

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL MEETING

Texas Department of Housing & Community Affairs  
Room 116  
221 E. 11th Street  
Austin, Texas

January 30, 2019  
10:00 a.m.

COUNCIL MEMBERS:

DAVID CERVANTES, Chair  
DONI GREEN, Vice Chair  
SUZANNE BARNARD  
MICHAEL GOODWIN  
HELEN EISERT  
CLAIRE IRWIN  
VERONICA NEVILLE (absent)  
JOSE RAMIREZ  
SHARI WYATT for SCOTT SROUFE  
MICHAEL WILT

*ON THE RECORD REPORTING*  
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I N D E X

<u>AGENDA ITEM</u>	<u>PAGE</u>
CALL TO ORDER, WELCOME AND INTRODUCTIONS	3
ESTABLISH QUORUM	7
1. Introduction of New HHSCC Chair	3
2. Approval of October 24, 2018 HHSCC Meeting Minutes	7
3. Update on Section 811 Project Rental Assistance	7
4. Update on Supportive Housing Multifamily Direct Loan Activities	20
5. Update on the Statewide Behavioral Health Coordinating Council (SBHCC)	29
6. Presentation on Community Resource Coordination Groups (CRCG)	32
7. Update on National Academy for State Health Policy (NASHP) Technical Assistance Initiative	50
8. HHSCC Performance Measures Project	66
9. Public Comment	91
10. General Updates/Next Steps/Staff Assignment(s)	92

P R O C E E D I N G S

1  
2 MR. CERVANTES: I guess just to get us started,  
3 I'm David Cervantes, and I'm not sure that I've met  
4 everybody just yet, but I'll be serving as your chair this  
5 morning. And so just to kick us off, I'd like to  
6 officially call to order the January 30, 2019 meeting of  
7 the Housing and Health Services Coordination Council.

8 So with that, I believe the first item on our  
9 agenda is actually introductions, and so just to give you  
10 a little bit more about my background, I have been with  
11 the Department for -- as much as I'm not sure I want to  
12 admit this -- but probably over 30 years now serving  
13 primarily as the chief financial officer for the  
14 Department and director of administration for the Agency.

15 And I know you've been working closely with Tim  
16 for a period of time. So I'm excited about the  
17 opportunity to get to know y'all better and listen. I  
18 don't think I know everything about what y'all have been  
19 working towards and what have you, but look forward to  
20 working and listening and learning, and see how we can  
21 continue developing initiatives with -- in our respective  
22 agencies and so on.

23 So with that, I thought it would be a good idea  
24 for sure for me to maybe go around the room briefly and  
25 see if you could introduce yourselves, and you know, who

1 you represent. So Doni, do you want to kick us off?

2 MS. GREEN: Good morning. I am Doni Green. I  
3 am with the North Central Texas Council of Governments. I  
4 am director of Aging Programs. And I guess I represent  
5 the late, great Promoting Independence Advisory Committee,  
6 now a work group.

7 MR. GOODWIN: Yeah. My name is Mike Goodwin.  
8 I am the governor appointee for housing developers. I  
9 want to issue David my condolences, because Doni and I  
10 have been through three executive directors.

11 MR. CERVANTES: Okay. Well, there you go.

12 MR. GOODWIN: We don't know if --

13 MS. GREEN: I promise I won't run any more off.

14 MR. GOODWIN: We don't know if we're the reason  
15 that they keep resigning.

16 MS. EISERT: Hi. My name is Helen Eisert with  
17 Adult Mental Health Program Services with HHSC.

18 MS. IRWIN: My name is Claire Irwin. I'm with  
19 Aging Services Coordination with HHSC.

20 MR. RAMIREZ: How are you doing? My name is  
21 Joe Ramirez. I'm with the Texas Veterans Commission.

22 MS. WYATT: I'm Shari Wyatt. I'm with TDA  
23 State Office of Rural Health. I'm taking Scott's place  
24 today.

25 MR. CERVANTES: Okay.

1 MR. DURAN: Spencer Duran, 811 manager, Texas  
2 Department of Housing and Community Affairs.

3 MS. SYLVESTER: Megan Sylvester, Federal  
4 Compliance Council, and I also advise the Committee.

5 MS. UNDERWOOD: Sara Underwood. I'm with HHSC.  
6 I'm the State CRCG coordinator.

7 MS. ZATARAIN-FLOURNOY: Hi. I'm Josefa  
8 Zatarain-Flournoy. I work for the Alamo Area Council of  
9 Governments, the Aging and Disability Resource Center, and  
10 I'm the regional housing navigator for the Money Follows  
11 the Person Program.

12 MR. CERVANTES: Very good.

13 MS. HOLLOWAY: Marni Holloway. I'm the  
14 Multifamily Finance director of TDHCA.

15 MS. ADAMS: Kali Adams with the Housing  
16 Resource Center, and the coordinator for the Council.

17 MS. LAVELLE: Tanya Lavelle with the Hogg  
18 Foundation for Mental Health.

19 MS. BARNARD: Suzanne Barnard with TDA. I'm  
20 with the Community Development Block Grant Program.

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

23 MR. CERVANTES: Okay.

24 MR. DELEON: My name is Roger Deleon, community  
25 relations for Amerigroup Health Plan.

1 MS. BOSTON: Brooke Boston, Texas Department of  
2 Health and Community Affairs.

3 MS. MILLER: Elizabeth Miller, HHSC ACT  
4 Program.

5 MS. MORGAN: Alena Morgan, Multifamily Finance  
6 policy specialist, TDHCA.

7 MR. SINNOTT: Andrew Sinnott, Multifamily  
8 Finance with TDHCA.

9 MR. CERVANTES: Okay. Thank you so much. And  
10 I believe we may have some individuals that are online  
11 that have called in. Would you like to introduce  
12 yourselves as well? Who do we have on the line this  
13 morning?

14 MR. RAMOS: This is David Ramos. I'm with the  
15 Coastal Bend Council of Governments Aging and Disability  
16 Resource Center.

17 MR. CERVANTES: Okay. Thank you.  
18 Anybody else out there?

19 MS. KIMBELL: Yes. This is Tara Kimbell, and  
20 I'm also with Amerigroup.

21 MR. CERVANTES: Okay.

22 MS. KAISER: I'm Kelly Kaiser. I'm with the  
23 Aging and Disability Resource Center in -- up in Tarrant  
24 County, Ft. Worth, Texas.

25 THE REPORTER: What was your name again?.

1 MS. ADAMS: Kelly Kaiser.

2 MS. KAISER: Kelly Kaiser.

3 THE REPORTER: Kelly Kaiser. Thank you.

4 MR. CERVANTES: Okay. Thank you very much for  
5 being with us. Just for the record, we do have a quorum  
6 this morning.

7 So the next item on our agenda has to do with  
8 the October 24, 2018 HHSCC meeting minutes. I trust -- I  
9 believe everybody has had an opportunity -- has received a  
10 copy of them, and I guess I would entertain a motion to  
11 possibly consider approving the minutes of October 24.

12 Do I hear --

13 MS. GREEN: I'll make a motion.

14 MR. GOODWIN: Second.

15 MR. CERVANTES: A first and second. Any  
16 additional conversation or anything that would need to be  
17 added? Okay. So for those of you in favor, please  
18 signify by saying aye.

19 (A chorus of ayes.)

20 MR. CERVANTES: Those against?

21 (No response.)

22 MR. CERVANTES: The ayes have it. The minutes  
23 are approved. Okay.

24 So then we move over to our next item on the  
25 agenda, and I believe, Spencer, you're going to walk us

1 through an update on the 811 Project, I believe.

2 MR. DURAN: Yes. Thank you, David. My name  
3 is -- do you want to get that, Kali, or no?

4 MS. ADAMS: Did we have anyone just join us on  
5 the line?

6 MS. SERCOS: Yes. This is Dana Sercos with  
7 Concho Valley ADRC.

8 MS. ADAMS: All right. Thank you.

9 MR. DURAN: So thank you, David. My name is  
10 Spencer Duran. I'm the manager of the Section 811  
11 Program. I also coordinate the Money Follows the Person  
12 grant from HHSC. I just want to provide a brief update on  
13 the status of 811, just to kind of keep this group  
14 informed as we're progressing with the program.

15 The big statistics that are kind of most  
16 relevant are that we have 134 households that haven't been  
17 housed, and we have over 1,600 referrals so far. One of  
18 the big things that we're working on right now is what's  
19 going to become available for the 2019 calendar year.

20 The way the program works is 811 participation  
21 is tied to funding opportunities that are provided by  
22 TDHCA's other multifamily housing programs. So when a  
23 property applies for an award of tax credits or  
24 multifamily direct loan funds, they would either -- they  
25 would generally elect points to participate in the 811



1 Program.

2 We also at times have them give us a  
3 preexisting, pre-built property to house the 811 units,  
4 but a lot of times, they give us a -- they commit the  
5 property that's applying for the funding at the time. So  
6 for the 2017 multifamily cycle, we had a lot of properties  
7 get points for 811 participation that were new  
8 construction property and applying 811 to the property  
9 that was getting awarded.

10 So that means that those properties that were  
11 funded in 2017 that contained 811 unit set-asides are  
12 going to be physically constructed this calendar year. So  
13 those awards that were made in 2017, those properties are  
14 now going to be opening their doors for the first time in  
15 2019.

16 So it's a big goal of our program to make sure  
17 that all those new-construction, fresh, brand-new units  
18 are actually filled. So that means that we need to have a  
19 big pipeline of qualified households ready to be referred  
20 to the properties whenever they're ready to accept  
21 applications.

22 So that's part of the story that accounts for  
23 why we have so many households that have been referred,  
24 but have not yet been housed. A lot of them are waiting  
25 on the housing, the property they're interested in, to

1 physically be constructed.

2           So we're working with our HHSC partners and  
3 Department of Family and Protective Services partners to  
4 make sure that the local service coordinators and service  
5 providers are ready to go and the families that they're  
6 helping are ready to move into the housing.

7           So you know, do the applications that they  
8 submit have current phone numbers? Do they have, you  
9 know, bank statements? If they have, you know,  
10 employment, all those things. We're really focusing on  
11 making sure we have ready-to-house households to refer to  
12 these properties.

13           So that's kind of the big project that we're  
14 working on. Everything else seems to be going pretty  
15 well. We're continuing to train new properties as list-up  
16 gets closer and as they get closer to finishing their  
17 construction.

18           And we also have a lot of properties that are  
19 participating in 811 that are preexisting, but those units  
20 are filled with non-811 households, and so we're just  
21 waiting for natural turnover to occur so we can fill those  
22 units.

23           So it's kind of the same story that 811 has  
24 been going through for a while now. I think the big  
25 headline is we have a lot of new constructions that are

1 opening up their doors for the first time in 2019. The  
2 other thing is we have 811 incentivized through points in  
3 the 2019 Low Income Tax Credit Program and the Multifamily  
4 Direct Loan Program.

5 So those are the -- so we have another round  
6 where developers in the community that are applying for  
7 TDHCA funds are incentivized to also set aside units for  
8 the 811 population. Soon also we'll be rolling out our  
9 risk mitigation fund which will make available up to the  
10 \$3,000 to participating properties if an 811 tenant  
11 damaged their unit and they weren't able to get reimbursed  
12 by the tenant.

13 The 811 Program has really low security  
14 deposits, and so we just want to kind of provide an extra  
15 layer of reassurance to the participating properties that  
16 if there is damage that we will be able to cover, you  
17 know, reasonable costs and things like that.

18 So we've written up our draft policies for that  
19 program and we've sent it to HHSC, and it's being reviewed  
20 by HHSC right now, and hopefully, they'll send back the  
21 policies, you know, with some edits or recommended  
22 changes, and we'll agree upon how that process should  
23 work.

24 So we're involving HHSC because that program is  
25 funded by Money Follows the Person. So we've got a

1 \$75,000 allocation for that activity. So we're hoping to  
2 roll that out really soon. You know, damage has not been  
3 a big problem with the 811 population, but it was just an  
4 opportunity to provide kind of a layer of reassurance to  
5 the participating properties.

6 I think right now I've only heard one story of  
7 damage to a unit that the tenant wasn't able to cover, and  
8 so there's maybe one instance where there was, I think,  
9 about \$2,000 in damage that occurred at one unit across  
10 the entire portfolio.

11 So it's not a big problem, but it's kind of a  
12 layer of assurance that goes along with the program, and  
13 hopefully we'll be able to pay claims in the future.

14 MS. GREEN: Spencer, as these new properties  
15 come online and people start making application, will the  
16 properties have like parallel waitlists with 811 and  
17 everybody else, or is it chronological, first come, first  
18 served?

19 MR. DURAN: Right. Great question. So in  
20 general, properties have set aside 10 units, and so we  
21 require that they give us a 180-day notice before they  
22 start leasing, and so they just kind of leave 10 units off  
23 to the side, and TDHCA, along with our service partners,  
24 we fill them.

