

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL

DRAFT 2012-2013 BIENNIAL PLAN

PUBLIC FORUM

City Council Chambers
Austin City Hall
301 W. 2nd Street
Austin, Texas 78701

June 6, 2012
10:05 a.m.

COUNCIL MEMBERS PRESENT:

Tim Irvine, Chair
David Danenfelzer
Steve Ashman (for Marc Gold)
Mike Goodwin
Amy Granberry
Jean Langendorf
Jonas Schwartz
Mark Wyatt

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P R O C E E D I N G S

MS. SCHWEICKART: Hello. I think we're going to get started. This might be a very brief meeting.

I just wanted to start the Austin Public Forum that is accepting comment on the Housing and Health Services Coordination Council's 2012-2013 Biennial Plan, and if everyone wants to introduce themselves down the line. I am the council coordinator, Ashley Schweickart.

MR. SCHWARTZ: Good morning. I'm Jonas Schwartz, and I represent the Health and Human Services Commission.

MS. GRANBERRY: Good morning. I'm Amy Granberry, and I represent health services.

MR. DANENFELZER: David Danenfelzer with Texas State Affordable Housing Corporation.

MR. WYATT: Mark Wyatt, Texas Department of Agriculture.

MR. IRVINE: Tim Irvine, Texas Department of Housing and Community Affairs.

MR. ASHMAN: Steve Ashman, Texas Department of Aging and Disability Services.

MS. LANGENDORF: Jean Langendorf. I'm a governor appointee.

MR. GOODWIN: My name is Mike Goodwin. I'm a governor appointee for housing development. So we're the two civilians -- oh, Amy is too.

MS. SCHWEICKART: I wanted to just give everyone in the audience a background on the council before we took any testimony. Basically, to give you a background, we were authorized by the 81st Texas Legislature in 2009, created

based on recommendations of the Legislative Budget Board. And the council includes 16 members: the executive director of the Texas Department of Housing and Community Affairs serves as the council chair, and then we have eight members appointed by the governor and seven other members that are state agency representatives. The council meets quarterly and its next meeting is on Monday, September 10, location to be determined.

And TDHCA is the council coordinator and TDHCA staff provides clerical and advisory support. And then our biennial report is due to the Office of the Governor and the Legislative Budget Board on August 1 of every even-numbered year, so that would be August 1 of 2012.

The second page of the handout just has all the members' names, and as you can see, many of them are represented here today.

In terms of the purpose of the council, the council has five main duties:

The first is to develop and implement policies to coordinate and increase state efforts to offer service-enriched housing.

The second is to identify barriers preventing or slowing service-enriched housing efforts in the state.

The third is to develop a system to cross-educate staff in state housing and health service agencies to ensure that there are staff that are conversant in both.

The fourth is to identify opportunities for state housing and health service agencies to provide technical assistance and training to the local level, local housing and health service entities.

And then finally, the last duty of the council is to develop

performance measures to track the progress of barrier elimination, coordination between housing and health services staff, and the provision of technical assistance.

So during the council's first biennial planning process which was the 2010-2011 Biennial Plan, one of the important things they did was to define what is service-enriched housing. So the definition of service-enriched housing for the purposes of the work of the council is defined as: Integrated, affordable and accessible housing that provides residents with the opportunity to receive onsite or offsite health-related and other services and supports that foster independence in living and decision-making for individuals with disabilities and persons who are elderly.

So just to give a little bit of explanation then about the public forums. We're conducting four public forums around the state to get feedback or comment on the 2012-2013 Biennial Plan that is due to the Office of the Governor and the LBB on August 1. So we're starting here in Austin, and then going to Corpus Christi on June 7, Plano on June 11, and Lubbock on June 19.

And so the feedback that we're looking to gather is on any of the chapters of the Biennial Plan. The way that it's structured, it's broken down into four main sections:

The first section addresses the current state of service-enriched housing in Texas and what activities have been undertaken by the council since the creation of the 2010-2011 Biennial Plan.

The second section is research and information gathering efforts undertaken by council staff to help inform the council on methods for implementation of service-enriched housing. So there was a local provider capacity survey that was undertaken, there was also a financial feasibility development case studies effort that

was undertaken, and those are provided in the plan as well.

Section three then is the recommendation section. There are two chapters which propose recommendations for overcoming the barriers identified by the council and to achieve the overarching goals of increasing state efforts to offer service-enriched housing.

