

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL MEETING

TDHCA  
Room 116  
211 East 11th Avenue  
Austin, Texas

January 31, 2018  
10:00 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair  
DONI GREEN, Vice Chair  
SUZANNE BARNARD  
MICHAEL GOODWIN  
DEBBIE HALL (via phone)  
JESSICA HISSAM  
VERONICA NEVILLE  
SCOTT SROUFE  
MICHAEL WILT

STAFF:

SPENCER DURAN  
MARNI HOLLOWAY  
ELIZABETH YEVICH

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P R O C E E D I N G S

1  
2 MR. IRVINE: All right. Good morning everyone.  
3 My name is Tim Irvine, and this is the quarterly meeting  
4 of the -- god, it's such a long name -- Housing and Health  
5 Services Coordination Council or as I refer to it, the  
6 Huskey.

7 (General laughter.)

8 MR. IRVINE: And, first of all, let's start  
9 with a confirmation of whether we have a quorum or not.  
10 Let's see. Jessica Hissam?

11 MR. HISSAM: Oh, I'm here. Present.

12 MR. IRVINE: Veronica Neville? Not here.  
13 Debbie Hall? Not here. Suzanne --

14 MS. HALL: I'm on the phone.

15 MR. IRVINE: Oh, okay. That's great.  
16 Unfortunately, being on the phone doesn't count for quorum  
17 purposes, but glad to know you're engaged.

18 MS. HALL: Thank you.

19 MR. IRVINE: Suzanne Barnard?

20 MS. BARNARD: Here.

21 MR. IRVINE: Lindsey Baerwald?

22 MR. SROUFE: I am here in her presence.

23 MR. IRVINE: By proxy, yes.

24 MR. SROUFE: Yes.

25 MR. IRVINE: Okay. Michael Wilt is not here.

1 Justin Coleman, not here. Doni is here. Michael is here.  
2 Reverend Darden couldn't make it. So we do not appear to  
3 have a quorum.

4 Well, unfortunately, because we don't have a  
5 quorum, we can't take any formal action, but that doesn't  
6 mean we cannot have spirited discussion and engagement.  
7 Because this organization tends to have so much flux and  
8 change in participation, why don't we start by going  
9 around the table saying who we are and what we do.

10 And one thing that I think is important for  
11 everyone to understand is public participation is just as  
12 important as council participation. But in order to  
13 capture it, we have to be able to step up to the table  
14 where the microphones can pick you up and your voice can  
15 make it onto the transcript. So anybody around the sides,  
16 you're part of the meeting.

17 You're part of the club. But feel free if you  
18 want to ask a question or make a comment or whatever to  
19 come up to table and just indicate who you are and on  
20 whose behalf you're talking and that way we can get you  
21 into the record.

22 So at this point I'm going to turn over the  
23 chair of the meeting such as it is to Doni who's frankly  
24 way better at this kind of thing than I am and let you be  
25 the first one to introduce yourself and start around the

1 table.

2 MS. GREEN: Good morning. I'm Doni Green. I'm  
3 with the North Central Texas Council of Governments in  
4 Arlington. And I have responsibilities for the North  
5 Central Texas area Agency on Aging, Aging and Disability  
6 Resource Center and Nursing Home Relocation Grant.

7 MR. GOODWIN: My name is Mike Goodwin. I'm a  
8 governor appointee for housing development. I work with  
9 two nonprofits in San Antonio that are owners and  
10 developers of all kinds of housing. We have a lot of  
11 affordable -- we've now gotten into the market with  
12 affordable.

13 MS. HISSAM: Hi, everybody. Jessica Hissam  
14 over here. I'm with HHSC, in the Adult Mental Health  
15 Unit. I'm a program specialist. I deal with assertive  
16 community treatment, permanent supportive housing, Section  
17 811, and a variety of other high-intensity service  
18 provisions.

19 MS. ZATARAIN FLOURNOY: Good morning. I'm  
20 Josefa Zatarain Flournoy. I'm with the Alamo Area Council  
21 of Governments under the Aging and Disability Resource  
22 Center. I'm the housing navigator, the money-follows-the-  
23 person program. And I work with all types of housing  
24 advocates, entities, developers, as well as policy-makers  
25 and program administrators to promote the creation of more

1 affordable units.

2 More specifically, the Aging and Disability  
3 Resource Center is concerned with elderly and those with  
4 disabilities, whether they be intellectual or  
5 developmental disabilities or any other disabilities  
6 caused by illness, accident, and other circumstances,  
7 although I am now currently participating with San Antonio  
8 Mayor's Housing Task Force in the development of some  
9 policy framework for affordable housing, actually housing  
10 for all San Antonioans. And I'm happy to be here with  
11 you.

12 MS. HERNANDEZ: Hi. My name is Iraize  
13 Hernandez, and I am also a housing navigator with the  
14 Dallas County's Aging and Disability Resource Center.  
15 Thank you.

16 MR. DURAN: Spencer Duran with the Texas  
17 Department of Housing and Community Affairs. I manage the  
18 Section 811 Program and the Department's Money Follows the  
19 Person Grant and other areas that intersect with health  
20 and disability.

21 MS. PERRY: My name is Linda Perry, and I am  
22 the program specialist with the Section 811 Program.

23 MS. ADAMS: My name is Kali Adams. I'm new to  
24 TDHCA, specifically with the Housing Resource Center. And  
25 I'm going to be serving as coordinator of the council.

1 It's nice to meet you all.

2 MR. YEVICH: And I'm Elizabeth Yevich, Director  
3 of the Housing Resource Center, and this council has  
4 always been under my purview. And we are pleased to have  
5 Kali who just came on a few weeks ago who's going to be  
6 working and she's be the main point of contact from now on  
7 for sending things out.

8 So I know in the interim we had Terry Richard  
9 and everybody loved her and y'all put up with me for the  
10 last couple of months sending things out and probably not  
11 nearly as timely or as good as Terry, but Kali's going to  
12 pick up the slack that I know I left in my wake, so.

13 MR. SROUFE: I am Scott Sroufe. I am the  
14 marketing coordinator with Texas Department of Agriculture  
15 Trade and Business Development, and I deal with certified  
16 retirement communities.

17 MS. YEVICH: And I believe you are officially  
18 appointed and we're about to get a letter --

19 MR. SROUFE: Yes.

20 MS. YEVICH: -- to that effect.

21 MR. SROUFE: Yes.

22 MS. YEVICH: We just found out. Wonderful.

23 MS. BARNARD: I'm Suzanne Barnard. I'm with  
24 Texas Department of Agriculture Community Development  
25 Block Grant Program. So we work on low- to moderate-

1 income communities across rural Texas.

2 MS. LEUNG: My name is Julie Leung. I'm with  
3 Texas Department of Housing and Community Affairs. I'm  
4 working at the Fair Housing Data Management and Reporting  
5 Division.

6 MS. HOLLOWAY: I'm Marni Holloway. I'm the  
7 director of the Multifamily Finance Division at TDHCA.

8 MR. RUSSELL: Patrick Russell, in the  
9 Multifamily Finance Division. I'm a research specialist.

10 MS. WALIKONIS: I am Christa Walikonis; I'm a  
11 policy fellow at Disability Rights Texas.

12 MS. GREEN: Well, welcome, everyone. Since we  
13 don't have a quorum, we won't be able to take action on  
14 the minutes, so we will proceed to Agenda Item Number 2,  
15 which is an update on Section 811 and other related  
16 activities. And leading the conversation will be Spencer  
17 Duran.

18 MR. DURAN: Well, thank you, Doni. I just have  
19 kind of an oral report on the Section 811 Project Rental  
20 Assistance Program as well as Project Access and Money  
21 Follows the Person and a new initiative that we're taking  
22 on, the Housing and Health Services Coordination or the  
23 HOME and Community-Based Services Adults and Mental Health  
24 Program.

25 So just after your October, your last October

1 meeting, we brought on Linda Perry to work on the Section  
2 811 Project Rental Assistance Program, and she has been  
3 working to coordinate our referrals as they come in from  
4 the local community organizations, like Doni's, that  
5 provide that kind of frontline disability housing and  
6 services programming. They make referrals to the Section  
7 811 Program, and then Linda coordinates move-ins with  
8 available participating properties.

9 We also adopted new rules in the Texas  
10 Administrative Code, so now we have our own little place  
11 alongside the other programs that the Department operates,  
12 and that's 10 TAC Chapter 8. So I'm really excited about  
13 that.

14 So we're also working really closely with the  
15 Health and Human Services Department. As you may recall,  
16 the Section 811 Program is a jointly administered program  
17 between TDHCA and the Health and Human Services  
18 Commission.

