TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Via GoToWebinar

April 20, 2022
10:00 a.m.

COUNCIL MEMBERS:

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

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P R O C E E D I N G S

MR. WILKINSON: Good morning. I'm Bobby Wilkinson, Executive Director of TDHCA, and the Chair of the Housing and Health Services Coordination Council.

Let's get started with kind of a roll call of sorts. If the members of the Council would just, one at a time, say your name and what agency or organization you are with.

MS. DELAUNAY: Good morning. Diana Delaunay, Texas Regional Bank.

MR. HARRIS: Blake Harris, Texas Veterans Commission.

MS. BARNARD: Suzanne Barnard, Texas Department of Agriculture.

MS. GREEN: Doni Green, North Central Texas Council of Governments.

MS. GONZALEZ: Jennifer Gonzalez --

FEMALE VOICE: -- Health and Human Services.

MS. GONZALEZ: I'm Jennifer Gonzales, Meadows Mental Health Policy Institute.

MS. EISERT: Helen Eisert, HHSC.

MR. WILKINSON: Michael?

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

MR. WILKINSON: Did I just get eight? Did I

miss one, Jeremy?

MR. STREMLER: Barrett is also here.

MR. WILKINSON: All right.

Barrett, Would you introduce yourself, please?

(No audible response.)

MR. WILKINSON: Barrett, you might be on mute. Barrett?

Well, Jeremy. I guess if you can see him, I can count him?

MR. STREMLER: Yes. He is on. And he was definitely on prior to --

MR. WILKINSON: Okay.

MR. STREMLER: -- starting the webinar as well. He was speaking.

MR. WILKINSON: I guess this is quorum.

Now we will go into Jeremy going over the GoToWebinar housekeeping basics.

MR. STREMLER: Yes. This is, you know, old news for everyone at this point. But your screen should look similar to the one that is up here.

This slide will be on the left hand side. Your control panel will be on the right. Your control panel is where you will control your audio, be able to ask a question, raise your hand when its time -- for those that are attendees watching, not the panelists -- when you want

to participate in public comment.

You can listen and participate via either your computer audio or via phone call. If you select phone call, it will provide you with a phone number to call into. If you are having trouble with your audio, use the sound check feature on your control panel to troubleshoot any audio problems you might have.

If you do call in and you get disconnected, do wait a minute or two before calling back in. Because it will take a minute for the system to realize that you are no longer here.

For those attending that are not on the Council, when we get to points of public participation, please raise your hand on your control panel. And we will unmute you, so that you can participate, and provide public comment or other input as well.

MR. WILKINSON: Thank you, Jeremy.

Since we have a quorum, we can vote on approving the minutes from the January 19th meeting. I believe Jeremy sent them around. Any edits or notes from any members of the Council?

(No response.)

MR. WILKINSON: If not, I'll entertain a motion to approve the minutes.

MR. HARRIS: Motion to approve.

MR. WILKINSON: Thank you, Mr. Harris.

MS. BARNARD: Second.

MR. WILKINSON: Suzanne. All in favor, please say aye.

(A chorus of ayes.)

MR. WILKINSON: Any opposed.

(No response.)

MR. WILKINSON: All right. So, the ayes have it.

Next we will move on to Spencer Duran with an update on Section 811.

MR. DURAN: Yes. Thank you so much, Bobby. Good morning, everybody.

I just have a, I guess, a narrative update, not really a presentation. I just want to kind of go through -- and a lot of this, since you guys are familiar with the program, and have been, you know, staying in tune with all of those developments for a while now, I will just kind of jump into it.

So, essentially, we are doing great with the program at its core. You know, there are the target populations that we serve. You know, people like the nursing facilities, exiting facilities for persons with IDD, youth aging out of foster care, and people with serious mental illness exiting -- or that are in services

through the mental health authorities.

So, all the relationships are still there and are still going strong. We have been working really hard on the underserved populations, youths and those who have IDD. It's been a pretty good effort so far, to work on systems, you know, changes to boost that participation.

But the biggest thing in that regard is we're finally submitting our preference. We had Board approval in 2020 to create a preference for all the populations that have not been as successful as persons with serious mental health illness. So, all those other populations are now going to have a preference effective May 1st.

So, any new applicant that comes to the program after May 1st, we will sort them on the various property waiting lists by target population, and we will give a boost up to anyone who is not a person with a serious mental illness. So, this will rebalance who we are trying to serve.

And it also just kind of serves as a good kind of restart of some of those relationships with those local disability providers. And as we roll it out, we are also going to be updating some waiting lists [audio cuts out] at the same time.

So, we think it will be a really good incentive to draw people, you know, back to the program, those sorts

of providers that haven't been participating as much. You know, we are going to have open waiting lists and that preference in place. So, we think that it will really, you know, create some good excitement about the program.

So, we are going to be reopening the waiting lists with some properties in Harris County and some in Fort Worth. And those properties are going to be reopened because they have lower -- fewer folks on those property waiting lists, currently. We have some preferences also in the reopening of some of the waiting lists. It is really exciting.

And then finally, I wanted to talk about the funding. You know, we have 429 people currently housed. And we still have over -- it is just over 2,000 people on the waiting list.

So, the program overall has healthy demand. We feel good about that, but we want to serve more people. So, we have been approved -- well, we have been awarded a grant from HUD that will allow us to serve about 130 additional families.

But we are just stuck, you know, kind of negotiating with HUD on the terms of that grant. It's the -- what we call the FY '19 grant, the third grant for 811. You know, it is a new administration, and they've kind of revamped all the contract documents.

And a lot of that revamping just would be really burdensome for our owners and TDHCA. And a lot of it doesn't make sense because they threw in some language from the Capital Assistance program, and we are not a capital program. We're a pure rental assistance program.

So, HUD is going to release a new version of the grant contract, and hopefully, we will sign it, just as soon as they fix some of those weird issues.

So, yeah. Does anybody have any questions about 811?

MS. GREEN: So, Spencer, the two properties that will accept applications, the Harris, the Fort Worth, are those the only two statewide that will be accepting applications?

MR. DURAN: We have a lot of properties that are -- that are just currently open. I think you have two in your area, the two Denton properties. They have never -- they were never closed.

MS. GREEN: Okay.

MR. DURAN: So, when I am talking about reopening, we are talking about properties that we had to close because -- you know, for example, in Austin.

You know, the Austin local mental health authority, you know, they just ran wild with 811. And so,

they filled up all those waiting lists, you know, very quickly. So, those Austin properties have been closed for a long time.

But just looking at the -- our little map, we have -- those two Denton properties are still open. There is some in Johnson County. You know, some of these, like, more outlying areas never closed down.

MS. GREEN: Okay. Okay. And by giving priority to those without severe mental illness, is there the risk that folks with severe mental illness might never receive a unit?

MR. DURAN: Yes. Yes. I mean, right now, the opposite is occurring, is that people who are not in that category, who aren't -- you know, those populations that don't have -- that didn't already have housing connection infrastructure -- like the local mental health authorities, they already kind of do housing stuff.

So they -- that is why they were so far ahead of everybody else. So, they have kind of pushed everybody else out of the program.

So, you know, a preference is a tool that housing authorities and other housing programs and properties can use to try and make sure everybody is served. So, yes. There is a risk that -- yes. We prioritize one population over another, that is going to

be a consequence.

MS. GREEN: Yes. And my work is with nursing home residents, primarily. But you know, there are some programs to benefit that population. And for folks with mental illness, you know, that demand just may be a reflection of, you know, the lack of any other resources.

