

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL MEETING

TDHCA  
Room 116  
211 East 11th Street  
Austin, Texas

October 12, 2022  
10:00 a.m.

COUNCIL MEMBERS:

Bobby Wilkinson - Present  
Doni Green - Present  
Rev. Kenneth Darden - Absent  
Mike Goodwin - Present  
Donna Klaeger - On Phone  
Joycesarah McCabe - On Phone  
Dr. Jennifer Gonzalez - Absent  
Diana Delaunay - Present  
Barrett Reynolds - Absent  
Helen Eisert - Present  
Claire Irwin - Present  
Suzanne Barnard - Present  
Michael Wilt - On Phone  
Amber Morrison for Dr. Blake Harris - Present

*ON THE RECORD REPORTING*  
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P R O C E E D I N G S

1  
2 MR. WILKINSON: All right. Good morning. This  
3 is Bobby Wilkinson, Executive Director of Texas Department  
4 of Housing and Community Affairs.

5 Welcome to the Housing and Health Services  
6 Coordination Council meeting, October 12, 2022, a little  
7 after 10:00 a.m. now, 10:02 a.m. Let's start with  
8 everyone introducing themselves and state who they  
9 represent. Let's start with those that are here in  
10 person.

11 MS. IRWIN: Claire Irwin, Texas Health and  
12 Human Services.

13 MR. DURAN: Spencer Duran, TDHCA.

14 MS. BARNARD: Suzanne Barnard, TDA.

15 MS. CANTU: Naomi Cantu, TDHCA.

16 MS. EISERT: Helen Eisert, HHSC.

17 MR. STREMLER: Jeremy Stremmler, TDHCA.

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

20 MS. MORRISON: Amber Morrison, proxy for Blake  
21 Harris, Texas Veterans Commission.

22 MS. DELAUNAY: Diana Delaunay, Texas Regional  
23 Bank.

24 MR. GOODWIN: Mike Goodwin, Governor appointee  
25 for the developer side of the business.

1 MR. WILKINSON: All right. So that counts  
2 seven. Right? Is it --

3 MR. STREMLER: [inaudible] is eight, so we  
4 don't have a quorum.

5 MR. WILKINSON: Yeah, yeah. So no votes on  
6 minutes today.

7 MR. GOODWIN: Can you do an annual --

8 MR. WILKINSON: Right, right. So would those  
9 of you on the phone -- if you want to take a moment to  
10 introduce yourself? I know we have some Council members  
11 that are calling in today.

12 Donna?

13 MR. WILT: Michael Wilt, TSAHC.

14 MR. WILKINSON: Hi, Michael.

15 MS. KLAEGER: Donna Klaeger.

16 MS. McCABE: Joycesarah McCabe, Governor  
17 appointee.

18 MR. WILKINSON: I'm sorry. I missed that last  
19 one.

20 MS. McCABE: McCabe. Joycesarah McCabe.

21 MR. WILKINSON: All right.

22 MS. BOSTON: Brooke Boston, TDHCA.

23 MR. WILKINSON: Hey, Brooke.

24 MS. BOSTON: Hello.

25 MR. WILKINSON: All right. Let's move on to

1 our -- we're going to skip over Item 1, approval of  
2 minutes. We'll wait for a quorum.

3 And now we'll do a Section 811 Project Rental  
4 Assistance Program update from our Director of that  
5 program, Spencer Duran.

6 MR. DURAN: Thank you. Spencer Duran,  
7 Director, 811, TDHCA.

8 I just have a quick overview of how we're doing  
9 with Section 811 PRA. Overall, things have been going  
10 great. We have committed 100 percent of our first grant,  
11 which is the fiscal year 12 grant.

12 And there's a deadline to do -- I hadn't even  
13 thought about the deadline, the committal of the funds,  
14 but that was September 20, 2022. But we committed our  
15 funds a long time ago. So it's kind of a non-issue, but  
16 significant milestone that the program has crossed.

17 It also means that 811 has been around for  
18 about 10 years. So let's kind of let that kind of sink in  
19 with everybody. Yeah.

20 So, you know, basically, everything has been  
21 going great. Our big focus right now has been to really  
22 even out the target populations we serve. So to that  
23 effect, since we've talked last, we've trained 42 new  
24 Department of Family and Protective Services local staff  
25 members who can make referrals to the program.

1           You know, we serve youth with disabilities who  
2 are aging out of the State's foster care system, and it's  
3 a really under-represented population in our program. So,  
4 you know, we're trying to do everything we can to make  
5 sure that everyone involved in transitioning youth know  
6 about 811. And then -- so we trained a lot of folks  
7 there.

8           We also -- we had a national technical  
9 assistance meeting, and I have some kind of quick numbers  
10 of the overall nationwide scoreboard. So in Texas, we  
11 have currently housed 437 people right now, and in second  
12 place is Ohio, and they're at 265. So we're, you know,  
13 170 more in units right now than the second-highest, state  
14 of Ohio. And then there's Illinois at 256, California at  
15 238, and Maryland at 200 for the top five.

16           FEMALE VOICE: I feel like we should clap or --  
17 (Applause.)

18           MS. GREEN: Do we get a sash or a tiara?

19           MR. DURAN: I don't think a tiara.

20           MR. GOODWIN: California doesn't need any more,  
21 because they got all -- enough housing, they say.

22           MR. DURAN: That's right. Yeah. So it's been  
23 going great.

24           You know, we're kind of -- you know, we're  
25 trying to just even out who we're serving. You know, the

1 local health authorities are still just doing a great job,  
2 kind of flooding us with referrals. So we're working to  
3 kind of balance out those target populations.

4 And then to kind of finish up 811, our lifetime  
5 housed number is 648. Currently housed, it's, I think,  
6 437. And then we have 2,000 waiting.

7 And then the average that -- the average tenant  
8 portion of rent -- I always kind of want to throw this out  
9 there, because the market is so bananas right now. The  
10 average tenant portion of rent for our tenants is \$154 a  
11 month. So for someone on SSI or SSDI, that's extremely  
12 affordable.

13 So that's just my quick 811 review. If there's  
14 any other questions, I'd be happy to answer.

15 MR. WILKINSON: Rent portion, is that 30  
16 percent of income or is --

17 MR. DURAN: Yes. Thirty percent of their  
18 income.

19 MR. WILKINSON: Okay.

20 MR. DURAN: And so -- and it fluctuates. If  
21 someone gets a job that will, I think, increase their  
22 income more than \$200 per year, then we have to do an  
23 income recertification.

24 So it's kind of a changing -- you know, a  
25 fluctuating number. The cool thing about 811 is, you

1 know, you can get a job and we can just dial your rent  
2 portion up and our subsidy down. If you lose a job, your  
3 rent portion will go down and our subsidy will go back up.

4 So it's great for people with disabilities.  
5 You know, you have such limitations on work. And so it's  
6 really nice to have this type of income-based program that  
7 can kind of fluctuate with your income.

8 I mean, most people, you know, they get SSI,  
9 and that's just kind of it. We're going to see a big cost  
10 of living increase this year, I've heard, with Social  
11 Security. So we'll see what that impact is.

12 So if Social Security goes up, I've heard it's  
13 going to be, like, 8 percent. So we'll just re-cert  
14 everybody, and then the subsidy will go down and the  
15 tenant portion will go up. So yeah. So that's 811.

16 Are there any other questions?

17 (No response.)

18 MR. WILKINSON: All right. Spencer is up again  
19 for the next one, Emergency Housing Vouchers.

20 MR. DURAN: Great. So Emergency Housing  
21 Vouchers -- so not 811-related. This is a Section 8  
22 program. It is our just regular housing choice vouchers  
23 that have a few certain waivers and requirements attached  
24 to them.

25 You have to serve certain target populations,



1 mostly focusing on people who are experiencing  
2 homelessness or formerly homeless, and then also people  
3 who are survivors of domestic violence, human trafficking  
4 and things like that. So there's no disability  
5 requirement, although a lot of people who are experiencing  
6 homelessness also have a disability.

7           So one of the -- just some notable program  
8 developments. Vanessa Stevenson and Barbara Humphrey are  
9 our two latest hires in this Section 8 program, and  
10 they're devoting all of their time to Emergency Housing  
11 Voucher application reviews and income certifications, and  
12 calculating the affordability and all that kind of stuff.