And then section four looks ahead to the possible implementation of council recommendations and also looks at current efforts that are underway to try to link affordable housing with community-based services and supports.

So that's my main presentation. If you would like to provide public comment in writing, you can submit comments to the Texas Department of Housing and Community Affairs, Housing Resource Center, and there is contact information available on the handout, and we're taking written comments until Friday, June 22.

So with that, I'd like to open it up to those will be providing public testimony. Jason, I know that you had submitted a witness affirmation form, so if you'd like to come up.

MR. HOWELL: Thank you very much. My name is Jason Howell and I meet the Fair Housing's definition of disabled not once but multiple times. I'm also on the board of the National Association of Recovery Residences and director of its state affiliate, the Texas Recovery Oriented Housing Network. So I'm very passionate around housing for people with disabilities, especially those that are disabled by substance use disorder.

The definition of disabled is really, really broad under Fair Housing, and when you have a broad definition like that, you need a variety of housing models in order to match their needs. Disabled group housing, a lot of people with disabilities

choose disabled group housing because it enables them to live in a community-based group home, to afford and receive the support and services they need to live a healthier and happier life.

These are vital resources in a continuum of housing options and some models are even listed in SAMHSA's National Registry of Evidence-Based Programs and Practices and mounting evidence is positioning other disabled group housing models and promising practices.

As the board member of NARR, I represent a particular type of disabled housing, again, for people with substance use disorder. NARR-certified homes serve over 24,000 people across 13 states, including Texas. We have local coalitions in Austin, Houston, Dallas and Fort Worth. NARR conservatively estimates that we need around 80 to 100 recovery residences per million population, and Austin is doing better than most but we still need to double our capacity. In Dallas and Fort Worth we need to increase it by tenfold. I can barely find any type of recovery residences in San Antonio and El Paso, much less other cities. So just like all the other housing resources, it's very much in short supply.

With this national and state perspective, I can tell you that one of the greatest barriers to disabled group housing is Fair Housing discrimination, and it's not by landlords, because we often think of Fair Housing issues with landlords, it's by local governments. This led me to go to D.C. back, I guess, last month in order to hand-deliver a list of Fair Housing issues to HUD's civil rights attorneys. That list included issues in Austin, Dallas, Fort Worth, San Antonio, El Paso and Williamson County. The concerns were around discriminatory ordinances, illegal requirements, unequal enforcement,

stigmatizing and unreasonable processes.

There's actually a case, I talked to a gentleman yesterday in Fort Worth, he tried to even apply for reasonable accommodation and they denied him even applying. Where is this being recorded? Because even when you look at the analysis of impediments, a lot of times the discrimination and barriers to disabled group housing is not reported or it's inaccurately reported.

I also warned HUD that their caseload may increase because in 2009 the Texas Legislature passed HB 216, or the Boarding Housing Bill, which encourages local municipalities to illegally regulate disabled group homes. I also shared with them that disabled individuals, like myself, oftentimes are being bullied by city councils, city staff members and Not In My Backyard, NIMBY, neighborhood neighbors, and we don't have the resources to build capacity, much less the war chest to defend our Fair Housing rights in court.

HUD reminded me that each time that a city receives HUD funding that they agree to affirmatively uphold Fair Housing, and if they don't, then HUD can ask for that money back and fines. None of us want that, and so I'm really pleased to see that in the recommendations in section three that there is recommendations for education and training around Fair Housing. The more the better, because if we can educate people on Fair Housing and stop some of these barriers, it's not only going to preserve the HUD funding dollars coming down, it's going to enable us to build quality capacity.

I would also ask that any time that you do have an analysis of impediments -- and I kind of saw there was going to be an appendix around analysis of impediments -- that the barriers and discrimination against disabled group housing is

highlighted because that's the only way that we're going to make system change.

Thank you.

MS. SCHWEICKART: Thank you. Do any members of the council have questions for Jason?

MR. GOODWIN: I've got one, Mike Goodwin from San Antonio, only because I used to deal with HUD fairly extensively. Have these items that you took to Washington been referred to the local HUD offices -- based on I'll take San Antonio because we have both HUD money and we have a HUD office -- for review?