19 And at TDHCA, we work on recruiting the  
20 properties and, you know, managing the waiting list. But  
21 the Health and Human Services Commission works on bringing  
22 the actual service providers to the program. I work  
23 really closely with Jessica and other folks at HHSC to  
24 make sure that all participants in the Section 811 Program  
25 have available to them community-based services and

1 support.

2           And then looking forward to 2018, we've  
3 identified a Top 15 list of participating properties out  
4 of our total properties we brought to the program, which  
5 is 85. And the Top 15 is something that we identified as  
6 directed by our Health and Human Services partners to  
7 locate or to identify properties in the portfolio that  
8 will be really responsive to the needs of the target  
9 population.

10           We have surveys that have been conducted that  
11 reflect that participants are interested in properties  
12 that have close proximity to public transportation, to  
13 high numbers of community amenities, and things like that.

14           So we've created a matrix to score the properties that  
15 are in the 811 portfolio. And we're going to make those  
16 available or really kind of affirmatively kind of promote  
17 those properties.

18           We're going to promote all the properties that  
19 are participating in 811 but we found some that are pretty  
20 uniquely suited to meet the need. So we hope that that  
21 translates into about 150 lease-ups from that group of  
22 properties. Our referrals have traditionally been kind of  
23 lagging behind, but thanks to new energy from HHSC, our  
24 referrals to the programs have been up across the board.  
25 El Paso and Brownsville are lagging behind, so we kind of

1 have a geographic discrepancy about who's getting served  
2 and who's getting referred to the program. But, again,  
3 we're really hopeful that, you know, our working closer  
4 with HHSC will kind of remedy that.

5 We're making changes to the webpage. We're  
6 giving more lead time to the referral agents on when  
7 vacancies will be occurring and things like that.

8 And then after this meeting, I can provide kind  
9 of a -- it's like a three-page snapshot about how the  
10 program is doing. You know, some of the highlights that  
11 we have essentially are, you know, we have 85 properties.

12 We have 420 people on the waiting list. We've housed 35  
13 households, and we have more on the way. But I'll provide  
14 a comprehensive snapshot to HRC to give more detailed  
15 numbers on that.

16 I was going to touch base briefly on Project  
17 Access, which is our Section 8 Program where a portion of  
18 our Section 8 allocation vouchers are set aside with a  
19 preference for people who are participating in the Money  
20 Follows the Person Program or people who are exiting  
21 institutions, as well as people with severe mental  
22 illness.

23 So we've leased up 61 Project Access vouchers  
24 currently, we have 162 on the waiting list, and we've been  
25 experiencing increased wait times of 11 to 13 months, so,

1 you know, we're waiting on additional funding essentially  
2 to further fund our waiting list. Going back to the very  
3 beginning of the program, we've now served 1,421  
4 households.

5 We also, in addition to serving money-follows-  
6 the-person folks, we also serve people with -- who are  
7 exiting out of our state hospitals. And so we have ten,  
8 so that's fully lease of our mental illness set-aside. We  
9 also have 48 households on the waiting list for the severe  
10 mental illness group. And, you know, things have been --  
11 you know, we're kind of basically maxed out.

12 We've been operating under continuing  
13 resolutions to fund our Section 8 Program. And HUD will  
14 not release additional funding until April or May of this  
15 year, and so at that time, we'll get -- you know, be  
16 reinvigorated with additional funding so we'll be able to  
17 start having some movement on the waiting list after that  
18 occurs.

19 Also, our money-follows-the-person activity has  
20 been going really well. TDHCA gets a little bit over  
21 \$200,000 from HHSC, which goes to two FTEs, and those FTEs  
22 work to further the goals of the Money Follows the Person  
23 Program, which is to facilitate the full community  
24 integration of people with disabilities.

25 And so those two FTEs are kind of chopped up to

1 help fund a few different positions. So that's those  
2 folks who work on Section 8 Project Access, our HOME  
3 Tenant-Based Rental Assistance Program for people with  
4 disabilities, and the Section 811 Program as well.

5 And then, finally, we have a new initiative  
6 that we're working on, the HOME and Community-Based  
7 Services Adults with Mental Health Program. And that's a  
8 new inter-agency contract with the Health and Human  
9 Services Commission where they will fund one FTE and the  
10 Department will create a temporary rental assistance  
11 program for people that HHSC has identified who qualify  
12 for comprehensive services. And so we will probably serve  
13 about 40 households with that kind of small pilot program.

14 And, Jessica, is there anything that you would  
15 want to add since this is kind of related to HHSC in your  
16 area?

17 MS. HISSAM: The only thing really to add is  
18 that 1915 Medicaid waivers with the special projects, it's  
19 a little bit separate. They've had pretty slow ramp up  
20 for a variety of reasons generally revolving around the  
21 services that need to be provided. Each provider needs to  
22 be able to provide I believe it's 12 different services  
23 that are having kind of a little bit of an issue getting  
24 those providers in certain areas.

25 But I'm hoping that with this sort of housing

1 focus, kind of getting the community more connected, that  
2 Medicaid waivers is going to start taking off. So I think  
3 it's good that we're mixing sort of the pots, TDHCA and  
4 that program.

5 MR. DURAN: Yeah.

6 MS. HISSAM: Hopefully they won't lose things.

7 MR. DURAN: Yeah. It's really exciting. So  
8 the rental assistance is state GR money. So HHSC is using  
9 part of their saved general revenue funds to create a  
10 housing program. And TDHCA, we're going to use our  
11 expertise to build that housing program for this  
12 discretely identified population that are participating in  
13 the waiver demonstration. So it's kind of cool.

14 That's all I had for my update.

15 MS. GREEN: Since we're on the Top 15  
16 properties, you mentioned that you've scored them based on  
17 different criteria. Are you looking at accessible units  
18 because that's --

19 MR. DURAN: Yes. The number of accessible  
20 units --

21 MS. GREEN: Okay.

22 MR. SPENDER: -- on site is part of that  
23 matrix. All of the units -- so, first of all, all  
24 properties that 811 is -- are attached to, they're part of  
25 our multifamily portfolio, which already has to create a 5

1 percent, 2 percent accessible unit in their mix. So they  
2 have to have 5 percent of the units physically accessible  
3 for people with disabilities and 2 percent of the units  
4 for people with low vision and hearing disabilities. So  
5 that's baked into all of our properties.

6 In addition, since going back to 2002, all of  
7 our properties that we fund, have to or are subject to  
8 Section 504, the Rehabilitation Act, which essentially  
9 means that if there is an accessibility modification that  
10 is needed, the owner would be responsible for that. So I  
11 think that people with disabilities who had that physical  
12 need are well positioned to whatever they need that's  
13 obviously reasonable, can be put in place in the  
14 properties.

15 MS. GREEN: Because that's where we've run into  
16 an issue serving nursing home residents who were  
17 interested in relocating. The vast majority have  
18 physical -- well, they all have physical disabilities and  
19 many of them require accessible units. And there have  
20 been vacancies that have become available at beautiful  
21 properties but two-story units, and these folks whom we're  
22 referring don't have the ability to climb stairs.

23 MR. DURAN: Yeah.

24 MS. GREEN: So are you saying that the property  
25 would have to make that unit accessible?

1 MR. DURAN: So that would probably exceed the  
2 reasonableness --

3 MS. GREEN: Yeah.

4 MR. DURAN: -- you know, question. You know, I  
5 don't think it's -- it may not optimally be reasonable to  
6 create -- you know, to build an elevator, you know, or  
7 something like that. But units have to be accessible.  
8 They have to be on accessible pathway. So the first-floor  
9 units would have to have, you know, some level of  
10 accessibility there. And then the units that are above  
11 also have to have some accessibility.

12 But your typical, you know, tax credit kind of  
13 cookie-cutter three-story walk-up, you know, those or two-  
14 story walk-up, those -- you know, there's not a lot you  
15 can do about them.

16 Multifamily, do you have anything else to say  
17 about the accessibility in the multifamily portfolio or --

18 MS. HOLLOWAY: I do not. I think you've  
19 covered them. There's -- all properties are required to  
20 provide 5 percent of their units dispersed across unit  
21 types as accessible for individuals with mobility  
22 disabilities and then, of course, the other 2 percent for  
23 hearing and vision.

24 On a typical unit, two- or three-story garden  
25 walk-up, you're only going to be able to make first floor

1 units accessible. And then, of course, there's supposed  
2 to be accessible parking as close as possible and on an  
3 accessible --

4 MR. DURAN: Yeah. I think we do track the  
5 number of units that are built as accessible, and you can  
6 look that up in our Help For Texans portal, the vacancy  
7 clearinghouse. So you can look at the existing TDHCA-  
8 funded properties in your area and look at the -- see how  
9 many prebuilt accessible units are on site.

