

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES

COORDINATION COUNCIL MEETING

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

April 13, 2016
10:00 a.m.

COUNCIL MEMBERS PRESENT:

TIM IRVINE, Chair
SUZANNE BARNARD
REV. KENNETH DARDEN
RICHARD DE LOS SANTOS
ALLYSON EVANS
SHILOH GONZALES
MICHAEL GOODWIN
DONI GREEN
ANNA SONENTHAL
MICHAEL WILT

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P R O C E E D I N G S

MR. IRVINE: Good morning, everyone. My name is Tim Irvine. Today is April 13th. This is the meeting of the Housing and Health Services Coordination Council. The time is 10:08. And I am hereby calling roll. Suzanne Barnard?

MS. BARNARD: Here.

MR. IRVINE: Richard De Los Santos?

MR. DE LOS SANTOS: Here.

MR. IRVINE: Michael Wilt?

MR. WILT: Here.

MR. IRVINE: Allyson Evans?

MS. EVANS: Here.

MR. IRVINE: Martha Bagley?

(No response.)

MR. IRVINE: Michelle Martin?

(No response.)

MR. IRVINE: Anna Sonenthal.

VOICE: Not yet.

MR. IRVINE: Are you there?

VOICE: Oops.

MR. IRVINE: Doni Green.

MS. RICHARD: Folks on the phone, I'm sorry.

We can hear conversation. The meeting has started. If you would, please don't put us on hold. But if you will

1 mute, we would appreciate it. Can you all hear Mr.
2 Irvine?

3 MR. IRVINE: Michael Goodwin?

4 MR. GOODWIN: Here.

5 MR. IRVINE: Kenneth Darden?

6 MR. DARDEN: Here.

7 VOICE: We can hear you.

8 MR. IRVINE: And Shiloh Gonzalez is here from
9 DARS. So we have a quorum.

10 MS. RICHARD: So you can't hear Tim?

11 VOICE: Very faint.

12 MS. RICHARD: Okay.

13 (Pause.)

14 MR. IRVINE: Can you hear me all right?

15 VOICE: That is a lot better.

16 MR. IRVINE: Great. Glad to hear it. Okay.

17 We'll begin with the approval of the minutes. And have
18 you had a chance to look at the minutes?

19 MR. GOODWIN: So moved.

20 MS. GREEN: Just one change.

21 MR. IRVINE: One change.

22 MS. GREEN: By my name it indicates that I
23 served as Chair for the meeting and I did not.

24 MR. IRVINE: Okay. So we have a motion by
25 Mike. Doni, do you want to --

1 MS. GREEN: Second.

2 MR. IRVINE: Motion and a second, with one
3 change to reflect that correction. Any other comments?

4 (No response.)

5 MR. IRVINE: All in favor, say aye.

6 (A chorus of ayes.)

7 MR. IRVINE: Any opposed?

8 (No response.)

9 MR. IRVINE: The motion carries. The minutes
10 are approved as corrected. Up next, Suzanne Hemphill
11 will provide an update on Fair Housing activities.

12 For those of you who are not familiar with
13 Suzanne, she is TDHCA's Fair Housing Coordinator. And
14 she also serves in a newly created role, organizing and
15 supporting a work group of all of the HUD-funded
16 agencies, along with the Texas Workforce Commission to
17 coordinate our approach to Fair Housing to ensure that we
18 are correctly and complementarily documenting our
19 efforts. And to work on such things as responding to
20 proposed Federal rulemakings and policy issuances and all
21 those kinds of things.

22 And she is a tremendous resource. So Suzanne,
23 take --

24 MS. HEMPHILL: Good morning. Thank you, Tim
25 for the lovely introduction. Thank you for inviting me

1 to be here this morning at the Housing and Health
2 Services Coordination Council meeting. I am here to
3 share some of the Department's Fair Housing work and
4 updates.

5 April is Fair Housing Month, as some of you
6 may know, and as part of that celebration, TDHCA is
7 conducting three Fair Housing webinars. We kicked it off
8 yesterday with our first in the series, a Fair Housing
9 overview.

10 Next week, we'll be discussing reasonable accommodations
11 and accessibility. So some of you might be interested in
12 participating in that.

13 And the following week, we will be talking
14 about best practices for multifamily developments related
15 to wait list management and tenant selection criteria,
16 and some of the Fair Housing considerations. Details and
17 registration information are available by visiting the
18 calendar on TDHCA's website. I believe Terri also
19 emailed this information and shared it with the Council.

20 So I also wanted to give you some information
21 on HUD's new Affirmatively Furthering Fair Housing rule.
22 And the Assessment of Fair Housing tool. On August 17,
23 2015, the U.S. Department of Housing and Urban
24 Development, HUD, adopted the final Affirmatively
25 Furthering Fair Housing rule.

1 So this governs what block grant recipients of
2 HUD CPD funds and public housing authorities must do to
3 affirmatively further Fair Housing, and a tool by which
4 they can identify those steps. This applies to all
5 governmental entities receiving HUD funds.

6 So it is public housing authorities, and
7 cities and counties receiving Community Development Block
8 Grant funds, Emergency Solutions Grant, HOME and Housing
9 Opportunities for Persons with AIDS program funding.

10 Title 8 of the Civil Rights Act of 1968, the Fair Housing
11 Act, requires HUD to administer its programs in a way
12 that affirmatively furthers Fair Housing and equal
13 opportunity. So this will require

14 meaningful actions in addition to combating
15 discrimination that overcome patterns of segregation and
16 foster inclusive communities free from barriers that
17 restrict access to opportunity, based on protected
18 characteristics. This will replace the analysis of
19 impediments.

20 So that is the AI that we are currently using.
21 And we will still be under the AI until this is fully
22 phased in. So we will be identifying four main areas:
23 racially and ethnically concentrated areas of poverty,
24 patterns of integration segregation, disparities and
25 access to opportunity, and disproportionate housing

1 needs.

2 With the information generated through the
3 assessment of Fair Housing tool, and the Affirmatively
4 Furthering Fair Housing Rule, governmental entities that
5 are HUD program participants will be responsible for
6 identifying Fair Housing issues and contributing factors,
7 assigning priorities to contributing factors, setting
8 goals for overcoming prioritized contributing factors,
9 and maintaining records of the progress in achieving
10 goals.

11 The State of Texas is anticipated to submit
12 the first AFFH tool in May 2019. That is pending release
13 of the State tool, and this will be a part of the
14 Consolidated Plan in process. So I can give you a link.
15 HUD User has some really great information if you want to
16 learn more about the assessment of Fair Housing.

17 It will affect what TDHCA is doing and other
18 cities and counties that work with HUD funds. So it is
19 something that is coming and it is good to know that that
20 is on the horizon. Feel free to interrupt me if you guys
21 have any questions.

22 I will move forward with the Fair Housing
23 Board report. TDHCA shared this with our Board at the
24 March 31, 2016, meeting.

25 This included a summary of the major Fair

1 Housing related projects and activities planned for the
2 next six months with the Department in various stages of
3 research, planning and implementation to affirmatively
4 further Fair Housing. This also included a detailed
5 annual report on all Fair Housing activities implemented
6 or completed by TDHCA staff.

7 So I have a copy of that, that I can pass
8 around, if you are interested in it. You can also get it
9 on our website. It is in the March 31st Board book. So
10 this touches on all the Fair Housing work that we are
11 doing at the Agency.

12 It is a 38-page report that documents 144
13 substantive action steps that the Agency has taken
14 related to Fair Housing. So we have a few examples of
15 the kind of work that we have done. The first example is
16 related to the Section 8 program.

17 So for this, every year the Section 8 program
18 has to establish payment standards for areas within its
19 jurisdiction. The establishment of the standard is
20 important, because it essentially determines whether a
21 household will be able to get a unit they can afford with
22 the voucher that they have.

23 In areas where market rents are high and there
24 is high demand for rental units, it can be challenging
25 for voucher holders to find a unit. Increased fair-

1 market rents aid in areas where voucher holders have
2 difficulty in finding acceptable units, or affording
3 units in more desirable areas. So it provides additional
4 choice and opportunities in highly competitive rental
5 markets.

6 So my area played a large role in that, in
7 determining the fair market rents, and expanding choice
8 and opportunity by analyzing small-area market rents for
9 counties and zip codes in our jurisdiction. We have also
10 worked with the Emergency Solutions Grant program. That
11 is a HUD-funded program that provides funding for
12 homelessness prevention.

13 The Fair Housing team worked closely this year
14 with ESG staff to emphasize fair housing in all of that
15 program's work. We conducted a webinar for ESG
16 recipients on the intersection of Fair Housing and how
17 clients are able to access services.

18 So in ESG language, that is called credited
19 access. Training components included information on how
20 to screen and direct clients into different services, and
21 how to apply these criteria evenly across protected
22 classes, as well as in a way to make sure subrecipients
23 are making referrals to all eligible resources, thereby
24 promoting client choice.

25 The last example I have to share with you

1 really, it is to the Qualified Allocation Plan, the
2 scoring incentives and alignment with Fair Housing. So
3 Fair Housing staff participates in the monthly Qualified
4 Allocation Plan 2017 planning roundtable discussions.

5 We also conduct significant research on
6 potential scoring items. The research includes analyzing
7 statewide impact of items, and considering their
8 alignment with Fair Housing through mapping and analyzing
9 census data related to income and poverty levels in
10 Texas. We have also research and mapped changes in Texas
11 Education Agency education standards and ratings.

12 So that is a brief overview of the Fair
13 Housing report. And really, the comments that I wanted
14 to share with you today, I would be happy to answer any
15 questions if you have those.

16 MR. WILT: I have a question.

17 MS. HEMPHILL: Yes.

18 MR. WILT: Michael Wilt with Texas State
19 Affordable Housing Corporation. How have you all
20 responded to, or integrated the guidance that HUD gave
21 last week when it comes to dealing with prospective
22 tenants and their criminal histories?

23 MS. HEMPHILL: The arrest records?

24 MR. WILT: Yes.

25 MS. HEMPHILL: I believe some of that was

1 previously integrated into some of our rules.

2 MR. IRVINE: Yes. We have been aware of the
3 issue for some time. And we are continuing to work to,
4 you know, have good compliant tenant selection criteria
5 set out in our rules. You know, we are engaging in
6 dialogue with the stakeholder groups to promote knowledge
7 of it. Anything you want to add?

8 MR. LYTTLE: Actually, I am going to be -- I
9 am Michael Lyttle, TDHCA. I will actually be speaking
10 tomorrow at the Texas Apartment Association annual
11 conference about this issue as well as some other ones.

12 And there are some other speakers there, as
13 well, that will be talking about the new HUD guidance.
14 So people are certainly aware and engaged on the issue.

15 MR. IRVINE: Anybody else?

16 (No response.)