MR. HOWELL: Some of them have because discrimination is already taking place. Some of them haven't because, like the City of Austin for two years has been -- I don't want to use the word threatening, but moving toward an HB 216 regulation, and we keep raising Fair Housing concerns. So currently in Austin there hasn't been discrimination that has happened yet, but it potentially could happen. The same is happening in Dallas. I'm not familiar with San Antonio as much. I've seen some of their ordinances which in San Antonio that was some of the issues around some of the ordinances in place, and I've also seen in newspaper articles that San Antonio is also looking towards an HB 216 like ordinance.

MS. LANGENDORF: Are you're talking about the discrimination as far as unrelated individuals living in one home, those kind of ordinances that cities pass?

MR. HOWELL: Yes. And so in some cases the ordinances will say that only three unrelated, six unrelated, eight unrelated adults can live together. And so for people that need to live together in order to gain the support that they need for a happier, healthier life, that's kind of a back-in way of discriminating against them.

That's only one kind. We see a lot of different types, and in other cities they're required to gain different types of certifications or register or pay different registration fees. Some places are requiring these types of houses to meet the same type of codes that, say, an assisted living home would.

And so really we need to be looking at what are the needs of this disabled individual or the individuals living in that home. Absolutely if someone is not ambulatory and cannot get themselves out if an emergency happens, that type of home needs to be able to accommodate those individuals. But there's so many disabled group homes. Like one that I might live in doesn't need to have that type of code compliance.

It should be no different than a family of the same size. We oftentimes look at the Waltons or Octomom, and so what kind of code compliance are we holding to a family of natural origin should be the same for a group of individuals living together in order to support each other in their recovery.

MS. LANGENDORF: And I think, at least my experience with HB 216, actually they were trying to make it even tougher, now it's a suggestion to cities, but I think it's somewhat a reaction to some of the very horrible facilities, particularly for people with mental health disabilities, to where they're taking their SSI checks, and you know the story. And I know there was somewhat a reaction to that, but then oftentimes you have unintended consequences when you put in some kind of regulation.

MR. HOWELL: Absolutely. And when you look at the report before the HB 216, I want to say it's 1168, even if you look at that and the type of homes that they looked at, they didn't look at disabled group housing as a whole, they looked at

specific ones. There are bad homes in every neighborhood, and it's just not disabled group housing homes, so for a government entity to in and try to regulate a protected class is unacceptable. We don't go around saying let's regulate all the Black homes, let's regulate all the woman group homes. It's the same as if you used disabled individuals. We're a very diverse class.

MS. ASHBURN: Steve Ashburn, Department of Aging and Disability Services.

Mr. Howell, can you help me visualize the type of housing that you're talking about here? I'm thinking along the lines of an SRO for up to 24 months. Can you walk me through what physically it looks like and the types of services that are provided and whether they're onsite/offsite?

MR. HOWELL: Sure. And when you say SRO, that's single resident occupancy?

MR. ASHMAN: Single room occupancy.

MR. HOWELL: Single room. And that is not our model whatsoever. If you look at the history of recovery residences, some people call them sober homes, before the criminal justice system kind of took the term, some people would call it halfway houses, but essentially, it is homes where individuals in recovery come together and it's called the social model. By living together and supporting each other in abstinence-based recovery, they're able to support each other in that long-term recovery. And this is true for a lot of different disabilities. We're seeing that community-based peer support is key for long-term recovery.

Actually, when the national organization looked across the U.S., we've been able to identify four different types of recovery residences. The lowest

level is the one that is listed on SAMHSA's Evidence-Based Programs and Practices, and some people might think of that as the Oxford House model, so you have individuals that live together and democratically they elect maybe a president of the house or a treasurer of the house and they live together as a family.

Level two is a lot of people would call the sober home, and that is that it's more an individual owns the home and appoints this peer as the house manager, and so there is definitely a set of rules. They're not voting people in and out like you would with an Oxford House.

MR. ASHMAN: And so far they're single family homes?

MR. HOWELL: Yes. These all are residential homes, primarily in single family zoning, maybe some apartment complexes.

Level three we're starting to see emerge because as the Affordable Care Act, it's predicted that it may decrease the amount of inpatient treatment centers by one-third to two-third, and so where are people in early recovery going to go and stabilize to start and sustain their recovery? So in Georgia we're seeing where inpatient treatment maybe is only 14 days -- that's just an extended detox, if you ask me -- so they're not ready to go to an Oxford House model, they're probably not even ready to go up to a level two, so we're seeing the evolution of what we call level three, and that is there is clinical supervision. They're not providing clinical treatment in the house, but there is somebody, whether that be an MSW or somebody that is a clinician that is overseeing the home and making sure those individuals don't need to get moved to a higher level of support.