10 But if it's something besides like an elevator  
11 or something like to get to a second or third story, if  
12 it's something like widening doorways, putting in hand  
13 rails and things like that, you know, those are pretty  
14 straightforward and the owner would be response for  
15 those, making those modifications.

16 MR. IRVINE: And there is one other thing that  
17 we did by rule issue that I think is pretty powerful and  
18 positive and that is we have a concept called  
19 visitability. So you might have a unit that isn't fully  
20 accessible, but we put in requirements that even a two-  
21 story townhouse --

22 MS. GREEN: There's an accessible restroom.

23 MR. IRVINE: -- has to have a proper width  
24 door, no step entrance, a first-floor restroom, those  
25 kinds of things so that persons with mobility impairments

1 can safely and easily visit, you know, and integrate with  
2 the community.

3 MR. DURAN: And with the 811 portfolio, I know  
4 that, you know, that for a long time we've only had one  
5 property in Dallas that was participating in 811.

6 MS. GREEN: Yeah.

7 MR. DURAN: And that one property happened to  
8 be a split-level townhouse property.

9 MS. GREEN: Yeah.

10 MR. DURAN: So that's really frustrating,  
11 right?

12 MS. GREEN: Yeah.

13 MR. DURAN: But we've now recruited a lot more  
14 properties in Dallas and closer to Fort Worth so Tarrant  
15 and Dallas Counties and so, you know, just by nature of  
16 811 maturing, meaning those properties that we've funded  
17 in previous years are now completing their physical  
18 construction. And so those properties that are coming  
19 online, I don't think that any of those are split-level  
20 townhouses.

21 MS. GREEN: Yeah. I think the choices are  
22 really expanding.

23 MR. DURAN: So adding choice --

24 MS. GREEN: Yeah.

25 MR. DURAN: -- will help with that problem as

1 well.

2 MS. GREEN: Yeah. How do you all manage the  
3 wait list for Project Access? There are a certain number  
4 of vouchers that are dedicated for folks exiting state  
5 hospitals.

6 MR. DURAN: Correct. Yeah, of our total.

7 MS. GREEN: So do you maintain separate waiting  
8 lists for those populations? Because with nursing home  
9 residents, all of them are eligible for nursing home  
10 Medicaid. And so if it takes, you know, 13 or 15 months,  
11 it's not necessarily a burden on the provider. But with  
12 folks exiting state hospitals, I think they have less  
13 ability to just keep people for months and months.

14 So is there anything that you all are doing or  
15 can be done to kind of put those folks on a fast track?

16 MR. DURAN: One thing we could do to put those  
17 folks on a fast track would be to kind of rekindle the  
18 exiting somebody with HOME tenant-based rental assistance  
19 and then they can utilize that for up to five years. And  
20 then hopefully after that five-year period, they will have  
21 identified a source of permanent affordable housing  
22 including, perhaps, the Project Access state hospital set-  
23 aside.

24 So we should, you know, I think that local  
25 disability service providers and other people who are

1 involved in disability housing and service coordination  
2 should really start looking and thinking about bridge  
3 programs.

4 So, for example, the HCB SAMH Program we talked  
5 about, that could be a program that someone could exit a  
6 state hospital on that state GR voucher and then go ahead  
7 and, you know, exit and then flip the switch to turn on  
8 their more permanent housing assistance whenever it  
9 becomes available.

10 So we need to start exploring bridge options.  
11 But as far as, you know -- as far as like taking these ten  
12 vouchers, I'm not sure what else we could really do to  
13 expedite, because it's about money.

14 MS. GREEN: Uh-huh. Sure.

15 MR. DURAN: We just don't have enough money to  
16 satisfy the need who are on our Section 8 waiting list  
17 across the board.

18 MS. GREEN: And I believe the waiver is limited  
19 to those who spent a certain number of days --

20 MS. HISSAM: It's -- yeah, I was just thinking.

21 So right now the eligibility is pretty slim which has  
22 been another sort of barrier. I believe it's 1,095 days  
23 in an institution. I can't remember the amount of time, I  
24 believe the past two or three years inside of the state  
25 hospital. So it's a very sub --

1 MS. GREEN: Well, 1,095 would be three years.

2 MS. HISSAM: Right. Yeah. It's a very, very  
3 subpopulation of folks who are really, really in very high  
4 need.

5 MS. GREEN: Yeah.

6 MS. HISSAM: And that's been another barrier  
7 identifying and then getting them in the community,  
8 including the housing part. They need to be able to  
9 provide four types of housing by the time they've applied  
10 for the program, which has been another provider sort of  
11 barrier, so.

12 MS. GREEN: Yeah.

13 MS. HISSAM: Matching it with what Spencer's  
14 talking about could really strengthen.

15 MR. DURAN: And I'm not talking about HOME TBRA  
16 as a potential lifeline but --

17 MS. HISSAM: Yeah.

18 MR. DURAN: -- if someone from our HOME  
19 division was here, they'd be saying, well, you know, HOME  
20 Program is oversubscribed and doesn't have enough funding  
21 and there's long waiting lists for our HOME TBRA  
22 administrator network, too.

23 MS. HISSAM: Right. Yeah.

24 MR. DURAN: So, you know, just trying to  
25 leapfrog to these certain options that are all kind of

1 lacking funding is kind of the catalyst of the problem, in  
2 my opinion.

3 MS. GREEN: So, Spencer, do you have a feel for  
4 where your 811 referrals have come from by referral  
5 source?

6 MR. DURAN: Mostly from local mental health  
7 authorities and 85 percent of the people we've served have  
8 been homeless.

9 MS. GREEN: Interesting.

10 MR. DURAN: Because we did not expect that.

11 MR. GOODWIN: Is your disparity between actual  
12 recipients and waiting list a geographic issue more than  
13 it is a dollar issue or --

14 MR. DURAN: For 811, it's --

15 MR. GOODWIN: Yeah.

16 MR. DURAN: -- it's a lot of it's we have a big  
17 chunk of properties that have committed to the program in  
18 2015 and 2016 to the multifamily cycle. And a lot of  
19 those are either new construction, so there's a two- or  
20 three-year lag. So if those properties were funded in  
21 2015, you know, a lot of them have just now come online  
22 so, you know, we're leasing up those.

23 In 2016, it was 90 percent new construction,  
24 and so we're still waiting for those properties to come  
25 online which will be happening this calendar year. And

1 then so that's for the new construction issue. But  
2 whatever we bring on in preexisting property, those  
3 properties already filled with current tenants. So it's  
4 just kind of a matter of, you know, it's just a slow  
5 process, you know?

6 MR. GOODWIN: Do you monitor the accessible  
7 units so that you know who's in there? And I'm not  
8 talking about 811 times, but back before television was  
9 invented and 504 was thought of, you did not have to keep  
10 an accessible unit vacant over an extended period of time  
11 if there was not a candidate for the unit.

12 But if somebody moved into that unit and then a  
13 person needing that unit came along, they had to move to  
14 the next available unit of that size. It didn't matter  
15 whether it was second floor, third floor, or, you know,  
16 behind the Dumpster. That was part of the deal.

17 I was just wondering if somebody tracks that so  
18 they know, oh, hey, we got an accessible unit there. We  
19 just got to get those folks --

20 MR. DURAN: I don't think we hold open those  
21 accessible units or reserve them or affirmatively market  
22 them to people with disabilities, right?

23 MS. HOLLOWAY: They are -- so they would roll  
24 into regular affirmative marketing for apartments. Owners  
25 are not required to hold accessible units vacant for

1 someone with a disability. They may, you know, offer a  
2 waiting list and, you know, as a unit comes up for  
3 renewal, say, well, we have a tenant that needs an  
4 accessible unit so we have a comparable unit over here.  
5 You know, would you be willing to move? I don't know that  
6 they could be forced to move out of an accessible unit.

7 MR. GOODWIN: Well, in the HUD world, we had an  
8 addendum that says you're going into an accessible unit,  
9 and if someone needs that unit, then you will move to the  
10 next available unit of the same size comparable, but it  
11 didn't specify that it was first floor, end unit,  
12 whatever.

13 And I don't know, Tim, if you have the ability  
14 to do that or not, to put an addendum on an accessible  
15 unit that would give that freedom, so if Doni had somebody  
16 who needs a unit and the property says, oh, we don't  
17 have -- our accessible units are all occupied. Well, if  
18 there's a non-needing person in that, you could say, hey,  
19 we'll work with them and move them.