MR. DURAN: Yes. Yes. For sure. I think if you look at -- 811 is competing with other housing programs. We definitely compete with the group home system for people with IDD and people who are exiting nursing facilities.

So, you are right. There are housing options for them currently that may not be there for persons with serious mental illness, but --

MS. GREEN: Yes.

MR. STREMLER: -- we want -- in our program, we want to serve everybody. And we haven't been. So, this is a way to correct that.

MS. GREEN: Yes. Thank you.

MR. WILKINSON: Spencer, are we coordinating with DFPS? Do they know that foster kids aging out are going to get a preference in May and --

MR. DURAN: Oh, yes. Yes. DFPS is really cool. They have hired new high-level housing coordination kind of staff. So, you know, I communicate with a housing

policy person on planning and implementation, and they bring a lot of new tools for DFPS to use for the kids.

So, we are basically now part of that pre-transition conversation that occurs even before they are 18 years old. So, we kind of dug deep into our regulations and figured out that we can't house somebody who is not 18, but we can definitely get them on a waiting list and do outreach, and get them ready to be housed.

So, hopefully when they do turn 18, they will have at least a chance at getting housing and kind of moving on. Previously, we didn't even allow people to apply if they weren't 18, because that was our kind of -- our reading of the rules.

But, I think that -- yeah, we can put them on a waiting list. As long as we don't house them, we're fine. So, we have been working on program changes like that to better serve DFPS.

MR. WILKINSON: Would they still be eligible, if they are full-time students? Because that is an issue with some other --

MR. DURAN: Yes. Student stuff is complicated. Yes, there is an exception for the student rule. It speaks to former foster youth.

And that is a great challenge with 811 is blending the tax credit regulations, and the HUD

regulations, and the student rule. It is super complicated. It is a really convoluted flow chart of whether you are or are not eligible for federal housing assistance.

MR. WILKINSON: But for the most part, they're exempted? So they can be full-time students?

MR. DURAN: Yes.

MR. WILKINSON: Okay.

I think she's turned her camera off, but I would like to recognize, for the record, Donna Klaeger has joined us. So, good morning, Donna.

Any more 811 questions for Spencer?

MS. GREEN: Spencer, this is not an 811 question, but Project Access. So, I believe that, at one point, there were some vouchers set aside for people who are exiting the state hospitals. So, do you know if that set-aside is still in place?

MR. DURAN: Yes, it is. And Helen and --

MS. GREEN: That would be one resource for that population.

MR. DURAN: Yes. It is such a small -- this is kind of the problem with, you know, some of our -- you know, with TDHCA, we have all these really cool programs that serve these unserved populations.

But we are just one. You know, one -- so, yes.

Andre's -- that set-aside is maxed out, you know.

MS. GREEN: Okay.

MR. DURAN: We do as best -- we serve as many folks as we can.

MR. WILKINSON: Spencer is up again next for the emergency housing voucher update.

MR. DURAN: Cool. So, kind of going after Doni's question, this is you know, a little -- a lot newer program. So, the emergency housing voucher program is -- you know, we essentially got 798 vouchers -- Section 8 housing choice vouchers from HUD.

And these vouchers are designed to serve specific target populations. Who is -- these are my own kind of notes, but it might help everybody to kind of see.

I can share my screen, Jeremy. Not sure if that is allowed or not. Let me see if I can. Can you guys see my notes?

MS. GREEN: Yes.

MR. DURAN: Okay. Thank you.

So this is what we're talking about. The emergency housing vouchers, we received 798 vouchers that were allocated to us. And our -- basically, we are trying to be the housing authority that serves areas in the state that were not otherwise awarded emergency housing vouchers.

So this means that, you know, all -- most of the urban areas, larger counties, you know, there is so many housing authorities. And a lot of those housing authorities got their own emergency housing voucher award. So, we are trying to fill those gaps, which means we have a gigantic footprint trying to fill that gap.

So, there is around 200 counties we are trying to serve. So, it is a lot. And we are -- you know, we don't have existing relationships with the continuum of care organizations or with those individual provider organizations to have the services in place to distribute vouchers to people who are exiting homelessness, and the other eligible populations.

So, we have partnerships with the Texas Homeless Network, which is a balance of state continuum of care. And we have also have a contract with Heart of Texas Homeless Coalition. Right now, we are really just focusing on the Texas Homeless Network to try to -- because this is huge.

That is the bulk of our program. So, we have committed 470 vouchers to THN. And we have committed 50 to the Heart of Texas.

So, I have a quick little update here. So, Texas Homeless Network, they are creating referral networks with local homeless provider organizations that

participate in the homeless management information systems. And so, they are basically taking referrals of eligible folks.

And then, those referrals go to THN, which screens for target population eligibility. And then, they are sent over to TDHCA and then we do the Section 8 eligibility screening and then, you know, give the vouchers out.

And then, what is really cool about this program is there is service money available to help fund these families with housing location, buying furniture, moving expenses. You know, we can do landlord incentives. So there's a lot of tools we have available to get these vouchers out the door.

So, yeah, the Texas Homeless Network we kind of see their numbers here. They have 341 referrals that they have received. They have screened about 70 percent of those and deemed them to be eligible.

So, that 233 will come over to us, whenever they are ready. And so, they have made 50 referrals to us so far. And so we have 14 families that have completed the full process and now they are looking for housing.

But nobody through our program has signed a lease yet. But we have the 14, plus the 31 here that are really close to getting to that final point. So, yes.

So, we are behind the housing, you know, rate, from most housing authorities, but most housing authorities got about, you know, 30 vouchers, or 15 vouchers.

They didn't get 800 vouchers. And they are relying on existing partnerships. We have all new partnerships. We have been trying our best.

We have leveraged additional funding, $750,000 from ERA to go to Texas Homeless Network for admin expenses. The emergency housing vouchers, they do come with service -- some service money, but it is not enough money to pay for, you know, the administrative overhead that is required to handle this huge number of vouchers.

Yeah. So does anyone have any questions about emergency housing vouchers?

(No response.)

MR. WILKINSON: Thank you, Spencer. We appreciate it.

Next up, Naomi Cantu is going to give us an update on the HOME dollars for homeless activities in the American Rescue Plan.

MS. CANTU: Just getting situated. Thank you for having me today. Can you all hear me alright? Okay, good.

So, Jeremy, should I share my screen, or is it -- well, you have it up.

MR. STREMLER: Yes.

MS. CANTU: All right. Let's go.

So, HOME - American Rescue Plan. I am Naomi Cantu. I am the HOME-ARP Director. Some background about the plan is that it was established under the American Rescue Plan Act. So this is Recovery Act funds effects from COVID.

We received approximately $132 million in HOME-ARP, in a one-time funding. So again, this is Recovery funding, stimulus funding. So it's a one-time funding source.

It is called HOME-ARP because it is funded through that HOME program infrastructure. But we received many waivers and flexibilities in order to serve a specific population.

Next slide, please. Thank you.

So, this is the population that we are working to serve. It is the specific population which we call qualified populations. That is our term, qualified populations.

We have several populations that are similar to, that are similar to the regular -- not regular, but common homeless programs, such as Emergency Solutions Grants or Continuum of Care programs. And these are the persons experiencing homelessness, persons at risk of

homelessness, and persons fleeing or attempting to flee domestic violence -- or a series of things for Violence Against Women Act.