25 So it is two separate waiting lists, and for

1 the 811 population, it's actually further divided by unit  
2 type. So --

3 MS. GREEN: Right.

4 MR. DURAN: -- in general, we have --

5 MS. GREEN: Uh-huh.

6 MR. DURAN: -- we grab eight one-bedrooms and  
7 maybe two two-bedrooms, just because that's usually how  
8 the waiting list complexion is.

9 MS. GREEN: Uh-huh.

10 MR. DURAN: And so they just kind of wholly  
11 out-source leasing out 10 of those units.

12 MS. BOSTON: And for an existing property, if,  
13 for instance, let's say, they just contributed a property  
14 last year that's an existing property, and we're waiting  
15 for turnover, and they had agreed to do 10 811 units --

16 MS. GREEN: Uh-huh.

17 MS. BOSTON: -- our 10 folks will be the first  
18 10 touched before they'll ever go back to their original  
19 waiting list --

20 MS. GREEN: Uh-huh.

21 MS. BOSTON: -- so they aren't running really  
22 in tandem. Ours will trump --

23 MS. GREEN: Uh-huh.

24 MS. BOSTON: -- and it would only be when  
25 you've filled our 10 units and you have 10 occupied that

1 they then be allowed to go to one of their non-811  
2 clients.

3 MS. GREEN: Uh-huh.

4 MR. CERVANTES: Other questions, other  
5 thoughts? Okay.

6 MS. GREEN: So, Spencer, how many properties  
7 will be coming online this year approximately?

8 MR. DURAN: I think 15.

9 MS. GREEN: Fifteen?

10 MR. DURAN: Uh-huh. So that's about 150 -- you  
11 know, 10 units per property. We have -- I'm counting in  
12 that 15, four that are rehab deals --

13 MS. GREEN: Uh-huh.

14 MR. DURAN: -- which are a lot more tricky,  
15 because though there is a construction time line, in  
16 general, those units are then filled. You know, no one  
17 moves out, you know. So the existing tenants are welcomed  
18 back, and so even though we kind of think of it as kind of  
19 a new construction because there is a construction  
20 delay --

21 MS. GREEN: Uh-huh.

22 MR. DURAN: -- they're actually going to be --  
23 those units are going to be filled.

24 MS. GREEN: Uh-huh.

25 MR. DURAN: So we're going to have 150 units

1 that are coming newly to the 811 program, but we may not  
2 be able to fill all 150 all at once.

3 MS. GREEN: Uh-huh.

4 MR. DURAN: But where there are rehab deals,  
5 there is some attribution, we're learning. So you know,  
6 some -- while everybody may be welcomed back, some people  
7 may not want to deal with the headache of, you know,  
8 having to move out or being shifted around or in some  
9 cases even having minor construction take place --

10 MS. GREEN: Uh-huh.

11 MR. DURAN: -- while they're living in the  
12 unit. So my goal is that, you know, we just -- we grab  
13 every unit available this year --

14 MS. GREEN: Uh-huh.

15 MR. DURAN: -- and we want to make sure that  
16 HHSC, TDHCA and our local partners and our properties,  
17 everyone is on the same page about what's coming up this  
18 year, and we have a pipeline of ready-to-go families to  
19 fill those vacancies.

20 MS. GREEN: Uh-huh.

21 MS. BOSTON: So how many total properties will  
22 be back?

23 MR. DURAN: Fifteen. Oh, total?

24 MS. BOSTON: No, total, total.

25 MR. DURAN: Oh, sorry.

1 MS. BOSTON: In the program?

2 MR. DURAN: Over 150.

3 MS. BOSTON: Okay.

4 MR. DURAN: Which will definitely at this point  
5 absorb our obligation that we made to HUD.

6 MR. WILT: I have two questions, Spencer. Are  
7 there -- you brought up the rejections at one of our  
8 meetings last year. Are those going down at all, the  
9 applicant rejections?

10 MR. DURAN: I think they're staying kind of the  
11 same. We have seen a decline in no-contact rejections  
12 because we're scrubbing the waiting list a little bit  
13 better and we have -- you know, a big focus of ours is to  
14 make sure that happens.

15 So yeah, we're kind of seeing the same reasons  
16 for rejection. It's mostly no contact. So if someone  
17 applies to the program and time goes by while they wait on  
18 the waiting list, and whenever their name comes up on the  
19 waiting list, then we contact them and refer them to the  
20 property, and then we find out that that property can't  
21 get a hold of that family because the phone number has  
22 gone bad.

23 So we're still seeing a high number of  
24 rejections because of that reason, but we're completely  
25 changing our referral system to make sure that before we



1 refer to the property, we first touch that referral agent  
2 to then make sure that the phone numbers are up to date,  
3 they can actually find those families, and we hopefully  
4 clean up the referral before we make it.

5 And what was your other question? I'm sorry.

6 MR. WILT: On the criminal screening, are  
7 y'all -- do y'all just require that they have a policy in  
8 place, the property owner, or do you actually require that  
9 they conform with the like federal guidance on look-back  
10 periods?

11 MR. DURAN: Right. So in general, they're able  
12 to keep their own TDHCA-approved tenant section criteria  
13 for credit, criminal and rental, but there are federal,  
14 you know, guidelines around that. I don't know they're --  
15 I don't know of a federal, you know, minimal look-back  
16 period --

17 MS. BOSTON: There's not.

18 MR. DURAN: -- specifically.

19 MS. BOSTON: Yeah.

20 MR. DURAN: Right.

21 MS. BOSTON: And that's part of the problem,  
22 is -- HUD's most recent guidance was -- it was kind of  
23 meant to have the properties be thoughtful about it, but  
24 it didn't provide specifics, and actually, even when we  
25 were doing our AI information gathering and consultation,

1 some of the comment we got was -- from property owners was  
2 that they actually felt like it would be helpful if HUD  
3 were specific, just so they kind of knew, here's where  
4 you're safe and here's where you're not, and that same --  
5 here's this area where you need to be careful, but we  
6 aren't going to tell you what that really looks like.

7 Didn't help a whole lot.

8 MR. WILT: Yeah. I understand there aren't  
9 specific periods.

10 MS. SYLVESTER: So one area that they were  
11 specific in is arrest records --

12 MR. WILT: Uh-huh.

13 MS. SYLVESTER: -- and they said you can't use  
14 arrest records, and so -- and we did an email blast. And  
15 when our compliance folks go to monitor, if they see  
16 arrest records, that will be a concern in the monitoring  
17 report.

18 But most people seem to have gotten that  
19 message, and my understanding is that we're not seeing  
20 arrest records in criteria for TDHCA's properties very  
21 often, though it still does happen.

22 MR. WILT: Some reentry advocates have  
23 interpreted the federal guidance and created specific  
24 periods, look-back periods, but have y'all looked at those  
25 guidelines, like the Austin Reentry Roundtable did it, and

1 they have -- you know, depending if it's a misdemeanor or  
2 a felony, then --

3 MR. DURAN: I think that would be a bigger  
4 question than just 811, and --

5 MR. WILT: Right.

6 MR. DURAN: -- then, you know, it would go  
7 towards, you know, the larger, you know, TDHCA rules. So  
8 I'm not aware -- I don't know -- Brooke, if --

9 MS. BOSTON: No.

10 MR. DURAN: -- you are aware of that?

11 MS. BOSTON: No. I participated in some of the  
12 Austin roundtables, and I think it's great they're doing  
13 that, and I think they may be able to make that happen in  
14 a city like Austin.

15 MR. CERVANTES: Right.

16 MS. BOSTON: I don't know that that's something  
17 we could make happen statewide, and we haven't been  
18 encouraged really specifically to do that, but --

19 MR. DURAN: Okay.

20 MR. CERVANTES: Okay. Any other thoughts,  
21 questions, for Spencer?

22 (No response.)

23 MR. CERVANTES: Okay. Well, thank you for that  
24 update, Spencer. I think that's very good information.  
25 So the next item that we have on our agenda, you know, and

1 Spencer touched on it, is our Multifamily Direct Loan  
2 activities for the Department.

3 And Andrew's here to, you know, provide an  
4 update in that area.

5 MR. SINNOTT: Thank you, David. So as I said,  
6 my name is Andrew Sinnott. I'm the Multifamily Loan  
7 Program's administrator. I work under Marni in  
8 Multifamily Finance, as well as Brooke, director of  
9 programs here.

10 And so the Multifamily Direct Loan Program has  
11 been housed in the Multifamily Finance Division for about,  
12 gosh, six years now. Before that, it was kind of in a few  
13 other divisions. But we make loans, low interest rate  
14 loans typically, to developers to develop affordable  
15 housing.

16 So in the past three years, actually since  
17 2016, we've created a special set-aside for -- called the  
18 Supportive Housing/Soft Repayment Set-Aside within our  
19 Direct Loan Program. This set-aside is intended to  
20 finance developments that are doing either 30-percent  
21 units or serving a supportive housing population.

22 And when I say 30-percent units, 30-percent  
23 units that they wouldn't be doing otherwise. So you see  
24 in the list of developments that we've financed over the  
25 past few years, we've created a fair amount of 30-percent

1 units, as well as assisting supportive housing deals.

2 Of the 12 properties total, about half of them  
3 are deals that are serving 30-percent units that wouldn't  
4 be assisted otherwise, and then the other half are nine-  
5 percent supportive housing deals, so supportive housing  
6 deals that got nine-percent housing tax credits.

7 One of these deals, AHA! at Briarcliff, we  
8 actually worked on with TSAHC. Michael, your folks and  
9 David helped finance that one as well. So you can see  
10 we're starting to really take off with our direct loan  
11 funds.

12 And the funds that are used for the Supportive  
13 Housing/Soft Repayment Set Aside are our TCAP repayment  
14 funds and our National Housing Trust Fund dollars.  
15 National Housing Trust Fund is a new source that we've  
16 gotten from HUD in the past few years, and those funds are  
17 used exclusively for 30-percent units.

18 And then we've added some TCAP repayment funds  
19 to help supplement that -- the NHTF funds. So if you go  
20 to the next page, I'll give you an update on our 2018  
21 NOFA.

22 In addition to Waterloo Terrace, which is that  
23 last deal at the bottom of the table, we anticipate making  
24 a few more awards from the Supportive Housing/Soft  
25 Repayment Set Aside in the next few months.

1           We've gotten approximately \$12.5 million in  
2 direct loan fund requests among eight applications, among  
3 the 20 million that we have available in the Supportive  
4 Housing/Soft Repayment Set Aside. The unrequested funds  
5 have now been made available in the 2019 NOFA.

6           The 2019 NOFA, we've gotten about 11.5 million  
7 available in the Supportive Housing/Soft Repayment Set  
8 Aside with a max request of about \$2 million. So  
9 \$2 million will typically generate, depending on the  
10 bedroom and bathroom size, the unit types -- will  
11 typically generate about 10 to 12 30-percent units.

12           So that's 10 to 12 30-percent units per  
13 \$2 million that we award. We've also got pre-development  
14 NOFA that Alena, our Multifamily Loan policy specialist  
15 has been helping with.

16           We anticipate releasing this 2019-2 NOFA next  
17 month at next month's Board meeting, and it's actually --  
18 we just ran the numbers earlier this week, and we're  
19 looking at probably \$200,000 in TCAP funds that we'll make  
20 available for applicants to do pre-development with.

21           So that's securing site control, market  
22 studies, architectural drawings, Phase 1 environmental  
23 site assessments. So some of the costs that have  
24 typically been a barrier to smaller nonprofits doing  
25 multifamily development, that's what these fund are

1 anticipated to help with.

2 So if you all know any nonprofits that have  
3 been looking to possibly dip their toes in multifamily  
4 development, either they have a property, some excess  
5 property that they have, or they've got a property that  
6 they've been looking at, I encourage you to reach out to  
7 those nonprofits and let them know about this NOFA that  
8 we're going to have funds available under, starting next  
9 month, and then probably accepting applications in March.

10 We'll likely have a roundtable or kind of  
11 overview of the NOFA in the coming months and then  
12 potentially also discussion, a roundtable on our  
13 rehabilitation standards for National Housing Trust Fund.  
14 Currently, our National Housing Trust Fund dollars are --  
15 were prohibiting developments that are doing rehab.

16 So we're looking at potentially making rehab an  
17 eligible activity with our NHTF funds.

18 MR. CERVANTES: Okay. Any questions?

19 MS. EISERT: Andrew, I had a question.

20 MR. SINNOTT: Sure.

21 MS. EISERT: Is there like a website or  
22 something where a nonprofit can go and look at the  
23 different requirements for --

24 MR. SINNOTT: Sure.

25 MS. EISERT: -- the program?

1 MR. SINNOTT: So most -- all of our rules are  
2 in Texas Administrative Code.

3 MS. EISERT: Oh.

4 MR. SINNOTT: So it's Title 10, Part 1,  
5 Chapters 11 and 13 --

6 MS. EISERT: Okay.

7 MR. SINNOTT: -- of the Texas Administrative  
8 Code. Primarily, Chapter 13 is the Multifamily Direct  
9 Loan rule. Seeking -- I would encourage folks to start  
10 there, if they're interested in Direct Loan funds.