20 MS. HOLLOWAY: Well, the other thing I think  
21 that we'll see happening, and Tim mentioned the new  
22 visibility rule, is that we will be starting to create  
23 units that are very easily modified as a reasonable  
24 accommodation. You know, if you already have the basics  
25 of the doorways and then no step entrance and those, you

1 know, the bathrooms and that kind of thing, it's much  
2 easier to get to an accessible unit or at least to provide  
3 just those modifications to that particular tenant needs.

4 You know, a particular tenant may not need a  
5 fully accessible unit. They need these features, and  
6 that's going to be much easier to accomplish in the  
7 future.

8 MR. GOODWIN: Okay. That's sort of been around  
9 since the >90s with the HUD new construction guidelines  
10 that all of your ground floor units have to have that in  
11 any building whether it's tax credit, HUD, or just a  
12 conventional buildings. You got to have the door widths,  
13 you got to have the kitchen clearances, and it's a fair  
14 housing issue.

15 MS. HOLLOWAY: It's part of the fair housing  
16 design manuals.

17 MR. GOODWIN: Yeah.

18 MS. HOLLOWAY: Basically what we've done is  
19 we've said that they're for -- for TDHCA moving forward,  
20 there are no units that are exempt from those requirements  
21 is really what that rule accomplished.

22 MS. GREEN: That's huge.

23 Well, good. All right. Thank you. I think  
24 we'll move into discussion of the definition of service-  
25 enriched housing. And the definition appears in your

1 packet under Item Number 3. I'll give you just a minute  
2 to find that.

3 And by way of history, the enabling legislation  
4 that formed this committee required that a definition of  
5 service-enriched housing be developed. And I believe Mike  
6 and I are the only folks that are old enough.

7 (General laughter.)

8 MR. GOODWIN: Do you remember some of those  
9 discussions?

10 MS. GREEN: I do.

11 MR. GOODWIN: We didn't provide doughnuts  
12 and --

13 MS. GREEN: No, we didn't.

14 MS. YEVICH: We should have.

15 MS. GREEN: We didn't want anything that would  
16 serve as projectiles.

17 MS. YEVICH: That's exactly right.

18 MS. GREEN: No. It was a very productive  
19 discussion. So we'd like to kind of get the Committee's  
20 will about if it would like to make any changes to this  
21 definition and if so, how. And Elizabeth?

22 MS. YEVICH: Right. A little bit of  
23 background, and I apologize for Boston was unable to be  
24 here today. But what happens, Council being under TDHCA,  
25 TDHCA being a state agency, and there's rules, Government

1 Code asked that all state agencies look at the rules every  
2 few years, review them, decide whether they need to be  
3 readopted. So that's what TDHCA is doing right now.

4 And, of course, due to the enabling legislation  
5 for Council, one of the statutory directives was that the  
6 Department and by rules should adopt whatever the Council  
7 decides. And that's what Doni was referring to. One of  
8 the first activities of the Council back in the late 2009  
9 or most all of 2010, they talked about formulating this as  
10 a rule and then it was codified.

11 So right now we're just sort of looking at it  
12 and we'd like the will of the Council whether you think  
13 the wording is fine as-is, in which case TDHCA would just  
14 simply go through the motions of just, you know, putting  
15 it out, readopting it or whether it needs to be changed.  
16 If so, would Council like to talk about it now? Would  
17 Council like to then maybe send it out as maybe a Word  
18 document and people offer suggestions to it, take comment  
19 on it now from anyone who is here? Or whether Tim had  
20 anything to add or Marni?

21 MR. IRVINE: Well, since we don't have a  
22 quorum, we can't legally take comment or make  
23 recommendations. But, you know, we can certainly just  
24 have a discussion and hear what people think.

25 MR. WILT: Is this a brand new definition?

1 MS. YEVICH: No. This is the one from 2010.

2 MR. WILT: Oh, this is the definition from  
3 2010?

4 MS. YEVICH: This is it. It hasn't changed.

5 MR. GOODWIN: Yeah. That is the definition  
6 that's codified, and then there's two people at the table  
7 that say we don't want to change that.

8 (General laughter.)

9 MS. BARNARD: Too painful from the first time.

10 MS. YEVICH: Yes. Right.

11 MR. GOODWIN: From the first time. You want me  
12 to show you the scars, I'll do it.

13 (General laughter.)

14 MS. HISSAM: I like it. It aligns closely to  
15 SAMHSA's definition of permanent supportive housing. MS.

16 GOODWIN: And background, we had a lot of serious help  
17 with this because at that point in time we had two people,  
18 I think, that were persons with disabilities attending the  
19 meetings, not necessarily members of the Council.

20 We had one member who was a person with  
21 disabilities that was very active, who unfortunately has  
22 passed on in the interim who was very supportive. So we  
23 had some really superior input as to down in the weeds,  
24 you know, to make sure that we didn't put a word in there  
25 that could be misconstrued, if you will.

1                   And those folks did us a huge favor.

2                   MS. GREEN: And as I recall, kind of the most  
3 sensitive issues were whether certain types of congregate  
4 living arrangements would be included or excluded. And I  
5 believe we had quite a bit of conversation about assisted  
6 living facilities and group homes.

7                   And I think the choice of the word "integrated"  
8 was very purposeful and conveys that we're really  
9 interested in housing that integrates persons who have  
10 disabilities with those who don't have disabilities. And  
11 so those types of living arrangements would fall outside  
12 the definition of service-enriched housing, not that those  
13 aren't viable options for folks with disabilities and  
14 there are many whom we served who prefer those types of  
15 arrangements.

16                   But the intent, as I recall, is really about  
17 community where folks would have, you know, their own keys  
18 and leases, which typically you would not find in those  
19 types of congregate living arrangements.

20                   MR. IRVINE: Yeah. And I think it also more  
21 subtlety embraces the concept of choice, the opportunity  
22 to select services as opposed to --

23                   MS. GREEN: Yes,

24                   MR. IRVINE: -- being required to take  
25 services.

1 MS. GREEN: And that was a very lively  
2 discussion about whether residents would be compelled to  
3 receive services and that element of choice was critical.

4 MR. WILT: What about clustered housing, like a  
5 collection of duplexes where you do have your own key,  
6 your own leases? I mean, like that, has that been  
7 integrated in the definition of "integrated"?

8 MS. GREEN: It probably depends on the type of  
9 cluster housing. So if it's a community that's solely for  
10 persons with disabilities, probably not.

11 MR. WILT: Right.

12 MS. GREEN: But if it's a cluster of homes  
13 where folks voluntarily choose to live there and there  
14 would be persons without disabilities, then I think that  
15 would be within the scope.

16 MS. YEVICH: And on that there is another rule,  
17 integrated housing rule, and I think, Michael, you might  
18 have been sort of referring to that. There's going to be  
19 a DAW meeting, a disability advisory work group meeting.  
20 That's going to be held next month, February 21, Brown  
21 Heatly, 10 o'clock, Room 3501. And so that rule will --  
22 or the DAW meeting is going to be then, and I think that  
23 more than likely that will be discussed at that time.

24 MR. IRVINE: And also for the new folks on the  
25 Council and to remind old folks on the Council, this

1 particular definition is kind of a focal point, and it  
2 brings in a lot of other concepts and where we've talked  
3 about choice and things like that. But there's been a lot  
4 of discussion about the housing-first model, especially  
5 for persons dealing with substance abuse issues and so  
6 forth that you just can't have a prayer of conquering your  
7 demons unless you get stable housing first.

8 MS. GREEN: So, again, we're not able to take  
9 any action. But I'm not really picking up on a sense that  
10 this is something that you all want to amend. So any  
11 thoughts about, you know, do we want to go back and take  
12 some more time and look at this and -- or are you all okay  
13 with the definition as it stands?

14 MS. NEVILLE: It makes sense to me. I guess it  
15 might be, like, we could do our due diligence and just  
16 see, you know, look at the SAMHSA definition, see if  
17 there's anything since 2010 that any terminology we want  
18 to add. Probably not. It looks like it hits on all the  
19 key points.

20 Are there definitions -- I guess there is if  
21 there's an integrated housing rule -- definitions of each  
22 of these terms, integrated affordable, that's codified?

23 MR. IRVINE: There are other definitions that  
24 sort of touch upon the issue. For example, in our  
25 multifamily rules in our qualified allocation plan, you'll

1 see the concept of permanent supportive housing, which has  
2 a lot of similarity but also some differences, because one  
3 of the things that TDHCA has been very intent upon is  
4 while we like the model of a mission-driven developer that  
5 has, you know, an ability to provide meaningful services  
6 as well as to provide housing, we really don't want to  
7 co-opt a housing program and turn it into something it  
8 shouldn't be.

