

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL MEETING

Stephen F. Austin Building  
Room 1104A  
1700 Congress Avenue  
Austin, Texas

January 11, 2017  
10:06 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair  
DONI GREEN, Vice Chair  
SUZANNE BARNARD  
REV. KENNETH DARDEN  
RICHARD DE LOS SANTOS  
SHILOH GONZALEZ  
MICHAEL GOODWIN  
JESSICA HISSAM  
MICHELLE MARTIN  
MICHAEL WILT

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P R O C E E D I N G S

MR. IRVINE: We'll come to order and begin with  
roll call.

Suzanne Barnard?

MS. BARNARD: Here.

MR. IRVINE: Richard De Los Santos?

MR. DE LOS SANTOS: Here.

MR. IRVINE: Michael Wilt?

MR. WILT: Here.

MR. IRVINE: Elewechie Ndukwe?

(No response.)

MR. IRVINE: Shiloh Gonzalez?

(No response.)

MR. IRVINE: Michelle Martin?

MS. MARTIN: Here.

MR. IRVINE: Jessica Hassan?

MS. HISSAM: Here.

MR. IRVINE: Bradley Barrett?

(No response.)

MR. IRVINE: Doni Green?

MS. GREEN: Here.

Mr. IRVINE: Michael Goodwin?

(No response.)

MR. IRVINE: Reverend Darden?

REV. DARDEN: Here.

1 MR. IRVINE: We have a quorum. The time is  
2 10:06, and we will begin with considering approval of the  
3 minutes. Have you all had an opportunity, I assume, to  
4 review them? I would entertain a motion to adopt.

5 MR. DE LOS SANTOS: So moved.

6 MR. IRVINE: We have a motion.

7 MS. BARNARD: Second.

8 MR. IRVINE: Second. Any discussion?

9 (No response.)

10 MR. IRVINE: Call the vote. All in favor say  
11 aye.

12 (A chorus of ayes.)

13 MR. IRVINE: Any opposed same sign.

14 (No response.)

15 MR. IRVINE: Motion carries unanimously.

16 David Ramos will now provide us an update on  
17 what's going on with the academy down in Corpus.

18 MR. RAMOS: Thank you very much. My name is  
19 David Ramos. I'm a housing specialist with the Coastal  
20 Bend Council of Governments Area Agency on Aging, Aging  
21 and Disability Resource Center.

22 One of the things I wanted to kind of provide  
23 you with a brief overview of what we have been doing down  
24 here in the Corpus area, the Coastal Bend area, was that  
25 the HSP Academy for 2016 really provided us with

1 information and strengthened our ability to continue from  
2 the academy that we had back in 2013. I was fortunate  
3 enough to participate on both academies, so what we wanted  
4 to do was a continuation of what we had started back in  
5 2013, and when the opportunity arose and additional  
6 academies were put forth, we jumped on the idea and I was  
7 one of the ones that participated in the 2013 and in the  
8 2016, and then we developed another team.

9 The other team, of course, the participants  
10 were the local housing authority, the local mental health  
11 authority, a center for independent living, the local  
12 community action agency and myself, and so that group for  
13 the 2016 really brought forth the continuation of us  
14 having the ability to meet and come up with ideas that we  
15 wanted to see in this area. So we were able to create  
16 some plans and some resource guides that really helped not  
17 only myself but the other housing providers in this area  
18 that were interested in coming to our meetings.

19 We also had very extensive technical assistance  
20 from CSH and from Texas Department of Housing and  
21 Community Affairs. That really provided us with the  
22 foundation to continue and know basically what we were  
23 doing in this area and how we were going to proceed. We  
24 were given at the beginning some things that we needed to  
25 do, and when the technical assistance was provided to us,

1 that helped us then cement that information that we wanted  
2 to move forward with.

3 The main thing, I think, out of the whole  
4 process is that at every meeting that we had when we  
5 established the coalition was that it kept us in touch  
6 with some of the housing issues that we had in this area  
7 that we needed to address and that we needed to bring out,  
8 so this academy really brought that out. It was a great  
9 idea and I applaud those individuals from the Texas  
10 Department of Housing and Community Affairs and CSH that  
11 really wanted us to continue with this momentum, and so it  
12 really kept us at the top of our housing meetings and kept  
13 us going in the direction that we wanted to go. It gave  
14 us a clearer picture of what those issues were and then  
15 how we would address them.

16 The training that we received and have been  
17 receiving from CSH currently, that really has helped me,  
18 and then us having those meetings and talking to the other  
19 individuals that attend the meetings, provide them with  
20 some of that training itself and making everybody aware of  
21 the different training that has been provided to us, and  
22 then we move on and provide that to other individuals. It  
23 also helped us identify local housing developers, such as  
24 the Nueces County Community Action Agency and AHRI. Those  
25 particular developers are very interested in moving

1 forward, and with the help of the technical assistance  
2 that we received, we were able to have a commitment from  
3 them saying yes, we will move forward and we will start  
4 doing some development in this area for service enriched  
5 housing and for supportive housing.

6 We wanted to know where we were and where we've  
7 been and then where we want to be. That's the main  
8 emphasis of our meetings. As some of you might know,  
9 Corpus is kind of out of the way, it's one of those cities  
10 where a lot of misunderstanding about what affordable  
11 housing really is, and so it took a lot of education on  
12 our part to say, okay, this is what we are interested in  
13 doing in this area, this is what we want to do. And the  
14 academy and the activities that followed really started to  
15 move in that direction. We've attended meetings with city  
16 council locally, we've talked to different architects and  
17 engineers about some of the issues with affordable  
18 housing, integrated housing and accessible housing, so  
19 it's really beginning to sink in, I think, the idea of  
20 what the academy's future endeavors and looking forward  
21 beginning to sink in in this community and we're seeing  
22 the results of that because of the academy.