11 MS. EISERT: We -- you were saying something  
12 about different requirements for nonprofits under one of  
13 the NOFAs, like more lenient?

14 MR. SINNOTT: So the pre-development NOFA is  
15 going --

16 MS. EISERT: Yeah.

17 MR. SINNOTT: -- focused exclusively on  
18 nonprofits.

19 MS. EISERT: Right. So I'm kind of -- I guess  
20 I'm wondering if there's nonprofits that we know, where we  
21 send out information -- is there something real quick and  
22 easy for them to look at, like, hey, this is the  
23 differences, rather than reading the TAC rule -- MR.  
24 SINNOTT: Sure, sure.

25 MS. EISERT: Or would that be the webinar?



1 MR. SINNOTT: The NOFA itself, yeah.

2 MS. EISERT: Yeah, okay.

3 MR. SINNOTT: So we've got the 2019-1 NOFA  
4 available right now. So that's --

5 MS. EISERT: Okay.

6 MR. SINNOTT: -- for folks that want funds to  
7 do development, and then this 2019-2 NOFA will be for  
8 funds -- for nonprofits --

9 MS. EISERT: Uh-huh.

10 MR. SINNOTT: -- who need funds to do the pre-  
11 development that will ultimately result in the  
12 multifamily --

13 MS. EISERT: Cool.

14 MR. SINNOTT: -- affordable housing.

15 MR. WILT: Do you need site control to apply  
16 for the NOFA?

17 MR. SINNOTT: For the 2019-2 NOFA?

18 MR. WILT: Uh-huh.

19 MR. SINNOTT: We are thinking, yes.

20 MS. HOLLOWAY: Yeah.

21 MR. SINNOTT: Yeah, yeah. We're still kind of  
22 working it out, but we anticipate, yes, having site  
23 control, either, you know, warranty, the purchase  
24 contract, lease, one of those three for site control for  
25 the pre-development NOFA.

1 MS. EISERT: I don't know what that means.  
2 What does site control mean?

3 MR. GOODWIN: Yeah. Control of the property.  
4 You would have a guaranteed fund.

5 MS. EISERT: Oh, so the -- so your agency would  
6 have the ability -- okay. Got it.

7 MR. SINNOTT: Yeah. So the nonprofit that's  
8 applying under the 2019-2 pre-development NOFA, it will be  
9 very preliminary, but at a minimum we want to know what  
10 site they're looking at for doing the development on.

11 MS. EISERT: Cool.

12 MR. GOODWIN: There's somebody who labored  
13 through the strain of service-enriched housing definition.  
14 Can you give me your definition of supportive housing?

15 MR. SINNOTT: It's a long one. Basically --

16 MS. GREEN: We would expect nothing less.

17 MR. SINNOTT: There's a few components to it.  
18 There's the population served and then there's some  
19 underwriting components to it as well. So the population  
20 served -- we don't restrict it to homeless or formerly  
21 homeless, but I don't think we talk specifically about the  
22 population that may be a supportive housing population.

23 MS. EISERT: Uh-huh.

24 MR. SINNOTT: It's just a population that needs  
25 more services than a family population or a senior

1 population. It will typically have services onsite or,  
2 you know, services that come to the property daily or  
3 weekly. I don't know. Do you have any other -- and the  
4 for underwriting, it's generally -- it's -- the property  
5 isn't anticipated to have any forecloseable debt on it.

6 So it's basically all equity-financed or all  
7 grant-financed fundraising. Basically there's no debt on  
8 the property.

9 MS. HOLLOWAY: The assumption in the  
10 underwriting requirement is that supportive housing  
11 developments, because of the cost of providing those  
12 additional services, are not able to carry additional  
13 payable debt --

14 MR. SINNOTT: Right.

15 MS. HOLLOWAY: -- payable debt is the reason  
16 you have an underwriting requirement.

17 MR. WILT: So this debt that y'all issue, does  
18 it come in the form of a forgivable lien?

19 MR. SINNOTT: Yes. So the pre-development  
20 NOFA, the 2019-2 NOFA, that will be grants, basically.

21 MR. WILT: Oh, but on the first page?

22 MR. SINNOTT: Oh, on the first page?

23 MR. WILT: Yeah.

24 MR. SINNOTT: Those are structured as one of  
25 three things: a deferred forgivable loan, a deferred

1 payable loan, or a surplus cash flow loan. And yeah, it's  
2 kind of like an equal amount of those three loan types  
3 within these 12 deals on here.

4           Yeah. It just depends on what the applicant  
5 requests, and also there's some tax credit considerations  
6 as well that may make an applicant choose one of those  
7 structures over another. But to get back to the 2019-2  
8 pre-development NOFA, those funds are anticipated to be  
9 made as grants, so up to \$50,000 grants to a nonprofit to  
10 engage in pre-development activities.

11           So this is the first time that we've done this  
12 in a while. Brooke, you may know if we've done this --

13           MS. BOSTON: Over about 15 years --

14           FEMALE VOICE: Oh, wow.

15           MS. BOSTON: -- that we've done pre-  
16 development.

17           MR. SINNOTT: So --

18           MR. GOODWIN: Are you size-restricted as far as  
19 number of units?

20           MR. SINNOTT: We do have a minimum of 16 units,  
21 but we do have the ability to waive that rule if a  
22 nonprofit finds, you know, a couple of fourplexes that  
23 that they want to rehab. It could be something that we  
24 could consider waiving that 16-unit minimum on.

25           MR. CERVANTES: Okay. Anything else to add?

1 Any questions, any -- for Andrew?

2 MR. SINNOTT: We'll be sending out a listserv  
3 when the 2019-2 pre-development NOFA is approved and going  
4 into the *Texas Register*. So if y'all are on our listserv,  
5 you'll get emailed about it.

6 MR. CERVANTES: Okay. All right, Andrew.  
7 Pretty interesting, valuable information for everybody,  
8 and I appreciate that.

9 MR. SINNOTT: Thank you.

10 MR. CERVANTES: So the next item on our agenda  
11 has to do with another update. It's in relation to the  
12 Statewide Behavioral Health Coordinating Council.

13 And, Kali, are you going to do some  
14 introductions on that?

15 MS. ADAMS: Yeah. So as this Council is  
16 serving as -- in a supportive role, sort of, as an  
17 informal housing subcommittee, we just wanted to keep this  
18 Council informed of what the SBHCC is doing. And we  
19 actually have Carissa here to provide that update.

20 MS. DOUGHERTY: Thank you. My name is Carissa  
21 Dougherty. I'm a senior advisor with the Office of Mental  
22 Health Coordination and representing that entity who is  
23 charged with overseeing the Statewide Behavior Health  
24 Coordinating Council.

25 And what Kali mentioned is right. This group

1 is the identified work group that is going to push the  
2 work forward for working on the identified gap which is  
3 accessing housing on that strategic plan. And so what  
4 this group does really matters.

5 It does get reported to this entity. The  
6 entity consists of 32 state agencies who are receiving  
7 behavioral health funding across the state. They are  
8 legislatively mandated to meet and identify -- they were  
9 tasked with developing the strategic plan, and now they're  
10 tasked with implementing it and operationalizing the goals  
11 and objectives on that plan.

12 And so the five-year strategic plan is in  
13 place. And Elizabeth, Kali and/or Brooke attend those  
14 meetings and report out on the work that's being done from  
15 this body. So the last time that they met face to face  
16 was in November.

17 There were several report-outs from other work  
18 groups, veterans, and the disaster response. What might  
19 be interesting for this group might -- relates to our new  
20 Associate Commissioner, Dr. Harvey, who talked about the  
21 other advisory committees who are also charged with  
22 looking at mental health issues.

23 That included the Joint Committee on Access and  
24 Forensic Services, the Behavioral Health Advisory  
25 Committee. There's a Mental Health Conditions and

1 Substance Use Disorders Parity Group, and a Judicial  
2 Commission on Mental Health.

3 So all of those bodies also are legislatively  
4 mandated, focused on mental health issues. But what she  
5 was excited about maybe was harnessing the recommendations  
6 from all those groups and really seeing where there was  
7 alignment and opportunities to support all the other  
8 advisory committees, one of which is housing.

9 So housing is an identified need on multiple  
10 other advisory committees. Housing comes a lot. People  
11 are talking about it as stakeholders. They're saying we  
12 need more housing, we need more affordable housing. I  
13 mean, so that's just one example of, I think, the work  
14 that she's planning to carry out through the Statewide  
15 Behavior Health Coordinating Council, is to see where  
16 there's interconnections and opportunities to support and  
17 elevate.

18 So during session, this group is going to meet  
19 via telecommunications monthly. And really I think I  
20 understand the larger focus is on legislative updates and  
21 stuff that's happening during session, and then I believe  
22 they'll go back to quarterly, face-to-face meetings.

23 So that's what I have.

24 MR. CERVANTES: Okay. Any questions, any  
25 follow-up on that?

1 (No response.)

2 MR. CERVANTES: Okay. Well, thank you so much,  
3 Carissa, for providing us an update. The next item is  
4 also -- we have a presentation on our Community Resource  
5 Coordination Groups.

6 And I believe Sara --

7 MS. UNDERWOOD: Hi.

8 MR. CERVANTES: -- will be providing some --  
9 good morning, Sara. How are you doing?

10 MS. UNDERWOOD: Good morning. I brought a  
11 handout for everyone. Let me know if you need more. I'm  
12 Sara Underwood. I'm with the Health and Human Services  
13 Commission, also in the Office of Mental Health  
14 Coordination, and I'm the State CRCG coordinator.

15 CRCG is our Community Resource Coordination  
16 Groups, and they've been around since the late '80s, so  
17 I'm certain that a lot of you are well aware of CRCGs and  
18 what they do. Kali serves on our state work group, and so  
19 we've been collaborating around CRCGs and also talking  
20 about housing.

21 So she invited me to come here today to share  
22 information about what CRCGs are, and then really focusing  
23 on what our office is working towards now to expand CRCGs'  
24 efforts around serving adults, and then tying that to  
25 housing.



1           So just a brief overview: CRCGs are county-  
2 based interagency staffing groups. The last we counted  
3 was in 2016, and there were 140 distinct CRCGs that  
4 covered 236 counties. We're currently looking at that  
5 number right now and trying to get an accurate count for  
6 2019 about how many counties are actually covered by CRCGs  
7 so that we can move forward with our efforts to ensure  
8 that all counties have a CRCG.

9           These groups are comprised of folks who are  
10 from state agencies and local organizations, nonprofit  
11 organizations, family representatives and also advocates,  
12 and they come together typically on a monthly basis and  
13 they staff cases for individuals of all ages regarding  
14 different needs.

15           So it's individuals who are typically being  
16 served by multiple agencies, really complex cases, and  
17 they need that cross-system collaboration in order to  
18 navigate where the gaps -- what are the needs, you know,  
19 why is possibly this person continually going into the  
20 hospital, or maybe it's a child who's in the TJJD system.

21           And so it's really to come together and see  
22 what resources are lacking? What are we leaving on the  
23 table, and to make sure that that person gets the  
24 resources that they need. The memorandum of understanding  
25 just got updated in January.

1           And if you turn the page over, you can see the  
2 eight state agencies who have signed the memorandum of  
3 understanding, and these agencies say that at a state  
4 level, they were support CRCG efforts. So there's a state  
5 work group that Kali is part of, and then we have  
6 representatives from the state agencies, also family  
7 representatives, local CRCG leaders and then also  
8 nonprofit organizations, and we come together on a  
9 quarterly basis to look at ways to support community  
10 CRCGs.

11           So these eight state agencies also say that  
12 they will support local CRCG efforts by having local  
13 representatives at each CRCG. Some of these agencies or  
14 departments or programs within these agencies have it in  
15 their contracts that folks will be at the table.

16           So LMHAs and LIDDAs have it in their  
17 performance contract notebook that they'll have a  
18 representative at each CRCG in their area, and so it's  
19 really a multi-tiered effort to get local representation,  
20 and then also to support CRCGs at a state level.

21           Our office, or the CRCG office, moved into the  
22 Office of Mental Health Coordination in 2017. I was hired  
23 last April, and then as of September, we had a full team  
24 of three people, which is the first time that the CRCG  
25 State team or office has had more than one person in quite

1 a long time.

2 And so we've put together our own CRCG  
3 strategic plan for the next three years, and a big  
4 component of that is to ensure that not only our CRCG is  
5 serving folks in every county across the state, but also  
6 that they're serving adults, because CRCGs began in the  
7 late '80s, it started with a pilot program, and it was  
8 really geared towards children and youth and meeting the  
9 needs of children.

10 And in the late '90s, it was piloted out to  
11 serve adults. And I think in 2001, the memorandum of  
12 understanding was expanded to serve adults. And I think  
13 there's consistently been a struggle to get CRCGs across  
14 the entire state to serve adults and also youth  
15 transitioning into adulthood.