17 MR. IRVINE: Do you have any some specific
18 thoughts or suggestion.

19 MR. WILT: No. I was just curious what the
20 Department was doing.

21 MS. HEMPHILL: We are going to mention that at
22 our third webinar series on April 26th -- at least, the
23 guidance.

24 And there is also some interesting
25 developments with House Bill 1510 that relates to

1 landlord liability. So we just want to make sure folks
2 know that those -- that guidance is out there, as well as
3 the legislative change.

4 MR. IRVINE: Mike.

5 MR. GOODWIN: This isn't particularly with the
6 Department, but it affects us folks that are providing
7 housing, in that there is a point of overzealousness
8 that -- particularly with the Austin Tenants Council.

9 I am fighting a case right now where two years
10 ago, they had visited a property. And finally, after two
11 years, decided that by saying you have to have a person
12 16 years of age or older accompanying persons under 16 to
13 use a pool, had decided that is discriminatory on a
14 familial status basis, and won a bunch of money. And if
15 you go down to the public pools at the City of Austin, it
16 says, you must be 16 years old or older to use this pool
17 unaccompanied.

18 And I guess my concern is that when we start
19 providing guidance from on high, by the time it gets down
20 to the deck plates, it gets pretty onerous. And the
21 folks, I will say, on that level, on the enforcement side
22 don't care. Because they don't have to justify what they
23 say.

24 So just a caution. And believe me, I am a
25 Fair Housing advocate. I have worked in it 20 years. I

1 helped write two federal guidebooks that came out of the
2 National Affordable Housing Management Association. And
3 we buy into it big time.

4 But there are some low level issues that I
5 will say, that will turn housing providers off. Nothing
6 to do with what you all do in guidance. The guidance is
7 super.

8 MS. HEMPHILL: It is a lot to navigate.

9 MR. GOODWIN: Yes.

10 MS. GREEN: So can you talk a little bit more
11 about the changes with criminal history? I just read
12 that local operators were screening Section 8
13 participants separately. However, only TDHCA is now
14 conducting the screening. Is that the same issue,
15 related issue?

16 Because I know that as we have worked with
17 nursing home residents with criminal histories, many of
18 them have been disqualified. And local housing
19 authorities have taken similar but sometimes different
20 approaches to disqualifying people on the basis of
21 criminal history. So what are the changes?

22 MR. IRVINE: Megan, do you want to come up and
23 talk to us?

24 MS. SYLVESTER: Sure. Megan Sylvester,
25 Federal Compliance Counselor.

1 MS. RICHARD: Megan, I'm sorry. That is just
2 for the recording. The phone is over there. I'm sorry.
3 Thank you.

4 MS. SYLVESTER: Megan Sylvester, Federal
5 Compliance Counselor at TDHCA. Without providing any
6 opinion, I can just tell you what the notice says.

7 HUD is taking the position that landlords are
8 not to use arrest records as the sole criteria for
9 denying someone housing. They have taken the position
10 that arrest records are not reasonably related. And that
11 there is a disparate impact against certain types of
12 protected classes, if that is your sole criteria for
13 using. They have also indicated that using -- that your
14 process to determine criminals need to be reasonably
15 related to the ability to maintain and be a good tenant
16 in housing, and that blanket prohibitions for certain --
17 forever for certain low level felonies will not be looked
18 upon favorably.

19 However, there are certain federal --
20 especially if you are trying to get into certain federal
21 programs like 811 or Section 8, there are certain federal
22 laws that still would prohibit a lifelong ban such as sex
23 offenders, registered sex offenders, and people who have
24 been convicted of methamphetamine making or distribution.
25 The notice -- a tiny little bit of commentary. The

1 notice itself is very broad.

2 HUD seems to be saying that they want people
3 to make a determination on a case-by-case basis, and they
4 don't provide for felonies. The arrests, they are pretty
5 clear.

6 But for the felony convictions, they are
7 pretty broad about the guidance, that may just seem to be
8 saying that they want landlords to evaluate things more
9 on a case-by-case basis and not have these forever bans
10 against people with criminal records.

11 MS. GREEN: So in terms of the public housing
12 authorities, are they currently taking a consistent
13 approach, or do they have flexibility in determining
14 which criminal offenses will disqualify?

15 MS. SYLVESTER: Well, I can only speak to our
16 own Section 8 program, because TDHCA doesn't monitor or
17 regulate those other public housing authorities. But
18 public housing authorities at least for the Section 8
19 program. We also don't run any public housing, per se.

20 MS. GREEN: Right.

21 MS. SYLVESTER: But at least for the Section 8
22 program, you are supposed to have written criteria that
23 is in your housing administration plan. And then --
24 which is available to the public.

25 And if you would like a change in that, you

1 can bring that up before the governing board of the
2 public housing authority. And you are supposed to follow
3 that consistently.

4 MS. GREEN: Okay.

5 MS. SYLVESTER: But like I said, there are
6 certain offenses where federal law prohibits someone
7 forever, that I mentioned before. But otherwise, the
8 design of that criteria is up to the public housing
9 authority.

10 MS. GREEN: Okay.

11 MS. SYLVESTER: Does anybody else have any
12 questions?

13 (No response.)

14 MS. SYLVESTER: Okay.

15 MR. IRVINE: I would anticipate that there
16 will be a lot of activity among organizations to move
17 towards consensus on, you know, model criteria and so
18 forth. Just an editorial note.

19 The whole thing reminds me a lot of licensing,
20 where under Chapter 53 of the Texas Occupations Code, if
21 somebody has got a criminal conviction and they're
22 applying for a license, the licensing agency needs to
23 take into account, did the activity occur in a manner
24 that reasonably raises concerns about carrying out the
25 licensed activity.

1 For example, if you engaged in stock fraud,
2 you could probably still, you know, perform cosmetology
3 or something like that. I think that it's just going to
4 require people to be a lot more conscientious and
5 intentional about developing tenant selection criteria
6 and not just have, you know arbitrary filters that filter
7 out a whole bunch of people and disproportionately impact
8 protected classes.

9 MR. GOODWIN: That gets awful tentative. What
10 about repeat offenders? If I had a repeat offender of
11 domestic violence, the question is, okay, how many times
12 can they repeat offend before I get found for violating
13 Fair Housing for denying them -- or theft? Do you want
14 to live next to somebody that has seven convictions of
15 petty theft, that he --

16 MR. IRVINE: Well, I think that the HUD
17 guidance doesn't really go to the issue of convictions.
18 It goes to the issue of arrest records, and it's pretty
19 easy to get somebody arrested, and it doesn't establish
20 that they committed a crime. That's the big change.

21 MR. GOODWIN: Right.

22 MR. IRVINE: And, yeah, I think repeat
23 offenders certainly raises additional concerns that have
24 to do with the suitability of the person for the tenancy.

25 MR. GOODWIN: Fair Housing.

1 MR. IRVINE: Okay. Next subject, Kathryn.

2 MS. TURNER: Hi.

3 MR. IRVINE: You're up first.

4 MS. TURNER: I am trying to maneuver the giant
5 PowerPoint behind you. There are lots of buttons, but we
6 don't know how to use them. So we are just afraid of
7 pushing the wrong one.

8 MS. OPOT: I don't know how we would be able
9 to get it smaller without --

10 MS. TURNER: Right.

11 (Pause.)

12 MS. TURNER: I will go as quickly as possible.

13 MS. RICHARD: Actually, I think that everyone
14 has your presentation in their --

15 MS. TURNER: Right. You do have. We will
16 need a couple of last minute adjustments, or I have made
17 a couple of last minute-adjustments. So I can send that
18 out via email as well. I think there is a -- it is
19 mostly the same. It is mostly the same.

20 Okay. Great. So my name is Katherine Turner,
21 and I am a loan officer with CSH in Houston. And before
22 we get started, I wanted to just give a quick overview of
23 CSH and what we do. At CSH, it is our mission to advance
24 housing solutions that deliver three powerful outcomes:
25 improve lives for the most vulnerable people, maximize

1 public resources, and build strong, healthy communities
2 across the country.

3 CSH is working to solve some of the most
4 complex and costly social problems our country faces,
5 like those related to homelessness. We envision a future
6 in which high-quality supportive housing solutions are
7 integrated into the way every community serves the men,
8 women, and children most in need.

9 So today I am going to walk through the
10 concept of Housing First and why it's an effective model
11 of housing for the most vulnerable populations. And
12 there are many things to cover in a short amount of time.
13 So I am going to go through the presentation, and we will
14 leave some time at the end for conversation and
15 questions.

16 SAMHSA defines Housing First as an evidence-
17 based practice that looks at housing as a tool rather
18 than a reward for recovery.

19 VOICE: SAMHSA?

20 MS. TURNER: SAMHSA is the Substance Abuse and
21 Mental Health Services Administration. Thank you.

22 Research has demonstrated that this approach
23 is effective in promoting housing stability, particularly
24 among people who have been homeless for long periods of
25 time and have serious psychiatric disabilities,

1 substance-use disorders and/or other disabilities. It is
2 also a HUD and United States Interagency Council on
3 Homelessness, or USICH, supportive model.

4 Typically Housing First is associated with the
5 chronically homeless. But this model can be effective
6 with many other populations, including those exiting
7 institutions, child-welfare-involved families, youth
8 aging out of foster care, or those exiting jail or
9 prisons, and those with serious medical, behavioral or
10 mental health issues, including those who are
11 intellectually or developmentally disabled.

12 So what is Housing First? The Housing First
13 approach rests on two central premises: First, that
14 rapid rehousing should be the central goal of our work
15 with the people experiencing homelessness or those at
16 risk of homelessness; second, that providing housing
17 assistance and case management services after individuals
18 or family is housed, we can significantly reduce the time
19 people spend in homelessness or in institutions. We can
20 prevent further episodes of homelessness and delay long-
21 term institutionalization for aging people with chronic
22 health and mental conditions.

23 Housing First programs, whether for families
24 or single adults with special needs, generally focus on
25 helping their target populations to move as quickly as

1 possible into permanent supportive housing of varying
2 types and then provide them with voluntary support
3 services, either time-limited or long-term.

4 So these are the seven principles of Housing
5 First: It will be centered on consumer choice. It will
6 provide quick access to housing. Robust support services
7 with assertive engagement will be provided, but tenancy
8 is not dependent upon participation in those services.
9 Units are targeted to the most disabled and vulnerable.
10 A harm-reduction approach is embraced, and leases and
11 tenant protections will be provided.

12 Unfortunately, we don't have time today to go
13 into great detail with each one of these, but we will
14 cover some of the principles. And for more in-depth
15 information on Housing First principles and practices,
16 there is much more information on CSH's website, as well
17 as on the websites for USICH and HUD.

18 So Housing First is a person-centered approach
19 that can accommodate individual needs. These are some
20 examples of the types of individual needs that tenants
21 may have.

22 We want to accommodate individual desires and
23 find the type of housing that can meet those needs,
24 rather than create additional obstacles to accessing
25 housing. By doing so, we can achieve more long-term

1 stability. A central goal in Housing First is to provide
2 permanent housing for people who are unable to access
3 traditional market housing.