We also have other populations that are specific to HOME-ARP or other stimulus programs, where -- not so common definitions. So, those other populations are severely cost-burdened, formerly homeless but temporarily housed, and persons at risk of homelessness with 50 percent -- sorry, area median income instead of 30 percent, which is the annual definition.

And in all of this, we can -- there was a special call-out for veterans. The veterans do have to fall under one of these categories to meet our qualified populations.

I am going to go over a little bit about -- yes, perfect. A little bit about our homeless qualified populations definitions that are specific to HOME-ARP. We're unusual compared to other homeless programs.

One is formerly homeless but housed in temporary resources. I put the HUD CPD notice in here because the definition is in our HUD notice, which gives us the majority of our guidance. This is households who have previously been qualified as homeless, per the statute.

That is very common in many homeless programs.

They are currently housed in either temporary or emergency assistance -- maybe rental assistance, maybe services -- and who need additional assistance to avoid a return to homelessness.

So, this is a possibility to address this population that had been assisted through other stimulus or emergency programs. And that assistance is running out and they need more assistance. So, that is a specific population.

The next are grouped under what HUD is calling at greatest risk of housing instability. Again, the definitions are in the HUD notice. That's the at risk of homelessness, with increased area median family income. This has been used in Emergency Solutions Grants CARES, of an increased income at 50 percent AMI, instead of 30 percent -- under 30 percent AMI.

And then, an unusual one is extremely low income and severely cost-burdened. So, this is households that have income that is 30 percent AMI, area median income, and are experiencing severe cost burdens. So that is paying more than 50 percent of the monthly household income toward housing costs. And they are considered at greatest risk of housing instability.

We have submitted our plan to HUD -- our draft into HUD. We are waiting on approval. We submitted it

last week. So, that is almost breaking news.

They have 45 days to review. And then we will move forward with these activities if they don't request any changes. We have split much of the program funds equally between something called non-congregate shelter -- which I will go into a definition of that in the next slide -- and affordable rental housing. And this includes capitalized operating reserve, which I will also describe what that is.

So, $56 million in each of these categories. They also have funds in non-profit operating and non-profit capacity building funds, to just, as it sounds like, build the capacity for non-profits to be able to undertake some of the capital activities. And then we have set aside funding for administration and planning as well. Thank you.

Non-congregate shelter is one or more buildings that provide private units or rooms for temporary shelter. They serve individuals and families that meet one or more of the qualifying populations -- so those definitions that I mentioned earlier. They do not require occupants to sign a lease or occupancy agreement.

So, some of the highlights here is that it is private rooms, private units or rooms. In a traditional shelter, or a more common shelter that you might find,

many times that can be a big room that with dividers or many beds in one room. This is private units or rooms which will assist in the event of an airborne illness. My next slide, please.

So, eligible activities are acquisition, new construction or rehab. And rehab can include things like converting hotels, motels, nursing homes, dorms, into non-congregate shelter, units that are set up as individual rooms with individual sanitary facilities as well.

The minimum and maximum amounts -- minimum is $200,000. Perhaps there is an existing shelter that wants to rehab the shelter to make it more conducive to a safe stay, if there is an airborne illness.

And the maximum can be the amount available in the NOFA. So, that could be up to $56 million. That could be a larger scale development. And we are working on seeing what that looks like here at the agency, and also building capacity for the non-profits to determine what that might look like. Please.

So, if we get organizations that come in for a non-congregate shelter, there is three things that they can do with them. They can remain a HOME-ARP non-congregate shelter after the minimum use period, or restricted use period. It can be used as a non-congregate shelter under the Emergency Solutions Grants program,

which is an annual program -- not a stimulus program, but an annual program. Or it can be converted to HOME affordable rental housing, or continuum of care permanent housing.

There are two things on this slide. It can remain as a non-congregate shelter. If it remains as a non-congregate shelter, HOME-ARP cannot pay for operating costs at that shelter. So, it has to be paired with some other source, whether it is private or government.

And the second option, the Emergency Solutions Grants, would be one possible source of operating funds. And then, the last one, there is a minimum use period as a HOME-ARP non-congregate shelter, but then it can be converted to rental housing.

Again, this is very robust shelter. And the individual units and sanitary facilities in each unit -- so it may function more like a single resident occupancy, an SRO, and be very conducive to being converted into permanent housing, either through HOME and HOME rent limits, or low HOME rent, high HOME rent, or converted to continuum of care permanent housing, which was specifically mentioned in the HUD notice. And next slide -- great.

Moving on to rental housing development costs. So again, half of the funding is also in rental housing

development. Eligible activities are acquisition, construction, rehab, and we can also convert from non-residential buildings to housing.

The minimum request is $500,000. The maximum request is $15 million. It is possibly a larger amount than other programs, because it has a very specific population that it can serve.

I am going to go into some of the specifics about the qualified populations and how -- the rents they pay, in the next few slides. So, we do have the option to provide operating cost assistance, which is one of the reasons our maximum amount is $15 million, and that includes operating cost assistance.

Operating cost assistance is for the units restricted for use by the qualifying populations. We are anticipating that those who are over underwriting -- I am not sure if we can anticipate, but being prudent for underwriting, we are anticipating that those units will be zero-income units. If they come with rental assistance, that is going to be different. If they have project-based rental assistance, that is going to be different.

But for many of the qualified population units, the rent may be zero rent. Because it is 30 percent of the tenant's income, which is very different than many other rental programs.

So, in order to support those units, we are offering -- well, actually, HUD is offering and then we are choosing that option as well -- the operating cost assistance. So that -- it cannot pay for debt service on the units, but it can pay for the operating costs to maintain that unit.

There is only a 15-year federal compliance period on these units. But of course, in our statute, there is a 30-year state affordability period. So, that operating cost assistance will last throughout the 15 years for the federal compliance period. And then, after that 15 years, the state affordability period will apply.

And there is an option for the owner to enter into a master lease with a non-profit service provider, asking as a sponsor. So, that would be -- I am trying to think of an analogy. That would be as if a non-profit rented many units, and then sublet or did a sublease of those units to qualified populations. So the non-profit would be the responsible entity.

And in this scenario, it could have more -- provide more supports to the person that is in that unit, rather than having a lease directly with the landlord, but the tenant and the landlord.

And next? Great.

This is a little bit of what I was talking about before regarding the qualified population rent payments. So the rents with the qualifying populations are capped at 30 percent of their income. Again that is very different. It is not the HOME rent limits, unless they have a project- or tenant-based rental assistance.

Now, 70 percent of the HOME-ARP units created for rental need to be for qualifying population. Up to 30 percent can be for low income households at high income rent. So, that is to stabilize the property financially.

It is still affordable if it is not a qualified population. And that is up to 30 percent. There can definitely be 100 percent qualified populations in the units, but we can make it financially viable. Next slide, please.

And then, the last activity that we are offering through competition is non-profit capacity and operating assistance. Again, this is for non-profits to build a capacity or to help with operating costs. It is new hires or existing staff, education training and travel, equipment, supplies. Consultants is included in this, and then rent and utilities, taxes and insurance.

Now, one note, for those who might be going for non-congregate shelter, capacity building, this kind of

assistance still cannot pay for operating costs, even non-profit operating assistance of a shelter. So, it would have to pay for some other general operating costs. And in addition, it can't be allocable to the activity that they are awarded.

So, if they have this capacity building or operating assistance at the same time as they have capital funds for construction, they cannot charge it to the operating assistance instead of charging it to the activity. So, it is for support for the organization. It is not directly for that activity.

And we do plan to award some non-profits capacity building assistance prior to award, especially of the non-congregate shelter. We are still working on how it would be awarded with the rental assistance.