13           So, you know, this program doubled the size of  
14 our housing authority. And so we feel like we're just now  
15 fully staffed up. So we were having some delays in the  
16 amount of time that it was taking for us to review the  
17 applications, because our partner, Texas Homeless Network,  
18 was doing such a good job of giving us referrals.

19           Those applications were kind of sitting on our  
20 server for a while. But it's a labor-intensive task to  
21 review a Section 8 application. So with those two new  
22 hires, they're doing a great job.

23           I think that, you know, they're -- you know,  
24 they're verifying eligibility. They're issuing vouchers.  
25 They're, you know, processing contracts with the

1 properties. They've been doing a great job.

2 Okay. So the basic numbers of EHV. So we have  
3 798 vouchers allocated to us, and we have received 441  
4 applications from THN.

5 And THN's obligation was 380. So THN has  
6 exceeded their referral obligation, but you know, you  
7 don't have a one-to-one ratio between referrals and  
8 housed. You know, like for 811, it takes me 10 referrals  
9 to house one person.

10 So you want to have more referrals than you do,  
11 you know, vouchers, or you know, whatever. So we have 61  
12 housed. So that's a big jump from last time. And we're  
13 just continuing to hit more and more housed.

14 So you know, we have, you know, 798 vouchers  
15 allocated to us, and you know, 61 housed. You know, not  
16 good. We're -- I don't -- I think we're maybe in the top  
17 10 of the state of public housing authorities that got  
18 EHV, but you know, those other housing authorities,  
19 they're not serving, like, you know, 200 counties and  
20 rural areas.

21 I think there's a lot of differences between  
22 our program and your typical PHA that has, you know, a  
23 smaller geographic area and an existing relationship with  
24 landlords, because of all the landlord relationships. But  
25 anyway, so we're -- you know, we're getting there, but I

1 think that -- yeah.

2           So I just wanted to mention this real fast. So  
3 you know, we have 173 households that are currently  
4 searching. So you know, 61 housed. We have 173 families  
5 that are working with Texas Homeless Network to locate  
6 those units.

7           And anyone who's been involved in housing  
8 search assistance, you know, it's a landlord-by-landlord-  
9 by-landlord negotiation process. So it's a tedious task,  
10 and we have a lot of great tools with EHV. We have \$3,500  
11 per voucher that we can use for landlord incentives or  
12 to -- you know, we're buying refrigerators and all kinds  
13 of stuff you would never buy normally.

14           But we're just kind of saying, you know, what  
15 will get us to housing? What will get that family housed?

16           So we negotiate with the landlord on what kinds of  
17 stuff -- you know, if their unit failed the inspections,  
18 we'll pay for the repairs to the property to bring it up  
19 to the inspection quality.

20           So it's a whole kind of new, strange world.  
21 It's a little -- it's strange. But I think this is what  
22 you need to do to get people experiencing homelessness  
23 into housing in rural areas. You just have to bring some  
24 upfront money to the table to help these landlords get  
25 comfortable with the program and to bring their properties

1 up to housing quality.

2 And just a quick -- I mentioned our top three  
3 referral sources out there. So Texas Homeless Network is  
4 the overarching partner, but they're working with local  
5 providers. So that's Gulf Coast Center, serving Galveston  
6 and Brazoria Counties; the Tracy Andrus Foundation,  
7 serving a lot of east and central counties; and then the  
8 third-highest referral source is Texas Homeless Network  
9 directly.

10 So we don't have a local provider in all of  
11 those 200 counties. So we've set the system where Texas  
12 Homeless Network as the balance of state, kind of,  
13 homeless, you know, coordinating body, they do telephone,  
14 housing location, and they do the best they can to try and  
15 work, kind of, remotely to help people access housing.  
16 And they're actually done a good job through that  
17 approach. So yeah.

18 So with that, I hope to come back next time,  
19 and you know, have, you know, more folks housed, but I  
20 think that, you know, our biggest -- I don't have the --  
21 [inaudible] time, but we're getting there.

22 So I think time is our friend, and our program  
23 is a lot more mature and sophisticated now. So hopefully,  
24 we'll come back with a lot higher occupancy next time.

25 MR. WILKINSON: Didn't we have a partnership

1 with the Heart of Texas, Waco CoC?

2 MR. DURAN: Yeah, so that's been, kind of, a  
3 little bit dormant right now because they're working  
4 through -- so a lot of housing authorities got EHV's.

5 MR. WILKINSON: Correct.

6 MR. DURAN: So the local Waco Housing Authority  
7 got an allocation of EHV's as well. And so we've kind of  
8 said, well, they want to work with their local PHA to get  
9 those local vouchers leased up before they pivot to a new  
10 housing authority partner like us.

11 MR. WILKINSON: Okay.

12 MR. DURAN: And they've basically hit that. So  
13 we're definitely going to be pivoting over to working with  
14 the Heart of Texas soon.

15 MR. WILKINSON: Nice.

16 MR. DURAN: Yeah.

17 MR. WILKINSON: Any other CoCs? I know we've  
18 reached out before and --

19 MR. DURAN: Yeah, we reached out and then no  
20 one really was interested.

21 MR. WILKINSON: Okay.

22 MR. DURAN: You know, I -- you know, so we do  
23 still have vouchers that we need to find a CoC partner.  
24 So I'm not really sure exactly -- we tried a few different  
25 things with HUD, and HUD basically said, no. So yeah.

1           So we're just trying to figure out -- you know,  
2 we have about 200 vouchers that are not affiliated with  
3 Heart of Texas or Texas Homeless Network. And so you  
4 know, we'll see.

5           One of the cool things about the program  
6 recently was HUD extended the commitment deadline. So we  
7 were operating under basically a calendar year 2022  
8 housing deadline, and HUD came out with a notice saying  
9 that deadline is no longer in place. So now we think that  
10 with that deadline, kind of, you know, kicked back, that  
11 it might now be more attractive to a CoC, because it won't  
12 be quite as daunting --

13           MR. WILKINSON: Right.

14           MR. DURAN: -- to try and do this quickly.  
15 Yeah. So that's still an ongoing issue with us.

16           And we got so many vouchers because again,  
17 HUD -- they just automatically allocated us all the  
18 vouchers all the other PHAs didn't want. So they just  
19 got -- we had an allocation formula that gave us about 300  
20 vouchers under their normal -- I'm looking at, you know,  
21 demographic data.

22           MR. WILKINSON: Yeah.

23           MR. DURAN: And then they just said, okay.  
24 Well, all these other PHAs didn't even want to participate  
25 at all, and so the statewide PHAs got those surplus

1 vouchers. So --

2 MR. GOODWIN: What's your biggest hurdle to  
3 getting people into the program?

4 MR. DURAN: To get them into the program?

5 MR. GOODWIN: Yeah, get them into the program.

6 MR. DURAN: Sure. I think that it's -- housing  
7 location is definitely a struggle. You know, again, in  
8 rural areas, it's single, you know, owners that, you know,  
9 they own, you know, one or two rent houses, and they have  
10 an existing -- if they're open to Section 8, they probably  
11 have an existing relationship with their local county or  
12 city housing authority.

13 So they're, like, who are we? What is this  
14 program? So it's kind of introducing us to those local  
15 landlords, and it's just -- yeah.

16 You know, you've got to track down your birth  
17 certificate, and you've been experiencing homelessness,  
18 and you -- it's just -- you know, accessing housing is --  
19 it takes a long time. So that's one part of it.

20 The other part of it is, you know, our staffing  
21 issues. We were just taking a long time to get to those  
22 applications. And so we're now no longer sitting on, you  
23 know, a ton of unreviewed applications.

24 That will be fully staffed up. So I think that  
25 we'll see that the voucher issuance will go faster, and

1 then I think that our partners are getting, you know --  
2 always getting better at housing people. So hopefully,  
3 those two timeframes will start to shrink a little bit.

