term services and

supports or for any kind of case management or anything that's ongoing.

It's really Section 8 vouchers for this particular population plus an additional amount of money available for utility deposits, security deposits, helping set up a household buying housing supplies, or even landlord incentives, and in one case we're considering paying for a staff member at one of the CoCs that will conduct landlord outreach, create landlord incentives, and kind of work as a property locator for the eligible population.

So it's a huge undertaking involving a lot of new partners for us. We work with the CoCs on kind of a subrecipient level, but now it's a true kind of equal partnership we're trying to create. So it's pretty cool, but it's a little complicated but we're getting there. So we'll keep this group updated as the emergency housing voucher initiative takes off.

If any one has any questions, Doni, that's all I have.

MS. GREEN: Any questions for Spencer?
(No response.)

MS. GREEN: Thank you, Spencer.

MR. DURAN: Thank you.

MS. GREEN: The next item on the agenda is a

ON THE RECORD REPORTING (512) 450-0342 short presentation that I will share on services through the Area Agencies on Aging and Aging and Disability Resource Centers.

So you know, my perspective on the committee is as a service provider I have appreciated the opportunity to learn more about the housing side, so again, I'm going to focus on the service side.

So if you can go to the next slide, two different programs, the first of which are the Area Agency on Aging programs, or you know, we love our acronyms too, so we are the other AAAs, and we are funded by Health and Human Services Commission, which just has one fewer letter than our committee.

And we have authority to serve people who are at least 60 years of age, caregivers of older adults, caregivers who are at least 55 years old and have responsibilities for people with severe disabilities, as well as grandparents who are at least 55 years old and have primary custody of grandchildren under the age of 18. But in most cases people have to be at least 60 years old to qualify for our programs.

One of the ways that our programs are significantly different from most state-funded services are that, first of all, eligibility for our programs is on the basis of age rather than income or resources, so our

programs are not means-tested per se.

Americans Act, requires that we target programs to older adults as well as caregivers who are at risk, and that may be associated with living in poverty, being isolated, not having support from friends or family, being frail and requiring assistance with daily activities. That may involve being a member of a minority group, having cognitive impairment. So all of us are required to have outreach strategies so that we are addressing these high risk populations.

So even though our programs are not meanstested, since we do target people with low incomes in particular, what we've seen is that about two-thirds of the people we serve are living at or below 150 percent of the poverty level, which is about \$1,500 a month for a single individual.

We can go to the next slide. So all of the services that we provide through the AAAs are made available at no cost to those who qualify. We can and do accept voluntary contributions, and any contributions that we receive have to be used to expand the services under which those contributions were made.

So within the state of Texas there are 28 Area Agencies on Aging. Each is a little different, so that's

kind of the beauty and the frustration of our network. We do have the flexibility to respond to local needs, and I see that as a tremendous benefit.

It can be frustrating at times when people move from one region to another, hear about an innovative program and don't really understand why it's not available in their communities, but the state does require that all 28 AAAs offer certain core or required services so that all of these services would be available throughout the state of Texas.

So the first of those required services is information and referral, so we either provide as a direct service or engage subrecipients to respond to phone calls from people who are looking for various support services; maybe it's a ride, nutrition, housing, in-home services and so on.

Nutrition services are required, and of all the funds we receive a little over half is dedicated to our two nutrition services. Home-delivered meals is our biggest program, and then we also offer congregate meals as well, which are meals that are served at group sites, almost all of which have been shuttered since March of last year due to COVID.

We all offer case management services and, under the state service definitions, care coordination, and this

is an essential service. So Spencer shared that there's a lot of money coming to the state for the vouchers, but you know, many people who need those vouchers also need various health and social services, so that the case management service is really essential.

And through the AAAs we provide temporary case management or care coordination services that target older adults who need some additional help in order to remain safely in the community, and so we assess client needs and arrange a flexible array of services to help folks maintain their independence at home.

So we may build wheelchair ramps, install grab bars, provide temporary in-home services, lease emergency response devices, pay utility bills in some cases, or help purchase equipment that's not covered by insurance.

We are required to provide some type of in-home services, so those in-home services can include housekeeping assistance as well as personal care if folks need hands-on care in terms of bathing, dressing, grooming, toileting, feeding and so on, and most of us will fund respite care as well to provide unpaid family members a break.

All of us are required to provide some type of support services to caregivers, so that may involve caregiver case management or counseling, support groups,

education and training. Again, most of us will have a respite care benefit as well.

We're all required to provide benefits

counseling services, and those services utilize both staff

and volunteers to provide information about public

benefits, primarily Medicare but also Medicaid, VA

services, as well as provide information about private

benefits as well.

So we can counsel folks regarding whether buying a long-term care insurance policy makes sense for them, or in some cases help people with questions or concerns about pensions.