23 We've always kept an active agenda in the  
24 meetings that we have from our partners. We've  
25 communicated that to everybody in the meeting. And then,

1 of course, we've had a lot of information that has been  
2 coming to us, like the HUD 811 demonstration program from  
3 TDHCA, tenant-based rental assistance vouchers, local  
4 housing vouchers, some of the consolidated plans from the  
5 housing authorities and the city, municipalities and other  
6 local governmental entities in smaller communities in the  
7 Coastal Bend area. So we were able to do that in part or  
8 because of the academy.

9 We also established that housing coalition that  
10 is very important. We were able to come together as a  
11 group of the ones that attended the HSP Academy, the  
12 original team members, and then we started bringing in  
13 other individuals that were involved in housing for our  
14 area. Then we started to establish allies and reconnect  
15 with organizations whose mission is, of course, housing.  
16 And so those potential partners we were able to utilize  
17 our partners in the Aging and Disability Resource Center  
18 to assist us in coming together and we would meet as an  
19 ADRC and then after that particular meeting we starting  
20 having HSP housing meetings where we would use some of  
21 those individuals and organizations that participated in  
22 the ADRC but also had some housing concerns and were  
23 interested in collaborating with us.

24 And so we set some goals also as part of the  
25 technical training from CSH. There were certain things

1 that were very delineated and specific that they wanted us  
2 to do, so when we had that particular training or  
3 technical assistance, we were able to incorporate that  
4 particular process and said, okay, this is what we want to  
5 do. And with the guidance of Katrina from CSH and others,  
6 Kelley and then Terri and some of the other folks, we were  
7 able to do that. And so we've developed advocacy  
8 processes in place, educational programs, and also invited  
9 public officials to become part of our process of having  
10 meetings with us and so forth.

11 The overall goal that we were looking at was to  
12 have an affordable housing summit, which we did have one,  
13 we put one together in April of 2016 which coincided with  
14 Fair Housing and so forth, so that took a lot of planning  
15 and a lot of information from all the community. The  
16 Center for Independent Living locally here, the Coastal  
17 Bend Center for Independent Living with Judy Telge, took  
18 the lead as the individual that was facilitating the  
19 housing summit. We used a lot of our partners from the  
20 ADRC as also being part of that steering committee that  
21 allowed us the opportunity to decide what we wanted to put  
22 into the summit and how we were going to then present  
23 that.

24 So we had a fantastic turnout for those  
25 individuals that attended. We were able to have the

1 particular session in one day and then we were able to  
2 meet with a large group of individuals after the summit so  
3 that we would then say, okay, this is what we want to do,  
4 this is a call to action that we want to see in this  
5 community, and so we were able to initiate that community-  
6 wide commitment to address affordable and accessible and  
7 integrated housing. So that really kind of put the icing  
8 on the cake, so to speak, and gave us the opportunity to  
9 say, okay, this is what we've learned from this academy,  
10 this is something that we've kept on the table of our  
11 agenda, we were able to keep it going.

12           Then we brought in partners and public  
13 officials and said this is what we mean when we say we  
14 need to establish or have more service enriched housing,  
15 more supportive housing, more 811 demonstration programs,  
16 more vouchers in our community, and so it's beginning to  
17 come together and we're able to say that we were able to  
18 do this because of the academy. I feel that if it hadn't  
19 been for the academy, both of them, the 2013 and the 2016,  
20 we would not be in a position where we are now. We still  
21 have a lot of work to do but I think that this particular  
22 academy and the activities involved that we've had have  
23 given us that opportunity.

24           So again, I want to thank Texas Department of  
25 Housing and Community Affairs and CSH and my organization

1 for allowing me to participate, and I'm sure the other  
2 team members also are very grateful for that opportunity.

3 And with that, I'd like to close and say again thank you.

4 I wish that this can continue. I know that we are in a  
5 training phase right now and that really has helped me  
6 personally learn more about affordable housing, integrated  
7 housing, supportive enriched housing, and so really I just  
8 want to say thank you all for allowing us to participate  
9 in the Coastal Bend area in this endeavor. Thank you.

10 If you have any questions, I'd be glad to  
11 answer them.

12 MR. WILT: I have a question, David. This is  
13 Michael Wilt with the Texas State Affordable Housing  
14 Corporation.

15 Within our organization we've placed a stronger  
16 emphasis on working with the local housing coalitions.  
17 Austin has a robust one, Houston has one that formed last  
18 year and that is doing a lot of great things. You  
19 mentioned a housing coalition down there. Can you tell me  
20 if that's a formal coalition? Do you meet regularly?  
21 Just expand on that a little bit.

22 MR. RAMOS: We do meet regularly but it's not a  
23 formal one in terms of like one particular organization  
24 saying they're going to take the lead and they'll be  
25 recognized. It's a meeting of the team members that

1 attended the HSP Academy and then other co-partners that  
2 we have with our ADRC. Like we meet quarterly whenever we  
3 have our ADRC meetings. After that we meet for an hour or  
4 hour and a half, and then whenever we need to meet, we'll  
5 meet, but it's not an official coalition, so to speak.