4 MR. WILKINSON: Thanks, Spencer.

5 MR. DURAN: Fine.

6 MS. KLAEGER: This is Donna Klaeger. Can you  
7 hear me?

8 MR. DURAN: Yes.

9 MS. KLAEGER: Do you -- do we cover McLennan  
10 County, Waco area?

11 MR. DURAN: The Heart of Texas does. And  
12 well -- so yes, Heart of Texas, that CoC, does. Yeah. We  
13 can also -- we can also serve there.

14 MS. KLAEGER: My other question is CPS. I know  
15 a lot of CPS mothers or parents end up having to relocate  
16 for different reasons. Are they -- do they qualify to  
17 apply for housing?

18 MR. DURAN: So someone receiving services  
19 through the Department of Family and Protective Services,  
20 through CPS, they wouldn't necessarily qualify just  
21 because of that. They would have to be someone  
22 experiencing homelessness or formerly homeless, or you  
23 know, fleeing domestic violence or human trafficking, or  
24 any of those other target populations.

25 But I --



1 MS. KLAEGER: Okay.

2 MR. DURAN: -- so yes, they could be eligible  
3 potentially.

4 MR. WILKINSON: So when you were talking about  
5 training under Section 811, DFPS, I mean, we could do  
6 something similar on EHV for --

7 MR. DURAN: Yeah.

8 MR. WILKINSON: -- domestic violence.

9 MR. DURAN: Yeah. I don't want to throw the  
10 number out there, but we do have a great partnership with  
11 Texas Council on Family Violence, and -- okay. I think 40  
12 percent of our referrals are coming from the survivor  
13 target population.

14 I've said that. I don't know if that -- we're  
15 still looking into the actual number. But a big chunk of  
16 our referrals are definitely people who are domestic  
17 violence survivors, and that's because we baked in from  
18 the very, very beginning a partnership with Texas Council  
19 on Family Violence to make referrals from that target  
20 population to Texas Homeless Network, and then they would  
21 refer to us.

22 So I think in our program design, we have --  
23 we've also -- with the Veterans Commission as well. So  
24 those two, you know, groups feed their referrals through  
25 Texas Homeless Network.

1 MR. WILKINSON: That's great.

2 Donna, do you have another question?

3 MS. KLAEGER: No. Thank you very much.

4 MR. WILKINSON: All right, Tanya.

5 MS. LAVELLE: I'm Tanya Lavelle. I'm with  
6 Disability Rights Texas. I just have a quick question.

7 Spencer, you mentioned that you staffed up.  
8 Are these permanent or just short-term staff?

9 MR. DURAN: I think they're technically -- I'm  
10 not sure. I think they're technically time-limited, but  
11 they're not, like, short-term --

12 MS. LAVELLE: Not just like for whenever the  
13 vouchers are done; you're just, like -- they're done?

14 MR. DURAN: Yeah. We pay for them --

15 MS. SYLVESTER: I believe that they are  
16 Article 9.

17 MR. DURAN: They're Article 9. So what does  
18 that mean?

19 MS. SYLVESTER: New positions.

20 MR. DURAN: Yeah.

21 MS. SYLVESTER: So that means they have a --  
22 they're paid through the voucher program. However, there  
23 is a possibility sometimes that we can shift them to other  
24 types of funding. But we anticipate -- they're not,  
25 like -- sometimes we have temporary staff that we bring on

1 to just, like, do a short-term pass. They're not, like,  
2 out. They are full-time State employees.

3 MS. LAVELLE: Okay. And they just focus on  
4 this, or they have other responsibilities?

5 MR. DURAN: They just focus on this. So we now  
6 have -- so Andre Adams, the Section 8 manager, he's  
7 involved in EHV. And then we have Tanisha McFarland. She  
8 is, like, a program coordinator. And then we have these  
9 two regional coordinators.

10 So we have, you know, three specific new hires  
11 working on EHV, and then Andre spends a lot of his time on  
12 it. I spend a lot of my time on it. Yeah.

13 So I felt we're -- yeah. We have a lot of  
14 resources going into this program.

15 MS. LAVELLE: Is it just application review, or  
16 is it also housing search assistance?

17 MR. DURAN: Not housing search assistance. The  
18 CoC partner provides that, but it's a -- we have a -- you  
19 should see our process map. It's crazy.

20 But yeah. So we have a -- they do more than  
21 just application review. They do the affordability check,  
22 because we have such a large area. And we do a -- our  
23 payment center is based on zip codes.

24 So we've having to look at affordability for  
25 every zip code that someone might want to live at. So we

1 pay 120 percent of the fair market rent based on the zip  
2 code. So it's a really cool payment standard. So 120  
3 percent of the zip code rent, but we have to do an  
4 analysis of all the zip code rents, and then if that  
5 family wants to live there, look at the affordability for  
6 that family.

7 And they're, like -- we want to live in maybe  
8 20 different zip codes. Because, you know, no one thinks  
9 in a zip code, geographic way, you know.

10 MS. LAVELLE: That seems very narrow.

11 MR. DURAN: Yeah. No one really thinks that,  
12 you know, I want to live in Lubbock. They don't think, I  
13 want to live in one of the, you know, 10 zip codes in  
14 Lubbock. So yeah.

15 So it's a lot of work. It's a very -- it's a  
16 lot of work. Yeah.

17 FEMALE VOICE: I have a question. On the EHV's,  
18 what is the timeframe? Once you issue a voucher, how long  
19 can the family stay there? Is there a time limit?

20 MR. DURAN: Yeah, there is a time limit. I  
21 think we can do up to 120 days.

22 FEMALE VOICE: No. How long the family can  
23 stay in the unit.

24 MR. DURAN: Oh, I'm sorry.

25 FEMALE VOICE: Yeah.

1 MR. DURAN: Oh, I'm so sorry.

2 FEMALE VOICE: No, no, no. 120 days, it's  
3 like --

4 MR. DURAN: Sorry. Yeah. I thought you meant  
5 how long could they look for housing.

6 FEMALE VOICE: No, no, no. Yeah. Once they  
7 find a place --

8 MR. DURAN: It's not time-limited.

9 FEMALE VOICE: Oh, okay.

10 MR. DURAN: Yeah.

11 MR. GOODWIN: Is this restricted to rural  
12 areas, or is it anywhere?

13 MR. DURAN: So our PHA footprint is statewide.  
14 We're definitely, you know, trying to target rural areas  
15 that are not otherwise served by another Emergency Housing  
16 Voucher PHA.

17 So it's mostly rural areas, but we've also  
18 housed people in, you know, Denton, for example. So we're  
19 not, like, restricting ourselves to technically rural  
20 areas, but that is definitely our intention, and that's,  
21 kind of, you know -- our whole program design is focused  
22 on rural areas that are not otherwise served.

23 MR. WILKINSON: Any more questions for Spencer?

24 MS. McCABE: I have a quick question, Spencer.  
25 Hi. This is Joycesarah McCabe.

1           And I'm just curious, as we were talking about  
2 things like women escaping their families, you know, women  
3 and their children, whatever that may be, escaping from  
4 domestic violence. About how long does it take, once they  
5 fill out that application and say, we need a safe place to  
6 go home to -- how long does it take for them to actually  
7 get into that safe place?

8           MR. DURAN: Well, we definitely don't want to  
9 portray ourselves as an emergency shelter. You know, we  
10 are not --

11          MS. McCABE: Right.

12          MR. DURAN: -- we are not anything close to  
13 that type of housing. But maybe --

14          MS. McCABE: Right.

15          MR. DURAN: -- once someone, you know, is in a  
16 safe shelter, than we can start -- we're the person that  
17 they would then pivot to for that longer term housing  
18 solution. And you know, it can take -- we have some  
19 applicants that, you know, their application came in, and  
20 we were able to house them in 30 days.

21                 We have some people that it's taken, you know,  
22 seven months. So it's --

23          MS. McCABE: Okay.

24          MR. DURAN: -- really hard to say. And I do  
25 know that --

1 MS. McCABE: Thank you so much.

2 MR. DURAN: -- the survivors, they do take a  
3 lot longer than our other applicants, I think, because,  
4 you know, they've -- you know, we've heard stories. You  
5 know, like, an abuser might destroy their cell phone.

6 And so now we just lost our ability to  
7 communicate with that applicant, you know. Or they're  
8 actively trying to not be reached. And so it's -- you  
9 know, there's a lot of -- I think that the domestic  
10 violence survivor population, it does take a lot longer  
11 for a lot of reasons.