16 So what our office is aiming to do, and one of  
17 our goals is to ensure, like I said, that CRCGs are in  
18 every county, but also to coach and mentor and support in  
19 every way that we can to get CRCGs to serve adults. And  
20 with that, one of the big components, as you all know, is  
21 housing.

22 So we've just launched a new data collection  
23 system in November. Part of the data collection is asking  
24 if there's housing needs. And so we'll be able to track  
25 that data, which Carissa and I have been talking a lot

1 about, and that will be interesting to look at those  
2 numbers.

3 But I think a lot of it's going to be around  
4 education and best practices, because each CRCG is locally  
5 run and they have their own kind of standards and ways of  
6 operating and what they're focusing on, and so we will be  
7 having presentations and webinars and different training  
8 and support around looking at housing and making sure  
9 that, you know, people's needs are being met at a basic  
10 level.

11 MR. CERVANTES: It's good.

12 MS. UNDERWOOD: So --

13 MR. CERVANTES: It's good.

14 MS. UNDERWOOD: -- it's kind of a brief --

15 MR. GOODWIN: Is this what you gave me  
16 reference to when I sent you my off-the-wall question from  
17 the sheriff?

18 MS. ADAMS: Don't remember.

19 MR. GOODWIN: Okay. Just --

20 MR. CERVANTES: Put it out there.

21 MS. YEVICH: Which off-the-wall question?

22 MR. GOODWIN: The sheriff of Kendall County  
23 wrote I thought was just an absolutely elegant article in  
24 the local paper. Didn't get much -- I don't know if it  
25 got outside the local paper. But he is an ex-30-year DPS

1 trooper, and he has opened up -- he said for 30 years, I  
2 went out and I bagged them and I tagged them and I dumped  
3 them off at the jail, and I went out and got me another  
4 one.

5 He said, now I'm the sheriff, I've got a  
6 problem, because they're bagging them and tagging them and  
7 dumping them off at the jail, and half of them don't  
8 belong there.

9 And if it is a person that has a degree of  
10 mental instability or some mental issue, unless they are  
11 certifiable as a danger to themselves, nothing you can do  
12 with them, because the mental health side won't take them,  
13 because they're not critical, suicidal or harm to others,  
14 but they have issues that are causing them to have, I'll  
15 say, public behavior to the point of being arrested.

16 And so how do you do those? You also have what  
17 I will call the low-level drug user, the kids that get  
18 caught, and they've got -- at some -- now they're starting  
19 to write tickets more than -- if you're got two ounces,  
20 and you admit, yeah, here it is, they'll write you a  
21 ticket and you'll go and get a Class A misdemeanor, but if  
22 you try to hide it, you're going to get a Class C  
23 misdemeanor, which means you're going to jail.

24 And so these people don't belong in jail. And  
25 there is no system out there. And the first thought I

1 had -- we spent eight years now trying to figure out how  
2 to help people who are aging out of foster care, who  
3 have -- coming out of state hospitals, coming out of some  
4 sort of care facility -- I'll say, cured drug offenders.

5 And here's this population out there that  
6 exactly fits that, and we've put together, I'll say, the  
7 resource centers that knows where all this stuff to do,  
8 but it doesn't fit the mold, because we're not looking for  
9 an apartment property to put these people in and bring  
10 services to them.

11 What we're looking for is -- this room that is  
12 staff with someone who can evaluate that person, put them  
13 up overnight instead of putting them in the jail, and  
14 having someone then come in and evaluate and say, okay,  
15 here's where you need to go.

16 And I understand that Austin has an  
17 organization in that. Somewhere deep in the dregs of my  
18 email, I have the name of it, which I passed on to the  
19 sheriff, because Kali gave me a couple of references to  
20 state agencies.

21 And I'm sitting there thinking, this is maybe  
22 where he needs to go to ask, how do we address this?  
23 Because number one, I don't have money to build a house,  
24 to call it our halfway house.

25 I don't have money to hire professional --

1 you'd need a -- either an all-in-one, someone who could do  
2 a mental evaluation or a low-level drug evaluation, and  
3 then he would need, I'll say, two law enforcement  
4 officers, probably one from the local sheriff, one from  
5 the police department, so that there is security at this  
6 place on an around-the-clock basis.

7 And I'm saying, okay. You know, these are the  
8 folks that we're going to see if we can't solve it,  
9 because they're going to go into the higher-level  
10 incarceration and then released, and now they're going to  
11 go the 811 referral, and they've got a police record so we  
12 can -- you know, that kind of stuff.

13 MS. UNDERWOOD: And I think CRCGs can be a  
14 really great place to have those conversations and to  
15 inform the larger system of care within their community of  
16 where are the gaps --

17 MR. GOODWIN: Where they can go.

18 MS. UNDERWOOD: -- where are the barriers? And  
19 have those conversations --

20 MR. GOODWIN: Do you know if Kendall County has  
21 one of these?

22 MS. UNDERWOOD: I don't, but I can find out for  
23 you.

24 MR. GOODWIN: Our problem is we are not -- we  
25 are next to one of the largest metropolitan areas of the

1 state, but we're small.

2 MS. UNDERWOOD: Uh-huh.

3 MR. GOODWIN: You know, the whole county's  
4 probably 20,000 people --

5 MR. CERVANTES: Okay.

6 MR. GOODWIN: -- and we're surrounded by other  
7 small counties, Kerr County, Comal County, Gillespie  
8 County --

9 MR. CERVANTES: Yeah.

10 MR. GOODWIN: -- and so you would need, I'll  
11 say, a -- some sort of inter-county collaboration, but  
12 some facility like this --

13 MR. CERVANTES: Yeah.

14 MR. GOODWIN: -- to keep them out of what I'll  
15 say is our system of the 811 and the permanent housing --

16 MR. CERVANTES: Right, right.

17 MR. GOODWIN: -- and all that, to try to  
18 shortstop that.

19 MS. DOUGHERTY: So you made me think about  
20 other resources, especially in rural areas, because Texas  
21 is largely rural, and my understanding, very, very small,  
22 is that TDA has some resources that could be directed  
23 towards developing some of those small group homes.

24 I just know enough to be dangerous, so I'll  
25 just caveat that, but it has come up. And what's come up



1 on the recovery housing side for individuals who are  
2 looking for substance, you know, free environments -- we  
3 have folks on our Behavioral Health Advisory Committee --  
4 there's a housing subcommittee I work with -- who are very  
5 interested in researching and other resources -- right --  
6 outside of the urban metro areas to develop this type of  
7 housing specifically, and we do -- we have a large -- it's  
8 a huge gaps in our overall housing continuum --

9 MR. CERVANTES: Yeah.

10 MS. DOUGHERTY: -- that no one agency is  
11 responsible for, and right now, they're largely  
12 unlicensed, unregulated, and so you're hitting the nail on  
13 the head in terms of serving our population who are  
14 severely mentally ill, low income, receiving SSI benefits,  
15 can't afford Austin rent, you know, in and of itself.

16 Huge waitlist on the public housing arena, and  
17 needing a more intensive level of service care.

18 MR. GOODWIN: Well, one of the descriptions  
19 that he gave that -- and you've got to understand both  
20 sides. You have someone who is -- who has caregivers in  
21 the family, and that's where they're staying, but they, I  
22 don't know, go off the wall or something and create an  
23 issue and now they're in the jail.

24 And the only -- they're bailable but the  
25 parents or the keeper or caregiver isn't going to bail

1       them out because -- oh, my God, I've got a free day. And  
2       so they leave them in jail for three or four days, because  
3       they need the rest. Okay.

4               So is there an option as opposed to have them  
5       incarcerated, in jail, with bars and stuff like that, in a  
6       short-term, you know, two- or three-day place that they  
7       can be safe, and then go back into a normal routine? Or  
8       stepped up to a care facility because they do in fact, you  
9       know -- have exhibited that they do need a higher level of  
10      care?

11             MS. DOUGHERTY: Yeah. And it's just what the  
12      Statewide Behavior Health Coordinating Council is trying  
13      to do, is look at other, you know, advisory committees  
14      touched with all of these same issues. These same issues  
15      come up at multiple venues.

16             You know, how could we harness all of the power  
17      that, you know -- we're collectively agreeing that this is  
18      a big issue.

19             MR. CERVANTES: Yeah.

20             MS. DOUGHERTY: You know, could we put forth  
21      recommendations from this group or some other group that  
22      has ideas, that then could generate into, you know,  
23      funding opportunities or other opportunities --

24             MS. EISERT: Yeah.

25             MS. DOUGHERTY: -- to make an impact?

1 MS. EISERT: I mean, essentially, you're  
2 talking about respite care so --

3 MR. GOODWIN: To an extent, yeah.

4 MS. EISERT: -- that someone with a mental  
5 health issue can go into a facility short-term and the  
6 family has a break. But I think the medical -- like,  
7 what's done with medical respite could be an interesting  
8 model to look at because I don't think -- the mental  
9 health crisis respite isn't really utilized that way, to  
10 my understanding.

11 MS. DOUGHERTY: Well, it's still a short-  
12 term --

13 MS. EISERT: It is. Yeah.

14 MS. DOUGHERTY: -- you know, up to two weeks is  
15 what, you know, our State funding --

16 MR. GOODWIN: Yeah.

17 MS. DOUGHERTY: -- kind of crisis respite  
18 response is right now. But these are longer-term kind of  
19 needs. So you -- like, there was an identification of  
20 state hospitals as another stakeholder in this.

21 MR. CERVANTES: Okay.

22 MS. DOUGHERTY: You know, they're very much  
23 impacted by the lack of housing opportunities for folks --

24 MR. CERVANTES: Yeah.

25 MS. DOUGHERTY: -- to meet all of their needs,

1 so --

2 MS. BARNARD: And just to address your  
3 dangerous information --

4 MS. DOUGHERTY: Yeah.

5 MS. BARNARD: -- Suzanne Barnard, TDA. The  
6 CDBG Program, which you're describing, is absolutely  
7 eligible for funding. However, under the current  
8 structure, it's not all that fundable because the program  
9 has typically prioritized water and wastewater  
10 infrastructure, street infrastructure, those kind of  
11 community needs.

12 And the community has to decide on one project,  
13 basically, and they don't typically choose those projects  
14 that are going to only benefit a few people, and that's  
15 just the way it's typically worked.

16 MS. DOUGHERTY: Right, but there is --

17 MS. BARNARD: And there are ways to set aside  
18 things, but that's -- I mean, that's a whole public  
19 process, and it's not the way the program is currently  
20 structured. But there are areas in the state where, even  
21 with the way it's set up today, a community could  
22 decide -- this is what we need.

23 This is our highest priority. We're going to  
24 apply for it and we're going to get funding. And there  
25 are a few places where that can really work. So --

1 MS. DOUGHERTY: So -- yeah. And I might have  
2 reached out to you for information about that. And it was  
3 fascinating, I think, from someone who doesn't come from  
4 that world --

5 MS. BARNARD: Uh-huh.

6 MS. DOUGHERTY: -- to figure out, how do I make  
7 that information known? Right?

8 MS. BARNARD: Uh-huh.

9 MS. DOUGHERTY: On a local level, it sounds  
10 very largely controlled --

11 MS. BARNARD: Very local people.

12 MS. DOUGHERTY: -- and like, this is the way  
13 it's always been, and yet there would be plenty of  
14 opportunities if housing advocates learned about how that  
15 was structured and what ways needed to be -- to make their  
16 needs known at the local community level.

17 It was -- it seemed to be ripe for like more  
18 marketing push --

19 MS. BARNARD: Uh-huh.

20 MS. DOUGHERTY: -- information dissemination.

21 MS. BARNARD: Yes.

22 MR. CERVANTES: Are there at least a few  
23 instances where they have applied for CDBG of that nature?  
24 Or is it just completely not an activity at this point?

25 MS. BARNARD: So I created a whole chapter in

1 our manual about how you would do this. If you were  
2 rehabbing a project or rehabbing a house for a  
3 nonprofit -- to be owned by a nonprofit and serving some  
4 population that is low to moderate income, which this  
5 would most likely qualify.

6 MR. CERVANTES: Right.

7 MS. BARNARD: I have yet to have anyone take me  
8 up on that, and that's four years old maybe.

9 MR. CERVANTES: Uh-huh.

10 MS. BARNARD: There are a few housing projects,  
11 housing rehab, mainly owner-occupied housing --

12 MR. CERVANTES: Okay.

13 MS. BARNARD: -- not anything more  
14 organizational that I've seen happen.

15 MR. GOODWIN: And where do you find this?

16 MS. BARNARD: I'll help you.

17 MR. GOODWIN: Okay.

18 MS. BARNARD: We did just do a program called  
19 the Community Enhancement Fund where we specifically set  
20 aside a pool of money for other things, things that don't  
21 normally get funded. And we left it somewhat broad, and  
22 then we tried to have a health focus, and I really thought  
23 there were going to be a couple of things come out of that  
24 that would have addressed some of these needs.