4 By creating barriers in the front end, it
5 limits those who can enter into housing and furthers the
6 perpetuation of homelessness, institutionalization and
7 inappropriate use of public systems like jails, prisons
8 and emergency rooms. In particular, the criminal justice
9 population has limited housing opportunities, as we were
10 discussing earlier. Housing First works to expand those
11 options.

12 In addition, people experiencing homelessness
13 are also experiencing trauma. The longer they are
14 unhoused, the more effect it has on their long-term
15 mental health. So reducing barriers and screening in
16 time is critical.

17 We want to ensure that tenants are offered
18 opportunities to live in the type of housing that best
19 suits their needs and desires and supports their ability
20 to participate in the community. We want to make sure
21 that all tenants are offered a choice with regards to
22 their housing, and have a lease identical to residents in
23 mainstream housing.

24 Tenants are offered a choice between multiple
25 units of housing and, if possible, are also given choices

1 between housing models and locations. And staff
2 understand the tenant's needs and supports them in the
3 process of searching for and selecting a unit. Tenants
4 have standard leases or subleases and have a clear
5 understanding of their rights and responsibilities as a
6 tenant.

7 Leases shouldn't have service-participation
8 requirements and should be identical to leases in
9 mainstream housing. This model strives to prevent
10 eviction, but when it is necessary to evict a tenant, it
11 should only be for a lease violation, such as a failure
12 to pay rent.

13 And it is very important that staff will not
14 remove a tenant from housing without going through the
15 legal eviction procedures. The Housing First philosophy
16 uses a lease as a way to engage and support individuals
17 around service needs. Again, the most important aspect
18 of Housing First is maintaining tenancy.

19 MS. RICHARD: Kathryn, could I just interject
20 here too, that the Centers for Medicare and Medicaid
21 Services is also very emphatic about home and community-
22 based service settings having a lease that is between the
23 tenant and making sure that -- so I just wanted to --

24 MS. OPOT: That is great.

25 MS. RICHARD: -- add that there is also a new

1 rule --

2 MS. TURNER: Great.

3 MS. RICHARD: -- that requires all states
4 to -- if they don't have those home and community-based
5 settings like that, they are required to do a transition
6 plan, which HHSC has already done with the service
7 settings already in Texas.

8 MS. TURNER: Perfect. So yes, services make
9 the difference in being housed versus being homeless.
10 The overarching concept is that but for housing,
11 individuals would not receive services, and but for
12 services, individuals would not be able to maintain their
13 housing. Services such as these, in combination with a
14 decent place to live, provide the support system people
15 need to break out of the cycle of long-term homelessness
16 and prevent vulnerable populations from falling into
17 homelessness.

18 Again, these services must be voluntary for
19 tenants but are mandatory for staff. It is up to the
20 staff to build relationships with the tenants. Such
21 service engagement can begin at the mailbox or common
22 space. It doesn't have to be formal appointments.

23 But these types of engagement can build the
24 relationship of the service provider and the tenant in a
25 Housing First property. Harm reduction is a philosophy

1 that recognizes the resilience of individuals and expands
2 the therapeutic conversation and allows providers to
3 intervene with active users who are not yet contemplating
4 abstinence.

5 So for example, if a new tenant comes to a
6 facility drinking a case of beer every day, harm
7 reduction involves working with that individual to get
8 that down to half a case every day. It is not telling
9 them that they can no longer drink at all, and it is also
10 not telling them that they should feel free to continue
11 to drink as much as they want.

12 In terms of financing, there is a critical
13 difference between the development of affordable housing
14 and the Housing First model, and that is service lending.
15 This is a very critical component of a successful
16 project. And Housing First is the type of service-
17 enriched housing where the incorporation of services
18 within the building project has to be considered early in
19 the development.

20 Because of the variety of services that could
21 benefit a variety of populations, these relationships
22 should be developed as the project is being planned. It
23 is important to keep in mind that those who benefit from
24 a Housing First model typically have very low or no
25 income.

1 And because of this, developing Housing First
2 projects requires specialized financing and operating or
3 rental subsidies are almost always necessary. This is a
4 chart of some of the sources of financing for capital
5 operating in services, and for all three financing needs,
6 federal, state and local sources can be utilized.

7 So I know I rushed through a lot of
8 information. And I just want to take some time to answer
9 questions and have a conversation about Housing First.

10 MR. IRVINE: I just have a question about
11 analysis of the efficacy of Housing First versus the
12 alternative. Has there been, I assume just empirical
13 studies with large groups or is there just a straight-up
14 numerical comparison: This is this percent effective
15 versus this is this percent effective?

16 MS. TURNER: We found that -- I don't know if
17 there has been a direct study.

18 MS. RICHARD: Okay. Kelly?

19 MS. TURNER: I am sure that there has.

20 MS. RICHARD: Exactly like that. Do you want
21 to answer that question?

22 MS. OPOT: Yes. Oh, I'm Kelly Opot with CSH.
23 There have been studies that are empirical that use
24 samples and, you know, the control groups and all that.

25 In particular, I know of one in the criminal

1 justice population. Out of New York there has been one
2 around medically vulnerable individuals using Housing
3 First. And there is one other, I think out of Ohio, in
4 particular around the criminal justice population that is
5 measuring use of public resources, maintenance of
6 tenancy, all of those things, as it relates to
7 implementing that type of model.

8 MS. FINE: Tracey Fine with National Church
9 Residences. We have about 700 units of Housing First,
10 and we track a lot of those measurable things. And I
11 know one is access to health insurance, hospitalizations,
12 ER visits.

13 We also track access to job training,
14 employment coordination and employment tracking. We also
15 track increases and independent income that's not relied
16 on other third-party disability-type income. So a lot of
17 developers that implement this also track outcomes.

18 MR. IRVINE: That's great.

19 MS. TURNER: Absolutely.

20 MR. IRVINE: And where I was going with that
21 actually is, toward the end of the meeting we'll be
22 talking about our draft biennial report. Well, to the
23 extent that we have got empirical data that shows the
24 benefit, that's really valuable.

25 MS. OPOT: And Terri and I have had

1 conversations about this as well. I think she has
2 collected quite a bit of that empirical data that we have
3 talked about, too.

4 MS. RICHARD: Austin-Travis County gave us
5 some data.

6 MR. WILT: I had a quick question. Michael
7 Wilt, Texas State Affordable Housing Corporation. When
8 it comes to scattered-site versus independent
9 developments, are you all seeing something trend some way
10 or the other.

11 I know in Austin, Caritas operates, I think,
12 eleven units, not a scattered site; it's in one
13 development, one multifamily development. But, you know,
14 obviously these deals are very complicated, putting
15 together the capital.

16 And I am just curious if people are still
17 trying to use scattered-site, or is it the trend now to
18 have standalone developments kind of like, also in
19 Austin, with the ATCIC; they're trying to build 50 units.

20 MS. TURNER: Right. So I think that the main
21 goal is to have choice. And choice of model and choice
22 of how those units are effectively integrated into the
23 community is the main goal.

24 So to have, you know, a range of options for
25 someone; either 100 percent supportive housing, if that

1 is something -- a model that is working for certain
2 populations of people, that is great. And we should
3 continue to do that.

4 But scattered-site is also another option that
5 I think also works for a lot of varying populations. So
6 I think it depends on the population, it depends on the
7 developer.

8 But for every municipality to have a variety
9 available for people entering into housing, that is the
10 main goal. So choice is the main thing.

11 MR. WILT: And then on the services end, when
12 it comes to financing that, have you seen people merge
13 Housing First with Pay for Success, Pay for Success being
14 used on the services model?

15 MS. TURNER: Yes. Kelly can talk more about
16 this.

17 MS. OPOT: Yes. Well, yes. We are doing some
18 of that. I know that it is happening in Colorado, San
19 Francisco. There is a couple of sites that it is
20 happening, especially around health care. Michigan,
21 Connecticut, I am not going to remember all of the sites.

22 But, yes. That is one of the practices that
23 people are trying to figure out how to use a Pay for
24 Success type model to fund the services in Housing First
25 models.

1 VOICE: And we're trying it here in Austin,
2 too.

3 MR. WILT: Right. And one last question: You
4 said residents typically probably have some income. Is
5 their rent on a scale, depending on their income? It is
6 probably a third of what they are bringing in?

7 MS. TURNER: Right. Yes. That is the model
8 that we advocate for, is a third of their income going
9 toward rent.

10 MS. OPOT: But it could be zero.

11 MS. TURNER: Right. In most cases, it
12 probably will be zero, at least initially.

13 MS. SONENTHAL: Anna Sonenthal with DSHS. So
14 y'all are quoting SAMHSA. Do you know if they're doing
15 like a kit with it, or is it part of the PSH kit, or is
16 any different, or did I miss that?

17 MS. OPOT: It is part of the PSH kit.

18 MS. SONENTHAL: It is part of the PSH kit.

19 MS. OPOT: Uh-huh.

20 MS. SONENTHAL: Okay. Do you all have any new
21 [inaudible] coming out?

22 MS. TURNER: You could ask them. We are not
23 SAMHSA experts. SAMHSA does have their own -- in all of
24 the evidence-based practices, there is one for Housing
25 First, which is a good one for motivational interviewing,

1 critical time intervention. They do have their own. It
2 is within that homeless resource.

3 MS. SONENTHAL: Okay. Right.

4 MS. TURNER: But --

5 MS. SONENTHAL: We utilize the PSH kit, is
6 what I was talking about.

7 MS. TURNER: Yes.

8 MS. SONENTHAL: I was hoping to kind of
9 integrate more Housing First kind of language.

10 MS. TURNER: There is more. I mean, I noticed
11 that there is more on there now than there used to be.

12 MS. SONENTHAL: Okay.

13 MS. TURNER: Absolutely. Than when they first
14 came out with the PSH kit. Now they are more specific
15 around interventions.

16 MS. SONENTHAL: Awesome.

17 MS. TURNER: Any other questions?

18 MS. RICHARD: Is Housing First considered an
19 evidence-based best practice, or is it more of a
20 promising practice. Has it been around long enough to be
21 evidence-based?

22 MS. TURNER: It has. Yes. And they're -- the
23 support of federal agencies is behind that evidence-based
24 practice.

25 MR. IRVINE: Any more? Kelly for an update on

1 the Academy.

2 MS. OPOT: Great. Thanks, Kathryn. Okay.
3 Use my cheat sheet. But you all have -- I created a
4 little handout to just give an overview of some of the
5 work that we have been doing through the Housing and
6 Services Partnership Academy.

7 And so just as a quick reminder of the
8 overview of Housing and Services Partnership Academy, I
9 think this is probably my third time presenting to the
10 Council on it. But it is -- CSH is contracting on behalf
11 of the Council with TDHCA to provide training around
12 service-enriched housing and also technical assistance.

13 And so part of the work that we have been
14 doing, we created a Request for Proposals for teams and
15 communities across Texas to participate in this Academy,
16 which was in September or October. We selected teams and
17 then put on a two-day academy.