Level fours we're not going to see in the State of Texas because that triggers licensure. They're really an extension of an inpatient treatment center or a

psych hospital. We find those in other states but not in Texas.

So that kind of gives you an overview of the types of houses that I'm talking about.

MR. ASHMAN: Great. Thank you, Mr. Howell.

MR. HOWELL: If there's no other questions, thank you very much for your time.

MS. SCHWEICKART: I think we do have some more public testimony. Frank, would you like to come up?

MR. FERNANDEZ: Good morning. My name is Frank Fernandez, and I work here in Austin with an organization called Green Door. We are a supporting housing provider. And I also currently am serving as the chair of the Texas Supportive Housing Coalition.

My comments today are primarily speaking from my wearing the hat of Green Door. The Texas Supportive Housing Coalition will be submitting more formal comments. It's still kind of moving its way through the group to develop consensus comments that we would forward to you all.

A few things I would like to provide, really, in reading through the draft plan and really focusing in on the recommendations, generally I think the recommendations are great in terms of the first few recommendations focus on increasing investment, whether it's through additional funds for capital projects or trying to figure out ways to create additional rental subsidies or operational subsidies to help, whether it's project-based vouchers or things of that nature. Those are all good things.

Another thing that I think was a positive in the recommendations was

trying to think about what can be done to incent the QAP process, because that's also going through public comment process as well, and thinking about what can be done to make it more receptive or you have better incentives for supportive housing kinds of projects, enriched housing kinds of projects being able to make it through, and whether that's through creating additional points, as the recommendation suggests, for housing for special need populations or for extremely low income, those are all, I think, good things.

The one thing I would add to that -- and we'll probably make the same comment during the public comment period for the QAP -- is I would still say for many folks who do this kind of housing and work with folks who have disabilities is that just like for affordable housing, generally neighborhood opposition and the weight it is given in that whole process is still a significant barrier, when thinking about the barriers, and the plan identifies that as a significant one.

But when you're really thinking about the deal and trying to get a project on the ground, tax credits are still the primary funding source for so many of these kinds of projects, and because of the way they are scored, they're so competitive, if you get any kind of neighborhood opposition, you pretty much are out of the running. Especially now more so because the forward commitment process is going through a change, and so that option really will be off the table -- correct me if I'm wrong, but I think that seems to be the case -- and so trying to figure out ways to put recommendations forth that will some way address that, I think, would be an important thing.

Another thing I would suggest in terms of when thinking about the recommendations, at least on the housing side, is getting increased investment is a

good thing, but coordinating that, or thinking about how you coordinate that across the different state agencies I think is really important, something that a lot of the providers are trying to push at the local level is thinking about how can the funding for the housing be simultaneously RFP'd with the funding for the services.

Because what often happens for us, because we provide services but we are primarily a housing provider, is that we will locate a project or find a property and then we have to apply for those funds and make a commitment that we're going to do a portion for supportive housing and a portion for affordable, but we don't have the funding secured for the services. And so I have to just go on faith that we will be able to get that because we have existing relationships, we have past experience and a track record.

But I think you will have more success and you will have more projects being able to go forward if when you were doing a RFP for the housing funds, there may be some funds for those who are doing service-enriched housing or supportive housing, there's some service dollars attached to that, and so that you don't necessarily need to pool the funds, but as other communities have done, they braid these funds together so that you're able to get more compelling projects that serve this particular population.

The one thing I will add on one of the recommendations that did give me personally pause -- and we're trying to pool some of the coalition members -- was around some of the affirmative marketing compliance stuff. I will say personally our experience has been that is not the most effective mechanism for getting more folks who are disabled into housing. And that may be a function that we primarily serve folks with disabilities so it's not really our issue, it may be targeted to others.

And the additional point of including in the LURA some sort of mechanism, I think that's a little cumbersome, because in the recommendation you talked about wanting to have a memorandum of understanding in place, and I think that is a great requirement, we have those in place with our service providers. And having that as part of the application process and submitting that and making that a requirement makes sense. But having it in the actual LURA because these things change, and I know you tried to put flexibility in that language, but LURAs are legal documents and that can get a little sticky, I think a lot of folks would be hesitant around that.

So that's just something for you all to think about. It's a good idea but I don't know if I would necessarily put it in the LURA.

So with that, I thank you for taking the time to listen, and if you have any questions, I'm happy to answer them.