25 Those didn't gel in time, because there's a lot

1 of moving parts, but there was some interest. But it  
2 wasn't on the housing side. It was more on the service  
3 providing --

4 MR. CERVANTES: Services.

5 MS. BARNARD: -- provisions side of things.

6 MR. CERVANTES: Interesting.

7 MS. BARNARD: So --

8 MR. CERVANTES: Okay.

9 MS. GREEN: Although I think you're speaking  
10 about much more than the respite piece.

11 MS. BARNARD: Yeah.

12 MS. GREEN: I think you're talking about  
13 evaluation. You're talking about access to services, and  
14 then you've gone up against issues of --

15 MR. GOODWIN: Yeah.

16 MS. GREEN: -- consent and --

17 MR. GOODWIN: Well --

18 MS. GREEN: -- access --

19 MR. GOODWIN: -- you've got somebody who's been  
20 arrested, and you've got two choices, and the sheriff, if  
21 you will, or the chief deputy, is going to look at this  
22 person and say, what did they do? Well, here's what they  
23 did. And how -- is somebody going to come bail them out?

24 The answer is no. The parents don't -- aren't  
25 going to touch them.

1 MS. GREEN: Uh-huh.

2 MR. GOODWIN: And in fact, I know a young man  
3 now that's living in a motor home in a park because his  
4 parents won't let him in the house. But they've put this  
5 thing out there and say, you're going to live out there,  
6 and it's about 15 miles away.

7 MS. GREEN: Uh-huh.

8 MR. GOODWIN: And so this is a transient  
9 population. And the issue is you may go a week and  
10 there's nobody there, and then, all of a sudden, you get  
11 three people. So there's somebody that comes in and says,  
12 this person does not belong behind bars with hardened  
13 criminals.

14 MR. CERVANTES: Right.

15 MR. GOODWIN: So we -- let's put them in the  
16 soft part. But then you've got to have somebody who comes  
17 in and has the ability to say, now, this person's got an  
18 issue that's really -- and then they can refer them out to  
19 one of these other agencies, and say, hey, we've got  
20 somebody we need to send you --

21 MR. CERVANTES: Okay.

22 MR. GOODWIN: -- but we get them out of the  
23 jail, keep the arrested and -- the arrest record may be  
24 there, and maybe they -- the judge says, okay. We'll  
25 defer this case, pending outcome, but they don't get a



1 criminal record until they've had a look by somebody.

2 And the hard part is the population is small.  
3 In a large city, you could have a permanent facility  
4 pretty well staffed, but in a county of 16- or 17,000  
5 people, you might combine those two counties and be able  
6 to staff two or three people, but it would -- you're  
7 right.

8 I need your grant money.

9 MS. BARNARD: Yes, sir. And in addition it  
10 could build things.

11 MR. GOODWIN: Yeah, to build it, and then they  
12 go get grant money from her to bring in the people to  
13 evaluate.

14 MS. WYATT: In addition to that, just to add to  
15 that -- I am Shari Wyatt with the State Office of Rural  
16 Health, and what he's saying is correct, and what happens  
17 in rural areas -- I only work with rural hospitals. What  
18 happens from the sheriff's office, from a little county  
19 sheriff's office, is -- they're right.

20 They don't know what to do with them, and so  
21 they basically turn to rural hospitals and bring them  
22 over, dump them to the rural hospital, which that then  
23 financially impacts that rural hospital, and you well know  
24 our rural hospitals are suffering.

25 MR. CERVANTES: Yeah.

1 MS. WYATT: So it adds to the financial burden  
2 onto the hospitals. So it is an issue.

3 MR. CERVANTES: Good conversation. That's good  
4 information to know, and Michael, thanks for the question.

5 MR. RAMIREZ: How is it possible to get -- to  
6 review the MOU so that more agencies can join, I guess?

7 MS. UNDERWOOD: Sure. It is on our website,  
8 which is at the bottom of that sheet. So you can go on  
9 the website. There's lots of different resources. Also,  
10 on the top of the page, you can search for CRCGs by county  
11 or by town or city, and then it will show who the CRCG  
12 leaders are and then also the population it serves.

13 So it will say, child or youth, if it's just  
14 children. Adults, if it's just adults. And then families  
15 is what's designated for all ages. We're going to change  
16 that to all ages shortly.

17 MR. GOODWIN: Are you maybe creating a post-  
18 retirement project?

19 MR. CERVANTES: Okay. Sara, thanks again --

20 MS. UNDERWOOD: Thank you.

21 MR. CERVANTES: -- for that information. The  
22 next item on our agenda is an update on the National  
23 Academy for State Health Policy Technical Assistance  
24 Initiative. I believe Carissa --

25 MS. DOUGHERTY: Yes. Thank you.

1 MR. CERVANTES: -- is going to follow.

2 MS. DOUGHERTY: As I mentioned last meeting,  
3 this is a technical opportunity that Health and Human  
4 Services Commission is engaged in our lead Medicaid  
5 Office. And then we're required to have a lead Medicaid  
6 official and then a lead housing official, and so Michael  
7 from TSAHC is our partner on that.

8 And so the group is well established and is  
9 rolling along in terms of working on our action plan.  
10 It -- we continue to meet monthly. It involves a large  
11 number of HHSC representatives throughout our system, all  
12 impacted in some way, shape, or form by housing or the  
13 lack of the housing.

14 And then we have representatives from managed  
15 care organizations and some nonprofits that participate.  
16 We were lucky in the last three months to add a number of  
17 new representatives, kind of expand our scope. And so  
18 within HHSC, we have representatives from the Office of  
19 Aging Services Coordination, our Medical Quality Assurance  
20 department, our Delivery System Reform Incentive Payment,  
21 our district folks.

22 And as you know, that funding renewed for  
23 another five-year term, and so we're excited to have them  
24 back at the table. We have a representative from Dell  
25 Medical School and Corporation for Supportive Housing, and

1 then TDHCA has officially joined us as well, so we're  
2 thrilled about that.

3           So I mentioned an action plan. We are working  
4 on actually making stuff happen. So one of the cool  
5 things that's happened in the last -- since the last time  
6 I came to report to y'all is that we're really exploring  
7 how to receive data from our managed care organizations,  
8 analyze that data, and then really look at their housing  
9 programs that they're connected with at local levels to  
10 see the impact.

11           And so it's generated internal meetings  
12 about -- do we have data use agreements with them? No, we  
13 don't. We learned we have contract language. What's in  
14 our contract? What authorizes it? And so we're excited  
15 that there might be some prospects in terms of existing  
16 contract language that would authorize our ability to work  
17 with MCOs without having to enter a formal data use  
18 agreement.

19           What it might necessitate is another MOU with  
20 them for specific -- to be real specific. But that is a  
21 shorter-term process than entering -- starting from  
22 scratch. And so what we're -- the goal of the group is  
23 really to establish our ability to look at data, to  
24 collect data and to analyze data that shows that health  
25 services and housing intersection on the programmatic,

1 local level, on the impact, so that we have Texas-specific  
2 data.

3 And the more -- looking at outcomes-based  
4 payment models for some of our State-funded programs.  
5 We've been researching and educating ourselves about  
6 value-based purchasing and pay-for-success models, and a  
7 whole array of alternative payment options that actually  
8 could be implemented on a stage-wise way to kind of move a  
9 state-only funded program to a pay-for-success program,  
10 and these become self-sufficient.

11 We -- as I mentioned previously in our last  
12 meeting, that we're preparing to submit a proposal to the  
13 Center for Medicare and Medicaid Services for Money  
14 Follows the Person pilot. And that pilot includes a  
15 component to task housing navigators through managed care  
16 organizations working in one service delivery area, to  
17 work with the local providers to see if that's an  
18 impactful way to use funds.

19 Another component to is to hire a full-time  
20 individual who would outreach to all the local public  
21 housing authorities across the state, and gather some  
22 information that we don't seem to have right now, because  
23 of the decentralized way that the State is set up, and it  
24 also dovetails in terms of what kind of relationships  
25 could the State enter, you know -- enter into with those

1 local public housing authorities, what kind of preferences  
2 could we help, kind of, create, and do some just  
3 collaboration connectivity between our local providers and  
4 those local public housing authorities, because that's  
5 largely where the funding is at right now.

6 And then an overall evaluation component, which  
7 would include evaluating those two components, and then  
8 overlaying all the technical assistance that we've  
9 received to date, to then make some formal recommendations  
10 from the group that could be generated into future action  
11 items.

12 And then we've expanded our target population  
13 to not just focus on persons with behavioral health issues  
14 but to include those with intellectual or developmental  
15 disabilities and homeless individuals, which is a much  
16 larger target population than our original IAP technical  
17 assistance opportunity.

18 And so what we've learned from stakeholders is  
19 that there -- we -- it would be helpful if the State  
20 identified barriers and potential solutions with IDD and  
21 State waivers to share living environments. So for those  
22 who may want to live in like a group home or become  
23 roommates essentially.

24 And whatever kind of housing situation or  
25 opportunity comes forward, what we're hearing from

1 stakeholders is that if they're in different waivers,  
2 their attendance may be paid at different rates, which  
3 makes it very challenging, and there may be preventative  
4 stuff at a policy level that the State, one, needs to  
5 identify, and then two, might be able to change to make it  
6 more hospitable and helpful for those individual who want  
7 to live in a kind of shared living environment to do that,  
8 you know, instead of having to give up services or change  
9 waivers or any of that stuff.

10 We don't want to disrupt services. We want to  
11 make whatever housing choice they, you know, enter into  
12 work for them. So that's what the scripts are kind of --

13 MS. GREEN: I have a question about this  
14 proposal for CMS funds to support housing navigation.  
15 Currently, the Aging and Disability Resources Centers  
16 receives CMS funds for housing navigation function. So do  
17 you know, what's the vision, whether those funds would be  
18 shifted to the MCOs?

19 The beauty of the housing navigators within the  
20 ADRCs is they're called to serve all populations,  
21 including folks with behavioral health needs, IDD,  
22 individuals with disabilities and those with low incomes.

23 And I do know that they often assist MCOs or relocation  
24 contractors in working through housing issues.

25 So I'm just, you know -- with the same job

1 title, I'm just wondering --

2 MS. DOUGHERTY: Yeah, and I misspoke. I really  
3 should have called them housing coordinators because of  
4 that same issue. We're struggling, I think, with defining  
5 all of these terms, because they're being used in  
6 different ways, and so you bring up the ADRC housing  
7 navigators, which are only part-time.

8 They're part-time funded by those federal  
9 funds, and then the other -- there are other job duties as  
10 assigned. So they -- and they cover wide swaths of  
11 regions. Yes, they are -- my understanding is that they  
12 are tasked to serve all populations, people with  
13 disabilities, leaving institutions.

14 My understanding about their role is one that  
15 they're supposed to be the connector, community engager,  
16 bringing the partners together to kind of make those  
17 connections, outreach to developers, like, make that kind  
18 of stuff happen.

19 MS. GREEN: Uh-huh.

20 MS. DOUGHERTY: The housing coordinator for  
21 that would be assigned to work, you know, under the  
22 auspices of a managed care organization would be largely  
23 working with our Medicaid beneficiaries and helping their  
24 service coordinators who have large caseloads, do housing  
25 stuff -- right -- that typically may not get done, or help



1 their entire system do a better job of providing that kind  
2 of beneficiary direct linkages to housing that -- my  
3 understanding -- the housing navigators are largely tasked  
4 to do more of the system integration stuff --

5 MS. GREEN: Correct, correct.

6 MS. DOUGHERTY: -- than the client actually  
7 filling out an application.

8 MS. GREEN: Okay. And the MCOs do contract  
9 with relocation contractors and part of their  
10 responsibilities -- the primarily responsibility would be  
11 to secure accessible, affordable, integrated housing, but  
12 perhaps the housing navigators to the MCOs would be  
13 working with their community dwelling -- the relocation  
14 contractors would be working with MFP only.

15 I just --

16 MS. DOUGHERTY: Uh-huh.

17 MS. GREEN: -- I think it would be helpful to  
18 kind of look at roles and responsibilities --

19 MS. DOUGHERTY: Yeah.

20 MS. GREEN: -- for the different players and  
21 you know --

22 MS. DOUGHERTY: Yeah.

23 MS. GREEN: -- those responsibilities made  
24 more -- but --

25 MS. DOUGHERTY: They are, and I think it's an

1 opportunity to evaluate it, because what we've learned  
2 from this work group is that we already surveyed the MCOs  
3 that are participating in this work group, in what are you  
4 doing in housing initiatives?

5 And we got back a whole ton of responses that  
6 the State didn't know how. So they're doing -- MCOs are  
7 really taking the lead, initiating kind of local  
8 collaborations, inviting themselves and working out  
9 collaborative partnerships at the local level to do  
10 innovative stuff.