6 MR. WILT: I'd love to talk to you more about  
7 that after this meeting, so I'll reach out to you.

8 MR. RAMOS: Excellent. Thank you.

9 MR. IRVINE: Any others?

10 MS. GREEN: David, I know the ADRC housing  
11 navigators talk regularly. Have you had a chance to share  
12 with them your experiences?

13 MR. RAMOS: We have a meeting or a  
14 teleconference with them quarterly also, and we have  
15 talked to some of the housing navigators because they were  
16 very interested in having a housing summit, so we were  
17 able to provide some information to some of them and they  
18 were wanting to do that in their area also as part of the  
19 process. They also attended the academy and so they were  
20 involved in that process, so they were very interested in  
21 having a little information about how we went about doing  
22 our summit and what it entailed and so forth, and we were  
23 able to provide them with that information.

24 MS. GREEN: Thank you. And what populations  
25 are you guys focusing on?

1 MR. RAMOS: We're mainly focusing on people  
2 with disabilities and seniors over the age of 60,  
3 disability any age.

4 MS. RICHARD: This is Terri. Do you have a  
5 managed care organization representative on your  
6 coalition?

7 MR. RAMOS: Yes, we do.

8 MS. RICHARD: Okay. Great.

9 MR. RAMOS: Actually, there's two of them.

10 MS. RICHARD: Okay. Great. What MCOs is it?

11 MR. RAMOS: It's United Health and Superior.

12 MS. RICHARD: Okay. Great. I really  
13 appreciate that. I know at our last council meeting we  
14 had a really nice evaluation report that we gave to all of  
15 you from CSH, but I think what I had in mind was to  
16 continue to have some real live, on-the-ground reports  
17 about outcomes from the academy, so if you all are okay  
18 with that, I'd like to continue to invite folks and get  
19 some more information about what they're doing out in the  
20 field in the local communities.

21 I just was reading the interim report on the  
22 Select Committee on Mental Health, and one of the things  
23 they really point out is the amount of work and the impact  
24 that it has at the local level, and that a lot of some of  
25 the successes they have had have been coalitions just like

1 what David has talked about that are making things happen  
2 at the local level. So I think it's really important to  
3 hear that.

4 And then kind of along those same lines, we did  
5 renew the contract with CSH and I wanted to announce that  
6 Kelley Oppott, she has moved on, she is no longer with  
7 CSH, but we do have Kathryn Turner on the line.

8 And Kathryn, I was just wondering if you could  
9 introduce yourself and maybe just give a real high level  
10 of what this upcoming year through August 31, activities  
11 that you all are working on and what you're providing for  
12 the five teams that we have participating in this 2017  
13 training and technical assistance.

14 MS. TURNER: Sure. Thanks, Terri.

15 So I'm really happy to be here and I'm really  
16 looking forward to working with everyone on the teams. I  
17 come from a development background so I'm not as well  
18 versed as Kelly was in a lot of the service providing side  
19 of service enriched housing, but I have an entire  
20 organization at my fingertips that has incredible  
21 resources, so I want to make sure that everyone knows that  
22 I will do my best to support everything that's been going  
23 on so far. And I really appreciate hearing David's  
24 perspective on this, both from the 2013 academy to now and  
25 how much they've accomplished. It's really wonderful to

1 hear.

2           So we are currently in the midst of a webinar  
3 series. We've had two webinars, one on the development  
4 tracks and then one in landlord engagements, and we will  
5 have two more in each of those tracks coming up. The next  
6 one, just for everyone's information, there's one on  
7 housing development finance on January 17 from 10:00 to  
8 11:30, and there's one on supporting and nurturing your  
9 landlord network with limited resources on January 18 from  
10 10:00 to 11:30. And so if anyone is interested on the  
11 council on attending any of these, please just email me  
12 and I can get you registered and set up for attending  
13 those.

14           And following the webinar series, after the two  
15 tracks are complete, there's going to be an 811 webinar  
16 event, and then following that there's going to be  
17 technical assistance offered through August. So we will  
18 be available for each of the teams to look at their plans  
19 and provide any support that we possibly can to make sure  
20 that they're moving in the right direction.

21           So my email address is [kathryn.turner@csh.org](mailto:kathryn.turner@csh.org).  
22 And I look forward to working with everyone on the teams.

23           MS. RICHARD: Thank you, Kathryn. She did  
24 briefly mention that all the council members are eligible  
25 to participate in this training, in the webinars. You

1 also have what CSH calls and all access pass, so there's  
2 other training that you can access to. So please,  
3 encourage you to participate, state agencies as well,  
4 because we did include that, thinking that there might be  
5 some folks that might be interested in participating. So  
6 appreciate that.

7 MS. GREEN: So how were the five teams  
8 selected? Was there a competitive procurement, or were  
9 these folks who had participated in the last academy?

10 MS. RICHARD: The latter. What we did was we  
11 asked the nine teams that participated in the onsite  
12 academy who would be interested in continuing the training  
13 and technical assistance. CSH also asked what type of  
14 training and technical assistance would you like, so there  
15 was questions about would you like to have another onsite  
16 where we all get together, and the majority said that they  
17 really wanted more in-depth training and technical  
18 assistance and weren't as big a fans about trying to pull  
19 everybody together for a one and a half day intensive. So  
20 CSH then responded and suggested that they do the all  
21 access pass and the webinar. And then there is an  
22 opportunity that CSH would go onsite and help with a  
23 summit, for example, like what David mentioned, so there  
24 is that opportunity too. But of the nine teams, five  
25 wanted to continue.