12 MS. McCABE: Okay. Thank you so much.

13 MR. DURAN: Sure.

14 MR. WILKINSON: All right. Next up, we have  
15 Naomi Cantu, our Director of HOME - American Rescue Plan  
16 funds.

17 MS. CANTU: Great. I couldn't have asked for a  
18 better segue, as we are actually working on emergency  
19 shelter over here, and we're -- I am an Article 9  
20 employee. Article 9 -- my division is temporary, but  
21 we're long-term temporary on a specific task, which is  
22 HOME-ARP, American Rescue Plan.

23 And we're phased out potentially in December  
24 2025. So that's what our temporary means this moment.  
25 HOME-ARP is based on a HOME annual. So annual is every

1 year, right? So not temporary, not Section -- Article 9.  
2 HOME annual framework, but for specific  
3 populations, which is the one of the reasons I'm here, a  
4 lot of the populations are similar to the EHV populations,  
5 so persons experiencing homelessness, persons at risk of  
6 homelessness, formerly homeless and currently housed but  
7 needing additional assistance, severely rent-burdened and  
8 very extremely low income, and domestic violence  
9 populations.

10 So we do have an overlap. We don't have a  
11 specific requirement that that person has to have a  
12 disability. We don't have that federal requirement,  
13 although we do have a preference that includes chronic  
14 homelessness, which does include persons with  
15 disabilities.

16 So we have programmed -- I know that you got an  
17 overview in the last session. I'm going to go over this  
18 just briefly and [inaudible] go along. We've programmed  
19 in four main categories; I was trying to think of whether  
20 to divide one up or not.

21 One is rental housing. So we are focused on  
22 developing housing for that specific population, and we  
23 have about 56 million allocated for that. Another for  
24 non-congregate shelter, so that's the shelter component,  
25 and it's specific, again, to the population.



1           But non-congregate means that it is appropriate  
2 for a living area during an airborne virus. So it has  
3 separate rooms. So it's not congregate, as in everyone in  
4 one room.

5           They have separate rooms and sanitary  
6 facilities in those rooms. Again, it's the American  
7 Rescue Plan, so it's COVID-centered as well.

8           And then the third -- I'm going to combine  
9 two -- is going to be nonprofit capacity building  
10 operating cost assistance. That's our smallest category  
11 at \$6 million, and that's to again build the capacity to  
12 serve a population that can be hard to house. And then  
13 the final one is administration, which is for TDHCA.

14           So our plan was approved in May of this year.  
15 We are currently routing a few NOFAs, and we're getting  
16 those -- again, we're developing new programs. So we're  
17 working on what that looks like and getting everything in  
18 order.

19           Our rental NOFA we anticipate combining in  
20 terms of timing with our existing programs. So that most  
21 likely will be in the late fall. We had anticipated  
22 earlier, but it works out better if released when our  
23 other funding sources are released to better integrate  
24 that housing, and if possible, layering in those areas.

25           And then our non-congregate shelter, we're

1 going to -- at this moment, we're going to hold off for a  
2 little while, while we build the capacity. So the other  
3 NOFA that we are -- Notice of Funding Availability,  
4 NOFA -- that we are routing is for the nonprofit capacity  
5 building operating cost assistance.

6 It's a mouthful, so I always say NCO, because  
7 it's just easier that way. So the NCO is to build what  
8 we're anticipating to be a larger shelter, and build  
9 capacity for that. Anyone who is awarded the NCO will be  
10 expected to also receive construction for non-congregate  
11 shelter within 24 months of the capacity building award.  
12 So we're looking at that connection there, and how that's  
13 going to work.

14 Any questions before --

15 MR. GOODWIN: I've got one. This is kind of  
16 odd, and it will go back to Spencer, too, on, like, the  
17 Emergency Housing Vouchers. Who does all the paperwork  
18 that goes with the certification, recertification and  
19 tracking of income for the people that are being housed?

20 MS. CANTU: So that's a great question. So one  
21 of the things that makes HOME-ARP special is that our  
22 qualified populations do not always have an income level.

23 MR. GOODWIN: Yeah.

24 MS. CANTU: So when they are in rental housing,  
25 they do need income qualifications in terms of figuring

1 out how much rent they pay, but not for specifically  
2 qualifying for the housing. So it's a nuance, but it's an  
3 important nuance.

4 So usually, the property managers at the rental  
5 development would figure that out, just like they would  
6 for other developments, like low income housing tax  
7 credits or HOME annual or SP.

8 MR. GOODWIN: Okay. Because from the developer  
9 side, I work with Spencer.

10 We hopefully are going to settle in two weeks.

11 But we had two credit properties, both looked like they  
12 were in good position, could have taken probably 20 if we  
13 went 10 percent on the thing. But I could not get the  
14 owner to buy in, because he did not want to have to go to  
15 the expense of buying the HUD program to track --

16 MS. CANTU: Oh, yes.

17 MR. GOODWIN: -- the 811 vouchers and run a  
18 Section 8 program for 20 out of 200 units.

19 I also have a friend who is an ex-combat medic  
20 that's a PA in the San Antonio area, and he runs free  
21 medical clinics for homeless vets every Sunday down at  
22 Travis Park Methodist Church. And they each got seven  
23 teams of all trainees from the schools around there, and  
24 they go hold medical clinics every Sunday.

25 I sat down with him for an hour talking,

1 like -- well, you know, why are they here? Well, they're  
2 homeless vets. Well, why aren't they in housing? Well,  
3 they're homeless vets.

4 And I said, do you know that there's a program  
5 called VASH vouchers that are strictly for veterans that  
6 can go? He said, these guys don't want vouchers. They  
7 don't want to have to have the responsibility of cleaning  
8 an apartment and turning in all of this paperwork, and so  
9 they're going to stay homeless.

10 And I'm just wondering how you'll fight that  
11 program?

12 MS. CANTU: So that -- those are definitely  
13 uphill battles. But the first one, about tracking income  
14 for the voucher program --

15 MR. GOODWIN: Right.

16 MS. CANTU: -- we are not a voucher program.  
17 So it's going to run just like it would with another  
18 affordable housing development. So that's helpful, right?

19 It's not a separate thing to track.

20 Now, in terms of outreach to people that might  
21 qualify for the program, we do have some possible  
22 coordinations with the Continuums of Care, the CoC. Of  
23 course, it's a HUD program, so they -- so it is  
24 complicated on how that will work, because we have several  
25 options on referrals, outreach and qualifications. Like

1 who does that initial qualification, right.

2 So it's possible that it could be the CoC or  
3 another homeless service provider, and then they provide  
4 that paperwork directly to the rental housing agency or  
5 property manager, so that they don't have to do it again.

6 But we also need to make something available for walk-ins  
7 for someone that's able to do that.

8 And hopefully, if it is a connection or a  
9 referral through the Continuum of Care, there's other  
10 providers for services, right.

11 MR. GOODWIN: Uh-huh.

12 MS. CANTU: Because someone who is needing  
13 heavy services hopefully should have access to those  
14 services. It's not a requirement for our program as such,  
15 and it has to be optional services. That's a HOME  
16 requirement. But hopefully, an option for those services.

17 MR. WILKINSON: Any more questions for Naomi  
18 about HOME-ARP?

19 (No response.)

20 MR. WILKINSON: Thank you, Naomi.

21 All right. Next up is Jeremy on our definition  
22 of service-enriched housing.

23 MR. STREMLER: Yes. So back again for cleaning  
24 this up for the rule renewal.

25 So it's, of course, Rule 1.11, Definition of

1 Service-Enriched Housing. And from last time, the only  
2 paragraph that members had any requested changes to was  
3 Paragraph (b), the definition. So I'll read through it,  
4 and note where those are, and then we can, you know, see  
5 if we like where its at and move forward with adopting the  
6 rule and going through the TDHCA rulemaking process to re-  
7 adopt this rule.