We also offer a long-term care ombudsman program, and this program advocates for people who live in both skilled nursing facilities and assisted living facilities. It also counsels individuals who are thinking about placement and through the ombudsman program we can share information about facilities' quality history, we can bring our benefits counselors to help explain how to pay for the care, and then we also do training for nursing facility staff as well, consultation to family members. But most of the long-term care ombudsman program revolves on resolving complaints or concerns regarding quality of care or quality of life.

We're all required to administer evidence-based

programs, and these are generally preventive health workshops to help people learn how to avoid falls, to manage chronic disease, to deal with depression or persistent sadness, and they're called evidence-based programs, because the interventions have been proven effective through rigorous research to contribute to positive outcomes.

So again, those are required services. The centerpiece of our services are home-delivered meals and congregate meals, and I'll go very, very quickly through these.

So I've talked a little bit about the care coordination program, I think I've covered that so we can to the next slide. And through these programs we target older people who are not getting the help they need through either public or private sources, so with our care coordination program we really target those who have low incomes, are frail, and are at risk of premature admission to a nursing home.

In-home services I've talked a little bit about so we can go to the next slide. In terms of caregiver services, again the state offers us quite a bit of flexibility regarding specific caregiver services that we choose to fund, but the most common ones would be that caregiver case management, a respite benefit. Most of us

will do workshops for caregivers, intensive education and training for caregivers.

Some of us will fund individual and group counseling for caregivers to help them deal with the emotion aspects of caregiving. With the caregiver programs we target those who are at risk of burnout, and again, between AAAs we have some flexibility to structure our screening criteria.

Benefits counseling I've talked a little bit about so we can go -- yeah, ombudsman, looks like I got ahead of myself on all of these slides, so we can go ahead and advance.

Evidence-based programs, I forgot to talk about medication review, which is one of the many evidence-based programs we have the option of providing.

And we can go to the next slide. Okay. So that's a very, very high level overview of the Area Agencies on Aging.

Now I want to turn to the second program, which is much smaller in nature, and that is the Aging and Disability Resource Center, and these resource centers, or ADRCs, are statewide.

They are funded by the State of Texas, and so with the AAAs most of the funding for the AAAs comes from the federal level with the matching funds by the state, and

with the ADRCs they're funded entirely at the state level.

Again, there are 28 that cover the state. Many of the same organizations offer ADRCs as offer AAAs, so my organization, the North Central Texas Council of Governments, administers both of these programs. But in other parts of the state there may be different entities that administer the AAA and the ADRC services.

So the ADRCs are different from the AAAs in that we do have the ability to serve people of all ages with all types of disabilities, so eligibility for the ADRCs is not restricted on the basis of age, so we can and do assist young people with physical disabilities, with mental disabilities, with intellectual and developmental disabilities, so much, much broader population but we really focus in on people in need of long-term services and supports.

And initially when the ADRCs were created or funded by Texas back in, I think, 2005, they were funded to provide information and referral only; they did not have funding to provide direct services.

Over the years the state has continued to dedicate additional resources to the ADRCs. Now we do have a little bit of funding for some services, but our core is really providing that information referral and assistance.

So we take calls from people who are trying to

figure out how to qualify for in-home services through the Medicaid program, or how to get a ride to the doctor, how to pay for long-term care, so that's most of our work.

One of the services that is available, one of the direct services that's available through all of the ADRCs is the lifespan respite program. So for many years that was the only direct service that we could authorize, and this is a great program that gives unpaid family caregivers a break if they don't qualify for other respite services and can't afford to pay privately. So it's a small benefit but reaches a lot of people and really makes a difference.

One of the other services that all of the ADRCs provide is housing navigation, and this is not a service that is intended to assist people who are looking for housing; it's more administrative in nature. But one of the things that the housing navigators are required to do is develop an inventory of affordable housing.

So TDHCA has a wonderful clearinghouse of properties, but it's got some limitations on the kinds of properties that can enroll. Through the ADRCs we do have the ability to include properties that don't receive state funding, so with our inventory we include long-term care facilities as well, which would be beyond the scope of TDHCA's inventory.

The housing navigators are also charged in working with developers in order to expand the availability of affordable housing, so the housing navigators would help applicants obtain letters of support, would make the connections so that the developers would be connected with the service providers so that we would be able to make AAA and ADRC services more broadly available to tenants.

We also are funded to counsel nursing home residents regarding community-based services in case they have interest in leaving the facility and returning to the community, and every year my organization helps hundreds of nursing home residents return to the community, and in some cases those who have been in the facility for, you know, ten years or longer, and we are just so indebted to TDHCA for programs like the Project Access Program for 811.

You know, Texas has really been an innovator in terms of helping people relocate, and I think one of the many reasons why the state has done so well is in partnering with TDHCA and making those critical housing supports available.