1 MS. GREEN: And I realize that the contract  
2 with CSH is specific to supporting those five groups. I  
3 really appreciate the opportunity for council members to  
4 participate as well.

5 One of the things that is important to me is  
6 that the other ADRC housing navigators -- David is one of  
7 22 -- are at different levels of experience and knowledge  
8 and I think are hungry for information, and so I'm glad  
9 that David is sharing information with them. But I'm  
10 wondering if it might be possible to make those kinds of  
11 training available to the other housing navigators, maybe  
12 if they could be recorded.

13 MS. RICHARD: Kathryn, correct me if I'm wrong,  
14 but you are recording all of the webinars.

15 MS. TURNER: That's right. All of the webinars  
16 are recorded and are available for anyone that has access  
17 to the system, so anyone who is on council has access to  
18 that. All of the recorded webinars will be there, as well  
19 as the upcoming webinars and all access pass materials.

20 MS. RICHARD: So maybe we could just continue  
21 that discussion and see if we could maybe come up with  
22 some ideas to leverage what we're doing to expand it to  
23 ADRCs. Let us kind of noodle on that one and think about  
24 how we might do that.

25 MR. IRVINE: Any more discussion on the

1 academy?

2 (No response.)

3 MR. IRVINE: Just let the record reflect that  
4 Mike Goodwin did join us at the beginning of that report,  
5 and also brought goodies that if you're on the phone you  
6 can't partake, so there's another incentive to come to  
7 Austin for these meetings.

8 (General laughter.)

9 MR. IRVINE: Also, just a little housekeeping  
10 items, as people continue to filter in. I want to remind  
11 the public that public participation in our meetings is  
12 always welcome. All we ask is two things: one, please  
13 come to the table where a microphone will pick you up so  
14 that Nancy can have a record of what you're saying, and  
15 identify your name and on whose behalf you are speaking.  
16 That's just a ground rule. And don't stand on formality,  
17 if you feel like chiming in anywhere, just come on to the  
18 table.

19 Okay. Spencer Duran will now come to the  
20 table, identify himself and on whose behalf he's speaking,  
21 and update us on the Section 811 Program. Bill is going  
22 to do it.

23 MR. CRANOR: I don't know when the last meeting  
24 was so some of this may be repetitive, but we have  
25 currently 39 properties that have committed an average of

1 ten units that have signed participation agreements which  
2 means they've actually signed to participate in the  
3 program, they're not just required to by their allocation  
4 of tax credits. We have actually a total of 398 units  
5 committed. We have eleven properties that are currently  
6 constructed that in theory could take an applicant, and we  
7 have 28 properties under construction.

8 Up to today, we have received a total of 47  
9 referrals, of which we've housed three. Six were deemed  
10 ineligible for the 811 Program, two left the program, they  
11 found other housing before they were housed, and 36 are  
12 waiting. We also submitted -- it's not in this update --  
13 we did submit two applications to properties in Houston  
14 that were declined by the property. We thought we were  
15 going to have at one point five housed people but they  
16 didn't pass the criminal screening.

17 We've trained over, I want to say, 120 referral  
18 agents at this point. Tomorrow we're going to San Antonio  
19 to train more, next week we're going to Corpus Christi to  
20 train more, and I think the week after that we're going to  
21 Fort Worth to train more. I don't know how many is going  
22 to be at each of those yet.

23 Looking backward in the 2015 cycle, 56 percent  
24 of the developments were acquisition/rehab or new  
25 construction and 44 percent were existing developments.

1 In the 2016 cycle, it was 83 percent new construction and  
2 acquisition/rehab, and existing developments were only 17  
3 percent. So our combined total is 74 percent new  
4 construction and acquisition/rehab and the existing  
5 developments are 26. We would like a better mix between  
6 the two because the advantage of the new construction is  
7 that when they come online, we can take ten units  
8 immediately, the disadvantage is that we have to wait  
9 until those units are built, and so that leaves people  
10 potentially waiting for longer than we would want. So  
11 what we're trying to do is get a good mix of both to build  
12 out our portfolio.

13 In the 2017 QAP, we have made it a threshold  
14 item, we have increased the programs that are required to  
15 participate, and we have asked that they give us an  
16 existing development first to offset the difference that  
17 we saw between 2015 and 2016. So we're hoping that this  
18 cycle will get not only more applications but a better mix  
19 of applications overall.

20 So that's pretty much all I have at this point.

21 MR. GOODWIN: Is the reason that you have a  
22 backlog a geographic mismatch between applicant and  
23 available unit? When you say you have 34 waiting, I  
24 assume they've been approved but they're waiting to be  
25 housed.

1 MR. CRANOR: There are 34 waiting to be housed.  
2 Some of it is because we don't actually have a new  
3 construction property yet. For example, of those 34, a  
4 large percentage of them are here in Austin. We have a  
5 new construction property coming online sometime, I would  
6 guess, in the next six months. When that property comes  
7 online, we can take ten units immediately and house ten  
8 units which would greatly reduce our wait list. That goes  
9 for actually every region. Dallas, I think, has a total  
10 of eight applicants but we just have one property that's  
11 already existing, and so until somebody moves out of a  
12 unit and vacates it for us, we can't take the unit. So  
13 it's a turnover issue mostly, I think.

14 MS. BOSTON: This is Brooke Boston. I would  
15 just add, I mean, you're right. The properties that we  
16 have that have vacancies and are finished with  
17 construction are not in the communities where we're  
18 getting referrals. In the communities where we are  
19 getting a lot of referrals, it's a turnover problem  
20 because the existing properties are pretty much fully  
21 occupied, and then in the communities where we do have  
22 vacant units, we aren't getting referrals.