And the next slide. The minimum amount is $50,000. The maximum amount is up to 50 percent of the general operating costs.

So it can have the potential to be quite sizeable. And the non-profit awarded funds would need to be in control of developments or shelters. Sorry, they need to be in control of developments or shelters to be eligible. So it has to be some sort of ownership structure of the potential application for the non-profit, non-congregate shelter -- so one of the owners in that.

Planning process. So, we did have a public comment period on this. We had a draft plan presented just this month to HUD. They have 45 days to review.

As soon as they are finished with their review, we will open the capacity building and rental assistance NOFAs. The non-congregate shelter NOFA most likely will be delayed until we get an idea of how many capacity building awards that we have for non-congregate shelters. But we are going out with initial NOFAs in spring and summer.

There is my contact information. I am available for any questions.

MR. WILKINSON: Thank you, Naomi. That was great. This is exciting because we have had all this service money, and so now we have, you know, some sticks and bricks money to get out. So, hopefully, we will get some great projects coming in.

Next up is Jeremy on the definition of service-enriched housing.

MR. STREMLER: Yes. So, with the meeting invite I sent out, I sent out another version of the 10 TAC 1.11 definition of service-enriched housing that we discussed at the last meeting.

At the last meeting, I asked if anybody had any suggested changes to provide them. There was one

suggested change, and that was noted in the version I sent out, which was to change the elderly adults into older adults. So, to change that ending to a more up-to-date, commonly used vernacular.

So again, you know, if there are any additional suggestions or if anybody disagrees with that suggested change, you know, it is open for discussion to see if anything does need to be changed. If people feel nothing needs to be changed, that is also okay.

But it is just part of our rulemaking process. The Council will need to settle on a version of this so that it can then move forward into going out for public comment and then final rule adoption through our rule process at TDHCA.

Mike is not here, but he did send me an email about this that -- I told him I would provide his comments to the General Counsel as well. Essentially, his email said, he is concerned about switching from persons who are elderly to older adults, due to potentially siphoning off scarce resources from the elderly community by mentioning older adults versus persons who are elderly. He notes that he feels that this is an issue.

In previous years, it caused a bit of a dustup when a landlord for an elderly property would apply to HUD for approval to open the property to near elderly. The

lifestyles are not the same. And once the units were rented to near elderly, it was not available to elderly.

His major concern being that over time, properties could predominantly become for, you know, near elderly or older adults, with resulting loss of services being provided to just elderly. So, he was saying that he does not see the reasoning behind opening up this definition to a broader statement of older adults versus specifically stating elderly.

So, I wanted to provide that, because he did send that to me, since he wasn't going to be able to make it today.

MS. GREEN: And I'm not sure I understand the comment. Are there formal definitions of what constitutes older versus near older?

MR. STREMLER: I think Mike was referring to, you know -- because in some -- like the Fair Housing Act and the National Housing Act, there are you know, specific age limit cutoffs for elderly. And he was just concerned that not stating elderly might seem that we -- you know, those definitions maybe are not being -- are being shifted.

And he was concerned about potential service-enriched housing not serving elderly, and beginning to serve younger and younger older adults. So, that was his

concern.

MS. SYLVESTER: This is Megan Sylvester, the TDHCA federal compliance counsel. And when there are no federal funds involved, the TDHCA only has the ability to do housing that is elderly housing under the Housing for Older Persons Act, which is, for practical purposes, one person in a household -- 80 percent of the units have to have one person in the household of 55 or up, or everybody is 62 and up.

However, there are some federal programs that operate -- that are sometimes layered with TDHCA deals, that operate with different definitions of housing. What is elderly? Some of those elderly definitions are, I would say, the vast majority is one person in the household being 62 or up. Sometimes, it includes households with -- and usually includes a house with a child. And sometimes, it includes households with disabilities.

There are some HUD programs that have the ability, if the market demand isn't there for 62 and up, to serve the near elderly, which also varies per program definition. It can go as low as, in some HUD programs, 45. But, I would say that is the rarity more than the norm.

The norm for federal funds is usually 62 -- one

person, 62 or up. But it really depends on your funding stack. So, as I said, without absence of federal funding sources, TDHCA can only fund something with the HUD that meets the Housing for Older Persons Act definition, anyway.

MR. STREMLER: Perfect. Thanks, Megan, for the clarification.

MR. WILKINSON: Megan. So HUD uses the term elderly, rather than older, in their definition?

MS. SYLVESTER: Yes. For its programs, it uses the term elderly. In most -- I should say for most of its programs, a few of the programs use the word senior, but the majority is elderly. And then of course, the Housing for Older Persons Act uses the term elderly.

MR. WILKINSON: Thank you.

MS. EISERT: Yes. I think, when I look at like, current literature now, I feel like people are getting away from the term elderly. That is a bit stigmatized.

And for the wonderful older adults in my life, they tend to feel that the word elderly makes them seem more vulnerable than they want to seem. So that sort of was the thinking, you know. When we look at programmatic language, the term older adult seems to be more used over elderly, I would say.

MS. GREEN: Right. Yes. And I have real concerns as a gerontologist, about the phrase "the elderly," which suggests that there is a monolith of people who, solely because of their age, have certain characteristics. And that is problematic.

So, I agree. I think older adults is much more commonly accepted by the population who is being served. But this is the first time that I was aware that there was a distinction between elderly and near elderly, or whatever the term might be, so --

MR. STREMLER: Michael, you said you had --

MR. WILT: Yes. I have got a couple of comments. Are people done on the elderly versus older persons discussion? Because it doesn't pertain to that.

MR. STREMLER: Okay.

MR. WILT: So the word integrated, I assume that means community integrated?

MR. STREMLER: Yes.

MR. WILT: Is there an appetite to just add the word community in there -- community integrated? Just to clarify it a little bit.

MS. EISERT: I like that.

MR. WILT: Then my only other suggestion would be to add "lease-based." I think it is important for people to know that there are tenancy requirements, and

that there are leases attached to these units. That was just my other suggestion.

MS. EISERT: Would that go after accessible? You mean, like lease-based housing. You have it there.

MR. WILT: Yes. Or after community-integrated.

MS. EISERT: Oh, I see.

MR. WILT: Lease-based --

MS. EISERT: Affordable --

MR. WILT: I know we are adding a bunch of commas and modifiers, but I feel pretty strongly about the word "lease" being in there somewhere.

MR. WILKINSON: Makes sense.

MS. EISERT: And I have some suggestions. So, I don't know, Jeremy, if you are capturing all this -- if we want to give all those suggestions first, and then go into discussion.

So the only thing I was going to add was -- or suggest was that we add -- the population that is called out in the biennial plan include people experiencing homelessness, veterans, and I would also suggest that we add survivors of domestic violence, sexual assault and human trafficking. But where there is some good evidence that shows supportive housing or service-enriched housing is an evidence-based practice for those populations as well.

So, it is not just limited to individuals with disabilities and older adults -- nearer the biennial plan.

MR. WILKINSON: Any other edits, or ideas?

MS. IRWIN: I had just one followup question about the elderly/older adult discussion. And just, if elderly is being used to match the HUD language, is that why that language was being used? I am just -- I assumed that was why, but I was just curious.

MR. STREMLER: I would assume so. The initial rule was created about ten years ago, I think. So, I don't know what the intention behind that specific wording might have been.

MS. IRWIN: Okay. That makes sense.