Lifespan respite I've talked a little bit about, and housing navigation I've mentioned, so it looks like all of these slides I've just kind of presented the information out of order.

I did want to say just a word or two about

COVID. We as a network have been fortunate that we have received additional funding. The most recent round of stimulus funding has been dedicated for vaccination assistance, and so the ADRCs and AAAs will be doing a lot of education, outreach, as well as providing assistance in getting rides, in getting somebody to come out to the home and administer the vaccine if the person is homebound.

We've also been given some funds that we've been able to kind of create our own work plans, so some of the things that we're doing within North Central are providing emergency groceries.

We've also provided tablets and data plans for those who are without internet access so that they can connect with family, participate in telehealth appointments and so on.

All righty. And then the last slide is contact information for the Area Agencies on Aging. There's a state bounce-back number that would route callers to the appropriate AAA, 1-800-252-9240, and then similarly, a bounce-back number for the Texas Aging and Disability Resource Centers, and the number is 1-855-937-2372.

So I apologize for being a little bit out of order, but I would be happy to respond to any questions that you all might have.

MS. DELAUNAY: Doni, I have a question.

1 MS. GREEN: Yes. MS. DELAUNAY: The respite program, is it 2 3 available at all home health agencies, or is it limited to 4 the home health agencies? 5 MS. GREEN: The respite program? 6 MS. DELAUNAY: Uh-huh. 7 MS. GREEN: So the respite program will look a 8 little different from one region to another, and the model 9 that we've chosen is through the ADRC is a voucher model. So we issue vouchers, and it's a very modest benefit, so we 10 typically will approve the caregiver for \$750 in vouchers, 11 12 and that caregiver can choose as a provider anyone who is an adult who has a Social Security number. 13 14 And we're not allowed to pay the caregiver 15 herself, so many caregivers choose to use folks through an 16 agency, which is fine. Many will choose to use someone 17 they know and trust, again, as long as the paid provider is not caregiver of record and is an adult and has a Social 18 19 Security number or with an agency would have an employee identification number, then we can make payment. 20 21 MS. DELAUNAY: Thank you. Great program. 22 DR. HARRIS: Hi. Doc Harris here. 23 I was hoping you could talk a little bit more 24 about the evidence-based practices you use.

Yes.

MS. GREEN:

So as I mentioned, all of the

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AAAs are required to offer at least one evidence-based program. And within my agency, North Central Texas, I believe we have a suite of six right now.

We are limited in the programming we can offer.

Our federal agency has provided us a list of those

programs that have met the highest tier of evidence-based designation, and then I think there are some evidence-informed programs we can offer as well.

So across the state of Texas the evidence-based program that is most widely available is A Matter of Balance. That is a self-prevention program that was created by I believe Boston University, and so pre-COVID that brought together small groups of individuals once a week for eight consecutive weeks.

And the class works on two levels: one to teach people how to avoid falls through exercise, through watching out for medication interactions, but second, to help them overcome the fear of falling, which you know, surprisingly to me, can be as devastating as experiencing a fall.

So what we've found many times, you know, folks were afraid of falling, they weren't going out, they were limiting their activity, they lost muscle tone, they lost balance. So great program. It's been a challenge for us to convert that to a virtual program, but we have, due to

COVID, and we're starting to offer that again.

Following A Matter of Balance, the second most common program within the state would be the Stanford chronic disease self-management programs. And within my agency we do general chronic disease self-management diabetes self-management, and chronic pain self-management.

So each of those programs consists of six consecutive workshops, two and a half hours long, and again small groups typically, somewhere between six participants as a minimum, 15 participants as a maximum. And the program really works through action planning, so very interactive. All of those classes folks learn how to evaluate new treatments, talk to their doctors, use their medications properly, start up an exercise program, deal with stress insomnia.

Beyond that, you know, we offer the PEARLS

Program, which is for people who are dealing with

depression. There are a few AAAs that are doing the

HomeMeds program, which is a medication review and

reconciliation program. There are a few others that are

doing I think it's tools for savvy caregivers -- I don't

think that's the proper name. But those are kind of the

most common within the state.

DR. HARRIS: Thank you.

MS. GREEN: You bet.