23 MS. RICHARD: Bill, would you please introduce  
24 yourself for the record?

25 MR. CRANOR: I'm sorry. I'm Bill Cranor from

1 TDHCA, sitting in for Spencer today because he had to go  
2 to Washington, D.C.

3 MR. IRVINE: Questions about 811?

4 (No response.)

5 MR. IRVINE: You know, I think that as 811  
6 matures, it will begin to stabilize and normalize, it's  
7 just a matter of building an inventory of choices. I  
8 think that there will still be a little bit of an  
9 overhanging issue that we'll always be looking to address,  
10 and that is the fact that the commitment of 811 funding  
11 doesn't necessarily line up with the long-term  
12 affordability requirements of the developments. So maybe  
13 some day Washington will harmonize all of its programs and  
14 these kinds of issues will just disappear.

15 MS. GREEN: So Bill, you mentioned that six  
16 were declined. Was it criminal history on all six or were  
17 there other issues as well?

18 MR. CRANOR: All six of those were referral  
19 agents that sent us applications that would not be  
20 eligible on the program requirements. I think that three  
21 of them, as I recall, were over 62, one of them was over  
22 income by like \$17 or something, but that's a hard ceiling  
23 for HUD, you can't go over it at all, and I don't recall  
24 what the other two were, but it's generally things of that  
25 nature. Two were declined by the property. They're still

1 on the wait list in Houston because we do have other  
2 properties coming online and it's possible they could take  
3 that.

4 We've also actually had, I think, three or four  
5 people be referred who then declined a unit due to one  
6 reason or another. For example, the most recent one was  
7 in Brownsville. We sent them an application and the  
8 applicant decided that it was a third floor unit, they  
9 were physically disabled. Originally they said yes, they  
10 would take it, but then as they thought about it, I think  
11 they decided against it. So there's also sometimes an  
12 issue of what we have actually available with what they  
13 actually want, matching them, and as we increase our  
14 inventory, we expect that those would go away also, to a  
15 certain extent.

16 MR. IRVINE: Thanks.

17 Just FYI, the threshold item that has been  
18 created for 811, pretty optimistic that that's going to be  
19 really impactful. We had for the 2017 cycle on Monday and  
20 we have over 400, so for a program that makes about 60 to  
21 65 awards, that's just a tad oversubscribed.

22 Okay. Money Follows the Person demonstration,  
23 we've got a report on that. Come on up.

24 MS. JONES: Good morning, everyone. My name  
25 is Elizabeth Jones. I'm speaking on behalf of the Health

1 and Human Services Commission, and thank you for inviting  
2 me to give you an update. I'm very happy to be here.

3 We are in the sustainability phase of the Money  
4 Follows the Person demonstration. The authorization for  
5 the demonstration ended at the end of the fiscal year  
6 2016, and so the Centers for Medicare and Medicaid  
7 Services awarded states that had been working on MFPD  
8 sustainability grants, and it was based on sustainability  
9 plans developed by the states and approved by all the  
10 partners -- I think you worked on some of the  
11 sustainability plans with us -- and those were approved in  
12 2015 and then states were asked to develop a budget  
13 through 2020 to ensure that all the infrastructure and  
14 everything that had been set up could be sustained through  
15 Money Follows the Person. And then CMS determined that  
16 they didn't have as much funding as they thought they  
17 initially had, and so all states needed to reduce their  
18 budgets a little bit.

19 So what does that mean for us, what does that  
20 mean for Texas? So what that means is we'll stop  
21 collecting the enhanced match on individuals, we'll stop  
22 collecting that at the end of fiscal year 2017, so at the  
23 end of this fiscal year is when we'll stop collecting  
24 enhanced match. We will, however, continue to transition  
25 individuals who want to leave institutions into community-

1 based programs. We will continue to do that as we did  
2 before the demonstration started. We've had the  
3 demonstration for so many years, since 2007, I think  
4 people think that's the only thing we have, but we've  
5 started something called Promoting Independence in 2001,  
6 worked with the legislature and have a slot set aside that  
7 we request each biennium, and we will continue to do that.

8 And Texas actually is very lucky compared to  
9 other states in that we built Money Follows the Person on  
10 the infrastructure of our Medicaid program, so we will  
11 continue to do that. So I want to make sure that everyone  
12 fully understands that transitions will continue to occur.

13 We also will continue the behavioral health  
14 pilot. We're going to move that up to scale to be  
15 statewide and to be incorporated into our managed care  
16 health and community-based services. So the next several  
17 years will be devoted to doing that, to training folks to  
18 understand how to work with that population who are  
19 leaving facilities and have substance abuse issues. So  
20 that will continue.

21 And then we'll also focus on the array of  
22 services and supports that we have set up throughout this  
23 demonstration. Transition assistance services which is  
24 that one-time amount of money given to individuals who may  
25 need help with security deposits, if there needs to be

1 pest control, things like that. We have sustained that by  
2 actually making that a Medicaid service, and it's a  
3 Medicaid service in all of our programs so that's how  
4 we're sustaining that.

5 Community transition teams, they're the teams  
6 that come together on a local level and talk about  
7 particular cases who are transitioning and they may talk  
8 about some of the housing issues or 811, or making sure  
9 that all the community resources are in place. Those will  
10 continue as well.