8           So Section (b). "For the purpose of directing  
9 the work of the Housing and Health Services Coordination  
10 Council and its work products, including the biennial  
11 plan, Service-Enriched Housing is defined as community-  
12 integrated, affordable, accessible rental housing that  
13 provides residents with the opportunity to receive  
14 assistance in coordination of on-site and/or off-site  
15 health-related and other services and supports that foster  
16 independence in living and decision-making for  
17 individuals" -- and this is one of our changes from the  
18 last time -- "including those with disabilities, people  
19 who are elderly, persons who are experiencing or have  
20 experienced homelessness" -- which has changed from  
21 "homeless and chronically homeless persons" -- "veterans,  
22 youth exiting foster care, and Violence Against Women Act  
23 covered populations."

24           So we added in the youth exiting foster care,  
25 changed the wording of persons experiencing or who have

1 experienced homelessness. And so I'll leave that open to  
2 Council members, if that seems like where we want to be  
3 or --

4 MR. GOODWIN: Do you want to --

5 MR. STREMLER: -- are there any questions?

6 MR. GOODWIN: Just a reminder that when the  
7 Lord developed the Earth, he developed Adam and Eve first,  
8 and then he started the animals. And when he got to the  
9 horses, Adam and Eve wanted to be a committee and so an  
10 elephant is a racehorse that's designed by a committee.

11 And that's what -- this thing has been beat to  
12 death for how many years now? And every time we do this,  
13 somebody else comes in and -- well, I want these people  
14 included. Well, I want these people included. So you're  
15 going to take a five-line paragraph and make an  
16 encyclopedic -- that's my only concern is that we need to  
17 keep it as simple as we can without excluding.

18 I don't know how you get that overall that  
19 covers all those into two or three words, as opposed to  
20 three sentences.

21 MS. GREEN: I think the approach is, you know,  
22 permissive in nature. It's -- you know, it doesn't say,  
23 including but not limited to. So I think there's some  
24 inherent flexibility to add other populations.

25 In terms of the youth exiting foster care,

1 wouldn't it be youth who are aging out of foster care? If  
2 there's a child who drops out of the foster care program  
3 and is 13, she wouldn't be eligible for the program.

4 MS. CANTU: Correct.

5 MR. WILKINSON: Is that just like a term -- the  
6 way DFPS terms anyone who ages out? They just say youth  
7 exiting foster care? Anybody know?

8 MS. CANTU: I don't know.

9 MR. WILKINSON: Or --

10 FEMALE VOICE: I think it's usually aging out.

11 MR. GOODWIN: Thank you. Yeah.

12 MS. GREEN: I think that would be more clear.

13 MR. STREMLER: Okay. And so then I think the  
14 question goes to our legal staff on what we have defined  
15 in our rules already, and youth exiting foster care, I  
16 believe, is already a defined definition in TDHCA's  
17 rulemaking.

18 Correct me if I'm wrong.

19 MS. SYLVESTER: We have a program or a  
20 preference in certain programs that we have for youth  
21 exiting foster care. That's what it's titled.

22 MS. GREEN: Okay.

23 MS. SYLVESTER: That was given to us by our  
24 State agency partners and that's how it's worded in 811.  
25 That's how it's worded in our action plan. So I would



1 prefer to keep with that wording, because that's how we've  
2 termed it in these other places.

3 MR. GOODWIN: What does that mean, though?  
4 Does that mean aging out of foster care or just leaving  
5 foster care?

6 MS. SYLVESTER: So for those programs, it  
7 varies per program. So for Spencer's program, it would  
8 have to be aging out of foster care. For some of the  
9 other preferences that someone might adopt, it could be  
10 someone that is 16 but has a baby, and has chosen to go to  
11 a different form of assistance. And so they are exiting  
12 foster care, even though they could stay until they were  
13 18.

14 So that's --

15 MS. GREEN: That's complicated.

16 MR. GOODWIN: Yeah. It's like saying for  
17 people who are coming out of the prison system and need  
18 housing, well, does that mean if they escape, they're  
19 [inaudible] --

20 MS. GREEN: Yeah.

21 MR. GOODWIN: That's a toughie.

22 MS. GREEN: Yeah, yeah. I agree. I think we  
23 can -- you know, we can revisit this on an annual basis  
24 and kind of pick it apart, but again, I think there's some  
25 inherent flexibility. And I think, you know, these

1 amendments would just bring an additional level of detail  
2 that's, you know, helpful in terms of clarity. So I would  
3 move approval.

4 MS. McCABE: This is Joycesarah McCabe. I  
5 absolutely would look at moving towards approval. I think  
6 that if we get to just dickering over tiny words, we  
7 actually end up narrowing the definition.

8 Just like aging out, well, that leaves out the  
9 16-year-old that -- you know, to that point, that wouldn't  
10 necessarily be aging out, but would still be exiting the  
11 foster care system. And I read the old definition, read  
12 this definition, and yeah, I thought it was pretty all-  
13 encompassing.

14 MR. STREMLER: Okay. Well then. You know, I  
15 think we discussed at the last meeting, since we don't  
16 have a quorum, we don't necessarily need a vote. But as  
17 long as everyone is kind of in agreement, then we're going  
18 to move forward.

19 We're going to move forward with re-adopting  
20 this rule with these changes. So you know --

21 MR. WILKINSON: And this goes out for formal  
22 comment in the *Register*?

23 MR. STREMLER: Yes. It will go out for formal  
24 comment in the *Texas Register*, a 20-day public comment  
25 period, because it's a rule change. You'll see it, you

1 know, at the next Board meeting if you're -- you know, if  
2 you're following our Board meetings.

3 At the November Board meeting, you'll see this  
4 item on the agenda. And then, you know, it takes a few  
5 months for it to go through the comment period and  
6 adoption and all of that kind of stuff, and then posting  
7 it in the *Register* and it being active.

8 So it will probably be, you know, January,  
9 February before it's officially official in -- you know,  
10 in the *Register*, and you can go on the Texas Secretary of  
11 State website and see the physical changes there. But  
12 yeah. We'll go ahead --

13 MR. WILKINSON: Potentially our Board could  
14 amend this further and --

15 (General laughter.)

16 MR. WILKINSON: We'll try to sneak it by on  
17 consent, and I'm not going to tell the Chairman about it.  
18 I think we're good.

19 MR. STREMLER: Yeah. All right.

20 MR. GOODWIN: It's easier to ask forgiveness  
21 than permission.

22 MR. STREMLER: There you go. Well, thank you  
23 for that, and we'll revisit again in four years, just like  
24 we did last time. So look forward to that.

25 MR. WILKINSON: Okay.

1 MR. STREMLER: Oh, Naomi, you might want to  
2 move. I don't want to blind you.

3 MS. CANTU: Oh, yeah. You're right.

4 MR. STREMLER: We're going to use the  
5 projector. Sorry.

6 MR. WILKINSON: We're going to have a  
7 presentation from Helen Eisert about Housing Learning  
8 Communities -- Supportive Housing Learning Communities.

9 MS. EISERT: Yeah. Well, and actually, I'm  
10 going to do a little bit of level-setting and we'll talk  
11 more about the housing listening sessions that we  
12 conducted at HHSC. I realize I was, like, oh, Supportive  
13 Housing Learning Communities is actually on the agenda.

14 Anyway -- but I'll talk about that at the end  
15 of the presentation, about it kind of set up what we're  
16 forming and developing.

17 MR. WILKINSON: That way, we comply the  
18 Administrative Procedures Act or whatever. Right? The  
19 Open Meetings Act. Excuse me.

20 MS. EISERT: Yeah, yeah. So a lot of this is  
21 going to focus on HHSC's work in capacity building with  
22 the local mental health authorities across the state. And  
23 so I just wanted to give a little bit of background.

24 I think -- I came to HHSC in 2018, was over  
25 their several housing programs that they have. And when I

1 started that work, within the first month, I realized kind  
2 of the exciting potential that the local mental health  
3 authorities have to catalyze growth and opportunities for  
4 housing people with mental health conditions.

5 And so it's really been the last four years  
6 that I've focused on kind of capacity building  
7 opportunities for local mental health authorities. So I'm  
8 excited to talk about this stuff, with some of the data in  
9 here.

10 But we'll talk about housing as a non-medical  
11 drivers of health, just to do some level-setting and kind  
12 of context about why we went to the local mental health  
13 authorities to have these conversations, the listening  
14 session results, and then the Supportive Housing Learning  
15 Communities.