Okay. If there are no other questions, that 1 2 brings us to the public comment section of the agenda, so is there anyone who would like to provide public comment. 3 4 MR. REYNOLDS: All of these things are really 5 good updates. 6 MR. GOODWIN: I want to keep up with Doni's 7 programs, because I'm frail, elderly, and people think my cognitive abilities are going pretty quick, so I'm going to 8 9 keep up with her. 10 (General laughter.) MS. GREEN: And at this point I are they. 11 12 know, I went into gerontology when I was 22, and people 13 used to say why are doing this as a kid, and you know, I 14 haven't had anybody ask me that for 30 years now. 15 So if there is no other public comment, let me share just a few general updates. Please note that our 16 17 next meeting is scheduled for July 21st. MR. STREMLER: Actually, Doni, sorry. 18 19 MS. GREEN: Oh, today is. 20 MR. STREMLER: The next meeting is actually scheduled for October 14. 21 22 MS. GREEN: October 14. 23 MR. STREMLER: And I also want to apologize to 24 everyone for the last-minute change in this meeting. 25 Bobby's schedule changed, and then there was multiple other schedule changes that happened that required us to move this meeting, so just wanted to apologize for that.

MS. GREEN: Jeremy, I am showing the meeting as Wednesday, October 13, so did I hear you correctly that it's supposed to be on Thursday?

MR. STREMLER: It would definitely be on Wednesday, so I just had the wrong date, so the 13th. You will get, of course, a calendar invite well in advance of that to make sure that we all have the right date saved on everyone's calendar.

And then I also had actually one additional announcement. Because our friends from TDA, Suzanne is not on the call today, and of course, Helen, as you know, is not here either, but Suzanne and the folks at Texas

Department of Agriculture are putting on a fair housing roundtable on August 4, and I can send that email out to the council if anyone wants to participate.

Helen Eisert is going to be one of the panelists on that roundtable speaking on fair housing, so I wanted to let everyone know that. I know Suzanne would probably let everyone know if she was here today, so I wanted to make sure they all had that, and I'll send that email out to the council should anybody want to sign up and listen.

MS. GREEN: Thank you. And Jeremy, one last question about the next meeting. Are we shooting for a

morning meeting or afternoon, or have y'all decided yet?

MR. STREMLER: This specifically was unique because we had to move the schedule around, but normally the attempt is always to have it from 10:00 to noon on a Wednesday. That's generally how we've always done this.

Of course, you know, should for some reason that need to change in the future, should enough members need to have it happen at a different time, we can always explore doing it at a different time of day, but generally, 10:00 to noon seems to work for everyone, especially when we've been doing it virtually.

Obviously when we someday move back to doing this in person, that could potentially change, but virtually, of course, we are having record attendance at every meeting, so that's always great. But as of right now, 10:00 to noon is the agreed upon time.

MS. GREEN: Very good.

MS. YEVICH: And as of right now, it will still be virtual unless we hear differently. I think some meetings are making a move toward in person, but I don't think a decision has been made for something outside of like a board meeting. But I think especially that we have a new council or new members and none of them are in Austin, obviously, Doni, you're not, Mike is not.

But if you don't know what Jeremy was

referencing, we went for about 18 months there where we just didn't make quorum. We would have meetings but we couldn't officially vote.

So one of the good things that has come out of these -- I still call them Zoom meetings, whatever we're on, GoToWebinar -- that we've been able to have more robust meetings and full attendance, so I am hoping that we could -- I can't speak for everyone, but I think maybe like a once a year in person would be good and then maybe three of them virtual. I don't know what will be decided, but as of right now this one would still be virtual.

MS. GREEN: Very good.

MS. YEVICH: And I'd also like to say, Doni, for myself, having been involved in this for years, knowing about AAAs and ADRCs, sure I've known about them, but somehow your PowerPoint, and the big picture view was extraordinarily helpful on both a professional and a personal level.

I have a 98-year-old mother and a 92-year-old basically father-in-law, and I've dealt with a lot of elderly relatives, and everything you said touched on that, but knowing these services are out there for people is very comforting. So it's great work and a great presentation.

MS. GREEN: Thank you.

Okay. Any other business?

1		(No response.)
2		MS. GREEN: If not, do we need a motion to
3	adjourn?	
4		MR. STREMLER: Yes.
5		MS. GREEN: Okay. Do we have a motion to
6	adjourn.	
7		MR. GOODWIN: I saw Elizabeth nodding her head.
8		MS. GREEN: All righty. I think that was an
9	aye.	
10		MR. GOODWIN: Yes.
11		MS. GREEN: All in favor of adjourning.
12		(A chorus of ayes.)
13		MS. GREEN: Thank you all. Take care.
14		(Whereupon, at 2:17 p.m., the meeting was
15	adjourned.	)

1 CERTIFICATE 2 Housing and Health Services Coordination 3 MEETING OF: Council 4 5 LOCATION: Austin, Texas 6 DATE: July 29, 2021 I do hereby certify that the foregoing pages, numbers 1 through 4849, inclusive, are the true, accurate, 8 9 and complete transcript prepared from the verbal recording made by electronic recording by Nancy H. King before the 10 Texas Department of Housing and Community Affairs. 11 DATE: August 2, 2021 12 13 14 15 16 17 18 19 (Transcriber) 20 21 22 23

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