11 MCO service coordination will continue. As we  
12 expand our system to a managed care system -- and we're  
13 moving along with that at a pretty rapid clip now -- we've  
14 incorporated nursing facility services, MCO service  
15 coordination will become even more important.

16 The housing voucher program will continue, and  
17 the 811 program, we'll continue to work with that program  
18 as well. Those positions over time will be absorbed in  
19 our understanding. And I just want to put in another plug  
20 for how excited we are about 811 and being able to work  
21 with this great partnership. We're getting ready to go  
22 out and do another level of training on the local level,  
23 and there's a lot of excitement about it. It's really  
24 helped address a huge issue for this population, and so  
25 we're very excited about that.

1           And looking to do permanency planning which is  
2 focused on children in institutions and moving them into  
3 the community.

4           Some of the supports that may be changing over  
5 time, one is the relocation contractors. In our  
6 legislative appropriations request, as you know, agencies  
7 were asked to come up with an additional 4 percent  
8 reduction, and since managed care has expanded and nursing  
9 facilities are within the managed care umbrella, the  
10 thinking is that MCO service coordinators would take over  
11 that function, and that we would not contract with  
12 relocation contractors, the agency wouldn't.

13           And one of the more important things that  
14 relocation contractors to do is working with housing, and  
15 we recognize this. The reduction sort of came as a  
16 surprise to everyone, and so we are beginning to sort of  
17 work with folks and have the MCOs and the relocation  
18 contractors as they are now come together and talk about  
19 what some of the issues are and how to best make sure that  
20 we continue those services. And so what that model is  
21 going to look like, we don't know yet, but we want to make  
22 sure that those same supports are there, and all the  
23 knowledge that we've developed over this time period is  
24 continued. So look for more on that because I don't  
25 really know what that's going to look like now.

1           And then also transition to life in the  
2 community. These were additional funds for things that  
3 could not be funded through transition assistance  
4 services, and looking at ways to do that. One of those  
5 was dealing with food, making sure that people had food  
6 when they came out, and so one of the ways to deal with  
7 that now with transformation is maybe putting someone on  
8 SNAP because all the eligibility stuff is now combined.

9           So that's sort of where we are, and I'll take  
10 any questions.

11           MS. GREEN: I know these policy changes are not  
12 of Elizabeth's making, but as an advocate I was really  
13 devastated, and I'm contractor as well, so I have to kind  
14 of separate those two roles. I'm really concerned that  
15 eliminating the relocation contractor function is  
16 extremely shortsighted and has the potential to deny the  
17 option of independent living to those nursing home  
18 residents with complex needs.

19           Elizabeth is absolutely right, the managed care  
20 organizations are very involved and very good at what they  
21 do, really masters at setting up the Medicaid waiver  
22 services, but they're nurses whose perspective is clinical  
23 and their objectives are to meet the resident's health  
24 and safety needs. They are not trained to deal with non-  
25 Medicaid services that are essential. They're not used to

1 setting up non-medical transportation. They're not used  
2 to getting somebody's Social Security benefits  
3 transferred. They have limited involvement in housing  
4 issues, but they are not adept at working with the housing  
5 programs that are critical. And so I'm really concerned  
6 about that.

7           The relocation contractors were not notified,  
8 the managed care organizations that have been delegated  
9 these responsibilities were not consulted, don't want to  
10 do it, don't have the experience, don't have the staff.  
11 It's great that there's a conversation taking place but I  
12 know I've not been part of that conversation, I've just  
13 received phone calls from MCOs saying what is going on,  
14 and I've shared with them the little bit that I know.

15           I'm really, really concerned about elimination  
16 of transition to life in the community. The thinking at  
17 the state level is that that benefit is duplicative, but  
18 it's not. Transition assistance services, which has  
19 become a Medicaid service, is a wonderful benefit but  
20 under the Texas Administrative Code it's not available to  
21 people who are going into assisted living facilities. And  
22 when somebody transitions, oftentimes they don't get their  
23 check for several weeks. That's great that they can sign  
24 up for SNAP. There's typically a delay in that starting.  
25 A lot of people receive only \$60 a month. SNAP is not

1 going to furnish them a pantry before they move in, and  
2 for somebody who's diabetic, to wait a week or two weeks  
3 for food is not acceptable.

4 For people who are going into assisted living  
5 facilities, the facilities have responsibility to provide  
6 basic furniture, they have no obligation to provide sheets  
7 or toilet paper or shampoo, and I just think it's really  
8 unfair to the consumer and will work at cross-purposes.  
9 It's a one-time benefit, in our region average of \$500 or  
10 \$600. We have dozens and probably hundreds of people who  
11 would not be able to relocate were it not for that modest  
12 benefit to bridge them until their benefits are in place  
13 or to supplement the services that the assisted living  
14 facilities are obligated to provide.

15 So I just think it's extremely penny-wise and  
16 pound foolish, and again, I try to separate my roles. I  
17 really don't care who provides relocation services but I  
18 think it's an essential service, I think it's extremely  
19 shortsighted to assume that the managed care organizations  
20 are ready, willing and able to take that on. And again, I  
21 think the transition to life in the community is essential  
22 and will compel some people to remain in institutional  
23 settings when their desire is to be in more independent  
24 settings where the costs tend to be much lesser. So I  
25 think it's dangerous, a dangerous policy move on several

1 levels.

2 MS. JONES: Thank you for mentioning that. I  
3 think a number of the issues that you raised are issues  
4 that are on the forefront and will be considered in future  
5 conversations, so we're aware. Thank you.