18 And the result of that Academy was, we wanted
19 teams to create plans to implement more service-enriched
20 housing in their community, however it made sense for
21 them. And communities also were able to select which
22 priority populations they wanted to support through this
23 Academy team.

24 And so we got nine teams from across the
25 state. And since our last meeting, we hosted the Academy

1 here in Austin on February 9th and 10th. And a lot of
2 the people in this room participated in that as
3 presenters or as roundtable participants. Lots of great
4 information. We got a lot of wonderful feedback from the
5 participants: the things they were really pleased with,
6 the amount of information.

7 And we couldn't have done it without the
8 support of the Council. So thank you for everyone who
9 helped us in getting that completed.

10 And so the nine teams that are included, and I
11 included all of them. And the priority populations that
12 they selected. There has been a little bit of shifting
13 around some of the priority populations.

14 Initial applications, some people wanted to
15 select every single population under the sun. And so you
16 know, part of the technical assistance, in really
17 attending the Academy with them was to say, let's think
18 about what is a priority population that you could really
19 focus on now, but that a plan that you could create could
20 translate to other populations.

21 And the priorities within those priority
22 populations were individuals with disabilities,
23 individuals transitioning out of institutional care, and
24 youth aging out of foster care. There you go. There are
25 the words.

1 So those were the priority populations that
2 people could select. But people also selected
3 individuals with intellectual and developmental delays,
4 so the IDD population, homeless with a disability. Am I
5 leaving one out?

6 MS. RICHARD: Veterans, maybe. I think
7 somebody --

8 MS. OPOT: Somebody did select veterans. One
9 of the communities selected veterans. But it also
10 represents the participants in the teams.

11 You know, we have San Benito, which is in the
12 Valley. We have a team that is in Comanche, Texas, which
13 is sort of central rural Texas. We have a Houston team.
14 We have a San Antonio team. We have a Lubbock team.

15 So we really run the gamut of representing the
16 state and all the different kinds of areas in the
17 populations served. And so all those teams came
18 together.

19 And since then, CSH has been working with
20 those teams to provide technical assistance. A lot of
21 the technical assistance has been helping these
22 communities think about how to implement their plan and
23 what they need to put in the plan, what other partners
24 they want to bring to the table.

25 And really thinking through getting at a

1 target, maybe of population numbers. So we have been
2 working with some teams to really hone in on a number.
3 But also where the data comes from. And what kind of
4 additional information you would need to help integrate
5 more service-enriched housing.

6 And we have left it up to the teams as we have
7 worked with them, to help us guide where their technical
8 assistance would go. So there are some communities in
9 Dallas in particular -- the City of Dallas has a big new
10 housing plan coming out in June. And so we are trying to
11 figure out what is the best way to include comments and
12 make sure that our group is connected to this larger
13 effort, in the City of Dallas affordable housing plan.

14 Also, some communities have wanted financing
15 training around how you do actual development and
16 service-enriched housing. Others have wanted information
17 on how you create marketing and advocacy tools.

18 So it really could be anything that they
19 really want to do to help implement their plan. So we
20 are continuing to work with them through -- the technical
21 assistance is two on site, and two offsite. But I think
22 it is a little bit more than that.

23 We are checking in with them fairly regularly,
24 but going out to the communities to provide some of
25 this -- and really get to know just beyond who is on

1 these teams, but other members of the community, and say
2 hey, this is why this is important. This is the effort
3 that is happening. And the state is really interested in
4 looking at this work broadly.

5 And so we will continue to do that through
6 about the middle of May. And we are also collecting lots
7 of information on experience, qualitative and
8 quantitative, and all of the work that we have been
9 doing, so that we can report back to you what we learned
10 from it, and evaluate the experience of the Academy from
11 the participants.

12 So I will let you ask, if you have any
13 questions for me, or have any questions about any of the
14 teams. Or, anything you would like to add, for anybody
15 that was there in February.

16 MS. SONENTHAL: I have a question. You might
17 have said this, and I may have just missed it. So the
18 teams kind of went away with plans. Each of the teams
19 kind of went away with plans.

20 So do you have, like, a plan? Or like, how
21 often you are going to be checking in with them, to see
22 if like, if they decided to implement anything or --

23 MS. OPOT: Well, the work that we are doing --
24 I mean, our contract is through June. But what we have
25 promised to them is, we are trying to set them up so that

1 they have this group as the -- and who else needs to be a
2 part of it. That has been part of the conversations that
3 we have been having is, this is a group that really
4 carries on the work, and how it is connected to the
5 organizations that are participating, and how it is
6 connected more broadly to the community.

7 So that has been a big part of our planning
8 process. Saying, okay. We don't want to just create a
9 plan to put on the shelf. What we are here to do is help
10 you think about how to implement it, and who else you
11 need to bring into the work.

12 And what we are also hoping to do is create a
13 tool for TDHCA, so that once it is over, TDHCA can reach
14 back out to these communities and say okay. You know,
15 six months later. Because there is only so much we can
16 gather in a month. Right. So TDHCA can look back and
17 say, okay. It has been a year. What changes have we
18 seen based on the Academy.

19 MS. RICHARD: Maybe we could have some
20 representatives perhaps at one of the meetings. One of
21 the teams come and talk about where they have been and
22 what they are doing and where they are going to go.

23 MS. SONENTHAL: Yes. That would be great.

24 MS. RICHARD: We could certainly put that on
25 the agenda.

1 MS. SONENTHAL: That would be awesome. Just
2 to know kind of where they are at, like six months from
3 now. You know, what they have been doing, so we can
4 actually see the good work.

5 MS. OPOT: Yes. Definitely.

6 MS. LEOGRANDE: I would like to make a
7 comment.

8 MR. IRVINE: Okay.

9 MS. OPOT: Okay.

10 MS. LEOGRANDE: This is Robin LeoGrande. I am
11 on the Dallas County team. And I think this is an
12 absolutely terrific program. Kelly has been phenomenal,
13 and she is supporting our team in terms of technical
14 assistance, and helping us navigate the true mission of
15 our team.

16 As she mentioned, the Dallas -- the City of
17 Dallas is working on a housing plan. And it is very
18 important for us, with our priority population to be sure
19 that that population is recognized in some way in that
20 plan.

21 And also, to ensure that when we talk about
22 housing for all, the Dallas plan truly understands what
23 housing for these underserved populations needs. It is a
24 learning process for us, in terms of how to interface
25 with the plan. It is also going to be an education

1 process for the people putting together the Dallas plan,
2 to understand what service-enriched housing is, and who
3 the population is, the very broad population is, who
4 needs this service-enriched housing.

5 So I would like to help. I would like to
6 thank Kelly for helping us for all of those issues as we
7 go forward setting up what our long-term team looks like.

8 Because we are in it for the long haul. It is
9 not just until for June. It is until the plan, the
10 Dallas plan, the City/County plan is implemented, because
11 we have to keep everyone on track with what this really
12 means to our targeted population.

13 MR. IRVINE: Okay. Thank you very much.

14 MS. ENDER: This is Lynda Ender with the
15 Senior Source and I am listening to the different
16 targeted populations. And I am hearing homeless and
17 veterans and those with addictions, and different
18 populations. But I don't hear older adults mentioned.

19 MS. OPOT: One of the communities, two are
20 people -- there are two communities that are focusing on
21 aging Texans as well. So that was one of the populations
22 that individuals could select. It was Central Texas and
23 San Benito. So those are two of our more rural
24 participants, and they selected that group.

25 MS. GREEN: And Lynda, also, with individuals

1 exiting institutions, they are of all ages, but tend to
2 skew a little older as well.

3 MS. ENDER: Thank you.

4 MS. RICHARD: I just wanted to say that I know
5 that we really appreciate it. I think we had over seven
6 Council members that participated in the Academy. And I
7 know Doni, you were there the entire time, and worked
8 with the team.

9 And I just want to thank all of you for your
10 active involvement, and you know, support. And you know,
11 we are always open to feedback. And we appreciate it.
12 We really appreciate the support.

13 MS. OPOT: And willingness to support as we
14 run on. So I have reached out to TDHCA and others, and
15 Doni about how we can continue to support some of these
16 teams that we worked with onsite.

17 MS. RICHARD: I think you were there all three
18 days or two days, too.

19 MS. GREEN: Thank you.

20 MR. IRVINE: Great. Thanks.

21 MS. OPOT: Okay. Thank you.

22 MR. IRVINE: Wonderful to have the Academy.

23 MS. OPOT: Yes. It has been fun.

24 MR. IRVINE: Okay. Let's see. Next, we have
25 got an overview of Healthcare and Housing, the H2

1 Initiative. Eric Samuels.

2 MR. SAMUELS: Where do you want to sit.

3 MS. OPOT: Do you want me to stay next to you,
4 Eric.

5 MR. SAMUELS: If you want to.

6 MS. OPOT: I am just going to move out of the
7 way.

8 MR. SAMUELS: And I'm sorry. I do have some
9 handouts that I need to hand out now. I didn't hand them
10 out previously. So let me just go ahead and get that
11 done.

12 MS. OPOT: I will help with that. I will make
13 myself useful.

14 (Pause.)

15 MR. SAMUELS: So I know a lot of you in the
16 room. Some of you, I don't know, of course. So I should
17 tell you what Texas Homeless Network is.

18 So THN is -- sorry. We have wires going
19 everywhere. THN is an agency that works with communities
20 who are building systems to end homelessness.

21 Now, the majority of our focus right now is in
22 the mostly rural areas of Texas; 215 counties to the
23 Texas balance of state continuum of care. That is the
24 area in orange, if you haven't already noticed that.

25 While we do focus on that area, we also work

1 with community -- we work statewide on statewide planning
2 efforts. We work on advocacy efforts. And we do hold
3 two conferences a year. One, we partner with CSH on the
4 Housing and Healthcare Conference. So what I am talking
5 about today relates to that.

6 And I am hoping just to give you a summary of
7 what we have done with the H², Housing and Healthcare
8 Initiative, and ask you in the end how we might work with
9 this group. And how we might move forward.

10 So the idea behind the H² Initiative was a
11 focus on building housing and healthcare systems that
12 work together. Now, that seems pretty obvious that we
13 should be doing that. But that is not something that we
14 have been doing.

15 So what this means is that we need to get our
16 continuums of care, our systems that are working in
17 homelessness working with our healthcare providers and
18 those that are providing healthcare to people who are
19 experiencing homelessness. Those continuums of care in
20 Texas are noted on that map. There are eleven of those
21 at the present time.

22 So the reason we are doing this, and the
23 reason that this is an initiative is because HUD
24 recognizes that -- and actually they demand that
25 continuums of care work to maximize the use of mainstream

1 resources. And it is not the fact that they expect that
2 of continuums of care -- they realize that this has not
3 been done. There is not really good working
4 relationships between those that are working in a
5 continuum of care. Those in housing, and those in
6 healthcare right now.