MS. SYLVESTER: This is Megan again. The TDHCA, in its definition section, has a definition for elderly. We do not have a definition for older adults or senior or sort of any of these other terms. So when we say elderly, there is a definition for it, whereas there wouldn't be for some of these other populations.

And to follow up with -- I apologize. I don't know who made the comment about domestic violence and other populations. We tend to use the word "VAWA-covered populations" here, because that is a term that is used in our rental housing to mean a specific thing. And it also covers like, stalking.

And when we use something else, there is always this question of, well, is, you know, dating violence covered? Is stalking covered? Whereas when we say VAWA-covered populations, that is a defined term.

MS. EISERT: So, it sounds like we might need to add a definition for older adult, if we do change the --

(Simultaneous discussion.)

MR. WILKINSON: -- open up our other definitions. Besides, older adults can mean anyone over 30.

MS. EISERT: I mean, I think it is generally people over 50 or 55 who are older adults, in the peer reviewed literature out there.

MR. WILT: You know, Helen, to your point, I just happened to do a training yesterday. And they said, ageism applies to anyone over 40. And that certainly was a gut punch for me to hear. But, you know, it is a highlight, I think that what constitutes older is a shifting target, whether you are going for the Denny's discount, or you know, what organization is defining it.

In this regard, you know, certainly, I will defer to the larger brain trust here, but it seems like matching the terms with existing language that you already have defined is just probably going to be the easiest

thing. Otherwise, you will, as I think, Helen, you were alluding to, have to create a new operational definition for older.

MS. EISERT: Which I would encourage the committee -- that is not that difficult to do -- to create a new definition, I mean, that is more updated. You know, if we were -- yes. I mean, there is a lot of terms involved that we don't necessarily need to continue using, and it is worth probably updating.

MR. WILKINSON: Yes. We're not going to do it.

MS. EISERT: You wouldn't be able to add that definition?

MR. WILKINSON: I am not going to start changing definitions among all our programs and rules just because of a trend. Not in this instance. I mean, sometimes we could. And especially to make it so different from what is in the HUD statutes and rules just doesn't make sense.

Any other edits on the definition of service-enriched housing?

(No response.)

MS. EISERT: So we want Jeremy to send out what Michael and I had mentioned, in terms of other additions, so that could be put into the language, for suggestions?

MR. WILKINSON: Yes. Jeremy, could you

circulate a new version to everyone?

MR. STREMLER: Yes, definitely. I will circulate a version that includes the "community-integrated, lease-based" statements. And then, just to clarify this point, on the added populations, we'll note "VAWA-covered populations."

And then, Megan, just to clarify, then you know, noting veterans and, you know, a few of the others that are noted in the Biennial Plan that are outside of what would be considered as VAWA populations as well, we would need to add separately.

MS. SYLVESTER: I can work with you on the language that meets our current definitions for rental housing.

MR. STREMLER: Okay, perfect. I will draft something up and run it by Megan to make sure those populations are included in existing definitions we have, and then send something out to the full Committee. And if, you know, we hear no objections from that at the July meeting, we will vote to finalize that, and move forward with TDHCA's rulemaking process, where it will go to our Board.

Because we want to try and get this done before the end of the calendar year. So we will need to have it go to our September meeting. And then, it will be

finalized by November.

MS. EISERT: And I'll just throw this out there, if there is any appetite. Like, I know we have had this discussion over the previous years that I have been a part of this group. But updating the term "service-enriched" housing to "supportive" housing to -- which would require, I think, a statutory initiative.

Just to bring it in line with the rest of the terminology that is used for the general public. So they understand what it means --

MR. WILKINSON: Helen, I'm --

MS. EISERT: -- an appetite for that.

MR. WILKINSON: -- going to agree with you on this one. That would makes sense to change the statute, I think, to supportive housing. And that way, it would kind of align what we are talking about here, with what is actually happening, right.

MS. EISERT: Uh-huh.

MR. WILKINSON: All right, Jeremy. Can we move go on to the HHSCC biennial plan and report?

MR. STREMLER: Yes. So, on that front, speaking of the Biennial Plan and Report, in the first couple of weeks of May, everyone will also receive an email with the Biennial Plan and Report.

For those that don't know, they are two

separate documents. One is the plan. One is the report of findings.

Everyone will receive that. And I will ask that you -- I will give you roughly a month to make any edits to that document, any suggestions that you feel might be necessary to send back to us. And we will incorporate and, you know, send through our final reviews to the committee -- the Council Chair, which is Bobby.

And then, get that ready and have a final version to present at the July meeting, as well. And to vote on -- because that report does need to be submitted to the Governor's Office and oversight committees by August 1st.

So, be on the lookout in the beginning of May. You will receive an email with those plans. Make any comments or edits that you feel might need to be included. We have already gotten a few edits from some of our state agency members, just based on programs that they operate and supports that they operate that needed updating in that report.

But then, the rest of the document, you know, everyone can provide suggestions for changes. If you don't feel any changes need to be made from what is sent out, that is also fine. But you are welcome to provide comments and edits.

So just to be on the lookout for that as well in the first couple weeks of the next month.

MR. WILKINSON: Thanks, Jeremy. Any questions about the Biennial Plan?

(No response.)

MR. WILKINSON: All right.

Moving on, Dr. Harris is going to give us an update on his work at the Veterans Commission.

DR. HARRIS: Hello, friends. I promise I will brief and respectful of your day. I am excited for the opportunity to tell you a little bit about what we do over here. That is me; this is y'all. Next slide, please.

Briefly, I just want to talk about the services that we provide within VMHD. I will reference the Risk-Need-Responsivity Model, which kind of provides a framework for how we structure these things.

I am a forensic psychologist by training. So, working with the criminal justice involved population, this is what is shown effective in program development. It makes sense, and we have kind of taken that and run with it, as a kind of our -- keep it between the buoys, as they say. And then, focus on some of the state and local services that we provide through our partnerships. Next slide, please.

But -- the why. Texas cares about veterans.

Texas cares about people in general -- the hospitable South, or the buckle of the hospitable South, as they say. But more veterans are coming to Texas, as many of you know, than any other state.

You know, we have the second highest population of veterans, the highest population of women veterans. And it is anticipated, if the trends continue within the next five to ten years, there will be more veterans in Texas than any other state.

We know that state and local services are crucial for that high risk transitional period from service member to veteran, exposing folks where they can be at risk for all sorts of things. If there are struggles, that can result in them needing mental health services, being at risk for experiencing homelessness.

Also, this is where we like to always throw in our disclaimer that we are not the VA. Sometimes there is confusion on that.

So, the federal system is the Veterans Administration. They do great work. We are a great partner -- we have a great partnership with them.

In Texas there are two catchment areas. There is VISN 17. And then Houston, and some of the coastal areas are in VISN 16. We work closely with their leadership, the national and then at the local level.

However, we are a state agency. So every state agency in the territories has their own veterans-serving organization. Often we get calls from folks who are mad; we have to differentiate who they are mad at. Plus we -- hopefully, it is not us. But we work very closely with VA, although we are not VA.

Next slide, please.

I don't want to read slides to everyone. But for anyone who may be calling in, I will briefly touch on the different departments within the Texas Veterans Commission.

There is a whole Claims Department to help folks navigate their benefits and their compensation claims with the Veterans Administration. Also, TVC identifies Veteran County Service Officers for those counties that have a population requirement, or a population threshold to require a Veteran County Service Officer. So, those are folks that help folks get their claim in order. It can be a complicated process, particularly for those that have some very reduced access.