11 So the State's, kind of like coming around and  
12 going, well, we know one MCO does have a housing  
13 coordinator for the entire state.

14 MS. GREEN: Uh-huh, uh-huh.

15 MS. DOUGHERTY: He does what he can, you know.  
16 We are wondering what might that look like if they  
17 were -- if they all had one, and then could we let them  
18 figure out their own rules, you know, how -- and then  
19 evaluate it, what's working, what's not working.

20 And so we would -- especially in line with,  
21 like, how are they connecting with the local mental health  
22 authorities? You know, how are we bridging that  
23 communication divide so that we don't drop people, you  
24 know, as they switch from provider to provider.

25 The MCOs have the overarching, kind of, bird's-

1 eye view about them. Like, we don't want someone to,  
2 like, you know, lose housing because of their benefits  
3 being turned on or turned off, like. So we were  
4 mentioning that role might take on some of those  
5 responsibilities --

6 MR. CERVANTES: Uh-huh.

7 MS. DOUGHERTY: -- plus we've noticed across  
8 the board our work force is challenged with understanding  
9 the nuances and complexities of the housing world, and  
10 there's turnover, and you know, it comes up in all forums.

11 If there were just people who knew housing stuff --

12 MS. GREEN: Uh-huh.

13 MS. DOUGHERTY: -- that's a thought for this  
14 problem.

15 MS. BOSTON: Yeah, and I would just echo,  
16 uncensored, you know, I mean, for sure, from seeing this  
17 on the ground with 811, I mean there's definitely -- some  
18 of the clients who we have referred, you know, they don't  
19 feel like -- the caseworker is not necessarily able to  
20 fill the whole gap of what they need to fully exit, and so  
21 they're using our staff in some instances even to try and  
22 fill out that wave of, you know -- how am I going to, you  
23 know, coordinate my move?

24 And how am I going to --

25 MR. CERVANTES: Uh-huh.

1 MS. BOSTON: -- you know, deal with having  
2 furnishings, and I mean, all of those basics. And if no  
3 one locally is indeed stepping in and doing that, then  
4 there really is -- they're experiencing a gap in, you  
5 know, how to get from the policy and financing side of the  
6 program to actually just making it happen locally.

7 MR. CERVANTES: Uh-huh.

8 MS. BOSTON: I mean, when you --

9 MR. DURAN: Yeah. We have worried landlords  
10 that see someone moving in that they don't think is fully  
11 ready to move in, and that becomes TDHCA's problem. It  
12 becomes the property's problem. And so any -- getting  
13 people on the service side more housing-savvy is an  
14 awesome goal that I think anybody on the housing side  
15 would be in favor of.

16 MS. DOUGHERTY: Yeah. Locally, with that  
17 program -- it's not just TDHCA at the table trying to work  
18 out those issues.

19 MS. GREEN: Yeah.

20 MS. DOUGHERTY: You know, HHSC is a solid  
21 partner in that, but in general, it's something where  
22 there is maybe an opportunity to kind of -- it was the  
23 thought to expand and test really this model that's  
24 already kind of being out there floated by one or two  
25 managed care organization, like -- yeah?

1 MS. BOSTON: I had a question, too, for you.  
2 When you were talking about the PHA outreach, is the  
3 thought that you would try and get more project access-  
4 like programs going with more PHAs?

5 MS. DOUGHERTY: I -- initially, it's just the  
6 thought that we don't know what -- which local public  
7 housing authorities are connected with our service  
8 providers. It came out of the mainstream --

9 MS. BOSTON: Uh-huh.

10 MS. DOUGHERTY: -- funds that were distributed  
11 last year, and the requirement that, just to actually  
12 apply for those grants, that PHA had to partner with a  
13 service provider, and how -- as the service provider State  
14 agency, how can we help?

15 MS. BOSTON: Uh-huh.

16 MS. DOUGHERTY: How can we get the word out?

17 MR. CERVANTES: Yeah.

18 MS. DOUGHERTY: You know, and so we were like,  
19 okay. So we know our service providers, but we don't know  
20 if they know their local public housing authority. It  
21 would be great if we did. It would be great if we knew  
22 already which public housing authorities already have  
23 preferences for what.

24 We would -- you know, which public housing  
25 authorities don't? Which public housing authorities --

1 MR. CERVANTES: Yeah.

2 MS. DOUGHERTY: -- you know? Who -- where are  
3 the gaps where we could help make those connections with?  
4 So it really is more of a fact-finding, like --

5 MR. CERVANTES: Yeah.

6 MS. BOSTON: Yeah.

7 MS. DOUGHERTY: -- how can we get more  
8 information about all the local public housing authorities  
9 to better connect at the local level --

10 MR. CERVANTES: Yeah.

11 MS. DOUGHERTY: -- all local?

12 MS. BOSTON: Yeah. Cool.

13 MR. CERVANTES: That's good.

14 MS. ZATARAIN-FLOURNOY: May I offer some  
15 details from --

16 MR. CERVANTES: By all means.

17 MS. ZATARAIN-FLOURNOY: I am Josefa Zatarain-  
18 Flournoy, and I am the housing navigator under the Money  
19 Follows the Person Program. I actually am a housing  
20 professional for a great number of decades. So -- and am  
21 the housing navigator.

22 So that's given me an opportunity to really  
23 engage all of the stakeholders at every level to be able  
24 to address all these things that we're -- we've talked  
25 about and are working on --

1 MR. CERVANTES: Uh-huh.

2 MS. ZATARAIN-FLOURNOY: -- today. And we -- I  
3 did have an opportunity and was encouraged to speak  
4 directly to our housing authority in San Antonio and will  
5 be working with our county housing authority to apply for  
6 the mainstream voucher, and we were awarded 79 vouchers.

7 We are one of the three collaborative agency  
8 service providers that are the -- going to be the official  
9 referral agents. And in fact, what this does is it gives  
10 us an opportunity to start to look at, you know, how do we  
11 tweak efforts and have conversations with service  
12 providers, the MCOs included, of course, that would help  
13 work through all those nuances that are so important so  
14 that the resident has what they need?

15 And so even though our -- not all of the  
16 agencies, not all the MCOs were available and have -- are  
17 participating with the housing authority this time around,  
18 just knowing that the vouchers are in San Antonio and that  
19 one of the MCOs is one of the three referral agents, that  
20 the ADRC is the other, that the Center for Health Care  
21 Services for Mental Health is another one of the three  
22 collaborative agencies, they -- all the others are  
23 encouraged to continued to be a part of the conversation  
24 and to get very close and know and understand how is this  
25 working?

1           And so not only will we be facilitating the  
2 actual application and submitting it directly to the  
3 housing authority, the housing authority is not creating a  
4 waiting list for those applications. They're basically  
5 going to the top, in effect indicating that they are  
6 engaging in a process of developing that -- a preference.

7           And so they would be modifying their plan to  
8 HUD to include that population as having a preference.  
9 And so the MCOs that had not made themselves available  
10 immediately are encouraged now to wait for the next  
11 funding opportunity that we would hope would be out this  
12 year as well, so that we can engage the county housing  
13 authority or the housing -- San Antonio Housing Authority  
14 again to request yet another round of funding.

15           So it's given us an opportunity to tweak our  
16 efforts and our collaboration. That means that we're  
17 sitting down with MCOs, property management, service  
18 coordinators at the affordable properties and other  
19 divisions -- we have an IDD division as well -- to hammer  
20 out, and our Center for Independent Living, which is the  
21 agency under Money Follows the Person that helps the  
22 transition out of.

23           So we're all sitting down to see what are all  
24 the things that these residents are needing, so that we  
25 can look at who has the money, how can we collaborate to



1 coordinate this and create a smooth transition and then  
2 stay in tune with the families so that anyone that becomes  
3 aware or is reached out to for additional services can  
4 then either make the appropriate referrals or provide  
5 those services and continue to engage that household so  
6 that they don't have a need that goes unmet.

7 And so I think what I'm saying is that this --  
8 having actively engaged the housing authority and  
9 encourage to apply and providing what we need, a letter of  
10 support and other efforts, we basically have taken this  
11 step to be able to provide these efforts as a model that  
12 we can look at.

13 And so I would offer that and, you know, would  
14 certainly appreciate, you know, having a conversation with  
15 anyone that thinks that we might be able to provide good  
16 information.

17 MR. CERVANTES: Okay.

18 MS. GREEN: That's great.

19 MR. CERVANTES: Uh-huh.

20 MS. GREEN: Thank you.

21 MR. CERVANTES: Okay. Anything else anybody  
22 would like to add?

23 (No response.)

24 MR. CERVANTES: I think that's been very  
25 constructive conversation there.

1           So the next item on our agenda is one that I  
2 know we've been trying to take some steps as a group as  
3 well, and I think one of the charges of the Council is  
4 trying to move towards some performance measures for the  
5 group.

6           So I know I was here at the last meeting  
7 listening in, and I think we placed a couple of ideas in  
8 terms of approach and that kind of thing. So I think,  
9 Kali, you're going to walk us through maybe the latest  
10 and --

11           MS. ADAMS: Yeah.

12           MR. CERVANTES: -- see if we can take another  
13 step on that.

14           MS. ADAMS: Yeah. So the legislation requires  
15 that the Council develop suggested performance measures to  
16 track progress in four different categories. And I'm  
17 passing around a small sheet of paper that has those, of  
18 course, so that you have them in front of you to look at.

19           The first is the reduction or elimination of  
20 barriers in creating service-enriched housing. The second  
21 is increasing the coordination between state housing and  
22 health service agencies. The third is increasing the  
23 number of state housing and health services staff who are  
24 cross-educated or who have expertise in both housing and  
25 health services programs.

1           And the fourth is the provision of technical  
2 assistance to local communities by state housing and  
3 health services staff to increase the number of service-  
4 enriched housing projects.

5           So following our October Council meeting, I  
6 requested that each state agency representative provide  
7 feedback on the existing performance measures data that is  
8 gathered by your agency for the four categories, or if you  
9 felt that your agency didn't really have measures that  
10 spoke to those four categories, that you send ideas as to  
11 how your agency might be able to address those  
12 requirements.

13           And so it seems like the feedback that we did  
14 receive, they're not necessarily from every single agency,  
15 but it was the majority. It was an agreement that  
16 existing performance measures tracked by agencies for the  
17 LBB don't necessarily meet the measures listed in our  
18 legislation.

19           So unless there's more general comments as to  
20 that, if you didn't have a chance to provide feedback  
21 through email, I'd like to open up the floor to discuss  
22 how we might look to define these four measures, and sort  
23 of brainstorm concepts or ideas that -- on data that we  
24 might be able to collect to move forward with this  
25 project.

1           And I think ideally I'd like to be able to  
2 create a list relating to these four so that, between now  
3 and the next meeting, you might be able to start gathering  
4 some data so that we can come back at our next meeting and  
5 assess how things are going and how we want to move  
6 forward, having looked at some potential measures.

7           MS. EISERT: Well, I know on my end -- and I  
8 wish I had thought to give this to you earlier, and I  
9 didn't, but I thought it might be helpful to walk through  
10 and -- to our Adult Mental Health Services unit, kind of,  
11 how we gather data, what we can get, and that might spark  
12 some outcome ideas out of that.

13           MS. ADAMS: Yeah.

14           MS. EISERT: But if that's okay, that might  
15 take about 10 minutes.

16           MS. ADAMS: Yeah.

17           MS. EISERT: So --

18           MS. ADAMS: Thanks.

19           MR. CERVANTES: Sure.

20           MS. EISERT: Okay. So I -- you guys have a  
21 little white sheet on here. So this is just for Adult  
22 Mental Health Services, so there's lot of other  
23 departments at HHSC. This is just kind of speaking to the  
24 direct unit that I'm in.

25           So there's -- I'm not going to go through each

1 of these programs, but these are just some of the programs  
2 that, when we're looking for outcome data around housing,  
3 this is where -- the programs we're talking about.

4 MR. CERVANTES: Okay.

5 MS. EISERT: So when we talk about our  
6 providers with HHSC for Adult Mental Health, that's  
7 primarily the local mental health authorities and the  
8 local behavioral health authorities. So that's what we're  
9 talking about.

10 So I know when I came into working with LMHAs,  
11 I did not know anything about them, and if you're housing  
12 folks, I'm going to take a wild guess that you guys  
13 probably don't know a whole lot about that, either, in  
14 terms of level of care and what kind of assessments we do.

15 But we're talking about the kind of data that  
16 we get, you need to have a basic understanding of that.

17 MR. CERVANTES: Okay.

18 MS. EISERT: So hopefully, this will be  
19 somewhat helpful. But every person, every client that  
20 comes to an LMHA gets what we call a uniform assessment.  
21 That's done every 180 days. That covers a list of domains  
22 that I have listed, some of the main ones.

23 I also gave you guys a copy of what it is. So  
24 you can see right away, on that cover sheet, there's a  
25 nice, little section on there, on Section 4, that gives a

1 little measure of somebody who's homeless. So right  
2 there, we get a whole set of data, from who's homeless,  
3 who's isn't, who's in board and care's group homes.