7 There is also duplication of services,
8 currently. And for those reasons as well as others, HUD
9 has really made this an initiative. And they are the
10 ones who launch the ^{H2} Initiative.

11 They got together with some other federal
12 partners, including the US Interagency Council for the
13 Homeless, Housing and Health Services, I'm sorry, the
14 Department of Health and Human Services, SAMHSA, some
15 others -- to start to develop this. They worked on this
16 initially just within that group.

17 And then, they started looking at some of the
18 data available to them. And what they came up with was
19 an issue of where they would go to 20 communities and
20 provide assistance all in creating a ^{H2} Initiative, each
21 one of those communities through a TA provider. And that
22 TA provider was Home Base -- or, at least, that was the
23 TA provider that we worked with in Texas.

24 So what they focused on in these sessions was
25 the who, what and how. And they were looking at, for

1 example -- they would work with, let's say like, Texas.
2 And they would look at, okay, who is it that we need to
3 serve. You know, what data is available. What are the
4 gaps in the housing healthcare connection. And what are
5 the gaps in the funding?

6 So we looked at all of those for the purposes
7 of creating approved outcomes that will increase access
8 to care, better and more comprehensive care, and then of
9 course, lowering costs and getting people housed.
10 Because as we were talking about with Housing First, that
11 is a cost effective way of serving people in this
12 condition.

13 So we had the advantage, I think, in Texas of
14 being one of the last of the 20 states to do this. Home
15 Base, the TA provider that did this, they went to several
16 states before us. And they learned quite a bit from
17 those states, and those communities. I shouldn't say
18 just states. They worked with regional groups as well.

19 But for the purposes of working with the
20 State, one of the things that they learned through their
21 visits was that it was important to have this group
22 either be a part of, or work closely with, some state
23 interagency council for the homeless or state planning
24 council. And that is one of the reasons that it was
25 suggested that I come and speak to this group. I am also

1 going to speak to the Texas Interagency Council for the
2 Homeless group later this month.

3 One of the other things that I learned was in
4 regard to data. And the importance of looking at how the
5 cross system data compares, comparing that, and
6 identifying those that are the frequent users. And that
7 is something that I know we have been trying to do for a
8 while. That is something that is highlighted as even
9 more important, because of this initiative.

10 One of the other things that we talked about
11 and they have learned in other states was, the importance
12 of making sure that hospitals are using consistent ICD
13 codes. And I had to look up what that meant.

14 That is the International Classification of
15 Diseases and related health problems. So the importance
16 of that is, if we are using consistent coding, that will
17 help us when we are checking the data across systems.

18 They also learned with these other states the
19 importance of the coordination, and the importance of
20 fostering relationships with the managed-care
21 organizations. And so that is something I know that a
22 lot of our communities are already doing. That is
23 something we need to improve.

24 We need to -- another lesson they learned was
25 maximizing the use of Medicaid and other resources. So

1 what we need to do is identify those who are homeless and
2 determine who is eligible for these resources. That is
3 one of the things we are doing with the managed-care
4 organizations, what a lot of communities are doing.

5 And that is something that HHSC is doing right
6 now. And I forgot the person who is running that. But
7 they are looking at permanent supportive housing data to
8 determine who is Medicaid-eligible, or who is receiving
9 Medicaid. So that is something that is starting. So we
10 are making headway there.

11 So in Texas, we did have Home Base come speak
12 to us last September. So we have been meeting about
13 this, and emailing about this since last September. We
14 had seven communities in Texas apply for this technical
15 assistance through HUD. That would be provided by Home
16 Base.

17 And because we had so many communities wanting
18 this, it was decided that they would just come to Texas
19 and work with us as a state as a whole instead of just
20 one of those seven communities. And again, we were one
21 of the 20 states selected. So we were one of the lucky
22 states to work on this.

23 So in each one of those applying
24 jurisdictions, we had representatives. So we have some
25 here, actually. Well, I guess, just me and Kelly that

1 are -- and Mariana. Sorry. So we had some planning
2 meetings where we were preparing for getting together and
3 developing a draft H² plan. And we finally got together,
4 like I said, in September.

5 We had a really good turn out. We had 65
6 participants from 15 different communities, work together
7 over 1-1/2 days. And what came out of it was a draft
8 plan that we shared with the leadership team, which is
9 made up of the representatives of those applying
10 communities.

11 And we have gone back and forth with this.
12 And what you are looking at with that draft plan is our
13 most recent effort. That is something that we need to
14 share with the rest of our Texas communities and our
15 continuums of care, to make sure that they don't have
16 anything else we need to add.

17 Also make sure that they don't have questions
18 about the direction we are headed. Because while we did
19 have broad participation, there are some communities that
20 still were not involved. So we want to make sure
21 everyone is on board.

22 And as part of that, I was asked to work with
23 the state to see, find out what is going on. You know,
24 what are groups like this Council doing, or this
25 committee doing in this area, so we don't duplicate

1 services or don't duplicate efforts through this plan,
2 the H² plan and what you were doing. So I need to work
3 with you on that, if I can. And I think that would be
4 something that would be appropriate.

5 And also, we need to start to get more state
6 leadership. What we are looking at is creating an H² plan
7 that will be more of a framework for all of our Texas
8 communities. Each community will have their specific
9 plan. They can't -- this statewide plan will be more of
10 an overall framework.

11 And while it has been great to have
12 representatives from all of our different communities,
13 and we want to continue to have that, we need to have
14 more on the state level, and especially in the area of
15 healthcare. We have some housing support and
16 participation. But we need to increase that, and bring
17 in some people that are representing healthcare systems
18 statewide.

19 So that is really my purpose for coming here,
20 is to make sure that we are not duplicating your efforts,
21 and try to get more support and representation on this
22 initiative. So I guess I will just open up for any
23 questions you might have. And I am hoping that we can
24 work together moving forward.

25 MS. RICHARD: So just a quick question. The H²

1 Action Plan that you shared here, is that something that
2 you could share? I know we have people on the phone,
3 people in the gallery. Is this something that is ready
4 to be shared, or --

5 MR. SAMUELS: Yes. Well, that is something
6 that I need to talk to the leadership team about. I
7 mean, I don't know why -- well, I think I need to share
8 it with the continuums of care who have not reviewed it
9 yet.

10 MS. RICHARD: Sure. Yes.

11 MR. SAMUELS: Because I think they deserve to
12 see it.

13 MS. RICHARD: No pressure at all. I was just
14 trying to understand --

15 MR. SAMUELS: Of course, I have passed it out
16 here.

17 MS. RICHARD: But just what kind of feedback,
18 input would you want from Council members? This is where
19 I was going --

20 MR. SAMUELS: Yes. I think I need to get the
21 feedback from those continuums of care first, and then
22 ask for that feedback. If I could get that, that would
23 be great.

24 MS. RICHARD: Okay.

25 MR. SAMUELS: Yes.

1 MS. OPOT: One part of it, too, Eric, in a lot
2 of these discussions, when we were trying to figure out
3 how we implement this on a statewide level. And this
4 Council came up as doing a lot of this similar type of
5 work. So if we are thinking about how it is endorsed,
6 who supports it, I think it is more -- the ideas that are
7 in here, is it something that the Council would be
8 willing to support, or does it go too far in one
9 direction or another.

10 So just understanding that, while looking for
11 statewide support. And councils or committees that would
12 probably be leaders in that -- what are the things that
13 you would be looking for, comfortable with, or not
14 comfortable with including, or if there is things that we
15 are leaving out, that kind of stuff.

16 MR. SAMUELS: Yes.

17 MR. GOODWIN: I've got the dumb questions from
18 sitting out under the mushroom. Who is Texas Homeless
19 Network? Who is in charge? And who funds you?

20 MR. SAMUELS: Well, I guess I would be in
21 charge of the Agency. We provide --

22 MR. GOODWIN: I mean, are you a state agency?

23 MR. SAMUELS: We are provided funding from
24 HUD. Also from the State, TDHCA and DSHS. We also have
25 private funding.

1 MR. GOODWIN: Well, I mean, who do you work
2 for? Who is -- is there --

3 MR. SAMUELS: We are a non-profit, a statewide
4 non-profit. We are not a state agency.

5 MR. GOODWIN: You are not a state agency.

6 MR. SAMUELS: No.

7 MR. GOODWIN: That is what I was wondering.

8 MR. SAMUELS: No. We get that a lot. It is
9 kind of nice when hotels assume that. But no, we are not
10 a state -- we are a statewide non-profit.

11 MR. GOODWIN: Okay.

12 MR. SAMUELS: And like I said, right now, the
13 large part of our focus is on the rural areas of Texas.
14 Mostly rural, outside of the major metropolitan areas.

15 MR. GOODWIN: That is the hardest nut to crack
16 for housing.

17 MR. SAMUELS: Working in the rural areas?
18 Yes, it is. It is. But I think we can get there. Any
19 questions?

20 (No response.)

21 MR. SAMUELS: And I will follow up with asking
22 for input.

23 MS. RICHARD: That would be great.

24 MR. SAMUELS: Once I get that from everyone
25 else that I need to.

1 MS. RICHARD: That would be great.

2 MR. SAMUELS: Great. Okay.

3 MS. RICHARD: Thank you, Eric.

4 MS. OPOT: Thank you, Eric.

5 MR. IRVINE: All right. Next, we have Ashley
6 and Cristina.

7 MS. SANCHEZ: Sadly, you don't have Cristina,
8 only Ashley.

9 MR. IRVINE: AIM or Adults Independent and
10 Motivated.

11 MS. SANCHEZ: Yes. I am Ashley Sanchez with
12 Adults Independent and Motivated. Thank you so much for
13 the opportunity to be here.

14 The cuter part of our duo was my daughter
15 Cristina. She is 23 years old. She has Down syndrome.
16 She lives in her own apartment with a roommate who has
17 Down syndrome. She couldn't be here today -- too many
18 logistics to work out that didn't fall into place.

19 We are a nonprofit. It is appropriate to
20 think of us as a family cooperative that serves adults
21 with intellectual and developmental disabilities, based
22 on a model out of Kansas. Their organization is called
23 the Mission Project.

24 The best way to get a crash course in what we
25 aspire to, when we are grown up, is to look at their

1 website: themissionproject.org. I know Terri went and
2 visited, and did other people in this room go visit?
3 Okay. So they have got a great idea of what is happening
4 there.

5 The Mission Project started eleven or twelve
6 years ago. We started two years ago. So we are still in
7 the early stages. Our website is aimtx.org. Adults,
8 Independent and Motivated TX.org. Aimtx.org.

9 I did not bring a flyer. I can get that to
10 you, because it gives a little crash pre-synopsis of what
11 we are about. So our target population is folks with IDD
12 who need some support, but can get through a lot of the
13 tasks of daily living on their own.

14 The idea is that our folks live clustered
15 essentially in one apartment complex. So what they have
16 done in Kansas, there is one apartment complex. They
17 have 18 folks and growing who have IDD, and who live in
18 one-bedroom, one-bath apartments.

