

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

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

July 31, 2019
10:00 a.m.

COUNCIL MEMBERS:

DAVID CERVANTES, Chair
DONI GREEN, Vice Chair
ARNOLD ALANIZ (absent)
SUZANNE BARNARD
REV. KENNETH DARDEN
CARISSA DOUGHERTY (absent)
HELEN EISERT (via telephone)
MICHAEL GOODWIN
CLAIRE IRWIN
JOYCE POHLMAN
JOSE RAMIREZ by PAUL JULIO (via telephone)
SCOTT SROUFE
MICHAEL WILT

STAFF:

ELIZABETH YEVICH
MEGAN SYLVESTER, General Counsel
BROOKE BOSTON
SPENCER DURAN
DANNY SHEA
JEREMY STREMLER

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P R O C E E D I N G S

1
2 MR. CERVANTES: If I could have your attention,
3 I'd like to officially call to order the July 31, 2019
4 Housing and Health Services Coordination Council meeting.

5 Again, for purposes of the record, I'd like to see if we
6 could go around the room.

7 Please identify yourselves and who you
8 represent, just so that we can establish whether we have a
9 quorum or not. So do you want to start, Doni?

10 MS. GREEN: Doni Green with the North Central
11 Texas Council of Governments. I'm representing the former
12 Promoting Independence Advisory Committee.

13 MR. GOODWIN: Mike Goodwin. I represent
14 housing developers.

15 MS. IRWIN: Claire Irwin, Aging Services
16 Coordination with Texas Health and Human Services.

17 MS. BARNARD: Suzanne Barnard, Texas Department
18 of Agriculture, the Community Development Block Grant
19 program.

20 MR. SROUFE: Scott Sroufe, Texas Department of
21 Agriculture, Certified Retirement Community Program.

22 MS. YEVICH: Elizabeth Yevich, director of the
23 Housing Resource Center here at TDHCA.

24 MR. SHEA: I'm Danny Shea, also at the Housing
25 Resource Center at TDHCA, and I have provided

1 administrative support to the Council.

2 MS. SYLVESTER: Megan Sylvester, I'm the
3 federal compliance counsel and an attorney representative
4 assigned to this Committee at TDHCA.

5 REV. DARDEN: Kenneth Darden, as raising
6 minority issues.

7 MR. WILT: Michael Wilt, Texas State Affordable
8 Housing Corporation.

9 MR. STREMLER: Jeremy Stremmer. I also work at
10 the Housing and Resource Center at TDHCA.

11 (Audience members introduce themselves.)

12 MR. CERVANTES: And I'm David Cervantes, the
13 acting director for TDHCA and chair of the Council. So
14 with that, Elizabeth, I believe we do not have a quorum
15 today.

16 MS. YEVICH: That is correct.

17 MR. CERVANTES: And I guess maybe I should back
18 up. As far as members that are on the line, would you
19 please state your names and who you represent, if you can
20 hear me?

21 MS. EISERT: Yeah. Helen Eisert with HHSC
22 Mental Health Programs Planning and Policy. And I was
23 going to mention -- there's about half of you that I
24 cannot hear. I don't know if there is a mike that is
25 closer to them.

1 I know they're -- some of them must be at the
2 end of the table, but they need to speak, because I didn't
3 hear half the people.

4 MR. CERVANTES: Can you hear me?

5 MS. EISERT: Yes, I hear you, but Claire,
6 Danny, you -- there's a few that are really -- like, you
7 must be right by the mike, so I don't know if --

8 MR. SHEA: Yes.

9 MS. EISERT: -- there's another one but --

10 MR. SHEA: So Helen, there are also -- there
11 are people sitting around the other end of the room. So
12 we can make sure -- if --

13 MS. EISERT: Okay.

14 MR. SHEA: -- those who are presenting can come
15 up to the table?

16 MR. CERVANTES: And come up to the table. Yes.

17 MR. SHEA: Yes. Thanks, Helen.

18 MS. EISERT: Thank you.

19 MR. CERVANTES: Okay. Moving forward with the
20 agenda, unfortunately, we had hopes of approving the
21 minutes for the January 30 and May 1 meetings. It would
22 appear that this item will have to be tabled for a
23 subsequent meeting.

24 MS. YEVICH: Right. And, David, there might be
25 somebody else on the phone.

1 MR. CERVANTES: Uh-huh. Oh, I'm sorry.

2 MS. YEVICH: Right.

3 MR. CERVANTES: Okay. I'm sorry.

4 MR. JULIO: This is Paul Julio with the Texas
5 Veterans Commission, standing for Joe Ramirez.

6 MR. CERVANTES: Okay, okay. Very good. So
7 recapping, Item 1, we do not have a quorum this morning,
8 so Item 1 will be tabled for a subsequent meeting. There
9 will be a bit of an adjustment on the agenda in relation
10 to Item 2. Item 2 will be heard together with Item 4.