9 MS. NEVILLE: Right.

10 MR. IRVINE: And I think that the real key  
11 word in the definition of this Council is "coordination."  
12 We want our multifamily housing developer, owner,  
13 operators to know how to coordinate and bring in and offer  
14 appropriate services.

15 MS. GREEN: Any other thoughts about the  
16 definition?

17 MS. HOLLOWAY: If I may, using the word  
18 "accessible" here because accessible housing generally  
19 has, you know, very specific meanings, you know, about  
20 accessible units and you're actually working with a much  
21 broader population. And perhaps "suitable" or another  
22 term along those lines that isn't as specific as  
23 "accessible" may suit the work that the Council is  
24 doing --

25 MS. GREEN: Okay.

1 MS. HOLLOWAY: -- and the folks that you are  
2 hoping to serve.

3 MS. GREEN: Yeah. And I think that speaks to  
4 the broad populations we're serving. It kind of goes  
5 beyond those with physical disabilities only.

6 MR. GOODWIN: Well, but I think -- and the  
7 thing is I don't think we have definitions of the terms  
8 that go with the definitions. When we were discussing it,  
9 accessibility carried two connotations.

10 One was the physical accessibility as defined  
11 by the Persons with Disabilities Act. But the other is  
12 that it is available to the people who are asking for it  
13 in the location that they need it or that a location they  
14 can get to so that it's not something that they couldn't  
15 use even if it were there, meaning -- I don't know -- we  
16 talked a lot about on a bus line or that there were  
17 services to get people to and from the places where they  
18 wanted to go, as opposed to just it just has wide doors  
19 and low light switches and stuff like that. It talked  
20 about all the elements of the availability of the unit or  
21 the property with the unit to persons with disabilities.

22 MR. IRVINE: I mean, everybody always likes  
23 definitions that are one sentence, but, you know, maybe  
24 this is a definition that needs an additional sentence in  
25 that regard. I mean, you know, there are lots and lots of

1 disabilities that do not require specific accessibility  
2 elements.

3 MS. HOLLOWAY: Yeah. I can see, you know,  
4 almost a conflict with what we're doing with multifamily  
5 housing. You're saying service-enriched must be  
6 accessible. Then in the multifamily development world,  
7 that has a very specific meaning. So it could be that it  
8 needs a little more development or explanation or a  
9 different terminology.

10 MR. DURAN: Yeah. I think a good example,  
11 Doni, you're talking about, you know, our one 811 Program  
12 in Dallas. It's a split-level townhouse. So people who  
13 are exiting out of nursing facilities that your referrals  
14 would, you know, come from haven't really been able to  
15 take advantage of that housing.

16 But the other 811 target population of people  
17 with severe mental illness, they -- and people -- youth  
18 exiting out of foster care, who could have a wide variety  
19 of disability types, they've been glomming onto that  
20 property, no problems.

21 MS. GREEN: Yeah. I like the term  
22 "suitability." It's a little fuzzy, but I think it's  
23 broader and probably works better than "accessibility."  
24 And I think "accessibility" would be a subset of  
25 "suitability."

1           Okay. Well, I guess that will appear on the  
2 agenda again for --

3           MS. YEVICH: Or I mean -- and we could, we  
4 could send this, the definition out to everybody and also  
5 maybe we could wait a week until the transcripts come and  
6 also this conversation included so everyone has this  
7 conversation.

8           MR. IRVINE: Well, and also under state law,  
9 under the Administrative Procedures Act, when you go  
10 through rule review on a four-year cycle, rule review  
11 actually gets published in the *Texas Register* and creates  
12 an opportunity for comment.

13           MR. YEVICH: So would you like us to go ahead  
14 and take that formal route or -- what's the next step?

15           MR. IRVINE: I think that they are our agency's  
16 rules and we are by law required to undergo rule review so  
17 we will, on the appropriate timeline, publish them for  
18 public comment.

19           MS. GREEN: But I don't think we're able to  
20 make a formal recommendation this morning without a  
21 quorum.

22           MR. IRVINE: You don't really need to.

23           MS. GREEN: Okay.

24           MR. GOODWIN: Just ask the staff to put it out  
25 to everybody and --

1 MR. IRVINE: And you'll get an opportunity to  
2 comment on whatever appears in the *Register*.

3 MS. GREEN: Okay. Do we need a conversation  
4 about the definition?

5 (No response.)

6 MS. GREEN: Okay. Elizabeth will lead us in a  
7 discussion of the Statewide Behavioral Health Coordinating  
8 Council, and --

9 MS. YEVICH: Again, I'm going to be Brooke  
10 Boston, and I'm sorry she could not be here, but there is  
11 another council out there -- also, to remind folks here,  
12 Senator Nelson, Senator Jane Nelson, is the one who  
13 crafted the legislation back in late 2008, 2009, which is  
14 the enabling legislation for this council.

15 And there has been another council that's  
16 called the Statewide Behavioral Health Coordinating  
17 Committee.

18 And that council has been active for the past  
19 few years. They have put out a five-year strategic plan.

20 And in the last legislative session, there was a rider,  
21 and TDHCA was named as a representative to that, effective  
22 September 1.

23 And Brooke Boston has been the representative  
24 from TDHCA attending these meetings. They have been very  
25 robust meetings. They were originally meeting for eight

1 hours a day about once a month, though that was trimmed  
2 down to four hours a day. I think they're down to about  
3 2-1/2 hours a day. And now they're going to be moving  
4 quarterly. But she has been attending these meetings.

5 And let me -- unfortunately, I have not  
6 attended these, and so I can't give you -- and Spencer has  
7 not attended them either, but Spencer and I are going to  
8 sort of tag team on what we think from Brooke has been  
9 going on in these rather robust meetings with the  
10 Statewide Behavioral Health Coordinating Council. I think  
11 they're a council as well.

12 And I'll just defer plans and what they're  
13 doing and the momentum that they have, bring that forward  
14 to this council, and we'll go from there. So that's sort  
15 of the background of that council.

16 The SBHCC's Strategic Plan primarily addresses  
17 long-term goals and the plan's progress report, which they  
18 are updating annually discusses the agency collaborations  
19 to implement several short-term and low- or no-cost  
20 opportunities. The report provides a summary of these  
21 opportunities satisfying the strategic plan requirement  
22 for the council.

23 And so during the years of the next five years  
24 the council, the SBHCC, will implement long-term goals of  
25 their strategic plan. So the council agency members and

1 community stakeholders provide "valuable insight to  
2 identify gaps and challenges related to coordination,  
3 access, and service provision within the behavioral health  
4 system in Texas." And 15 gaps were identified. And Gap  
5 12 -- thank you, Tim. Good morning.

6 And, also, one little housekeeping task. I  
7 believe several people may be on the phone. Did we -- did  
8 some more people call in? And if so, could you please  
9 identify yourself? Or did people drop off? Anybody on  
10 the phone?

11 (No response.)

12 MS. YEVICH: Okay. So, anyhow, Gap 12 in this  
13 coordinating group is called Access to Housing. And so  
14 the behavioral health disorders, what they're saying here  
15 can lead to a result of homelessness. And it goes on into  
16 detail about this.

17 Then they have a strategy under this. And they  
18 have all their goals, objectives, and strategies, and one  
19 of them, Housing Strategy 2.5.3 is develop a coordinated  
20 approach to address the housing needs of individuals with  
21 behavioral health strategies, so it's rather large.

22 So basically under Phase 1 of what they're  
23 doing with this is they have been saying, this  
24 coordinating council, that TDHCA recently joined the  
25 council and is going to inform the council about available

1 housing resources and collaborate with partner agencies to  
2 address the housing needs of Texans with behavioral health  
3 conditions. Therefore, what do they need us, TDHCA  
4 Housing or, to wit, perhaps this Council, to do?

5 So the SBHCC, they're in the process of  
6 creating sub work groups and sub working committees to  
7 utilize the existing statewide cross-agencies. It's a  
8 very similar setup to what we have. Again, Senator Nelson  
9 wrote this legislation. So they're utilizing existing  
10 statewide cross-agency councils to address and identify  
11 the gaps in strategies that they have identified.

12 The question that we're putting out here now  
13 and Spencer will talk a little bit more to this is would  
14 this Council be willing to assist the Statewide Behavioral  
15 Health Coordinating Council, the SBHCC, in lieu of them  
16 establishing a sub committee? We would, in turn, we sort  
17 of be their sub committee and offering ideas back to them  
18 rather than reinventing the wheel.