19 And The Mission Project itself provides
20 community. They provide vans for transportation to work,
21 to and from work for their participants. Each family
22 individually signs the lease with the apartment complex.

23 Each family individually arranges the level of
24 support that is appropriate for their individual
25 participant -- attendant services, essentially -- and

1 utilizes whatever existing resources they have that are
2 appropriate.

3 So it could be a Medicaid waiver, like CLAS,
4 HCS, in home support. It could be private pay. The way
5 it is funded for the individual participants is through
6 their wages, primarily, and their SSI, SSDI and any
7 additional family support needed. And of course, those
8 attendant support services, like we said, through
9 whatever mechanism the family chooses.

10 The reason that they are living in one
11 apartment complex is because then they can create sense
12 of community. Our folks are not people who would
13 traditionally drive. There may be one or two who
14 eventually gain that skill. But overall, driving is not
15 appropriate.

16 So for things that are natural to those of us
17 who do have access to automobiles, getting, meeting
18 somebody for lunch, that is not possible if you are not
19 living near your friends. So by being clustered in a
20 vibrant walkable area, they can say, hey, Gracie, want to
21 go grab some yogurt at Yogurt Planet. Sure, let's do
22 that.

23 Or let's go to the bookstore. Or let's go to
24 the movie theater. All of those things are an easy walk
25 away. And the friends who they want to do those things

1 with are also nearby. But it is not an apartment complex
2 that is dedicated to folks with disabilities.

3 In Kansas, they launched a search to find the
4 apartment complex that met their criteria. Vibrant,
5 walkable, safe. We did the same thing here in Central
6 Texas. We determined that the Galleria in Bee Cave is
7 the right location. So we are at Avanti Hills. It is on
8 the backside of the Galleria.

9 So all of those amenities at Highway 620 and
10 71 are walkable for our folks. So Cristina works at
11 Panera Bread. She walks to and from work. And there is
12 a Whole Foods. There are numerous shops and restaurants.
13 There is a Barnes and Noble. The Bee Caves City Library
14 is right there.

15 It is a fantastic location for walkability.
16 At this point, our organization does not provide
17 transportation to and from work, so we don't anticipate
18 all of our folks will work right there. So that is in
19 our long-range fund-raising goals is to be able to
20 provide that transportation component.

21 We want a friendly community. So part one of
22 the mechanisms of achieving that is through dating our
23 program, quote unquote. During a period of one year, AIM
24 sponsors social activities. And folks who think, gee, I
25 might want to be part of that community, engage in those

1 activities so that we are able to see if they are
2 clicking with one another.

3 So we don't have a list of criteria, yes,
4 these disabilities, no, those disabilities. A lot of it
5 is just going to be some personality. Hey, we get along
6 great. We are laughing a lot together.

7 Or somebody might not really enjoy being with
8 the others. Just because you happen to have disabilities
9 doesn't mean you click with everybody else who does.
10 Just like anybody else.

11 So it gives people a chance to make sure we
12 are going to give -- have that sense of community. And
13 also, it gives those families a chance to see if they are
14 willing to be hands on. Because we are a non-profit
15 501(c)(3). We will require families to be hands on with
16 some of that fund-raising.

17 We also don't -- we are not a place where
18 families can just drop their child off and then leave, to
19 exit their child's life. We want families who want to
20 have some role in their own child's life and are willing
21 to help that community flourish.

22 So the dating process gives everybody a chance
23 to sniff each other out. And those potential families,
24 too. We might not be for everybody. We know we are not.
25 So it gives those families that chance also, in a non-

1 threatening manner, to see and explore whether we are the
2 right fit.

3 Robin LeoGrande earlier had spoken. She's one
4 of the phone participants. And their organization in
5 Dallas, one subset of that is getting a similar community
6 started in Dallas. Virginia Phillips and another parent
7 from Dallas came to visit what we were doing. And then,
8 they went and visited what Kansas is doing as well.

9 So it is a very new method of providing
10 housing within a community setting, but with
11 independence, with the appropriate supports. It is kind
12 of a hybrid of a lot of things that have happened before,
13 but in a new and innovative way. So it is exciting to
14 see that there is going to be new communities like this
15 happening in the country, because it's -- it should be
16 the wave of the future.

17 One of the things Cristina would have told you
18 on her information card was, why she likes living away
19 from her parents. She loves it. Cristina and Gracie
20 moved in January of 2015. So it has been about 14 or 15
21 months since they moved in.

22 One of the first nights that I didn't sleep on
23 an air mattress at the apartment, and Gracie's mom
24 didn't, we heard the girls do the dead bolt as we, the
25 parents, exited. And then you hear behind the door, all

1 right, sweet, party! And I think that just meant, we can
2 watch TV.

3 And we get those parents out of our hair. So
4 Cristina finds it a threat when we say, you know, some of
5 the things that need to be in place, like we really need
6 you to be getting good sleep. I am not sure that is
7 happening like it needs to be. Maybe you need to come
8 home and spend a couple of nights at home. No way.
9 Sadly, our house is not a place she wants to be.

10 She wants to be in her own apartment. So she
11 is enjoying being with the other participants. Another
12 young lady -- I forgot to mention, Kansas, rent is a lot
13 more affordable than it is in Central Texas. Which is
14 why Cristina has a roommate.

15 And in Kansas, they all have one-bedroom one-
16 bath apartments. So it is the affordability part of it.
17 However, one young lady has moved in as part of AIM, and
18 she is in a one-bedroom one-bath. So that is an option.
19 The need to bend the cost curve and have roommates is one
20 of our challenges, though.

21 Because we accepted another young lady into
22 our program in March, and last October, we accepted a
23 young man, and they are both waiting on a roommate. They
24 sort of -- one of the moms has joked that the two of them
25 should be roommates. But we figured that is better just

1 not to go there.

2 So the young man is looking for a male
3 roommate, and the young lady is looking for a female.
4 Our socials give them the chance to meet with potential
5 other roommates, but all the stars have to align.

6 They have to be ready to make that transition
7 simultaneously. And at this point, we don't have another
8 young lady or young man who are ready to make that
9 transition. So there is currently three people living
10 there, two in the wings who have been accepted waiting,
11 and about eight to twelve who are in some stage of the
12 dating process. So that is us in a nutshell.

13 MR. IRVINE: Cool nutshell.

14 MS. SANCHEZ: We are excited. I have to
15 confess, we are very excited about what is happening. We
16 didn't institute a metric to measure the personal growth
17 of our participants in some of the life demands. But
18 both families, the growth we have seen in our daughters
19 since day one has been quite remarkable.

20 And we already obviously thought they had a
21 decent amount of independent skills, because we wouldn't
22 have let them make that transition otherwise. But they
23 continue to blossom.

24 MS. RICHARD: One of the things that I thought
25 was so interesting about your program is that it's not

1 going out and trying to develop new apartment complexes.
2 And in fact, the AMLI where she -- I'm sorry, Avanti
3 Hills, it is not a tax-credit property.

4 There is no other kind of subsidy. It is
5 reaching out to private market apartment complexes and
6 just getting, working with them. And that is what The
7 Mission Project did as well. And I just -- I thought
8 that was so interesting.

9 So my first question is, how did you reach out
10 to a private market apartment and sometimes, a property
11 manager, I think, maybe, share, didn't really know
12 anything about a person with IDD. Could you maybe just
13 share just a little bit about how you did that process?

14 MS. SANCHEZ: Sure. We created a spreadsheet
15 of characteristics we were looking at in properties. So
16 part of it is just dropping in.

17 And we looked at over 20 properties, from
18 Georgetown down to Southpark Meadows, over by the Austin
19 Heart Hospital, complexes there, Cedar Park. So we
20 looked at a geographically-diverse area to find the
21 walkability. So criteria one was that walkability.

22 And so our spreadsheet -- we sat there and
23 identified which columns we could put a checkmark in for
24 those. And so that was step one.

25 Step two was then the approach. And we

1 visited some. And of course, through Fair Housing, they
2 have to be welcoming of anybody who walks through the
3 door. But as an organization, we did a field trip as one
4 of our social activities to go visit three of the
5 properties. Avanti Hills was one of them.

6 There were two others, one in Cedar Park and
7 over by the Jewish Community Center, a property there.
8 So and all of those communities were -- the leasing
9 managers were of course, welcoming.

10 But then separately one of our Board members
11 knows -- was able to make a personal connection with the
12 family ownership of Avanti Hills. So we met with one of
13 the family members who owns that and then had a meeting
14 with him, and then he had us meet their property manager.

15 And those were all very amicable meetings, and
16 that property has continued to be very welcoming. And I
17 think part of it is we are not asking for concessions.
18 We are saying, this is something innovative.

19 But they don't feel that there is a threat.
20 And in fact they kindly offered that we could announce to
21 the overall community, we have these young ladies living
22 here. If you have got questions, let us know.

23 We have been careful not to disseminate on our
24 website or anything our exact location, because we don't
25 want to announce to the community-at-large vulnerable

1 people living here. So we actually declined at that
2 point when Avanti Hills offered.

3 We know people are seeing them, and that is
4 great. You know, neighbors have been welcoming. But we
5 didn't want to just announce it. And as we grow and add
6 more participants, we might change our minds on that.
7 But at any rate, that was the level of welcome we
8 received.

9 MS. LEOGRANDE: Could I make a comment? This
10 is Robin LeoGrande.

11 Ashley has done just a terrific job setting
12 this up. And the social network that she has created is
13 just fantastic. We had talked with her here in North
14 Texas to learn more about her vision for this.

15 And we were very excited to also take on her
16 suggestion, take a trip to Mission, and what we found is
17 that the geographical area plays a big role in how we
18 approach adapting what they are doing up in Kansas to
19 what we are doing in North Texas.

20 So as she mentioned, there are a different
21 approaches to how to replicate what they done up in
22 Kansas. And one of the things that we are finding up
23 here in the Dallas-Fort Worth area is that rents, prices
24 are so high.

25 So what we hope to be doing, as we move

1 forward with our project, we have three people living in
2 apartments right now -- is to work with the Dallas
3 Housing Authority on subsidized rent for the people who
4 want to move into more independent living. The apartment
5 costs are so expensive that even with SSI, adults can't
6 afford to live in apartments on their own.

7 So we will in the long-term be requesting some
8 help from the Dallas Housing Authority to reduce the
9 rents for people in these -- in our co-op. We have
10 several co-ops in North Texas. And we have an extensive
11 training program for parents who are interested in
12 setting up co-ops with their friends and their children
13 who want to eventually move into more independent living.
14 So great job in Austin. And we are working with Austin
15 and with The Mission to create similar models up here in
16 North Texas.

17 MS. RICHARD: Robin, was the Dallas Housing
18 Authority, did they have a representative on your team?
19 Did you have them as part of your team?

20 MS. LEOGRANDE: Well, we are very active with
21 the Dallas Housing Authority. We have a couple of
22 initiatives. They are not on our team. But we are
23 working with them on an ongoing basis.