11 So please make note of that. And with that,
12 we'll move over to Item 3, which Ms. Yevich, I believe,
13 will walk us through and provide an update on the
14 Statewide Behavioral Health Coordinating Council.

15 MS. YEVICH: I'll be glad to. And Brooke is
16 also here. And Brooke --

17 MR. CERVANTES: And Brooke?

18 MS. YEVICH: Yeah. Brooke is the
19 representative, the official representative. To remind
20 everybody, SBHCC is the Statewide Behavioral Health
21 Coordinating group, and it also came about several years
22 ago from Senator Jane Nelson who did the enabling
23 legislation for this Council.

24 And for about -- I would say about 18 months
25 ago, when Brooke started attending these and the SBHCC --

1 we're talking about a housing subcommittee -- she came to
2 this group and presented, and we talked about, rather than
3 creating a whole new housing subcommittee, for this group
4 to sort of be an informal, you know, adjunct committee.

5 And so that's how it's been. There has been
6 some transitions going on with the leadership of that
7 group in the past six months, and they also had a couple
8 of bills in the legislative session, which may have
9 impacted them.

10 So a few months ago, and actually it was
11 right -- our last meeting here was April 30 -- or May 1, I
12 believe. And looking back at emails, on May 8, they came
13 out -- because they have some new leadership there. And
14 they were taking a step back and looking just to see about
15 their duties, how things were going to be impacted with
16 legislation, and beyond the legislative impacts, they were
17 exploring all of their existing committees, or newly
18 created, established work groups, and how they were going
19 to align.

20 So that end, they sent out a couple -- or one
21 questionnaire, and I know Brooke had responded back to it
22 on what deliverables they had, and then Brooke reminded
23 them because we are statutorily required and we're
24 overseen by the Department, any bylaws that they might
25 have, they couldn't actually tell us to do deliverables,

1 that we were just reporting out to them.

2 And then there were several other questions.
3 They then were going to take everything -- (message that
4 signal was lost).

5 (General laughter.)

6 MS. YEVICH: Is that my presentation that got
7 lost?

8 So then they at this point were having like
9 monthly meetings. They were going to have a May
10 meeting -- and, Brooke, correct me if I'm wrong, but they
11 didn't really talk about -- they hadn't come to any
12 decisions on any of that in May.

13 They are -- this HBSCC is scheduled to have a
14 very long meeting, a six-hour meeting tomorrow, and
15 looking at that agenda -- let's see -- their words on
16 that -- I'm sure I have it here. They're going to be
17 looking at their logistical operations and their new and
18 existing legislation that impacts HBSCC.

19 And Carissa Dougherty is usually here, and she
20 usually reports out and would know in advance. Brooke and
21 I probably wouldn't until tomorrow, to just see what HHSC
22 has determined, any impact of any legislation on that
23 body.

24 But then they're going to adopt, according to
25 their agenda, formal subcommittees associated with the

1 SBHCC. So after tomorrow Brooke, myself, Danny, whoever
2 listens on the six-hour phone call, unless you're planning
3 to be there for this -- we're going to report back on
4 this.

5 But in the meantime, a lot of what they've been
6 doing the last year, and part of their focus -- they have
7 a plan, a five-year strategic plan, that for the past two
8 years we've been participating in. And once again,
9 there's updates to that.

10 And what we have done here in the agency, it's
11 called a progress report. And we report about
12 Section 811, and then we report about Project Access,
13 because those are the two that seem to fit in with their
14 mission.

15 So they have an update due in about two weeks,
16 and Danny and Spencer and I are working on this update,
17 and it's what we've turned in the previous two years to
18 them. So that's the update of where we are and SBHCC.
19 And I don't know if Brooke has anything to contribute to
20 that, or --

21 MS. BOSTON: I would just add -- I mean, I
22 think what it boils down to is --

23 MS. YEVICH: Oh.

24 MS. BOSTON: -- that -- sorry. I think what it
25 boils down to is that the role of this group serving as

1 kind of an informal subcommittee of the SBHCC won't be the
2 case anymore. I think they're going to establish their
3 own housing subcommittee because they want to be able to
4 have these groups, have bylaws, like Elizabeth mentioned,
5 have clear like passed-down deliverables, deadlines they
6 can kind of enforce.