16 So non-medical drivers of health sometimes  
17 called -- usually called social determinants of health.  
18 That phrase is shifting a little bit. But really,  
19 it's the conditions where people are born, live, learn,  
20 work, play, worship and age that affect a wide range of  
21 health outcomes and risks.

22 So if you have heard of the adverse childhood  
23 experiences study that was done, you know, if you have  
24 five or more adverse childhood experiences, you're more  
25 likely to have certain health outcomes. Housing,

1 education, social support, all the ones listed here drive  
2 health. And I really love this graphic, because it really  
3 shows social and economic factors account for almost half  
4 of what drives people's health outcomes.

5 So for HHSC, this is really compelling because  
6 our focus obviously is the health of Texans. So it's  
7 different than the housing providers, but obviously, we  
8 have to be involved in housing, because if somebody is not  
9 housed, they're going to have poor health outcomes.

10 So I use this graphic just to kind of set up  
11 the data that I'm going to show around housing instability  
12 at the LMHAs, local mental health authorities. So  
13 obviously on the far left of the housing stability  
14 continuum with people that are chronically homeless, that  
15 have a disability -- they've lived on the street for  
16 longer -- it's a smaller population than the people that  
17 are acutely homeless.

18 People that are acutely homeless make up the  
19 majority of people that are unhoused and generally don't  
20 need as much interventions to get off the streets. And  
21 then people that are housing insecure make up a large  
22 group of the people served at LMHAs that are paying  
23 between 30 to 80 percent of their income towards rent.

24 And then, of course, housing-stable would be  
25 people that are paying no more than 30 percent of their

1 income towards rent. And again, if you -- some people  
2 know all this. Some people don't. That's why I'm doing a  
3 little bit of level-setting.

4 So [inaudible] and Burton -- there's been quite  
5 a few studies that have shown, kind of, the effects of  
6 toxic stress, things that can happen when you're income --  
7 you're housing-unstable, or you're paying more than, you  
8 know, 50 percent of your income towards rent or something  
9 like that.

10 You have to make really horrible decisions,  
11 like do I pay for this medicine or do I buy a week of  
12 groceries for my -- you know, pay medicine for the child,  
13 or feed them a meal. You know, really kind of horrible  
14 decisions. And they tend -- people tend to live in  
15 neighborhoods with more risks to safety and health, more  
16 exposure to violence, things that come with being in  
17 poverty.

18 So for the local mental health authorities,  
19 HHSC is the state mental health authority. We delegate  
20 our authority to the 39 community mental health centers,  
21 local mental health authorities. And we're the primary  
22 point of entry for publicly funded programs, and we're the  
23 provider of last resort.

24 So that means that there is a large Medicaid  
25 population that LMHAs serve. And then there's also a

1 large population that's not insured that is covered  
2 through general revenue funds.

3 So basically, with Texas behavioral health  
4 systems of care -- this will tie in, I promise, to what  
5 we're going to talk about. I want to talk -- some of the  
6 data comes from the Uniform Assessment, and so all of the  
7 folks that go through LMHAs get a Uniform Assessment.  
8 They get it redone every 180 days.

9 So it's really this wonderful, kind of,  
10 opportunity to look at data. And it covers about 14 to 17  
11 different life domains: behavioral health; you know,  
12 social, occupational functioning; if somebody has been  
13 hospitalized or in the jail. It covers a whole lot of  
14 different things.

15 But you do have a residential stability domain  
16 that we're able to look at. And then based on their  
17 assessment, they are put into a level of service. And  
18 then there's a person-centered recovery plan that's  
19 created. And then, of course, discharge is the last part  
20 of the system of care.

21 So of the adult levels of service, zero is  
22 crisis services. The numbers are not so important. It's  
23 more about the percentage.

24 Obviously, the majority of people are going to  
25 go into the lower level of care, Level 1. That would be



1 somebody -- a case manager that might have a caseload of  
2 350 people. That person comes to the clinic about once a  
3 month, sometimes once every three months, and they just  
4 check on their medications, and they have about a 20- to  
5 30-minute conversation with the case manager.

6 They update the Uniform Assessment. They  
7 update the goals. That's about it. So you know, pretty  
8 hands-off.

9 If you have 350 to 500 people in your caseload,  
10 you're not going to do a whole lot. So as people increase  
11 in acuity, there's more intensive services.

12 So the Level 3 would be somebody that -- a  
13 field-based case manager that goes out to somebody's home  
14 or on the street or at a campsite and they meet with them  
15 once a week. And they do case management, life skills,  
16 housing work, employment work, all kinds of stuff with  
17 them.

18 And then our most acute is the people that are  
19 in our Level of Service 4, which are the Assertive  
20 Community Treatment clients. And that is a pretty  
21 intensive wraparound team of about 14 to 18 people that  
22 sometimes meet with somebody every day.

23 They might go out there three to four times a  
24 week. There's an advanced nurse practitioner on that team  
25 that can go out to the person, prescribe meds in the

1 moment. They go out to their home, go to the streets. So  
2 it's much more intensive, definitely meeting people where  
3 they're at.

4 So it's a small group of people that makes  
5 up -- but it's an intense, very intensive group. And so  
6 these are your folks that have cycled in and out of the  
7 psychiatric hospital. These are your folks that go to the  
8 ER a lot for psych admissions.

9 And so I don't know what the term is we're  
10 using now, frequent utilizers. There's lot of different  
11 phrases for them, but they tend to cost the community  
12 more. And so we want to look at data that looks at them.

13 So in terms of the residential stability  
14 domain, I like to show people kind of what the scores  
15 mean, zero through three. Zero, one, two and three is the  
16 score. And basically, what happens is the case manager or  
17 clinician has a conversation with a person for about an  
18 hour, and then they go back later and they score the  
19 SAMHSA.

20 So it's not interview questions. It's more  
21 you're just scoring based on what they're talking about.  
22 So the score of one, which is a person has a relatively  
23 stable housing, but has either moved in the past three  
24 months or there are indications that housing problems  
25 could arise at some point within the next three months,

1 that to me is important, because it's only scored one, but  
2 it's actually someone that's already housing-unstable.

3 And then, of course, when you go to a two, it's  
4 already someone that's had, you know, temporary lack of  
5 permanent housing. That can mean a lot of different  
6 things. That could be somebody couch-surfing. That could  
7 be someone that's just moving a lot to kind of get out of  
8 being evicted.

9 But then Level 3 is someone that's experienced  
10 periods of homelessness in the past six months. So what  
11 you can notice with the data is that, once you jump to  
12 Level 3 and 4, the rates of the scores go higher. So that  
13 makes sense.

14 But it's just important information to know  
15 that as people have more intensive mental health  
16 conditions, there tends to be a higher housing  
17 instability. So you can see this. It makes up almost 40  
18 percent of the folks that are served in LLC 3 -- LoS 3.  
19 So I'll go through that.

20 So the listening sessions, we conducted them  
21 between December 2021 and April 2022. And really, we were  
22 wanting to sort of look at the investment the LMHAs had in  
23 housing. Like, how much are they actually doing and to  
24 what degree?

25 And we wanted to inform the creation of

1 Supportive Housing Learning Communities. So in December  
2 2019, we had done a survey of all the LMHAs, had like an  
3 88 percent or 80 percent response rate. So it was pretty  
4 awesome.

5 And we had asked them, you know, would you be  
6 interested in something like this? And about 88 percent  
7 had said, yes, we would be very interested. So we were,  
8 like, okay.

9 We knew we wanted to something, but we need  
10 some money for it, and we need to develop it a little bit  
11 more. So we had the conversations with the majority of  
12 the housing staff. It was a mix.

13 Some LMHAs would literally have one person on  
14 the call. Some people had their executive directors and  
15 their seed-level directors in the call. So it was a big  
16 mix.

17 And we were able to have sessions with 27 of  
18 the 39 LMHAs. So that was exciting.

19 So this is the graphic I was really excited  
20 about, just to kind of get a sense of where folks are at.

21 So our LMHAs are definitely on a continuum from --  
22 everything from just linking to external resources to  
23 actually providing rental assistance, to the far right of  
24 the continuum where they're owning and developing their  
25 own housing.