MS. SCHWEICKART: Any questions?

MR. GOODWIN: Just a comment. On your last item, I think we beat that pretty heavily before we put it in the recommendations, and it went in the recommendation, just for a little background -- if my memory serves me -- it went in there because one of the concerns was to make sure that the developer, owner and manager were trying to go out and find folks. This was not so much, I'll say, the traditional Fair Housing marketing plan, it was more aimed at going after the disability community where the property is to make sure that there's proper contact being made.

And it was put in the LURA because that's about the only way you can make it an ongoing requirement, if I remember our history of discussions, because it was in and it was out and it was in, and we finally put it back in as a method just to

make sure there is a positive outreach throughout the life of that project and it's not just one line in an application, so I impressed them and they gave me my money so now I don't have to worry about it anymore type thing.

MR. FERNANDEZ: Well, I guess the challenge for us is that for any deal we usually get ten to twelve different funding sources and they all have some sort of requirement like that, and so for most of the folks -- and I guess I don't know who you're thinking of -- most of the folks who are doing this really have a bunch of other folks who are requiring us to do that but not through a LURA, through other things. Like we get City of Austin money, for example, and we have a requirement for our last project which is an integrated supportive housing project where half of it is serving chronically homeless veterans, half is affordable rental, and as a requirement on those dollars it is put in there we have to serve for half the project this population and provide them with these kinds of services, so it's already in that document.

I think the particular nature of the LURA that I think it just kind of gives, from some of the initial feedback I've been getting from some of the folks, some heartburn. But what we'll try to do, I know some of you are familiar with Joy Horak-Brown from New Hope Housing, talking with her to try to figure out how to provide these are the concerns so you guys can have a better fleshed out kind of this is why we think this might be a little problematic.

MR. GOODWIN: I fully understand and agree. I ate more Tums over LURAs than I care to think about.

In your funding, I sympathize there also, and our esteemed chair has got a hard nut to crack because he was told not only are you not getting more money next year but stand by for a 10 percent cut, and he's got to try to figure out how to

increase the number of units of all types of housing, including what we're asking for, on less money, and I'm not sure how you do that, but I will help if I can.

MR. FERNANDEZ: He has a tough job.

MS. SCHWEICKART: Any other questions or comments?

(No response.)

MS. SCHWEICKART: Thank you, Frank.

MR. FERNANDEZ: Thank you all.

MS. SCHWEICKART: And I think we do have another member of the public giving public testimony. Thank you.

MS. HICKS: Hi there. I'm Jennifer Hicks. I'm with Foundation Communities. We're a local nonprofit affordable housing developer, and we actually have 345 units of supportive housing with about 300 units slated to come on in the next two years.

I just wanted to commend the council on the plan. I thought the majority of the plan was great and I think will be of benefit to developing supportive housing, meaningful supportive housing.

My only comment was the same that Frank ended on, and that was the item 7 in the housing recommendations. We at Foundation Communities will be submitting written comments but this was the only comment I wanted to make public comment on. The burden on the developer and the TDHCA staff will be immense. As a supportive housing developer, we have ten-plus MOUs with different service providers, and the service needs of our clients change and the partnerships with those service providers change, and so there will be LURA amendment after LURA amendment after LURA amendment, and it will be a significant burden, I think, on

both sides.

Alternatively, I do think there needs to be something in writing. I think the MOU, I think an alternative could be during the compliance visits that TDHCA staff will have on these supportive housing developments that there be MOUs provided with the backup, so already when TDHCA staff comes to visit, they check what you submitted in your application, the services that you said you were going to provide, and they check to make sure you are providing those services.

So perhaps for supportive housing it is providing that backup with the MOUs, the sign-in sheets, the pamphlets, the brochures for those services to make sure that they're being provided, because I wholeheartedly believe that we do need to crack down on that and that's key to supportive housing. But I just think putting it in the LURA is setting us up for problems. It's just going to change. Someone is going to put something in the LURA and in six months it's going to be outdated, and whether or not people follow up to amend their LURAs or not, and whether that MOU is still in place or not, I think it's going to be problematic.

And so I think we can come up with alternatives to make sure that supportive housing developers are on the hook for the services that are key to being defined as supportive housing, but I just urge the council to come up with another method of documenting that.

MR. DANENFELZER: This is David Danenfelzer with TSAHC, and I have a question.