6 Any other questions?

7 (No response.)

8 MR. IRVINE: Thank you very much.

9 From here we move to state agency bills of  
10 interest, and as we all know, the 85th Legislature has  
11 convened two blocks south of here. I think that following  
12 Comptroller Hegar's announcement about the revenue  
13 expectations the other day, everybody is concerned about  
14 Bill 1, about the funding. I think that the 4 percent  
15 reductions that were requested are obviously a challenge.

16 Even though, for example, at our agency we are  
17 predominantly federally funded, the funding that we do  
18 have from general revenue is pretty heavily diverted to  
19 serving difficult to serve and lower income populations.  
20 Our primary programmatic activities include a homelessness  
21 program in large cities. It's a very flexible program  
22 that allows the larger cities to come up with what they  
23 think are best practices to address the challenges of  
24 homelessness.

25 Under our Housing Trust Fund, we have really

1 focused on two programs. One is the Bootstrap Program to  
2 help low income households become homeowners through  
3 contributing sweat equity to building their homes. And  
4 the other one is the Amy Young Barrier Removal Program  
5 which is especially nice because it's so non-bureaucratic.

6 It's a very pragmatic way of coming into someone's home,  
7 a person with an accessibility issue, and looking at the  
8 effective low cost solutions to making that home  
9 accessible, whether that home is a single family residence  
10 or an apartment. It's totally wide open. That program is  
11 also, of course, extremely beneficial in that if there are  
12 obvious issues of health and safety, they are addressed.

13 When we developed our 4 percent cuts, we worked  
14 very, very hard to prioritize non-programmatic things  
15 first. Unfortunately, this council is one of the non-  
16 programmatic GR funded activities, so there are some  
17 reductions in the ways that we support this council, but  
18 the way that the council continues to function would of  
19 course continue.

20 I think that a change that was made to the way  
21 that the 4 percent reductions were treated this time.  
22 Historically indirect costs under federal administrative  
23 funding had been characterized as general revenue, and we  
24 were able to reduce the indirect costs piece of some of  
25 our federal programs and have that count towards our

1 reduction. This time the Legislative Budget Board said,  
2 No, we want you to focus on things that truly have a cost  
3 to State of Texas general revenue. So we were not able to  
4 use federal fund indirect costs as a piece of that. So  
5 ultimately, we really had to make some reductions that  
6 rippled over into our programmatic activities and could  
7 impact several households receiving assistance under some  
8 of our programmatic activities.

9 I would pledge to you, and I see Brooke here  
10 will hopefully nod north and south with me, we do really  
11 work to control our administrative overhead, and when we  
12 can bring in our administrative overhead under budget, we  
13 move those funds back into programmatic services. So I'm  
14 cautiously optimistic that we will be able to minimize any  
15 impact on the actual services that are provided, but you  
16 know, this is something that doesn't just affect TDHCA,  
17 it's going to affect HHSC and DSHS and everybody in this  
18 room. We are not advocacy folks, we are a state executive  
19 branch agency, but we do know that advocacy interests will  
20 be taking the case to members at the legislature to  
21 restore aspects of some of those 4 percent reductions if  
22 an opportunity arises, and we are, of course, always  
23 available as a resource to tell them how impactful our  
24 programs can be.

25 I don't know of any other specific bills that

1 would be of general interest to you that might impact our  
2 agency other than that there have been at least two bills  
3 filed already that impact the scoring of tax credit deals:  
4 one to remove state representatives from the scoring  
5 process, and one to insert senators in the state scoring  
6 process. So we'll just see what happens.

7 Any other agencies have any interesting  
8 legislation you want to share?

9 (No response.)

10 MR. IRVINE: Terri, have you got any that I  
11 missed?

12 MS. RICHARD: No. I think that's fine. It was  
13 Jessica, I think, about the home and community based  
14 services adult mental health.

15 MS. HISSAM: That's special projects, that's  
16 not actually under mine, but that's coming up. I don't  
17 know anything about any legislation that would be coming  
18 down, but HCBSAMH is coming on which is a really good  
19 sign. I don't really have too much to add to it, but it  
20 is making its way, so it's going to be a really good thing  
21 and communities are really excited about it.

22 MS. RICHARD: There is a bill to expand the  
23 population of that program. I think it was HB 309, so you  
24 might want to take a look at that.

25 MS. HISSAM: I'll ask the HCBSAMH team.

1 MS. RICHARD: Thanks, Jessica.

2 MR. IRVINE: And I'd also like to take this  
3 opportunity to make sort of a shout-out to us. I think  
4 that the work that we have done to begin to quantify the  
5 hard dollar savings that result from effectively  
6 addressing supportive housing needs, that is impactful and  
7 it's something that's a work just begun and hopefully it  
8 will continue and get more refined and more broadly  
9 distributed. Because I think the more that members know  
10 where it makes good fiscal sense to deploy dollars, the  
11 better decisions they can make.

12 And I think Doni's talk about the transitional  
13 issues is a classic example of that. Those are issues  
14 that if a person is in transition and those needs aren't  
15 being met, it's going to create bigger costs somewhere  
16 else, and not just economic costs but human costs.

17 No other bills to talk about, so we'll talk  
18 about the Housing and Services Resource Guide.

19 MS. RICHARD: Okay, sure. I didn't kill a  
20 bunch of trees to give you all a copy of this thick book.  
21 It's online on our HHSCC website. This was developed back  
22 in February of '16 and I worked with several of you to try  
23 to get this updated, but it is really great resource guide  
24 because it's got housing resources and service resources  
25 in it.