There is additionally an Education Department, Employment. The names are pretty on the nose there in terms of their function. Entrepreneurship is a really cool program for veterans who are looking to start their own business.

And I will say Health Care Advocacy is a really cool department. To my knowledge, I think TVC is the only of the states serving veteran agencies that has a dedicated Health Care Advocacy team.

So just within the VA, which is, I believe, the largest health program in the nation, or structure on the planet, it's a bit complicated. And there are additional services outside of that, so having a team dedicated to helping folks navigate that, figure out how to, you know, get into the system and get their needs met, is a very cool program.

There is also a Women Veterans program, as we know that there are unique needs for women veterans. There is the Funds for Veteran Assistance. And that provides grants to many folk and organizations across the state that serve veterans with mental health services, housing, home improvement programs, and general assistance programs, among others.

There is also, this last lege session, TVC has been charged with helping folks, veterans who are seeking citizenship and naturalization after their services. And then, there's our small Veteran's Mental Health Department, which I will tell you a little more now. Next slide, please.

And I am trying to speak quickly, in the

interest of time. But if anybody needs for me to slow down, please interrupt me, and I will welcome it.

Our department is made up of our community and faith-based program; our Homeless Veteran Initiative, which is really where I am going to focus my time today; our Justice Involved Veteran program; the Military Veteran Peer Network, which is a partnership between us, the local mental health authorities across the state, and our friends in Health and Human Services; a Veteran Provider program; and Suicide Prevention. Next slide, please.

Our role and our performance measures as captured is really on the training and technical assistance that we provide to anyone who desires it. Also, resource connection, coordination with the state legislature, the initiatives that the state, and priorities that the state puts forth for veterans services, and then, working with all of the veterans serving agencies and organizations and partnerships and coalitions, to include our representation here with this Council. And also, veteran advocacy.

Next slide, please.

I think -- you know, I think there was a healthy discussion just a few moments ago about terminology. So, I will kind of stress this part.

I think one of the things that is most

important for VMHDs -- that we have the broadest definition of veteran. And that can be a barrier for some folks, particularly in accessing housing and assistance services as well. So, regardless of discharge status, meaning, you know, maybe called good paper or bad paper, honorable, other than honorable, dishonorable, regardless of branch of service, length of service, what somebody, you know, washes out in boot camp, or someone serves an entire career, we are going to be able to try and engage them and connect with services, as able.

Additionally, active duty status. So, there are some folks that are we take -- the definition they are veterans. You know, they may be in the Guard, may be on state activation, may have never been federally activated. But that is okay. The general idea is, that if they have served one day, we will call them a veteran.

We take the same broad definition where it comes to family as well, so it is not the traditional definition of dependent or spouse. It is whoever is the source of support for that veteran, or that service member, or whoever they are interned to -- that is who we are also going to engage with, as well. So, we really try and help the veteran household.

And certainly, our focus is on veterans. But also I will say, we are able to work with service members

as well. We do know that there were folks that may be accessing services due to concerns of how it will affect their career. They seek services outside of their branch of service.

We want to eliminate any barriers, fill any gaps as we can. Everything we do within VMHD is free to whoever needs it. Next slide, please.

So, I will briefly touch on this. And I am trying not to put on my professor hat and get too nerdy here, but briefly, we use a Risk-Need-Responsivity Model. And that is focused on three things.

The risk principle is you direct your resources and more intensive services to the bigger risk areas, populations. Maybe it is risk factors, who you know is playing the biggest role in the targeted behaviors you are trying to target -- that you are trying to either reduce or increase.

The needs principle, traditionally, it says your intervention should be targeted by the criminogenic needs. And what that means is dynamic risk factors.

So, when we are talking, there are static and dynamic. The static factors are things that cannot be undone. You know, history of experiencing such and such is a thing that is yes or no, it cannot be changed.

So we want to stay in the present and work on

those dynamic risk factors. So that is where we say we try and focus on the things that are presenting current barriers to folks.

And then responsivity means whatever you are doing needs to be provided in the style and mode that is responsive to the individual, and to the population that you're serving. This is where we account for [inaudible] competency, individual factors, individual barriers that may impact access, and things related to [inaudible]. Next slide, please.

I think I covered that. In the interest of time, I will move forward. But you have that slide for reference, if you are really interested.

Basically, the RNR approach helps us decide who needs what treatment, intervention, or what kind of service is needed. What intensity? Because that comes in the idea of dosage, and that doesn't just mean medication. It means in any kind of service.

And responsivity answers all those other W questions -- the what, how, and what are some of the things that we can use. What are some of the partnerships and the opportunities to leverage, [inaudible] opening doors and eliminating barriers to accessing mental health and supportive services. Next slide, please.

So, that brings us to the Homeless Veterans

Initiative. Everyone on this call is an expert in the field of working with this population of folks who are experiencing homelessness and at risk for homelessness, so I won't belabor that point.

But we know that veterans are overrepresented in both of those -- you know, homeless, experiencing homelessness, and being at risk. So, we wanted to put some skin in the game and see what we can do.

We are fortunate enough to work with our partners at TDHCA. Particular shout out to Cate and Brooke, who helped really guide us in setting up this Homeless Veterans Initiative. And Bobby, as well.

What we have is, you know, we have identified these risk needs that the folks that are at risk or experiencing homelessness are also the ones that experience high rates of trauma, other mental health issues, justice involvement, difficulties accessing -- if you are working towards self-actualization, you would think of Maslow's hierarchy of needs. We need to attend to the base of each person.

And that is where we think [inaudible], getting folks housed. Those basic core needs that are going to pose barriers to accessing additional mental services.

Accessability. For all the good work that is being done at the national and state and the local level,

we know there are gaps. So, if there is opportunities where we can leverage the position of Texas Veterans Commission as a statewide partner with a local impact, in connections to national and other state agencies, we want to leverage that.

So, as I said, TDHCA was a wonderful partner in helping us develop this Homeless Veteran Initiative. And they have given us the funding opportunity to bring on homeless veteran coordinators, who again, are taking that broadest definition of SNVF, have the broadest definition of homeless as well.

So, certainly, we know that words matter in different programming and there are different restrictions. Our folks are well educated in that, so they can help folks identify things that can be put in place for them, and that they qualify for.

But for us, you know, just as we have the broadest definition of veteran or family, we have the broadest definition of homeless, and at risk for homeless, as well. So, we definitely want to be able to engage folks as early as we can.

So, we want to be able to have our team assist the efforts of the folks on this panel and whoever they work with. But also, if there is that square peg in a round hole, or something that doesn't fit the parameters

of how someone else can engage them, we want to be able to pick up the slack and find something from there.

So, these folks, what -- they are really focused on providing in-person and web-based clinics and trainings, helping veteran households experiencing, or at risk of experiencing homelessness to learn about the opportunities as they are out there. What, you know -- some of the housing stability services that are available to them across the state.

And these are, you know, connecting them to some of the opportunities, Texas Rent Relief, things through the VA's homeless program. HUD programming, as well -- accessing all those other important services that TVC provides, that I listed earlier.

Employment, education opportunities as well. Local homeless assistance programs. I will touch on our Military Veteran Peer Network, and how that is our local foothold with folks that can really get folks connected with local service providers -- partners through the Texas Veterans Network.

And what that is, it is a collaboration with Texas Workforce Commission, TVC, HHSC, Combined Arms, Unite Us and community partners who are all aligned to provide services to veterans. Not just mental health or housing related, but of any number of varieties.