19 So that's the preliminary, and I apologize that  
20 Brooke is not here to give you insight into what has  
21 really been going with that, but I think, Spencer, did you  
22 have some things to add?

23 MR. DURAN: Yeah. So my first question is  
24 anyone from HHSC, do y'all staff the SBHCC?

25 MS. HISSAM: They don't --

1 MR. DURAN: I know that Karissa Dougherty does,  
2 but I didn't know if y'all two do?

3 MS. NEVILLE: No. We respond to requests  
4 from -- that are stemmed out of them, but we have not  
5 attended or been invited --

6 MS. YEVICH: Okay.

7 MR. DURAN: What I'm getting at, if there is a  
8 staff liaison kind of connected from this group to HHSC to  
9 that group or what?

10 MS. HISSAM: It's higher management.

11 MS. YEVICH: Right.

12 MS. HISSAM: They're not -- yeah.

13 MS. YEVICH: We do have --

14 MS. NEVILLE: But you said Karissa Dougherty  
15 does sit on there?

16 MR. DURAN: Yes.

17 MS. YEVICH: Right, but she's not on this  
18 group. And we do have a temporary HHSC and actually still  
19 another -- to remind everybody, of course, in the last  
20 legislative session, DARS and DADS and several others,  
21 what's called the transformation, sort of went away. The  
22 pendulum swang and everything was combined.

23 Because the legislation as written back in  
24 2009, we had representatives from DARS and DADS and DSHS,  
25 we're still lacking a few people because, of course, the

1 transformation is in play. They have named some people,  
2 and that's -- and Debbie was put on here as sort of the  
3 temporary. We had two or three people due to the  
4 transformation or the reorganization not quite being in  
5 place, it keeps switching. We still have yet an open  
6 position, DSHS, and that got swept into HHSC.

7 I think if maybe there was a possibility of  
8 maybe getting a direct liaison on there with two more open  
9 spaces on this council, we're working on that. And, of  
10 course, for a long time we've been trying to get the  
11 governor appointees, and our hands are a little bit tied  
12 with that. But if we got a couple of more agency reps,  
13 then we could also have a quorum or we could have more of  
14 the direct liaison so,

15 MR. DURAN: So I think if that did occur, that  
16 would be helpful. But, in general, I think that the  
17 Behavioral Health Council, I think that they have -- and  
18 to be honest, in my opinion, I think they have a lot of  
19 legislative focus. They have a lot of energy behind them.  
20 They're a really active group. I think that they're kind  
21 of where a lot of the energy is right now.

22 And so I think that if this council kind of,  
23 you know, latched on to that momentum, then a lot of the  
24 goals of this council could be manifested there. So  
25 people with severe mental illness, people with development

1 disabilities, people with substance abuse disorder, all of  
2 the groups that this council focuses on except for people  
3 with physical disabilities, would be able to have their  
4 kind of housing goals reflected in the behavioral health  
5 council.

6 So I think that it can be a vehicle for this  
7 group to have their goals kind of put into place and then  
8 still work on housing solutions for people with physical  
9 disabilities. So I think that it would be a good idea  
10 because that's just where the focus is. That's where a  
11 lot of the energy is right now.

12 Also, this group brings to the table, you know,  
13 TSAHC, TDA, that is not part of the behavioral health  
14 group. So it would be an opportunity for y'all.

15 MS. BARNARD: We're not on this.

16 MS. YEVICH: You're not on that?

17 MS. BARNARD: No.

18 MS. YEVICH: No. TSAHC and TDA are not a part  
19 of it.

20 MS. BARNARD: Oh, you mean from us? Gotcha.

21 MR. DURAN: Exactly.

22 MS. YEVICH: Right. Right. You're the  
23 agencies that are not.

24 MR. DURAN: Oh, exactly. So y'all aren't a  
25 part of the SB --

1 MS. YEVICH: The SBHCC.

2 MR. DURAN: But if y'all had came in --

3 MS. BARNARD: I'm like am I missing a meeting?

4 (General laughter.)

5 MR. DURAN: But this could be a way for y'all  
6 to influence that group.

7 MS. BARNARD: Okay.

8 MR. DURAN: Which I think would be a benefit,  
9 you know, because I think that people are really paying  
10 attention to that group right now, and they're going to  
11 take their recommendations to heart, I think, when it  
12 comes up for the next session and other policies. So this  
13 would be an opportunity for y'all to touch up on new  
14 policy.

15 MS. HISSAM: And really promoting the language  
16 difference between health care and housing as we're not  
17 talking about the same people and overlaps. The languages  
18 are completely different. And having housing folks,  
19 TDHCA, TDA, all that in there to really sort of translate  
20 and make sure everybody's on the same page of what's  
21 actually possible because --

22 MR. DURAN: Yes.

23 MS. HISSAM: -- as behavioral health people, we  
24 can get really dreamy and flighty, oh, yeah, let's make it  
25 happen, but in reality that might not actually work in the

1 progress. So I think it would be awesome to get people in  
2 there that can really kind of bring it back in and make  
3 real actions items that are feasible rather than just big,  
4 you know, big, big dreams and all that.

5 MS. YEVICH: Excellent point.

6 MR. DURAN: Very well said and very diplomatic.  
7 And they could use housing help.

8 MS. HISSAM: They can.

9 MR. DURAN: They could use some housing --

10 MS. HISSAM: They can.

11 MR. DURAN: -- nerds to come in and kind of  
12 really help them out.

13 MS. HISSAM: Yes. We need all the nerds.

14 MR. GOODWIN: Where do the two target  
15 populations diverge?

16 MR. DURAN: So behavioral health -- and maybe  
17 someone from HHSC, maybe, Jessica, you should --

18 MS. HISSAM: Well, I mean affordable housing in  
19 general are things that we talk about all the time, just  
20 getting folks in a house, housing first. A lot of the  
21 times and working in permanent supportive housing, there's  
22 a big difference in provision of permanent supportive  
23 housing services and what that means and, you know,  
24 keeping -- maintaining the household, things like that.

25 But our role doesn't always necessarily

1 understand tax credit properties or tenant -- like leases,  
2 tenants, property development, what it takes to be able to  
3 get more affordable housing, those sort of mechanisms that  
4 can really give concrete brick-and-mortar availability in  
5 a lot of ways. it's just a completely different  
6 conversation, and I feel like --

7 MR. GOODWIN: Well, what I'm getting at is a  
8 person that falls under the behavioral health issues  
9 considered a person with disabilities?

10 MS. HISSAM: Yes.

11 MS. YEVICH: Yes.

12 MR. GOODWIN: So that in reality our target  
13 population is entirely within this definition, and the  
14 question is I think it's almost they should tag onto us  
15 because we've done the stuff with 811, we've done the  
16 stuff with the playing with the tax credit --

17 MS. HISSAM: Right.

18 MS. YEVICH: Right.

19 MR. GOODWIN: -- scoring things. What's the  
20 one, is it 211 that or 2.1.1 that --

21 MS. YEVICH: Right.

22 MR. GOODWIN: -- had the whole list of  
23 services, the area coordinators that have been established  
24 and all of the housing. You know, a lot of that stuff's  
25 already done, so I see -- I'm not trying to take anything

1 away from this group --

2 MS. YEVICH: Right.

3 MR. GOODWIN: -- but all the stuff that appears  
4 to me that they're looking for on these first five goals  
5 have already been done. So the question is provide them  
6 that information or those documents or the background on  
7 that thing and then see if there's something that needs to  
8 be done more.

9 It's almost like that we're going to start  
10 stepping on each other because we're both out there  
11 fighting for the same thing. Well, we're not -- what  
12 we're trying to do is provide housing and then bring in  
13 the service folks to say, hey, we've gotten housing now  
14 for our persons with disabilities. You know, get your  
15 coordinators over there.

16 MS. HISSAM: Yeah. And that's the big gap  
17 because on our side it's all -- we have all the services,  
18 we have all the services, but where's the housing. And  
19 it's like, well, it's there but --

20 MS. YEVICH: Right.

21 MS. HISSAM: -- people aren't connecting that.

22 MS. YEVICH: Right.

23 MS. HISSAM: We need it to be connected or  
24 nothing's ever going to go forward.

25 MS. YEVICH: And I think that's where Brooke

1 would say that she really feels like it's time to get  
2 these two groups that are out there and let's bring --  
3 let's not have them create another subcommittee from who  
4 knows where.