1           One of the things, you know, guides are only as  
2 good as they are updated, and so I really wanted to reach  
3 out to everyone and have you go back and look at this,  
4 particularly state agency representatives, look to see if  
5 the programs still exist, if we have the right websites to  
6 go to. I know HHSC have completely changed their website.  
7 I have the hardest time with that website.

8           MS. MARTIN: Everybody says that.

9           MS. RICHARD: Oh, good. I feel so much better  
10 because I felt like such an idiot. I was trying to Google  
11 CRCG from the HHSC website. It did not get me to the CRCG  
12 website.

13          MS. MARTIN: That's going to be the challenge  
14 with that.

15          MS. RICHARD: It will be.

16           And so let me know what I can do to help. I  
17 will certainly make the revisions, but if you all could  
18 just give me the information, that would be really a great  
19 help. And I think it's going to be kind of an ongoing  
20 process, so I didn't have in mind we have to get it done  
21 by next month, but I'm hoping that as we spread the word  
22 about it. I know with our emergency Solutions Grant  
23 subrecipients we've been sharing this document with them,  
24 I think the ADRCs have been sharing it, so it is making  
25 its way around, so we just want to make sure that it stays

1 updated.

2 So I'm going to start going and looking at it.

3 If I don't hear from you all, I may reach out to some of  
4 you to say, hey, is this still accurate. And then I'll  
5 try to go through and look at the links and find new  
6 links, I can do that kind of stuff. But if there's  
7 programs that any of you are aware of that may not be a  
8 state agency, may be local, make sure and let me know if  
9 we need to add things. I just want to try and keep it  
10 updated as much as possible, so maybe we can get to  
11 getting that down the road and maybe have some revisions  
12 where at least we could maybe talk about that at the next  
13 meeting, so I could let you know of there's some changes  
14 that we needed to make and update. It's on the HHSCC  
15 website and it's under Resources on the left-hand side  
16 navigator side.

17 Anybody have other thoughts about what we might  
18 do with this or changes or anything?

19 (No response.)

20 MS. RICHARD: That was really all I wanted to  
21 do is let people know I might be harassing them to give me  
22 updates.

23 MR. IRVINE: You know, it just occurred to me  
24 that it might be cool at the next meeting to have one of  
25 those computerized overhead projectors so that we could

1 actually access it.

2 MS. BARNARD: There is a projector right there  
3 if you want to turn it on.

4 MR. IRVINE: Well, no need to right now because  
5 we haven't prepared it, but I'm just talking about using  
6 it as sort of a real-time tool to gauge whether the things  
7 we are discussing are in fact being communicated and  
8 supported in our online presence.

9 MS. RICHARD: Sounds good. Good idea.

10 MR. IRVINE: Anybody from the public got  
11 anything they want to get off their chest?

12 (No response.)

13 MR. IRVINE: The next time we'll be near the  
14 end of session.

15 MS. RICHARD: Yes. Actually, Suzanne, thank  
16 you so much. She's been getting this wonderful room, and  
17 so the second Wednesday of April is the 12th, and she's  
18 reserved this same room.

19 (General talking and laughter.)

20 MS. RICHARD: And then the other two dates we  
21 have, July 12 and October 11, there were some conflicts  
22 but Suzanne is going to continue to work on trying to get  
23 this room for both of those, but we'll keep you updated.  
24 Wednesday, July 12, and Wednesday, October 11. So if  
25 those work for everyone, we'll shoot for that and I'll

1 make sure and let you know where the locations are going  
2 to be.

3 MS. GREEN: Tim, can you talk a little bit more  
4 about the changes in terms of the committee? Do we need  
5 to contribute for the chocolate, do a bake sale?

6 (General laughter.)

7 MR. IRVINE: First of all, we still have the  
8 majority of a fiscal year ahead of us with no change in  
9 our budget. I think that the activities that this  
10 committee supports are predominantly staff, travel and  
11 academy, and I think that as great as the academy is, that  
12 would likely be one of the first things that would go by  
13 the wayside if we don't receive our full ongoing  
14 appropriation.

15 I think that, frankly, we've got the talent  
16 already engaged in this process that it would probably be  
17 prudent for us to begin thinking about ways that we could  
18 build some sort of new academy if we are unable to  
19 continue to use a high quality outside third party  
20 provider. Look at ways that we can collaborate and put  
21 together things that people can do at the local level to  
22 make connections and to organize their thoughts and to  
23 build the alliances and partnerships.

24 MS. GREEN: Maybe webinars to start bringing  
25 folks together.

1                   MR. IRVINE: Right. But we're going to keep  
2 meeting, we're going to keep paying for your travel, and  
3 we're going to keep our fantastic staff.

4                   Anything else?

5                   (No response.)

6                   MR. IRVINE: It's a world's records. We're  
7 adjourning at 11:06. Thank you so much.

8                   (Whereupon, at 11:06 a.m., the meeting was  
9 adjourned.)

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C E R T I F I C A T E

MEETING OF:       Housing & Health Services Coordination  
                          Council

LOCATION:            Austin, Texas

DATE:                January 11, 2017

I do hereby certify that the foregoing pages,  
numbers 1 through 41, inclusive, are the true, accurate,  
and complete transcript prepared from the verbal recording  
made by electronic recording by Nancy H. King before the  
Texas Department of Housing and Community Affairs.

/s/ Nancy H. King       1/12/2017  
(Transcriber)                       (Date)

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