4 Right? It's going to give us a nice spring  
5 clean of that. And then there's a residential stability  
6 question that is also in here under the life domain  
7 functioning. So that -- and I gave you guys what the  
8 metric is, and this is how we end up pulling, you know,  
9 how stable is someone's housing? Right?

10 So when they get that assessment done every 180  
11 days, the worker is measuring them. They're giving them a  
12 zero through a three. So it gives us a nice -- over a  
13 period of time, so if someone is in services for two  
14 years -- right -- we have four answers.

15 So -- or however many answers that is. So  
16 let's just see if that is tracking downward, if it's  
17 staying the same. So that's pretty fun. We also have the  
18 Medicaid service utilization data that we have data  
19 agreements with that, but that's another piece that  
20 Carissa was mentioning.

21 We also have access to psychiatric  
22 hospitalization data. And I'm missing one of my pages,  
23 but I believe the other one on there is TLETS data --  
24 thank you -- which lets us look at arrest records for  
25 people with Medicaid, and so we can track that over a

1 period of time.

2           And then we also have site-specific, program-  
3 specific data, where you're tracking things that are more  
4 typically thought of with housing, which is, you know,  
5 changes in income. We look at time housed, things like  
6 that.

7           So I think I wanted to bring that to your  
8 attention because the mental health piece -- and if you're  
9 looking at health and mental health outcomes for housing,  
10 that's where we can kind of look and get some of that  
11 data.

12           And also a little piece that's helpful to know  
13 is levels of care. So I won't go into all the detail, but  
14 we basically cross-reference the residential stability  
15 domain. We can cross-reference that with the level of  
16 care.

17           You can also track that over time. So I just  
18 wanted to give you guys a sense of what that looks like.  
19 If you want more of a presentation at one of these  
20 meetings, we could probably do that, of some ways where  
21 we're finding in-roads, for example, 811 PRA.

22           We would be able to potentially at those housed  
23 clients and look at them over a period of time and look at  
24 some of these domains and track what's their behavior  
25 health needs? What's their use of psychiatric

1 hospitalization?

2           Is this tracking the way we want it to track?  
3 Because the hope would be, of course, that it's not --  
4 that it is tracking the right way with these outcomes. So  
5 it lets us get a little bit deeper into how well is  
6 someone really doing?

7           Because just length of stay in housing, it only  
8 tells us so much. So anyway, I just -- in terms of Adult  
9 Mental Health, that's kind of where we're at right now.  
10 We're just now starting to look at like coordinated  
11 specialty care, which is the early onset psychosis  
12 programs, like kind of pulling some of those into looking  
13 at housing data.

14           So they might be directly related to housing,  
15 but we're kind of asking those questions internally, which  
16 is exciting. It's very exciting, actually. So --

17           MS. ADAMS: Do you think that any of the data  
18 that y'all collect might be able to feed into one of these  
19 four?

20           MS. EISERT: Yeah. I mean, I think that it  
21 would have to be defined. So -- and I think that was --  
22 in the conversations with Claire and Carissa, that's sort  
23 of where we were sort of stumped in terms of -- we know  
24 what we're doing --

25           MS. ADAMS: Uh-huh.



1 MS. EISERT: -- but I think things like  
2 defining what the barrier -- what barrier is? What are we  
3 talking about? Because, you know, a lot of you are coming  
4 from property world.

5 I'm coming from mental health services world,  
6 and when we talk about barriers, they're just completely  
7 different. We're not talking about the same thing at all.

8 MS. ADAMS: Yeah.

9 MS. EISERT: So I think we need to define some  
10 of the items. I mean, increasing the coordination -- I  
11 mean, I would be -- it would be interesting to say  
12 something like what we're doing with 811, where we're  
13 saying, hey, let's -- you've got length of stay.

14 You've got some of the income stuff. We've got  
15 this other piece, where we can take the people that do  
16 have Medicaid and say, what are some of these other health  
17 outcomes that we have for this population? So I think  
18 that would be, like, a nice -- you could actually make an  
19 objective measure and say, okay.

20 Let's try to do that with, you know -- between  
21 HHSC and TDHCA, and HHSC and TDA, and -- right -- like,  
22 where are these little intersections --

23 MS. ADAMS: Uh-huh.

24 MS. EISERT: -- where we're wanting to know  
25 more about the health outcomes versus just stability in

1 housing.

2 MS. ADAMS: Yeah.

3 MS. BOSTON: Kali, I would say also -- I mean,  
4 I feel like for each of these, it's possible to come up  
5 with a couple of questions that we could ask of each  
6 agency. So you know, just if -- if the goal were to be  
7 able to show in an annual report how we believe we  
8 performed on each of these items.

9 So for instance, with B, increasing  
10 coordination between state housing and health services  
11 agencies -- well, not only are these meetings going on --

12 MR. CERVANTES: Uh-huh.

13 MS. BOSTON: -- but as Carissa was just talking  
14 about, there's a lot of local conversations going on.

15 MR. CERVANTES: Correct.

16 MS. BOSTON: Even if all we did -- the first  
17 stab at this -- was to ask each agency, can you get  
18 together a list of, you know, all the meetings you've  
19 attended where this is the subject area, this cross, you  
20 know, pollination?

21 And you know, how many attendees? And even  
22 just gradually having that would be your baseline. And  
23 then, you know, the goal being that you continue to expand  
24 on that and increase the extent to which that happened.  
25 For C, I feel like, especially because of that, and I know

1 I'm going to call out the wrong thing -- the system,  
2 Carissa, that you guys have where the LMHA staff can go in  
3 and get trained and it now includes the ability to --

4 MS. DOUGHERTY: Oh --

5 MS. BOSTON: -- get trained by --

6 MS. DOUGHERTY: -- the Centralized Training  
7 Infrastructure?

8 MS. BOSTON: Yes.

9 MS. DOUGHERTY: Yes.

10 MS. BOSTON: So I think, to me, for sure, being  
11 able to count the folks who have gone in and done  
12 trainings in there, that tie in with housing, and then us  
13 tracking the number of trainings we've done on properties,  
14 teaching them about services in 811, would also be things  
15 you could count as measures for that one.

16 To me, D is harder, because I feel like D was  
17 the academies, when those were, you know, robust and  
18 happening and --

19 MR. CERVANTES: Uh-huh.

20 MS. BOSTON: -- now that there's not a budget  
21 for that, I don't know that there's a whole lot we can say  
22 about TAs that's specific to increasing service-enriched  
23 projects. I do think there's, you know, definitely local  
24 TA happening that falls more under, you know, B and C, but  
25 I don't know that you could say that it's tied

1 specifically to ending up with a project, the way the  
2 academies were, you know, more geared toward getting  
3 communities ready for that.

4 MS. EISERT: I just thought about something  
5 that I don't know why I didn't think about this, but with  
6 the Healthy Community Collaborative Program, which is  
7 primarily funding infrastructure to create collaboratives  
8 that are serving people that are homeless with mental  
9 health and substance use issues within local communities,  
10 there's a rural learning community collaborative that's  
11 about to kick off, that's part -- it's funded through the  
12 HCC program, that speaks right to that.

13 Because basically it's working with these rural  
14 communities to take all your stakeholders, your jail, your  
15 shelters, your family and adult programs, and kind of pull  
16 them all together, and the State infuses a bunch of money  
17 to help create that infrastructure and services.

18 But yeah, that's kind of -- it -- well, I say  
19 that because the University of North Texas that's going to  
20 run the learning collaborative -- or learning community is  
21 going to do a study on how that went. Like, how did that,  
22 kind of, pulling all those resources together -- so that  
23 would be really interesting, when we get that data.

24 We won't have it for, like, a year or so but --

25 MS. BOSTON: Yeah.

1 MS. EISERT: -- it speaks right to that piece,  
2 because it's specifically around increasing housing  
3 programs --

4 MS. BOSTON: Uh-huh.

5 MS. EISERT: -- within a community.

6 MS. DOUGHERTY: Well, and maybe for the ones  
7 that we're struggling with, we just could brainstorm,  
8 spend some time brainstorming about all the ways, because  
9 we -- it sounds like historically it's been envisioned,  
10 like there's technical assistance learning  
11 opportunities -- right -- but other state agencies perform  
12 a lot of technical assistance.

13 Like, are we -- you know, and that could be  
14 part of what kind of -- what would be the parameters for  
15 the reporting out, you know.

16 MS. BOSTON: Right.

17 MS. DOUGHERTY: And do we want to, as a group,  
18 maybe brainstorm about ways that we could start doing some  
19 of this, if we aren't doing it right now. And it doesn't  
20 have to -- you know, it doesn't have to always be related  
21 to a state source of funding.

22 I know that there's -- you know, later down in  
23 the legislation, it requires state folks to look for other  
24 funding opportunities. So is that being done now or could  
25 this group start doing some of that too to like help

1 infuse kind of the work of this group and get stuff going  
2 that maybe stopped because --

3 MS. BOSTON: Yeah. And I think it will  
4 interesting too. I mean, some of this maybe will become  
5 more informed after session, because you know, I think we  
6 don't know for sure where Senator Nelson is going to go  
7 with some of her initiatives that she's already had in the  
8 works, you know, the continuation of this Council.

9 I know Dr. Harvey mentioned on our SBHCC call  
10 a -- all right -- now I'm going to draw a blank -- a new  
11 task force that would be a mental health task force.

12 MS. DOUGHERTY: A mental health consortium.

13 MS. BOSTON: Thank you.

14 MS. DOUGHERTY: Yeah.

15 MS. BOSTON: And so you know, there may be some  
16 things that we could leverage with that as well.

17 MS. EISERT: So many groups.

18 MR. CERVANTES: Yeah. Quite a lot of groups.  
19 Yeah.

20 MS. EISERT: Do you know what I mean? Uh-huh.

21 MS. DOUGHERTY: Yeah. But to me, these  
22 requirements fall outside of any like performance measure  
23 that we're continuing to track, like, you know, Helen was  
24 saying --

25 MR. CERVANTES: Uh-huh.

1 MS. DOUGHERTY: -- I think. But we have  
2 client-level data, but that -- this is not what they're  
3 asking about.

4 MS. EISERT: Uh-huh.

5 MS. BOSTON: Right.

6 MS. DOUGHERTY: This is system-level --

7 MS. BOSTON: Right.

8 MS. DOUGHERTY: -- stuff --

9 MR. CERVANTES: Uh-huh.

10 MS. DOUGHERTY: -- that we don't have a  
11 mechanism to track yet. So --

12 MS. BOSTON: Right.

13 MS. DOUGHERTY: -- we have an opportunity to be  
14 creative --

15 MR. CERVANTES: Right.

16 MS. DOUGHERTY: -- but we are going to have to  
17 develop a --

18 MR. CERVANTES: Yeah.

19 MS. BOSTON: Yeah.

20 MS. DOUGHERTY: -- yeah.

21 MS. ADAMS: Yeah. I think when I was looking  
22 at them, I was definitely considering it more in terms of  
23 system-level --

24 MS. GREEN: Uh-huh.

25 MS. ADAMS: -- which aren't things that we

1 necessarily track. But do y'all think that if we looked  
2 at these in terms of how are we working with other work  
3 groups, with other councils, with other agencies, is that  
4 something that you could track in terms of number of  
5 meetings you attend or what agencies are there?

6 MS. EISERT: I just wonder, it doesn't feel  
7 very -- it kind of feels -- I don't know how to say this  
8 diplomatically. It doesn't feel that useful to me. Like,  
9 I -- you know, I don't know that it's helpful for HHSC to  
10 look and say, gosh, TDHCA is going to a lot of meetings.

11 Cool. Because I feel like the substance of  
12 most of these meetings are essentially, like, each  
13 agency's reporting what they're doing, and so if you go to  
14 four of those meetings, you hear that four times, and it's  
15 like, well -- like, helpful is that, really?

16 MS. ADAMS: Yeah.

17 MS. EISERT: So I guess I want to dive deeper.  
18 Like what's really useful about the actual collaboration,  
19 versus we're all getting in the room together and meeting.  
20 And I don't know how to -- like where my brain goes is  
21 sort of outcomes --

22 MS. ADAMS: Uh-huh.

23 MS. EISERT: -- for the people in programs?  
24 Right? Because that's where my brain goes. But there  
25 might be other -- I'm sure there's lots of other ways to



1 look at it, but --

2 MS. DOUGHERTY: Well, and one thing might be  
3 those recommendations that come out of all these groups,  
4 you know, and actually deliverables from those groups. So  
5 having a repository that this group monitors --

6 MR. CERVANTES: Uh-huh.

7 MS. DOUGHERTY: -- might be helpful. Right?  
8 Because you could then --

9 MS. EISERT: That's interesting.

10 MS. DOUGHERTY: -- start leveraging --

11 MS. EISERT: Yeah.

12 MS. DOUGHERTY: -- and tracking stuff in a  
13 different way --

14 MS. EISERT: Uh-huh.

15 MS. DOUGHERTY: -- than just number of  
16 meetings.

17 MR. CERVANTES: Uh-huh.

18 MS. EISERT: Right.

19 MS. DOUGHERTY: But it's all -- you know,  
20 it's -- I guess it's the nuances too in that, you know,  
21 those collaborative partnerships take time to develop.