24 MS. RICHARD: Okay.

25 MS. LEOGRANDE: Yes. They are informally on

1 our team. But we have several projects with them. So
2 this is another extension of those programs.

3 MS. RICHARD: Thank you.

4 MS. SANCHEZ: And Robin mentioned the
5 affordability. And I did want to say, we have been
6 fortunate that Cristina has been able to manage her own
7 or meet her own expenses through her SSI and her wages
8 combined. So we haven't been out of pocket.

9 Now, the family has provided her attendant
10 services. And then, she recently came up on CLAS, which
11 is a Medicaid waiver. And so she will start getting, or
12 in March, she started getting attendant services that
13 way. But we are -- my husband and I, though, we are
14 prepared to be out of pocket if need be. But it hasn't
15 been the case that we have had to. And we did have to
16 cosign the lease, though. Her wages were not enough to
17 sign the lease on her own.

18 MS. LEOGRANDE: So the lack of apartments in
19 North Texas, the lack of vacancies in North Texas does
20 play a role in how we will be approaching this. And so
21 with our Academy efforts and the potential for building
22 and identifying new apartments, there will be some
23 overlap between what the Academy is working on and how we
24 can take a co-op program like our Project Independence
25 into the housing efforts that we are working on in the

1 Academy.

2 MS. SANCHEZ: There was a question over here.

3 MS. YEVICH: Hi. Just a quick question.

4 Elizabeth Yevich with TDHCA. And it sounds like you
5 mentioned one of the Board members that was key in moving
6 into the location you are. I was curious. Two
7 questions. How large is your Board? And whether all the
8 Board members are parents.

9 MS. SANCHEZ: We decided to structure
10 ourselves a little distinctly from The Mission Project.

11 MS. YEVICH: I asked the same question at
12 Mission, that is why I am curious.

13 MS. SANCHEZ: Yes. So our Board has seven
14 members. And my husband and I are both members, so we
15 share a daughter, and she is actively there.

16 Each parent has a child with a disability, but
17 not all are currently living there. And one of our Board
18 members, her son is only now graduated from high school.
19 So she is looking long-term and wasn't -- and her
20 expertise also, her name is Suzanne Shepherd.

21 She is -- some of you all might know her,
22 because she has been the Board President for the Down
23 Syndrome Association of Central Texas for many years. So
24 she is not currently. She is a past President. But
25 anyway, her expertise and knowledge of the disability

1 community has been very valuable.

2 And her son, like I said, was several years
3 away from being ready. So in Kansas, they had several
4 families who had known each other since their children
5 were this big, and said, let's do this.

6 And it kind of -- the organization almost
7 evolved naturally as the parents transitioned to this
8 model of cooperative living, and then they formalized it.

9 We, instead, basically created the
10 organization saying, this is where the -- what the
11 organization will do. But we incorporated and had a
12 board prior to our first person ever moving in.

13 MS. YEVICH: Thank you.

14 MR. IRVINE: Any other questions, comments?

15 (No response.)

16 MS. SANCHEZ: Thank you so much. I appreciate
17 you all having me.

18 MR. IRVINE: Thank you. All right. Moving
19 on, I guess, to our last item. You have at your places a
20 thick draft document with a nifty picture on the front,
21 and even though it says April, we are looking at August
22 right now. On August 1 we are required by our governing
23 statute, 2306.1096(c) to file with the Governor and the
24 Legislative Budget Board a biennial report about our
25 findings and recommendations.

1 We are also required by 1096(b) to develop a
2 biennial plan. And of course, 1096(a) lays out all of
3 the things that we are supposed to be working on,
4 thinking about, noodling on, addressing, whatever --
5 discussing throughout the course of the year.

6 This is a document that has been a ton of hard
7 work, mainly by Terri, but I am sure some others have had
8 hands in it. And I think that this document has got a
9 ton of meat for you to look at, and dig into and chew on
10 and develop.

11 And I am anticipating that by August 1st, we
12 are going to have probably something that is going to
13 look like this on the front, but not necessarily the same
14 inside, as we crystallize this in the format that is
15 responsive to 1096. We meet in open public meetings.
16 And that is the way we conduct our business.

17 And what I am asking, really, is that you take
18 this back and you really think on it. Think, is there
19 something that we do that isn't addressed in this. Is
20 there something that we have addressed that, you know,
21 needs to be expanded upon, or whatever. Is this the way
22 I want to cast this.

23 I think of it, really, in my mind, in two
24 different ways. Think of a particular subject, and say,
25 is that something that should be dialed into our planning

1 process. And think of it, is this something where we
2 need to make a finding or a recommendation that is
3 included in our report to the Governor.

4 I could see this, for example, really becoming
5 possibly two different documents. So I don't know what
6 way it is going to go. Because of the open meetings
7 laws, where we really can't discuss things in a quorum
8 outside of our open meetings, I am asking you that you
9 take this back.

10 And if you want to talk about it with anybody,
11 I would say, coordinate that through Terri. We need to
12 make sure that you don't get into what is called a
13 walking quorum issue, where you take a document and you
14 circulate it around to various people, and the next thing
15 you know, you have got nine people who agree, yeah, that
16 is what we ought to do. And you have just reached a
17 decision outside of the open public meeting, and that's,
18 of course, against the law.

19 So you know, I think that this is a time for a
20 couple of months of pretty intensive thinking about what
21 should we really be doing. What should we really be
22 dialing into our plan. And what does the Governor and
23 what do the Legislative Budget Board folks really need to
24 know about, get some input on.

25 I think that there are a lot of fine lines we

1 have to observe in doing that. I think that we are a
2 Council that provides findings and recommendations. But
3 those need to be cast very carefully.

4 I don't think we should be saying you should
5 adopt a law that says this or some agency should take
6 this specific action or whatever. I think we need to
7 recognize that the State has mechanisms for taking the
8 information and turning into more specificity.

9 I am not just speaking for TDHCA. I think I
10 am speaking on behalf of all the agencies. You know, we
11 have got our own staffs, executive directors, governing
12 boards and so forth. And ultimately those are the folks
13 that are going to be developing the agencies' legal and
14 policy directions.

15 So questions, comments, thoughts? Additional
16 admonitions from the lawyers?

17 (No response.)

18 MR. IRVINE: Well, it is a great document. It
19 is a ton of good information. I also am making a
20 heartfelt solicitation.

21 It is very easy when you jump into an area
22 like this, to look to things like national studies,
23 federal agencies, and so forth. And anybody who has ever
24 spent any time in the pink building -- that's the State
25 Capitol -- knows that Texas likes to hear the Texas

1 story. So anything you have got that is Lone Star
2 centric, please share it with us. Share it through
3 Terri.

4 The request I -- or the question I had for
5 Kelly about empirical data, you know, Housing First is a
6 fascinating approach. It is a fascinating approach,
7 because anybody who spends any time with persons with
8 disabilities knows that they are just like anybody else.
9 They are just people.

10 But people who don't spend a lot of time with
11 persons with disabilities or persons at risk of
12 homelessness or recovering from substance abuse or any of
13 those kinds of issues, tends to think deflectively. And
14 you know, I think that the more empirical data we can
15 bring forth that shows statistically, demonstrably,
16 Housing First is going to contribute to better outcomes,
17 you know, the better it is to tell that story.

18 And the more receptive people who might be
19 deflective will be. So looking for ammo.

20 MR. GOODWIN: One time when we talked about it
21 a little bit, and I don't know if we ought to try to work
22 something. And that would be how to identify the diverse
23 programs that are coming that don't seem to know each
24 other.

25 MR. IRVINE: Right. You know, it is

1 interesting. Both as I was listening to Eric, and as I
2 was listening to Ashley's presentation, I really thought
3 that my preconceived notions about this Council from when
4 it started to now have probably changed pretty close to
5 180 degrees. And I think that our Council's probably
6 highest and best use is putting useful information in the
7 smallest possible or most easily-deliverable format, so
8 that people can find subject matter experts.

9 You know, if you want to build a bunch of
10 houses, you don't go out and learn how to grade and pour
11 concrete and do electricity and plumbing and framing and
12 carpentry. You hire individuals to do all of those
13 different things. And then, you coordinate the process.

14 And I think that providing service-enriched
15 housing -- you know, one of the things that I love about
16 the Academy is, it just puts people in touch with people
17 that know how to do some important necessary aspect of
18 this. And it doesn't force everybody to try to become a
19 subject matter expert.

20 As I was listening to the talk on AIM, as a
21 person who has a young adult son with IDD, I was just
22 really struck by how great it would be to have a resource
23 that tells somebody, if you are not looking to access a
24 governmental plan, you just want to build a private
25 sector solution, how do you go about it? This is a body

1 that I think is primarily a disseminator and coordinator
2 of information.

3 MS. RICHARD: Could you be a little bit more
4 specific? Maybe help me out.

5 MR. GOODWIN: It is like the thing I was
6 telling you about where somebody in the veterans world is
7 dumping money into Texas for housing homeless veterans
8 with disabilities. The American GI Forum in San Antonio
9 is talking to our service coordinator and telling her
10 that they have got \$12 million for housing.

11 Well, who knows about that? Well, the
12 American GI Forum does. But as far as -- I will say that
13 TDHCA has what I consider the housing guru of Texas that
14 probably knows more about the statewide and other access
15 capabilities and -- when I say wasn't in on this, it is
16 a veterans initiative. But it would have seemed that
17 there should have been some cross-pollination to where
18 they came and, hey, we have got this. You know, do you
19 have any sources or information or suggestions.

20 Because as best I can determine, what they
21 were doing was going out to providers and saying, hey, we
22 have got these vouchers. How do we get into your
23 housing? And shoot, there is a streamlined way to --
24 there has got to be a streamlined way to, I will say, to
25 help them.

1 And at the same time, it helps some of the
2 service providers. Because all of a sudden, hey. I have
3 got needs, but no housing. And all of a sudden, here is
4 some housing.

5 MR. IRVINE: A solution.

6 MR. GOODWIN: Yes.

7 MS. RICHARD: Yes. Well, thanks. That helps.

8 MR. GOODWIN: I have asked our coordinator to
9 send you whatever she has on what they are doing in San
10 Antonio and where the money came from, and how they are
11 using it.

12 MS. RICHARD: Yes. That would be great. And
13 I think one of the things that, you know, I wanted to
14 talk at some point about is with the state agency
15 representatives, is being able to bring more information
16 to the Council about things like that.

17 We do have a Texas Veterans Commission
18 representative; I think Bradley is not able to make it
19 today. But he has been coming. And so yes, that is
20 something we want to talk more about.

21 And I know that we did a new resource guide
22 for the Academy that is similar to down that road of what
23 you are talking about, that has all the different
24 resources. At least, the ones that we could think of.
25 But I am sure there is more that need to be added.