So is the concern with the language in the LURA that the LURA requirements would be more like quantitative requirements rather than qualitative requirements so that it would be so prescriptive that if you didn't fulfill them per line,

then they would be a violation of the LURA, rather than having a more generalized idea of what needed to be done so that any number of actions could fulfill the Fair Housing requirement under the LURA?

MS. HICKS: I think the issue is more we're not worried about the requirement in itself, it's the flexibility that supportive housing, the need for the residents and those relationships with the service providers, if that relationship with that service provider isn't going well, we're going to end it, and so that's going to be an amendment to the LURA with whoever that service provider is.

And we do not have just one service provider, we'll have ten-plus service providers depending on the service funding that we're getting, the rental vouchers that we're getting and the target populations that we're serving. And so A, it would be impossible to just have one service provider agreement, and then B, it would be impossible to say that that service provider agreement is going to be enforced throughout the affordability period in the LURA. So it's not so much the requirement, it's the ability to be flexible, if that makes sense.

MR. DANENFELZER: Thank you.

MS. SCHWEICKART: Any other questions for Jennifer?

(No response.)

MS. SCHWEICKART: Thank you.

And I do believe we have Dianna here from the Corporation for Supportive Housing and she's going to give some testimony.

MS. GREY: Good morning. My name is Dianna Grey with the Corporation for Supportive Housing. I'm the director for the Texas program based here in Austin. And I do apologize for being late. I'm just off of vacation, and

yesterday was floating down the Frio River and thinking about, of course, Medicaid reform.

I want to speak just briefly about some work that we're doing and that I really think is important that we coordinate with the work of the council. So first of all, as many of you are aware, I'm sure, the state is in the process of implementing an 1115 waiver so that there are flexible Medicaid funds flowing out to 20 regional partnerships, health partnerships statewide. There is a great deal of flexibility and there is a great deal of uncertainty, really, about how those partnerships can use those funds, but really, we think the monies and the plans could be used very well to implement supportive housing in a more robust fashion than we've seen statewide to date, and so a big piece of that, I think, will be how HHSC values the interventions that the plans implement.

As I said, I've been offline for a few days so I don't know whether the commission has released any of the valuations of those interventions in the last few days, but we really think it could be a missed opportunity if we don't get some robust programs up and running.

To that end, one thing that we are doing over the course of this summer that we're going to be really interested in sharing with the council is that we are implementing something we've done in other states which we call a Medicaid Crosswalk for Supportive Housing. So looking, for example, at what we see nationally to be a typical strong package of services for folks living in supportive housing and then cross-walking that to the various elements of our state Medicaid plan, seeing what's covered, what's not, at what level so that we can then really begin to have a

policy discussion about what changes we might need to make, both in the state Medicaid plan and then also speaking to our provider community, many of whom are not billing Medicaid currently, and figuring out how we can leverage those funds more effectively.

So we expect to have that report in August or September of this summer or early fall, and then we will be hosting a conference September 6 and 7 here in Austin at the Sheraton which will be called Health Begins at Home, and really focusing on the linkage between supportive housing and healthcare systems. Because what we know from the data is that when we get folks into supportive housing, we do see really substantial cost avoidance for public systems, and so often the biggest chunk of that cost avoidance is our public hospital system, so really trying to make an explicit linkage with the hospital systems who may not be providing the direct services but who have a very vested interest and should in seeing a robust system of supportive housing across the state so we keep people in the community and that they're well served there.

With that, I'll end and take any questions you might have.

MS. SCHWEICKART: Any questions?

MS. GREY: Thank you very much for being here today.

MS. SCHWEICKART: Thank you.

Do we have any other public comment from the audience?

(No response.)

MS. SCHWEICKART: All right. Any comment from our council members?

(No response.)

MS. SCHWEICKART: All right. Well, we have our next public forum is in Corpus Christi. Amy Granberry has graciously helped me out with that, and the Homeless Coalition in Corpus Christi is hosting, so we'll be doing that tomorrow at 9:00 a.m.

And thank you, everyone, for coming, and please stay tuned with everything that we're doing with the council.

(Whereupon, at 10:43 a.m., the public forum was concluded.)

CERTIFICATE

IN RE: HHSCC Public Forum

LOCATION: Austin, Texas

DATE: June 6, 2012

I do hereby certify that the foregoing pages, numbers 1 through 24, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Nancy King before the Texas Department of Housing and Community Affairs.

6/8/2012
(Transcriber) (Date)

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