5 MS. HISSAM: Yeah.

6 MS. YEVICH: We're the experts. We should sort  
7 of be unofficially their subcommittee for this --

8 MS. HISSAM: Yeah

9 MS. YEVICH: -- and give them what we have.

10 MR. GOODWIN: Do you remember all the research  
11 that was done on the populations and where they were and  
12 how many were expected to come along?

13 MS. YEVICH: Exactly.

14 MR. GOODWIN: Just a ton of stuff out there  
15 that's available.

16 MS. GREEN: Elizabeth, do you have a sense of  
17 whether they require meetings to be face-to-face or kind  
18 of the frequency that the subcommittee --

19 MS. YEVICH: My understanding is I believe they  
20 have just started a phone call-in. So I know on the last  
21 meeting that was available because I think Brooke -- I  
22 believe she called in on that one because I don't even  
23 think they had that at first. I think they had wanted  
24 people there.

25 So at this point, yes, wonderful question.

1 Yes, and I think that would be something especially, you  
2 know, with people here in the Council living in all parts  
3 of the state that they would have to do.

4 MS. GREEN: Okay.

5 MS. YEVICH: So, yes, but great question.

6 MR. WILT: Did you say Carissa's on there,  
7 Veronica?

8 MS. NEVILLE: Yeah.

9 MS. YEVICH: And I think there's a couple of  
10 handouts here in your packet that talk of holdout forum  
11 there, goals, objectives, strategies. And which one is  
12 ours? 2.1

13 MR. WILT: 2.5.3.

14 MS. YEVICH: There we go. Thank you. 2.5.3.  
15 And, also, very recently they put out a timeline of when  
16 their meeting and what their plans are. And I'm going to  
17 sort of segue that into our next item, if I may, Doni --

18 MS. GREEN: You bet.

19 MS. YEVICH: -- sort of jump into our biennial  
20 plan report to remind everybody it's been two years. It's  
21 time for another biennial plan. And so, Kali, who just  
22 came on just a few weeks ago, I was like, guess what?

23 Typically, to remind everybody, staff, of  
24 course, usually puts this together. It's due by August  
25 the 1st. And so pretty soon we are going to sending out a

1 timeline as well. And, also, to remind everyone, for the  
2 first couple of years it was a biennial plan and report  
3 according to the legislation. There was our legal here  
4 interpreted that a little bit differently last cycle and  
5 felt that it should be split. It was a biennial plan and  
6 a biennial report. It was two separate documents.

7 The biennial report of findings was much  
8 shorter, and that is the one that was submitted to the  
9 governor, lieutenant governor. And you were just talking  
10 about Housing First. One of the, I believe, it was the  
11 first recommendation that Council had decided was on  
12 Housing First.

13 So, of course, that -- I think a lot in the  
14 report of findings, the several recommendations, are  
15 really not going to change because they were though  
16 about, discussed, and they are still moving forward and  
17 would tie in, of course, very well, with what we're  
18 talking about with the SBHCC.

19 With the biennial plan, of course, a lot of  
20 that will be updated. I think Kali, of course, with my  
21 oversight and anyone, of course, on Council who wants to  
22 work on this would be looking at all the chapters and  
23 sections to see what would we remain, what we would add  
24 in, and I think if it's Council's will, to sort of step  
25 behind or step in front of this effort with SBHCC. That

1 would then be a section of this biennial plan and report  
2 as well as also, a fair housing section.

3 There is, let's see, how do we term this or how  
4 do we not term this, Spencer?

5 MR. DURAN: The affordable housing -- or the  
6 fair housing plan.

7 MS. YEVICH: Fair housing plan. It used to be  
8 called the analysis of impediments for fair housing. Then  
9 it was going to be called The AFFH. Since then, word has  
10 come down from Washington from HUD that brakes have sort  
11 of been put on this. Be that as it may, I think the  
12 effort will still go forward with a fair housing plan, per  
13 se.

14 Due to that, we have a fair housing person,  
15 Suzanne Hemphill, who I think has probably been before  
16 this meeting before and spoken with you. She has a plan  
17 that will be put out in May of 2019. And due to that,  
18 there is going to be a lot of discussion on impediments  
19 and barriers to housing. And part of what needs to happen  
20 is to have not really work groups to go out there with her  
21 at public hearings. So I think she's going to sort of  
22 piggyback on Council with that and vice versa.

23 So I think long story short, we would also have  
24 a section in the biennial plan on that, and she will be  
25 coming to future meetings as well with that plan because

1 it also intersects.

2 MR. DURAN: Yeah. I think to kind of fill out  
3 just a little bit

4 MR. YEVICH: Sure.

5 MR. DURAN: I think people with disabilities  
6 are obviously a protected class, and people with  
7 disabilities are the -- if you look at fair housing  
8 studies, people with disabilities are the most  
9 discriminated against population, protected class  
10 population.

11 And so, as we work in our fair housing plan,  
12 people with disabilities are really an important voice as  
13 we create our plan to alleviate fair housing barriers.  
14 And so this group through the biennial plan could have a  
15 section that would speak to fair housing issues or use  
16 this group as a way to inform -- we would be listening to  
17 this group to inform our fair housing plan, if that makes  
18 sense.

19 MS. YEVICH: It does, and thank you for that  
20 detail and more eloquently than I could say it. But I  
21 think that is sort of the direction we're thinking about  
22 going with this biennial plan. We, of course, welcome any  
23 direction from Council. What we will plan to do in the  
24 coming weeks is send out a timeline, sort of send out a  
25 table of contents probably in track changes, taking out

1 what may or may not be necessary or relevant since the  
2 last plan was written two years ago, what we're thinking  
3 about adding, and, of course, whoever would like to work  
4 on that or offer ideas.

5 And then we would typically have a draft plan  
6 available -- it's usually in May. So the next tentative  
7 quarterly council meeting, we're looking at Wednesday,  
8 April the 11th. If everybody wants to if anybody has any  
9 conflict right now with that or want to pencil that in  
10 would be Wednesday, April 11th. And I think at that  
11 point, we would be bringing to you a draft plan and then  
12 in May or late May basically taking this out.

13 I'm trying to remember. We were all talking  
14 about this earlier, whether or not it officially has to go  
15 out for a 30-day public comment. Whether or not it  
16 officially does, I think historically we've always taken  
17 it for public comment, and I feel we should or at least  
18 put it up on TDHCA's discussion forum so we can have a  
19 robust conversation if anybody wants to talk about it.

20 So then we would come back and vote on it in  
21 the July meeting. I believe we were looking at July 11th,  
22 although that some people might have some -- I don't know.

23 That's usually after the Fourth of July weekend, but we  
24 were looking at July. And, again, we don't have to keep  
25 these dates. Those were just some dates we were looking

1 at, in which case we would have a final plan. Hopefully  
2 we could actually have a quorum and vote on it at that  
3 point.

4 Although, it's coming to mind that I don't  
5 think even two years ago, I think we struggled with having  
6 quorum, but it was still agreed upon that this is what we  
7 would submit. And I think it was voted on officially  
8 later. But then we would turn that in by April -- excuse  
9 me, August the 1st.

10 So that's sort of next steps there. So I've  
11 sort of jumped off track with HBSCC. But moving back to  
12 that, to me, it sort of sounded like people were on board  
13 with this.

14 MS. GREEN: Anyone opposed to that strategy?

15 (No response.)

16 MS. GREEN: All righty. Okay. We'll move into  
17 CMS Innovation Accelerator Program. And Veronica and  
18 Michael.

19 MS. NEVILLE: Sure. So in the past couple of  
20 meetings we've already introduced the Innovation  
21 Accelerator Program, but just a refresher. Texas is one  
22 of eight states that is participating in a CMS Technical  
23 Assistance Project through their Innovation Accelerator  
24 Program. It's focused on health and housing agency  
25 partnerships.

1           It started back in late summer. And we've been  
2 meeting biweekly. We've got two coaches that are fabulous  
3 from Corporation for Supportive Housing and the Technical  
4 Assistance Collaborative. And within the group, there's a  
5 lot of state agency staff, both from the Medicaid policy  
6 side, behavioral health services side, and then our  
7 housing lead is TSAHC, and then we also have MCO  
8 representation on the team.

9           We're right in the middle of it. Technical  
10 assistance ends in April, and the end goal would be to  
11 have an action plan for the work and the research that  
12 we've been doing. Our target population are Medicaid  
13 beneficiaries who use the ER at high rates and with  
14 behavioral health needs and housing instability issues.

15           A lot of what we've done thus far is really  
16 trying to identify the data that's available within our  
17 system -- you know, how do we define a high rate of ER  
18 usage or super utilization of ER, you know, perhaps in  
19 size like six plus ER visits in a year, but we're doing  
20 some analysis to try to determine that -- and then data  
21 around like housing instability, what is actually  
22 available within the Medicaid system.