1 MR. IRVINE: Well, the thing that immediately
2 comes to my mind is perhaps we should explore the
3 creation of some sort of a shared website where there are
4 ways that all of us can contribute to that. Somebody
5 could go in and say, I am accessing this from the
6 perspective of being a veteran, or from the perspective
7 of homelessness or from the perspective of substance
8 abuse, or the perspective of IDD, or whatever. And you
9 have got logical headings. And as you go into that, it
10 filters down to more specific information.

11 MR. GOODWIN: Well, and there's unofficial
12 sources. Somebody was talking about putting housing in
13 the Valley and wanting to develop new housing in the
14 Valley with HUD assistance.

15 And I talked to a gentleman that works for a
16 major lender, who is what I will call the state HUD
17 expert, when it comes to how do you get 221(d)(3) and
18 (d)(4) funded. His answer is, you have got to be
19 careful, because right now, HUD probably won't consider
20 anything over 100 units.

21 Because the absorption rates in the Valley --
22 although they need more housing, a 100-unit property is
23 about as big as they will fund, because you can't fill
24 the other one quickly enough and on a sustained basis for
25 it to meet its debt service.

1 MS. OPOT: Let me add something. San Antonio
2 is part of a national initiative called Zero 2016. And
3 so that is where a lot of the efforts around any veteran
4 homelessness is coming from all across the nation.

5 But San Antonio, Dallas, and Fort Worth are
6 all part of that. And their mayor is also part of the
7 Mayor's Challenge now, in a sense. So I know that that
8 attracted some private investment, because San Antonio
9 has such a large military population there and imbedded
10 private organizations that work there. That is where
11 kind of all of this big money came from.

12 It was not necessarily coordinated around
13 public entities. It was, you know, a private donation
14 that said, hey, we want to figure out how to help this,
15 make contact with the city and ran with it, from what I
16 understand. But I mean, understanding what all of those
17 national initiatives are, and how Texas is participating,
18 like H², like Zero 2016, some of the Mayor's Challenges,
19 could be helpful.

20 MS. RICHARD: Thank you. So back to the
21 biennial plan, I just want to make sure, and just say a
22 couple of things about it.

23 It is a rough draft. So commas, periods, you
24 know, that kind of thing, it is rough. And so I am
25 really looking for -- I think we are looking for content.

1 So overall content kinds of changes.

2 And then, are we thinking that, get back to me
3 with electronic, by a certain time. And then, we need to
4 schedule an additional meeting.

5 MR. IRVINE: Yes. If we need to have another
6 meeting before our next regular meeting, to dig into the
7 plan issues, if there are areas where you say, you know,
8 this is something that I would really like to talk about
9 with the Council, then let Terri know. And we will look
10 at scheduling a special meeting.

11 But hopefully, we can crunch this through and
12 get a cleaned-up version out to you. And then just adopt
13 it in the regular course of the next meeting.

14 MS. RICHARD: July 20th is the proposed date
15 for the next meeting. And so if there are lots of
16 changes, it is due August 1st.

17 MR. IRVINE: Right. So --

18 MS. RICHARD: That is going to be cutting it
19 real short.

20 MR. IRVINE: So we need to be getting the
21 changes in soon. Let's say within the next month.

22 MS. RICHARD: Okay. So that would be what.
23 May 15th.

24 MR. IRVINE: Say, May 15th.

25 MS. RICHARD: May 15th. Is that okay with

1 everyone?

2 MR. IRVINE: Changes, comments, questions.
3 Anything you have got. And when you share it with Terri,
4 please indicate is this just something you are passing
5 on, or is this something where you really think it is
6 significant enough to be taken back to the Council for
7 discussion. And if we get big discussion items, we are
8 not going to wait until July 20th to talk about them.

9 MS. SONENTHAL: Did you send this
10 electronically already?

11 MS. RICHARD: No. I have not.

12 MS. SONENTHAL: Okay.

13 MS. RICHARD: But I will.

14 MS. SONENTHAL: And a note with the date May
15 15th.

16 MS. RICHARD: Okay. Yes. We will do.

17 MS. SONENTHAL: Thank you.

18 MS. RICHARD: Okay.

19 MS. SONENTHAL: I just want to say thanks,
20 Terri. Thank you so much. I have burrowed into this.
21 It is a lot of work. And so thank you. I know that you
22 bore the bulk of most of that.

23 MS. RICHARD: Thank you. That is sweet. I
24 had lots of help, because we have a good team at TDHCA
25 that is helping. Thank you, though.

1 MR. ECCLES: And if I could just reiterate,
2 the communications go into Terri. Don't like, group send
3 them.

4 Because we don't want to create a situation
5 where you are inadvertently making a quorum sort of thing
6 that is not in a public meeting. So send your comments
7 and questions directly to her. She won't share them back
8 with the group. There can be one-on-one communications,
9 but not any sort of creation of group conversation on
10 those types of issues, when you are discussing things
11 that you believe should be in the report, might be in the
12 report, and might bear further discussion by this group.

13 MS. RICHARD: And then one other thing I
14 wanted to add, for your convenience, I put a copy of the
15 actual statute that has the Council duties, what we are
16 supposed to do, for your convenience.

17 So maybe as you are reading through the plan,
18 you can refresh your memory on the statute and look at it
19 and make sure that we are doing what we need to be doing.
20 And if you have any additional things you want to add --
21 so not just modifying, but if you have other ideas,
22 additions, other articles, data, empirical data, things
23 like that, feel free to shoot them my way.

24 MR. IRVINE: Any other comments?

25 (No response.)

1 MR. IRVINE: Public comment.

2 MS. SALAZAR: Yes. My name is Mariana
3 Salazar. I work with the Ending Community Homeless
4 Coalition. We are the COC -- similar to what Eric does
5 at the statewide level, we are at the Austin, Travis
6 County COC level.

7 I was very excited to hear about all of the
8 conversations that you have had. I have been in
9 communication with Terri. I am representing today Ann
10 Howard, our Executive Director. She couldn't be here.

11 We were invited today, just to support the H²
12 Initiative that we are a part of. But I am very excited.
13 Because our COC at the Austin Travis County level, we are
14 embarking on so many different public/private
15 partnerships that I think we would be so excited to
16 share.

17 Terri and I have talked about possibly Ann
18 coming and talking about it. And I think after I tell
19 her all of the agenda, I am like, all of our work is
20 written all over what they discuss.

21 So we are pursuing a Pay for Success
22 initiative. We have just published our visibility study.
23 And we are moving forward, working with Travis County,
24 the City of Austin and Seton as possible end-payers of
25 permanent supportive housing, Housing First for frequent

1 utilizers of the shelters, jailed, and emergency rooms
2 and the healthcare system, emergency systems.

3 So that is one initiative. We are about to
4 reach our functional zero for ending veteran
5 homelessness. Any time, you know, we have submitted our
6 paperwork to HUD. So we are also very excited to be
7 sharing some of that.

8 We have already created partnerships with
9 United Healthcare, where they are reimbursing us for some
10 of the housing expenses, when we housed people that are
11 enrolled. They are enrolled clients. So just a lot of
12 things.

13 For the veterans initiative, we have worked
14 with both private money and public housing authorities,
15 homeless preferences. So we are very excited, I think.
16 We are doing really good work.

17 And we would love to share it. And so I am
18 not the person to share it officially. But, just know
19 that we are excited and we might come back, maybe at the
20 next Council membership meeting. Thank you.

21 MS. RICHARD: Thank you, Mariana. And you
22 will see some of a lot of what was mentioned here today
23 in the biennial plan. I have talked about Pay for
24 Success.

25 I reached out to Kim Nettleton with United

1 Healthcare. She gave me some information about what is
2 going on there, promises to share data with us at some
3 point later. Austin, Travis County, I have got their
4 data in there.

5 So I have really tried to include a lot of
6 that. But it sounds like maybe there are some things you
7 just talked about that I might not have in here. So that
8 would be great. Catch up with you. Thank you.

9 MR. IRVINE: Suzanne.

10 MS. BARNARD: I have another, off topic from
11 the biennial plan. Suzanne Barnard with TDA. We do the
12 non-metro portion of the Community Development Block
13 Grant.

14 And we are starting our next big application
15 round. The 24 COG regions are meeting in public
16 hearings, starting April 28th through June 9th or so.
17 Every COG will have a public hearing. They will set
18 their scoring criteria.

19 So if you want housing to be a priority and
20 score well, now is the time for those communities or
21 individuals to go to the public hearings and make your
22 voice heard. Texas in general and the CDBG program in
23 specific is very much local control philosophy.

24 And so those regions make a huge amount of
25 difference in the scoring. And they get 90 percent of

1 the points. So if you want to score well, that is where
2 you go. So yes. And there is a list on our website of
3 the dates.

4 But each community is being invited with all
5 the specific details, the location, and the time and all
6 of that. Not all of that information is on our website,
7 but those COG regions have all that info.

8 MS. RICHARD: Cool. Could you just send that
9 link to me, and I could share that.

10 MS. BARNARD: Uh-huh.

11 MS. RICHARD: Thank you, Suzanne.

12 MS. BARNARD: And we won't accept applications
13 again after this until 2018, so a short window.

14 MS. RICHARD: Thank you. I wanted to mention
15 one other thing. And I think it was Kelly or -- I don't
16 remember -- I'm sorry -- who it was. But about sending
17 out information -- when -- that was to the listserv. So
18 back when the Council was started, there was -- part of
19 the duty of the staff supporting the Council is to
20 identify funding opportunities. And so we have kind of
21 expanded that to not just funding, but also
22 notifications.

23 And so if all of you haven't signed up, you
24 just go to our website, the HHSCC website. And you can
25 sign up for those listservs. And so I know, Mike, you

1 told me that you get them.

2 MR. GOODWIN: Yes.

3 MS. RICHARD: But I just didn't know if
4 everyone gets those. Oh, Suzanne. And she just
5 mentioned about the Fair Housing. So that was on the
6 listserv.

7 So that wasn't an email that I send directly
8 to Council members. But that is that listserv that I
9 send. I try to do it the first week of every month. And
10 so that was the thing about the state agencies.

11 It would be great for you all to -- I try to
12 get on all of your websites and look at things that are
13 going on. I think I included the rule, the participant,
14 or stakeholder input rule that HHSC is doing.

15 But any of those things that you would like
16 for me to send out, like I said, I send them out once a
17 month. And I can include those kinds of things,
18 announcements and grants. I try to really focus on
19 grants, but other opportunities, too.

20 MR. IRVINE: Cool. Anything else?

21 (No response.)

22 MR. IRVINE: Thank you, Mike Goodwin for the
23 donuts, as always. Wonderful. Feed an army.

24 MR. GOODWIN: Absolutely.

25 MR. IRVINE: Anybody else?

1 (No response.)

2 MR. IRVINE: Going once, going twice. I will
3 accept a motion to adjourn.

4 MR. GOODWIN: So moved.

5 MS. GREEN: Second.

6 MR. IRVINE: Seconded. All in favor, say aye.

7 (A chorus of ayes.)

8 MR. IRVINE: We are adjourned.

9 (Whereupon, at 11:49 a.m., the meeting was
10 concluded.)