1           So obviously, if an LMHA is owning and  
2           developing their own housing, they're kind of in a  
3           different tier. And we already have about 30 percent of  
4           our LMHAs that are doing that. So that's exciting to me.  
5           I'd like to see that number increase.

6           And so when I think about the Supportive  
7           Housing Learning Communities and some benchmarks we're  
8           going to look at, this will be some of the -- we have some  
9           baseline data we can use to come back a couple of years  
10          later and say, okay, is that increasing or not.

11          So the other thing that was interesting is,  
12          there was kind of a breakdown of LMHAs that had informal  
13          partnerships versus formalized partnerships. So that  
14          might be -- formalized partnerships with a landlord might  
15          be like a memorandum of understanding with, you know, a  
16          group of landlords or a corporation that has a bunch of  
17          properties. And then the informal partnerships was  
18          literally just, you know, developing relationships with  
19          landlords without any kind of contract in place.

20          So any questions on that or not, before I keep  
21          going?

22          MR. WILKINSON: LBHA is behavioral health?

23          MS. EISERT: Yes, behavioral health. Yes. We  
24          have two in Texas. So we always have to say both.

25          MR. WILKINSON: No real difference, just the

1 name?

2 MS. EISERT: No. They are. They do this -- a  
3 lot of the LMHAs do substance use services, but they're  
4 the substance use authority for -- as well, if they're  
5 behavioral health.

6 MR. WILKINSON: Okay.

7 MS. EISERT: It adds the substance use. Yeah.

8  
9 So in terms of non-HHSC housing programs, we  
10 did want to give a snapshot. This kind of mirrors some of  
11 the December 2019 survey data that we had. But about  
12 36 percent, I believe, of our LMHAs have received funding  
13 from the homeless continuum of care.

14 I always pull that out, because again, that --  
15 when you put that together with this graphic -- about  
16 30 percent are owning and developing their own housing --  
17 that's the tier of folks that are -- they're going to have  
18 more housing staff. They're going to have some staff  
19 that's just housing administration, not just clinical work  
20 around housing support services. Because it's a HUD  
21 program, it's more administratively heavy, so they're  
22 doing more.

23 And then, of course, there's some that are --  
24 about 36 percent are referring to mainstream vouchers,  
25 811 -- yay, it was high. And that's not even -- you know,

1 it's not in every area. It's only -- what -- eight  
2 metropolitan areas. So -- and then the Emergency Housing  
3 Vouchers were the other ones that were listed.

4 The strongest housing partnership -- I think  
5 the question was, what housing partnerships are you most  
6 proud of? And without a doubt, the majority said public  
7 housing authority. That's something they really worked  
8 on.

9 A lot of them didn't know that you could work  
10 with your public housing authority to set a preference for  
11 different populations. It was not a TA call. It was a  
12 listening session. So -- but I definitely took notes.

13 I was, like, oh, we have some training that we  
14 need to do with our LMHAs. Because they're such a huge  
15 partner in their community that they really could leverage  
16 that relationship with the PHA to set preferences for  
17 people with mental health conditions or other  
18 disabilities, just working with the disability community  
19 to do that.

20 Landlords and homeless continuum of care were  
21 the next. The city was kind of low. The county was even  
22 lower. I didn't even make a chart for the graphic on this  
23 presentation.

24 So that's definitely another benchmark that I  
25 would look at after the Supportive Housing Learning

1 Communities has been going on for a couple of years, to  
2 come back and say, okay, how many of you feel like you  
3 have stronger relationships with the city as a result of  
4 some of this capacity building we've been doing?

5 So the housing challenges. This shouldn't be  
6 too big of a surprise, but prior justice involvement and  
7 affordability were the two highest that were mentioned.  
8 It was higher than availability, so that was interesting.

9 The availability is not just occupancy rate,  
10 but it's also landlords that are willing to work with  
11 housing subsidies. So that's just -- I think it's  
12 interesting that justice involvement was higher than that  
13 for our mental health centers.

14 And then habitability, that, you know, tended  
15 to come more from the rural communities, that there were a  
16 lot of -- they would find a landlord that was willing to  
17 rent to somebody, but it wasn't meeting the HQS inspection  
18 with HUD, so.

19 And then one of the last questions we asked  
20 them -- there was about 13 questions. And the last one  
21 was what do you hope can be accomplished at your local  
22 mental health authority in the next two years, two to five  
23 years, and the next 10 years? And I was really excited by  
24 the fact that almost 60 percent of folks were talking  
25 about wanting to partner with an agency to own housing or



1 to own their own housing. And that was a mix of housing.

2

3

4 It was not necessarily an apartment complex.  
5 Sometimes it was folks that were like -- you know, the  
6 agency is saying we really need small group homes for  
7 people with mental health conditions, and we might just  
8 have to do it ourselves, because we can't -- you know, we  
9 can't wait for the State to figure it out.

10 So -- and then they also talked about more  
11 transitional housing. So what? It's been 15 years now at  
12 least. The big push has been permanent supportive  
13 housing, and transitional housing really got slashed  
14 funding for it by HUD.

15 But we really have our local mental health  
16 authorities -- a lot of them are saying, we will need  
17 transitional housing. We have -- and for them, they tend  
18 to be thinking more step-down kind of situations for  
19 people that have really intensive mental health needs and  
20 need help with activities of daily living, showering,  
21 grocery shopping, budgeting, medication assistance, stuff  
22 like that, and then develop more independence in the home,  
23 and then be able to maybe move into an apartment.

24 So that tended to be what they were talking  
25 about when they said transitional housing versus someone  
that maybe is unhoused and needs to be housing-ready. So

1 it wasn't so much about housing readiness, which is what  
2 the big push was for PSH when they moved away from  
3 transitional housing 20 years ago or whatever.

4 And then, of course, they wanted to see  
5 reductions in homelessness, and they wanted to have more  
6 community partnerships, and then they wanted more housing  
7 staff. Just not a shocker. And we did ask several  
8 questions about what kinds of trainings would be helpful  
9 for folks that targeted the clinic clinicians in their  
10 agency and then also agency leadership.

11 So we really wanted to target agency leadership  
12 with our Supportive Housing Learning Community, because  
13 those are the folks that are at the table with the city,  
14 the county, doing the advocacy, that have the ability to  
15 leverage those relationships to create more housing for  
16 people with mental health conditions.

17 So we've contracted with UT Health San Antonio.

18 And originally it was funded through some re-balancing  
19 funds with Money Follows the Person, and then now, in FY  
20 '23 and hopefully going forward, will be funded through  
21 the Mental Health Block Grant.

22 And it's a mix of virtual and in-person  
23 training. So we have supportive housing boot camps that  
24 we have developed. We did two in the summer of FY '22,  
25 where it's an intensive, two-day, virtual or in person,

1 with an expert, Ann Denton, if you know who she is, super  
2 fun trainer.

3 And people love it. I think we're going to try  
4 to do two or three in FY '23. But it's really geared for  
5 someone that's new to the housing world in helping  
6 somebody that has significant disabilities and barriers  
7 find housing and stay in housing.

8 And then we have a set of leadership. I was  
9 going to pull up -- let's see. Because I think the next  
10 thing is questions. So you can see -- can you all see  
11 that? Need me to make it bigger?

12 So here is what we're kind of hoping to cover  
13 in FY '23 and '24. We're not going to get through all of  
14 this in FY '23. But you can see the leadership series,  
15 it's going to talk a lot about, kind of, developing  
16 partnering on funding opportunities.

17 We're working with a technical -- UT Health San  
18 Antonio is subcontracting with a technical assistance  
19 collaborative, which has national experts that train  
20 around the country. And so they're developing content for  
21 us for FY '23. So I'm excited about that.

22 So it will be specific to Texas. It will hit  
23 on rural issues that -- what happened in the summer -- we  
24 did two different series for leaders and then for  
25 clinicians. And they were able to get feedback from the

1 LMHAs on what would be helpful.

2 So they heard some from rural communities that  
3 were, like -- hey, we need this kind of training. So they  
4 were using that to help develop content for FY '23.