So, how do we kind of leverage those opportunities and help folks get connected and identify the things that they may qualify for? We know that the individual households have a lot of barriers to accessing things. They may not have access to a computer. They may not be able to verify their veteran status for some of those services.

So, our team is available to assist them in those efforts. While we do have a small team, they are not providing direct case management. But the idea is that there is no limit on how they can work with a household or how often they can work with a household. There is no session limits or those kind of things.

It can be minimal touch, as necessary. But really, the idea of coordinating in warm hand-offs to those local service providers, and educating folks about some of the other programs that are available to them.

I also work very closely with the Texas Homeless Network, and balance of state initiatives, and other collaborations as well. Next slide, please.

I will briefly touch on the other programs that we have, as they often intersect with the work that we are doing with the Homeless Veterans Initiative, with our homeless veteran coordinators, and how they can work with the other partners within our small department. So,

across all the programs that we are aligning, there is only eleven of us, that are directly in here.

But through some of our sister programming, we have quite a bit of force multiplication and opportunities to leverage our partners at the state. I will say our Justice Involved Veteran program, we know that the overlap between them and those who are at risk of experiencing homelessness and mental health concerns is great. So, that was part of the reason why both of these programs are placed within our Veterans Mental Health Department.

We work with national partners, state partners, and local partners, each point of what we call the sequential intercept.

Basically that means from first interaction with preventative efforts, through first interactions with law enforcement, through connections with jails, courts, prison or state jails, and then reentry efforts back into the community. We want to be everywhere where we can.

Relevant for those who are experiencing homelessness, I will focus on our work with -- what we do is, we work with the Texas Commission on Jail Standards to -- and every Sheriff's Department. There are 254 counties in Texas; 240-plus jails. We want to make sure that they are all are able to identify veterans at intake, is our goal.

So, what we have done is provided what we call jail cards to all of them. I have got about 75,000 in my office right now that we are about to kick out the latest version of. What that is, is something that we want to encourage folks to use upon intake, whenever they identify a veteran who may be coming into the jail.

We kind of try and connect them with local services, leveraging that Military Veteran Peer Network. And particularly, we also have a slot that says, are you seeking housing or homelessness assistance? So that we can engage them with our homeless veteran -- and at least get them connected to our homeless veteran coordinators while they are still incarcerated.

Or preparation for them -- as we know, someone may be in jail for a mere number of hours or months. So, we want to make sure that we get that back, and we can engage them directly and as quickly as we can.

We also support the efforts of the veteran treatment courts across the state. And our Department publishes a report on their activities throughout the year. And as we know, those folks who are involved in the court system are at risk. So, we want to make sure that through the mentorship opportunities that are provided through the Military Veteran Peer Network, through the technical assistance of our justice involved program

managers, that they can also make the services of our homeless veteran coordinators available to them as well.

Also, we work very closely with Texas Department of Criminal Justice, the prison system, on the veterans services that are provided to folks while they are incarcerated. And how that works into planning and preparation for reentry, where we know housing, and stable housing is a paramount concern. Next slide, please.

In addition to that, we have our Community and Faith Based Program. Again, the name is kind of on the nose there. So, what we try and do is we want to engage every opportunity to work with partners in the community who may be serving veterans in need.

So, that is, if there is -- regardless of denomination or faith, if there is an opportunity to work with those local -- what can often be, particularly in rural areas, the focal point of the town, how can we leverage that opportunity to educate folks within those systems about veteran mental health needs, to include also educating them on the risks of some of the other barriers that veterans may face, to include homelessness. And how can we help gear them up, let them know what the service is, and plug them into some of the other resources we have.

Through this, we work very closely with the VA

on any number of initiatives through multiple departments in leveraging that opportunity that we have, to really work with community partners, educate them as best they can, the best we can, on veteran mental health and supportive needs, and help them know the other players that are in their areas. Which -- as we know, the underserved areas can be an uphill battle and a challenge.

We really want to make sure that we introduce people to their neighbors as best we can. Next slide, please.

Our veteran provider program. This one I will touch on just very briefly. We do a lot of training, and that is training on military traumas and all the things that we know that may impact and help explain some of the reasons why veterans may be at advanced risk for homelessness and experiencing homelessness.

So, basically, our goal here is to make sure that providers in the community have access to military cultural competency training for those folks who are clinicians; military informed care, trauma informed trainings, technical assistance.

Veteran -- we also have a Veteran Counseling Pilot Program, that we have worked with HHSC and the local mental health authorities for some of those areas that have a lot of rural veterans and limited access to mental

health supports. How we have a small cadre of folks that we trained, who are out there providing in-person and teletherapy to veterans and service members in adherence with best practices, really focusing on those ones that are trauma affected, and ones that are struggling most.

Luckily, that pilot program took launch before COVID. And it has been very good to see it have a strong impact, as we know that the workforce shortages and all the other issues that you folks are aware of have impacted service accessing. Next slide, please.

Evidence based practices are things just that you all are all familiar with, so I won't run through this list. But those that are most relevant to veterans services -- we try and promote those and trumpet those as best we can.

I will say, one thing that our Department does, everyone in our team, including our homeless veteran coordinators, we are working towards having everyone trained as trainers in suicide prevention efforts gatekeeping. So, we use ASK. And that is how anyone, front line folks, anyone who maybe engaging someone can -- what do you do if somebody is identifying as being at risk, or they're saying some of those red flag words?

How do you handle that? And how do you get them connected?

And additionally, our team has trainers and counseling on access to legal means. We know time and distance is crucial in terms of suicide prevention. And that is very relevant for veteran populations as well. Next slide, please.

Again, I won't belabor the point. But if there is something involving suicide prevention and mental health efforts at the state level, through SBHCC or other collaborations or partnerships, we try and be on it. If there is anything more, folks that want to learn more about that, then please, get with me.

I am excited to say, just a few days ago, we were able to bring on a suicide prevention coordinator. So, we are -- all of our team is focused on this. As suicide prevention is our main priority, we have one person to really kind of help assist in these efforts, and be our kind of point person.

So, I told her I would give her the grace of a few weeks head start before we send out large introductions and announcements. That will be coming forward forthwith. Next slide, please.

Okay. Lastly I will talk about our Military Veteran Peer Network. And those are folks that TVC, our Department, certifies. They are employees of the local mental health authority.

They are to really serve as kind of the local guru. And these are the -- another way that we force multiply with our homeless veteran coordinators. Because they are able to identify some of the other risks, not just related to -- or sorry, service opportunities. Not just related to -- so on the nose with homeless, and housing efforts, but also all those other supportive things.

So, these are folks that can help folks get service connected with the VA. And we know that can also open up other opportunities for additional services. They can also help them find alternatives to the VA, because we know that there are only so many number of VA.

And travel, accessing those things is difficult for veterans, particularly those at risk or experiencing homelessness. So, these folks can provide a wide array of services, kind of meant to tailor the needs of their area.

So, you know, we have one peer service coordinator that covers up to 19 counties, primarily rural. So how they serve is different from the peer service coordinator who is in downtown Houston, where there is a lot of resources.

But these are folks that get to know the local service providers, get to identify the different risks and needs of the veteran family in question, and get them

plugged into services. Additionally, they can provide direct peer support.

They have behind them the team of dedicated volunteers in their local area. And these are folks that work closely with the court systems, with the jails. They go into the prisons.

They work with those community and faith organizations as well. They work closely with Veteran County Service Officers and all the other providers in the area.

So through our small team, and through the 50-plus peer service coordinators that we have and their volunteers, there is quite a bit of impact that our Department and our Agency is able to have across the state. Next slide, please.