23           We've also connected -- had preliminary  
24 conversations with continuums with care and stuff about  
25 data matches, but that would be a longer road. So trying

1 to see what's available right now so we can get some  
2 baseline information about our target population with the  
3 goal to be have like a measurable reduction in ER usage  
4 for the target group through integrated housing and  
5 health.

6 The other thing, the other work that we've been  
7 doing is we fleshed out more our pre- and post-tenancy  
8 supportive services crosswalk, so it looks like the  
9 Medicaid services programs and non-Medicaid GR through  
10 agency and stuff that provides any type of tenancy  
11 supportive services. A lot of it's, you know, LTSS.

12 So it really kind of helped to highlight a lot  
13 of the gaps when we think about some of the tenancy  
14 supportive services that perhaps like homeless services  
15 providers administer that might not be traditional LTSS  
16 services. But some of the most robust tenancy supportive  
17 services are through, you know, The HVSA made, so it'll be  
18 interesting to see that work unfold.

19 There was a subgroup of the IP -- and I didn't  
20 get to participate in it as much as I wanted to -- that  
21 looked at housing. And Michael was on that, and so he can  
22 speak to that a little bit more. But they looked at  
23 current housing resources in Texas and try to identify  
24 what would be potential housing resources for our target  
25 population, again, those being, you know, high use of ER

1 with behavioral health needs and housing disability needs.

2 And that was a great -- they met several times  
3 and did a lot of research. Do you want to add anything  
4 about that part?

5 MR. WILT: Not really. We took an inventory of  
6 housing and resources out there, and like you said, so it  
7 was a good fit. 811 was a popular program that came up  
8 numerous times, as was the National Housing Trust Fund,  
9 kind of where programs that are designed to address  
10 extremely low-income populations that may have  
11 disabilities.

12 And then we incorporated our results not only  
13 into the what we call the housing inventory but also into  
14 the driver diagram, which is --

15 MS. NEVILLE: Right.

16 MR. WILT: -- something that I had never heard  
17 of prior to this exercise, so.

18 MS. NEVILLE: So, yeah, a lot of the work -- so  
19 the research that was done on the housing end and then  
20 also on the tenancy supportive services and then the data  
21 analysis that we're doing is also posted kind of to inform  
22 this driver diagram which is a tool --

23 MS. YEVICH: What is driver diagram?

24 MS. NEVILLE: Yeah. It's like a work plan  
25 tool, performance tool, that CMS is wanting us to use. I

1 think a lot of the Innovation Accelerator programs use a  
2 driver diagram so that you kind of create an aim statement  
3 that's measurable and then you think about the primary and  
4 secondary drivers that could contribute to your end goal.

5 So we've been working through that for several  
6 months since we started.

7 MR. WILT: Yeah. Think of it like a pyramid,  
8 where your end goal is at the very top, and then what's it  
9 going to take at the most basic level to eventually --

10 MS. YEVICH: To drive up --

11 MR. WILT: -- get up to that --

12 MS. YEVICH: Okay.

13 MS. WILT: -- end goal.

14 MS. HISSAM: Measurable steps.

15 MS. NEVILLE: Yeah. That's a great one.

16 MS. YEVICH: Okay.

17 MS. NEVILLE: So we'll continue to do that.

18 And then the next step will be to actually use that to  
19 develop the action plan. And we hope that the action will  
20 focus on improving data collection, seeing what we have  
21 and what we still need, coordinating -- continuing to  
22 coordinate efforts for our target population between  
23 housing and health, and pursuing opportunities to test  
24 models for reducing air usage among the target population,  
25 and expanding housing opportunities.

1           So, you know, this is a nine-month technical  
2 assistance opportunity. You know, the goal would be to  
3 have an action plan that we can actually then implement  
4 and continue the work. I think one of the biggest  
5 accomplishments has just been, you know, we've really  
6 built great partnerships with, you know, HHSC, with TSAHC,  
7 and the MCOs participating. And hopefully that continued  
8 collaboration will continue on past the IAP.

9           Did you want to anything else?

10          MR. WILT: I would add that while our technical  
11 assistance through this ends in April, we just signed on  
12 earlier, actually last week, for 2-1/2 more years of  
13 technical assistance through the National Academy for  
14 State Health Policy, their housing institute. And that's  
15 really focused on the financial sustainability of these  
16 housing developments with, you know, integrated supports.

17          So we're excited about that because there's a lot of work  
18 to be done after the state plan and really the heavy  
19 lifting will be long term.

20          The development of the housing, we're trying to  
21 figure out current housing work. And I'm very encouraged  
22 by Spencer's comment about the 811 Program, 85 percent of  
23 the population being people who have experienced  
24 homelessness because a lot of our population will be very  
25 similar to that.

1           And it also touches on our definition that we  
2 just talked about because really the whole point of this  
3 Innovation Accelerator Program is to integrate people into  
4 community housing and to not, you know -- to bring them  
5 out of institutions and then figure out how to integrate  
6 them into independent living on their own in community  
7 housing and not group settings or anything like that. So  
8 it sounds like it ties in nicely to that definition.

9           MS. GREEN: Great. Thank you. Any comment  
10 from members or others?

11           MS. BARNARD: On this topic or in general?

12           MS. GREEN: In general.

13           MS. BARNARD: If I could have one minute, we  
14 just rolled out a program that may be of interest to some  
15 folks based on this conversation, and I brought some  
16 flyers along because, yay, flyers.

17           And this went live yesterday, and I wasn't sure  
18 it would be so I didn't add it to the agenda. But TDA  
19 just rolled out the what we call the Community Enhancement  
20 Fund under the CDBG umbrella.

21           Traditionally we focused on water and sewer  
22 projects. These are funds that have been returned back to  
23 us unused. We are hoping to redirect some of those  
24 towards primarily public health needs in rural Texas,  
25 along with some other community needs. So we're looking

1 at up to \$500,000 per rural community. We set aside \$5  
2 million for this effort. We build things and buy things,  
3 so we're not looking at service providing, but equipment  
4 potentially eligible, a little more difficult but  
5 potentially eligible.

6 One of the driving factors in this is that our  
7 advisory council is very interested in both telemedicine  
8 and mental health and especially telemedicine that  
9 provides mental health being something they specifically  
10 asked for. So that's something that we are very open to  
11 under this. It does have to be in a rural community, but  
12 if there are housing communities that are available that  
13 meet this area's need that need to provide a new service  
14 and they need equipment to be able to do that, then this  
15 is a potential source for that.

16 Equipment we do only up to 150 so half a  
17 million dollars of just equipment. And it does have to be  
18 new or expanded so not better of the same thing you  
19 already have but either a new service being offered or a  
20 new facility or expanded facility. And it does need to  
21 serve low- to moderate-income Texans primarily.

22 The good news is we know this is complicated,  
23 and we know this is going to be a learning experience for  
24 all of us, so we are not expecting a full complete perfect  
25 application at the beginning. The first step is a letter

1 of interest that needs to be submitted before May 30  
2 outlining basically what do you want the proposed project  
3 and who is going to benefit from this. And then we will  
4 work together on the details to see if it's a viable  
5 project.

6 So you would need a sponsoring entity,  
7 sponsoring city or county, and then a service provider of  
8 some kind to work together on that letter of interest. So  
9 there's that. Anyone have questions?

10 MR. GOODWIN: Luckenbach had to put in new  
11 restrooms last year. And they got three people living  
12 there.

13 MS. GREEN: Thanks, Suzanne.

14 MR. WILT: People live in Luckenbach?

15 MR. GOODWIN: Yeah.

16 (General laughter.)

17 MR. GOODWIN: Let me tell you, there's two  
18 houses -- actually there's three houses. And one of them,  
19 a gentleman lives in Fredericksburg that spends most of  
20 his time at. The other one, it's his residence and he's  
21 been there about 135 years. And you park in front of his  
22 house and he'll be out there on top of you with a broom.

23 MS. YEVICH: I think I know which one that is.  
24 Okay.

25 MR. GOODWIN: And he is a distant relative of

1 the original owners, the Eagle family --

2 MS. YEVICH: Oh, okay.

3 MR. GOODWIN: -- who developed a lot of  
4 Fredericksburg.

5 MS. GREEN: All righty. Any other comment?

6 (No response.)

7 MS. GREEN: Okay. Well, seeing none, I guess  
8 we will end this unofficial meeting.

9 (Whereupon, at 11:20 a.m., the meeting was  
10 adjourned.)