5 And I think that's it, guys.

6 MR. WILKINSON: Some videos online or --

7 MS. EISERT: These will be --

8 MR. WILKINSON: -- in person?

9 MS. EISERT: -- no. These will be, like,  
10 interactive workshops, virtual workshops --

11 MR. WILKINSON: Virtual?

12 MS. EISERT: -- with the trainers. So they go  
13 into breakout rooms and they get to talk with each other,  
14 you know. So --

15 MR. WILKINSON: That's great.

16 MS. EISERT: -- it's more than just a webinar.

17 MR. WILKINSON: Right.

18 MS. EISERT: That's -- so it doesn't work very  
19 well to be recorded.

20 MR. WILKINSON: Sure. Right.

21 MS. CANTU: So I have to say, I've been working  
22 with CoCs for seven years, and I could probably still  
23 benefit from a training --

24 (General laughter.)

25 MS. CANTU: It's very complicated.

1 MS. EISERT: It is. Yeah. So we're excited.  
2 We're excited about the impact of it. And yeah.

3 That's it. Thank you.

4 MR. WILKINSON: Any questions for Helen?  
5 Comments?

6 FEMALE VOICE: Nice work.

7 MR. WILKINSON: Yeah.

8 MS. EISERT: Yeah. It's exciting.

9 MR. WILKINSON: This is the time where we would  
10 be asking for public comment, either in person or over the  
11 phone.

12 MR. GOODWIN: I'd like to give one that -- as  
13 our Co-Chairs are well aware, I have the ability to come  
14 up with useless facts. But as a housing developer, I  
15 think in terms of dollars, what it takes to get into  
16 housing and sustain housing. And will that sustain my  
17 property in a profitable way?

18 And we've talked about 30 percent of income.  
19 We -- that probably ought to be modified, that says, 30  
20 percent of adjusted family income, because on almost every  
21 program, there are adjustments for family size, disability  
22 and other things like that. But if you have somebody in  
23 Austin, Texas, who has a salary of \$48,000 a year and  
24 makes \$4,000 a month, if you don't take any deductions out  
25 of that for anything else, that means they have -- their

1 rent should be limited to \$1,200 a month.

2 What can you get in Austin, Texas, for \$1,200 a  
3 month if you're a family? And if you take that further  
4 down the pike, \$1,200 doesn't sound like much, but on the  
5 wage scales that are being paid, that's \$23.59 an hour.  
6 How many of the, I'll say -- I hate to use the word --  
7 lower end families are breadwinners make more than \$25 an  
8 hour?

9 In San Antonio, they're just elated because our  
10 teachers were starting at \$52,000 a year, which is only  
11 \$4,000 more than that. So that breaks down to -- divided  
12 by 12, whatever that is. So that means, you know, our  
13 teachers generally have to be the second household earner  
14 for them to have a decent place near where they work.

15 MS. GREEN: And utilities are considered part  
16 of housing costs.

17 MR. GOODWIN: Yeah.

18 MS. GREEN: Correct? So --

19 MR. GOODWIN: Yeah.

20 MS. GREEN: -- \$1,200, with all bills paid.

21 MR. GOODWIN: With all bills paid. Yeah. That  
22 1,200 is supposed to cover utilities.

23 So what we're saying is, it ain't easy to live  
24 anywhere. I live in town nominally of 11,000 people, a  
25 little town called Boerne, Texas. And our teachers -- a

1 lot of our teachers come from San Antonio because of the  
2 school.

3 We have one of the highest-graded school  
4 districts in the state, and they come out there to get  
5 that on their resume. But they can't live out there,  
6 because the housing prices are so high.

7 All the developers are buying up -- I was  
8 telling Doni -- the 1,200-foot clapboard sideboard house  
9 is now being bought up by developers, gutting the inside,  
10 putting in appliances, putting on false masonry on the  
11 outside, and reselling them for \$400,000.

12 MR. WILKINSON: So any efforts on multifamily  
13 in Boerne? Or is it resisted locally? Because in  
14 Wimberley, it's resisted for sure.

15 MR. GOODWIN: It was resist -- we built a  
16 property in Boerne, and we wanted to go in and do a bond  
17 deal, and we got booted out. So we developed a commercial  
18 property. It just went like crazy. They lease up in a  
19 matter of a few months, as opposed to several months.

20 I met with the mayor a year ago, and we talked  
21 about it, how -- now, our political leadership in Boerne  
22 are all developers. The prior mayor was a commercial  
23 developer. The present mayor is the President/CEO of  
24 Santikos Development Company.

25 But he was asking, you know, how do we get

1 affordable housing in Boerne? And I said, well, first of  
2 all, you can't, because you can't buy land for less than  
3 about, you know, a half million dollars an acre there, if  
4 you're talking about a big plot.

5 But what he did -- we talked about it, and he  
6 finally did it. They formed, I'll say, a public housing  
7 partnership, and they're going to get the county to donate  
8 the land. The city is going to donate all the impact  
9 fees. And then it will be developed by a nonprofit.

10 Because it's a city project, it will get  
11 100-percent automatic tax exemption. So now you have  
12 cheap land, cheap infrastructure costs, and no taxes, and  
13 you can afford to rent a little -- they're supposed to  
14 start work on that project in about -- I applauded the  
15 mayor, because he carried it through, and nobody else was  
16 interested. Nobody wants to even touch it out there,  
17 because you can build a 280-unit property and charge a  
18 gazillion dollars and people rent them.

19 I'll give you an example. Luckenbach, Texas,  
20 there's a hill before you get there. A company went in  
21 and bought that whole acreage, and you may have gotten a  
22 solicitation in the mail. They were selling pad sites for  
23 RVs.

24 And if you wanted to pay another \$100,000, you  
25 could get about a 100-square-foot extension to build



1     yourself a tiny house. It sold out in two days. Okay.  
2     And I think the number was, like, 350.

3                 It sold out in three days. And that thing sits  
4     30 miles from nowhere. So you know --

5                 MR. WILKINSON: It's close to Luckenbach.

6                 MR. GOODWIN: Luckenbach has changed. I am a  
7     quasi-employee of Luckenbach, I spend so much time out  
8     there. The most famous person out there is Virgil  
9     Holdman, the guy in the cowboy hat with the big voice and  
10    laugh, has cancer. Has not worked for about six months,  
11    and he's starting chemo next month.

12                His running mate who is an old roughneck from  
13    the oil, who saw the light and is now a leader of the  
14    Cowboy Church up there, named Walt Perryman, who's a  
15    cowboy poet, is going into the hospital today to have half  
16    of his lung taken out with cancer. So we lose those two,  
17    and you've lost the battle to Luckenbach.

18                So there are those of us who are crying  
19    about -- but that's just an example of what's going on  
20    with land and the fact that the average citizen is being  
21    cut out of the ability to have a home.

22                MR. WILKINSON: Any further public comment?

23                (No response.)

24                MR. WILKINSON: All right. General updates.

25     We already talked about the definition going to the Board

1 and then to the *Register* for formal public comment.

2 Next meeting will be in January. We don't have  
3 a specific date yet. And --

4 MR. STREMLER: Yeah.

5 MR. WILKINSON: -- it says January 2022.

6 MR. STREMLER: Oh, of course it does.

7 MR. WILKINSON: And so time travel, not even  
8 possible. It will be 2023.

9 And the session will be just starting. So that  
10 will be fun. And --

11 MR. GOODWIN: We have to go buy a DeLorean so  
12 we can go back to --

13 MR. WILKINSON: Right, right. We might have  
14 some interesting follow-up bills to discuss in January.  
15 So we'll see. All right.

16 Thank you, everyone, for coming and for being  
17 on the phone. And at this time, we will adjourn the  
18 meeting.

19 (Whereupon, the meeting was adjourned.)

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C E R T I F I C A T E

MEETING OF:       Housing and Health Services Coordination  
                          Council

LOCATION:            Austin, Texas

DATE:                October 12, 2022

I do hereby certify that the foregoing pages,  
numbers 1 through 59, inclusive, are the true, accurate,  
and complete transcript prepared from the digital  
recording provided by the Texas Department of Housing and  
Community Affairs.

DATE:   October 18, 2022

/s/ Adrienne Evans-Stark  
(Transcriber)

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