There is the contact information. If anyone has any other questions about this stuff, please let us know. You can find more information, including on our Homeless Veterans Initiative and our homeless veteran coordinators, at our TVC website.

Also, we have our own website, MilVet, which is getting a much needed facelift. So, within the next ten to 15 days, we will have a whole new website with a new URL, and things like that. However, you will still always be able to find us through the main TVC page.

I hope this was relevant enough for you guys. But I would say, the one key takeaway is if there is an opportunity, or there if is someone somewhere that we are not, that we should be, please give me a call. And we will show up. We will try and be there, work with you guys, your organizations, your partners.

Now with COVID letting up, we try and be everywhere. So, if there is an opportunity to assist online or in person, please do let us know. But with that, I think I am done.

Jeremy, back to you.

MS. KLAEGER: Pardon me, Bobby, this is Donna Klaeger. I have a couple of comments. Is that okay?

MR. WILKINSON: Yes. Sure.

MS. KLAEGER: Dr. Harris, thank you very much for your presentation. I was a County Judge for many years. And I was Chairman of the Jail Standards, and so I've built a jail. So [audio cuts out] a large percentage [inaudible].

I will be contacting you, because I am retired and starting community resources centers across the State of Texas. And we [inaudible] opportunities for your group to provide training in our resource centers.

So, I am very excited. And I appreciate everything you do. Thank you.

MR. HARRIS: Thank you. I look forward to working with you.

MS. KLAEGER: Look forward to it also.

MR. WILKINSON: I got to visit a couple. They are pretty neat, the community resource centers. She has all kind of non-profits that interact with each other, and so I think it would be a good place for you all to plug in.

I had no idea of all the stuff you did, Dr. Harris. That is great. It was a real good presentation; I learned some things.

Any other comments for Dr. Harris about the Veterans Commission?

(No response.)

MR. WILKINSON: All right.

Moving on, now Jeremy is going to notify us of meetings returning to in person.

MR. STREMLER: Yes. I mean, this one is what is what the words on the screen are, right. So, moving forward, the July meeting and then the October meeting, we are moving back to having our HHSCC meetings in person.

Mostly wanted to notify everyone, especially for our appointed members, prior to that meeting, we will need to collect some information from you, so that you can do your, you know, travel reimbursement information after

the fact, for those meetings. So, we will need to collect a little bit of information from you, prior to that. And then, most of the stuff you will need to do will happen after the meeting, after the travel takes place, so that we can get you that travel reimbursement.

And then also, we wanted to have this agenda item here, see if anybody had any questions about, you know, moving back to in person meetings. I know that not everyone on the Council now has been to our building. Because some of you, of course, joined the Council in the middle of us doing these virtual.

So, of course, our building is at 221 East 11th Street, catty-corner to the Capital, right at the corner of 11th and San Jacinto. And there is a large conference room in our building that we utilize for this Council meeting specifically.

And yes, so we will provide more information, of course, with location. For some of you coming from out of town, the best places to park, if you are, you know, driving, things like that -- we will definitely give you a lot of information.

We are kind of also just down the street from the Capitol Visitors Center Parking Garage, which is very convenient. And probably one of your cheaper options for finding parking around the Capitol these days, because

street parking can get expensive in Austin.

So, just wanted to provide everyone with that information and see if anybody had any questions about that, moving forward.

MS. EISERT: Yes. I have a question. Does a phone call count towards quorum? I am trying to remember, and I can't. If you call in, versus being there?

MR. STREMLER: That's a good question.

Megan? I don't know. Or Bobby?

MR. WILKINSON: I don't think so. But Megan, are you still on? Do you want to give us the official legal answer?

MS. SYLVESTER: The official legal answer is that all Committees are different. And I don't remember off the top of my head. And I will have to look it up.

MR. WILKINSON: Okay. So, my memory from the brief pre-COVID meetings I chaired was that it didn't count for quorum if you weren't in the room.

MS. SYLVESTER: Yes. One of our Committees has people, if they live a certain distance away, and the other one doesn't. And I just -- we haven't done them in so long, it is not right at the top of my head, but I will share that information with the Chair and we'll get back to you.

MR. STREMLER: Yes. And so, we can, yes, get

that information out there as well, along with everything else, to make sure everyone is aware of that.

MR. REYNOLDS: I actually have a question, sorry.

MR. STREMLER: Go ahead, Barrett.

MR. REYNOLDS: I actually live in Richardson. So, that -- so I don't know how I'm going to get to the in person meeting. So, should I call in, or just go there?

MR. STREMLER: We'll discuss with Megan, if we can figure out about that phone call to meet quorum. And then, we will work with you some more, Barrett, to see if we can't -- you know, to figure out what our options are moving forward in that situation.

MR. REYNOLDS: All right.

MR. WILKINSON: And I'd just like make a comment that this is not really a preference of mine, necessarily. This is to better comply with the Open Meetings Act; that is why we are going back to in person.

MR. STREMLER: Any other questions or comments about it?

(No response.)

MR. STREMLER: If not, we will, like I said, we will provide everyone with more information. We will send out a fresh reminder on how to get to our offices to everybody, next time, just even if you have been there

before. It has probably been a while.

And just reminders on where there is parking available. Some of our friends that work for state agencies, you know, we can send you the Capitol Complex map of state parking garages. So, if you have got a parking permit, you can find one, and then for those that aren't, some good places to park around the building. So we will get you all that information prior to the next meeting in July. But we just wanted to make everyone aware that that is going to happen.

MS. GREEN: What's the date of the meeting?

MR. STREMLER: I don't have the agenda.

Bobby, do you have the agenda?

MR. WILKINSON: Yes. July 13.

MS. GREEN: I will be out of state.

MR. WILKINSON: Anywhere nice?

(No response.)

MR. WILKINSON: Any more thoughts or comments on the move to in=person meetings?

MR. REYNOLDS: I'm really looking forward to doing this. It will be my first time doing it. So, hopefully, it will go well.

MS. DELAUNAY: Looking forward to meeting everyone in person.

MR. WILKINSON: Definitely.

MR. REYNOLDS: Yes. That's the main thing I am looking forward to, is seeing everybody's faces.

MR. WILKINSON: Us too. Actually, we had a question in the chat about why a phone call would not be okay for quorum. And so when Jeremy gets that answer from Legal, we will get back to you, Suzie.

MS. BRADY: Okay, thanks.

MR. WILKINSON: Any more thoughts on the move?

(No response.)

MR. WILKINSON: Okay. Next up, public comment. As Jeremy instructed at the beginning, if you in the public would hit the raise your hand button, and then we will get you able to speak.

(No response.)

MR. WILKINSON: All right. Hearing no public comment.

Jeremy, no hands raised?

MR. STREMLER: No. Not at this time.

MR. WILKINSON: The next meeting, as we just discussed, is going to be July 13, here in the building. And we will try to get you that answer on quorum via phone call. And everyone have a great day. This meeting is adjourned.

(Whereupon, at 11:34 a.m., the meeting was adjourned.)

C E R T I F I C A T E

MEETING OF: Housing and Health Services Coordination Council

LOCATION: Austin, Texas

DATE: April 20, 2022

I do hereby certify that the foregoing pages, numbers 1 through 68, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Nancy H. King before the Texas Department of Housing and Community Affairs.

DATE: April 26, 2022

/s/ Carol Bourgeois
(Transcriber)

On the Record Reporting &
Transcription, Inc.
7703 N. Lamar Blvd., Ste 515
Austin, Texas 78752