22 MS. EISERT: Right. Where does that -- where do  
23 you think that overlaps with the SBHCC, because I kind of  
24 see them as sort of tracking those overall strategic plan,  
25 you know, those -- like, they're --

1 MS. DOUGHERTY: Well --

2 MS. EISERT: -- kind of keeping tabs on what  
3 all these groups are doing, in that specific sense.  
4 Right?

5 MS. DOUGHERTY: Yeah. I don't know. Brooke  
6 and Elizabeth --

7 MS. BOSTON: Uh-huh.

8 MS. DOUGHERTY: -- you attend those meetings.  
9 No. I --

10 MS. BOSTON: I don't feel like they track,  
11 really, anything relating to --

12 MS. DOUGHERTY: Oh.

13 MS. BOSTON: -- housing at all.

14 MS. YEVICH: But they are -- you're right.  
15 They are working on tracking some things, and so no. I  
16 think that is a great question, something, you know, we  
17 can look into a little bit more, on where the overlap is  
18 with them as we're sort of --

19 MS. DOUGHERTY: And so my perspective is that  
20 this -- they're going to -- they're looking at this group  
21 for recommending --

22 MS. YEVICH: That's a good point.

23 MS. DOUGHERTY: -- they don't have housing  
24 information.

25 MS. YEVICH: Uh-huh, right.

1 MS. DOUGHERTY: They're not housing experts at  
2 all. They look at TDHCA as the expert --

3 MR. CERVANTES: Uh-huh.

4 MS. YEVICH: Right.

5 MS. DOUGHERTY: -- and really we'll -- I think  
6 we'll respond to whatever --

7 MS. YEVICH: Uh-huh.

8 MS. DOUGHERTY: -- kind of this group brings  
9 forward through --

10 MS. YEVICH: Forward. Yeah.

11 MS. EISERT: Cool.

12 MS. DOUGHERTY: -- that. So it just might --

13 MS. YEVICH: Yes. Look at it that way, rather  
14 than --

15 MS. EISERT: Uh-huh.

16 MS. DOUGHERTY: -- yeah -- no -- yeah. I would  
17 say that this group has much more impact and influence  
18 than we maybe --

19 MR. CERVANTES: Uh-huh.

20 MS. DOUGHERTY: -- realize in terms of churning  
21 that whole -- the -- touching all of those state  
22 agencies --

23 MS. YEVICH: Uh-huh.

24 MR. CERVANTES: Right.

25 MS. DOUGHERTY: -- in terms of -- they all have

1 housing issues. They all have criminal background checks  
2 that people are denied on, and like lack of resources, and  
3 so -- but I do think they're looking at -- for this group  
4 to kind of move the ball forward.

5 FEMALE VOICE: Can I --

6 MS. EISERT: I like that idea that -- too,  
7 like, in terms of -- if you have all those  
8 recommendations, it does feel like they go into sort of a  
9 black hole a lot of times --

10 MR. CERVANTES: Uh-huh.

11 MS. EISERT: -- that this, you know -- State  
12 agency -- this -- what happened to these recommendations?

13 MR. GOODWIN: Well, there's something that  
14 tells me, when these four things were first read 235 years  
15 ago, that we -- that for example, on A, we discussed what  
16 were the barriers to housing, and there was a bunch of  
17 stuff done.

18 First, we developed what is service-enriched  
19 housing? I think the 211 menu, if you will, that we spent  
20 a lot of time putting together and integrating that on  
21 the --

22 MS. ZATARAIN-FLOURNOY: Right.

23 MR. GOODWIN: -- State level --

24 MS. ZATARAIN-FLOURNOY: Exactly.

25 MR. GOODWIN: -- was a result of that.

1 MS. ZATARAIN-FLOURNOY: Uh-huh.

2 MR. GOODWIN: So the issue is -- if we've  
3 identified a barrier and we've done something, it's gone.  
4 You know, okay, we did. But to now come back 10 years  
5 later and say, what have we done --

6 MS. ZATARAIN-FLOURNOY: Uh-huh.

7 MR. GOODWIN: -- it needs to be a running tab.  
8 But there are surely issue that we didn't pick up then  
9 that are surfacing now, that would go -- you know, here's  
10 the current folio of things that now need to be looked at  
11 and solved.

12 And you know, the housing navigators is one.  
13 The resource centers is another. The academy is certainly  
14 one that's been done that addressed items that were  
15 identified as barriers, or how do we do this, that have  
16 been addressed, and I'll say have happened.

17 But do we have a record of it that we -- okay,  
18 we've done that. Now, what's the next thing we've got to  
19 tackle.

20 MS. ADAMS: Yeah.

21 MS. ZATARAIN-FLOURNOY: As I'm listening to  
22 your conversation -- this is Josefa Zatarain with the  
23 Alamo ADRC -- one of the things that -- since I met  
24 Carissa some several months ago, one of the things that I  
25 believe that has been significant, helpful, and positive

1 has been her suggestion to offer a monthly telephone call  
2 with the ADRCs and other collaborative agencies to discuss  
3 811 Project Rental Assistance, or the Rental Assistance  
4 Project.

5 And so even though I think we're still kind of  
6 rolling, kind of gearing up, because I think people  
7 have -- continue to be added to the phone call, and maybe  
8 miss a couple of phone calls, I really do see this as a  
9 wonderful opportunity to have some really very important  
10 and informational and -- discussions with everyone engaged  
11 in the 811 conversation.

12 And so I believe that that efforts speaks to  
13 letter D, providing technical assistance, to the actual  
14 local communities. And because everyone on this phone  
15 call is in a local community, be it a housing navigator or  
16 service provider, and TDHCA will come on every now and  
17 then, of course, Health and Human Services.

18 And we have questions posed that offer  
19 opportunities for us to get some good presentations, other  
20 good information, for people to start having an aha  
21 moment, big aha moments, like, oh, yes, I see now how it  
22 sounds.

23 They sound similar, but they're really somewhat  
24 different, but they could all work together. And so it  
25 took me quite a while to do that on my own. It was

1 wonderful doing it. But I see, as I'm listening to  
2 this -- these conversations over the phone call, that  
3 these are really going to prove really very valuable,  
4 particularly for housing navigators and the other service  
5 providers, to really start to untangle, kind of, in our  
6 mind, you know, what's -- you know, how these programs  
7 line up. But they are all geared to serving this  
8 population and delivering service-enriched opportunities.

9 MR. CERVANTES: Uh-huh.

10 MS. ZATARAIN-FLOURNOY: So I wanted to thank  
11 Carissa for that and point that out as a way that  
12 technical assistance and discussions get directly to the  
13 community and directly help us in working to develop and  
14 do what we do to create additional service-enriched  
15 opportunities.

16 MS. BOSTON: That's a great perspective. Thank  
17 you.

18 MR. CERVANTES: I agree. I think that's very  
19 important. Yeah. I mean, what I've listened to today --  
20 I mean, part of it -- I mean, the thing that resonates  
21 with me is the benefits that have come -- just making the  
22 connections.

23 And maybe it's along the lines of your  
24 statement, you know, due to the awareness and making the  
25 connections between the respective groups, you know,

1 because that's what's opened the door to providing more  
2 opportunities, just in the world of awareness of who we're  
3 trying to serve.

4 So I don't know how that fits into the measures  
5 world, but just the fact -- even with the reports we've  
6 listened to today, you know, I think it spurred some good  
7 conversation today on how everybody -- just the awareness  
8 continues to grow in terms of just making connectivity, be  
9 it the housing world, or you know, your respective  
10 efforts.

11 So --

12 MS. BOSTON: Can you -- did you want to maybe  
13 see if some folks wanted to meet with you outside of these  
14 to talk through some of this, or we could --

15 MS. ADAMS: Yeah. So --

16 MS. BOSTON: -- firm stuff up more?

17 MS. ADAMS: -- one of --

18 MS. EISERT: Like a subgroup?

19 MS. ADAMS: -- one of --

20 MS. EISERT: Is that what you mean?

21 MR. CERVANTES: And more meetings to add to the  
22 list. Right?

23 MS. ADAMS: So one of the other councils that  
24 TDHCA has is the Texas Interagency Council for the  
25 Homeless, and they actually have a similar mandate for



1 performance measures. And I know Claire and Helen are on  
2 it and -- yes.

3 Sorry. And so one of the things that they've  
4 done is created a subcommittee for performance measures or  
5 performance data, and so I kind of wanted to see if that  
6 would be something that y'all might be interested in, so  
7 that we could continue these conversations outside of our  
8 quarterly Council meetings and continue brainstorming  
9 these ideas.

10 MR. CERVANTES: Uh-huh.

11 MS. EISERT: I know I want to do that, but --

12 MS. IRWIN: I think it makes sense, just  
13 because --

14 FEMALE VOICE: I think you're on the group.

15 MS. IRWIN: -- just -- even like the HHSC  
16 people talking, we all -- our offices are all so different  
17 and we all track very different things --

18 FEMALE VOICE: Yes.

19 MS. ADAMS: Yeah.

20 MS. IRWIN: -- and so that would be helpful, I  
21 think.

22 MS. ADAMS: Well, and one thing, Helen, that  
23 you said is that, in terms of looking at outcomes --  
24 looking for outcomes with housing versus health are very  
25 different --

1 MS. EISERT: Uh-huh.

2 MR. CERVANTES: Uh-huh.

3 MS. ADAMS: -- and so that's something that I  
4 think more collaboration would definitely be very  
5 important --

6 MS. EISERT: Yeah.

7 FEMALE VOICE: Okay. Great.

8 MR. CERVANTES: Is that a --

9 FEMALE VOICE: Subgroup of two. We might have  
10 more.

11 MR. CERVANTES: -- reasonable next step?

12 MS. BOSTON: Okay. Megan, it's fine. I mean,  
13 we can just create it. Right?

14 MS. SYLVESTER: Yeah.

15 MS. BOSTON: Procedural stuff.

16 FEMALE VOICE: Right.

17 MS. YEVICH: And I think Mike Goodwin would  
18 probably remember, back in the dark ages, we had a lot of  
19 working subgroups back in like 2010, 2011, for that  
20 very -- and Doni will remember. The policies subgroup,  
21 the barrier subgroup you were talking about.

22 FEMALE VOICE: Oh, yeah. It make sense.

23 MS. YEVICH: So we've had them before. It's a  
24 great question. But yeah, we've looked back on that.

25 MS. BOSTON: Yeah.

1 MS. YEVICH: So it's good.

2 MR. CERVANTES: Okay.

3 MS. ADAMS: So who would be interested in doing  
4 that?

5 MS. EISERT: Well, me. Not to be too eager.

6 MS. YEVICH: Well, Kali can send an email  
7 out --

8 MS. EISERT: Yeah, she can do that.

9 MS. YEVICH: -- and y'all --

10 MS. ADAMS: Yeah.

11 MS. YEVICH: -- can think about that, and go  
12 from there. Great.

13 MR. CERVANTES: Are you good, Kali?

14 MS. ADAMS: I think so. Yeah.

15 MR. CERVANTES: Okay.

16 MS. ADAMS: Does anyone else have anything to  
17 add to that, to the conversation?

18 MR. CERVANTES: Okay. Well --

19 MS. ADAMS: Thanks.

20 MR. CERVANTES: -- we reached the portion of  
21 our agenda to provide opportunity for public comment.

22 So I'd ask at this time that if anybody is  
23 present that would like to step forward and provide  
24 comment to the Council, this is our moment.

25 (No response.)

1 MR. CERVANTES: So okay. Hearing none, then I  
2 think we've reached the last item on our agenda, and  
3 that's kind of planning, moving forward.

4 And, Kali, do you want to put out some dates  
5 and --

6 MS. ADAMS: Yes. So we're keeping --

7 MR. CERVANTES: -- subject matter?

8 MS. ADAMS: -- our proposed dates for 2019.  
9 They haven't changed. We're hoping that our next one will  
10 be Wednesday, May 1, and then July 31 and October 16.

11 But I'll send out the next meeting date for  
12 sure, but if y'all want to look on your calendars and see  
13 if there's any issues that might come up with those,  
14 definitely let me know.

15 And then are there any agenda items that anyone  
16 would like to request for our next meeting?

17 (No response.)

18 MS. ADAMS: No. Okay. David?

19 MR. CERVANTES: Okay. Well, I just want to  
20 thank everybody for your participation and being here  
21 today. So unless there are other comments, I believe  
22 we're ready to adjourn. Are we good? Okay. Thank you.  
23 We'll see you at the next meeting.

24 (Whereupon, at 11:46 a.m., the meeting was  
25 adjourned.)