7 So I think -- my thought, and we'll know more
8 tomorrow, but my thought is then, what we'll do is just
9 when I come back from those, we can report out and keep
10 you guys apprised of what's going on, and if in fact, it
11 seems like anything that that housing subcommittee is
12 working on or wanting to do, that seems like it would
13 intersect with this, you know, we can definitely
14 coordinate that.

15 But I think that's it.

16 MR. CERVANTES: Okay.

17 MS. YEVICH: Any questions or --

18 MR. CERVANTES: Any questions? Further
19 discussion?

20 (No response.)

21 MR. CERVANTES: Okay. We'll move on to Item 4,
22 and Item 4 is, as I mentioned earlier, identifying Council
23 priorities, but we also will merge the performance measure
24 item that we had as No. 2. And to present will be Danny,
25 which you know, I guess, before we go there, I wanted to

1 kind of maybe just note a couple of positives.

2 Danny, of course, is new here at TDHCA. He
3 joined us in early June, and of course, one of the many
4 duties will be to serve as Council coordinator to the
5 HHSCC.

6 He will also serve in a similar role of
7 administrative support to the Texas Interagency Council
8 for the Homeless; the DAW, or the Disability Advisory
9 Workgroup; and of course, serve as our rep in, you know,
10 many work groups, and you know, even as we're working with
11 the SBHCC, I'm sure Danny will be involved with those
12 types of endeavors.

13 And of course, he will be a member of our
14 Resource Center, so he will be, of course, expanding his
15 role as we work our way with that. And we're excited to
16 have you. And I know he'll be providing us an update on
17 this item here. So --

18 MR. SHEA: Yeah.

19 MR. CERVANTES: -- if you would?

20 MR. SHEA: Thank you, David. So I guess just
21 for a little bit of background, after the last Council
22 meeting, Mike actually reached out to Elizabeth and
23 suggested that we take some time to kind of review the
24 statute for Council and kind of what's required and what
25 the original intention was.

1 And you know, as David mentioned, I have
2 started in the last couple of months, and so that's been a
3 conversation that we're having internally too, kind of as
4 we go through this transition, taking some time to touch
5 base and just review basically what Council has done over
6 the last -- it's been 10 years now, and assess how those
7 accomplishments have kind of aligned with those
8 requirements, but also take the time to go back and review
9 kind of if anything has slipped through the cracks, and
10 identify those requirements are priorities moving forward,
11 and then taking some time in this meeting to start talking
12 about what it would look like to implement those.

13 So to that end, there's a handout, and the
14 folders are for folks here to grab them from the table,
15 just kind of a high-level outline of the major Council
16 activities. Like, I know the last time you were -- I'm
17 sorry about that. Yeah. (Handing documents.)

18 So on that front page, the previous activities,
19 we've kind of broken them down into four different
20 categories, the first being to define service-enriched
21 housing to create the service-enriched housing rule for
22 TDHCA.

23 That was really the first thing that the
24 Council did in January 2010. I have a copy of it, if
25 anybody's interested. It's also -- all of this that we're

1 going to talk about is online as well, on TDHCA's website.

2 I don't think we need to spend a ton of time on this,
3 only because the Council actually re-adopted the rule, and
4 it was 2019.

5 MS. YEVICH: It was in 2018?

6 MR. SHEA: I know it says 2019 on the paper,
7 but it was, I believe, September 2018. So I know most of
8 the folks at the table had a hand in that. So that's been
9 one of the main charges of the Council, and that's been
10 one that the group has been, you know, on top of.

11 And on that second one, kind of a bigger one,
12 providing training and technical assistance to increase
13 local efforts to create service-enriched housing around
14 the state.

15 You see a couple of written reports about
16 financing practices for service-enriched housing, the
17 training videos on TDHCA's website, which I actually just
18 watched for the first time recently.

19 I know Doni and Mike and maybe some other folks
20 were in them. They're great, if anybody hasn't watched
21 them. But then the other ones kind of under that item --
22 the big ones are the Housing and Services Partnership
23 Academies.

24 So one in 2013 and then again in 2016. So
25 those were -- TDHCA and HHSC applied for a Real Choice

1 Systems change grant from CMS, which is the Centers for
2 Medicaid and Medicare Services, to bring in other local
3 teams from around the state.

4 So housing providers, service providers and
5 folks with disabilities, people with experiences, to do
6 that training in TA. So again, 2013 and then 2016, where
7 it was the incorporation of permanent supportive housing,
8 to do some more ongoing training in TA.

9 And then in the plan, I believe, it was the
10 2014-2016 plan that Council was recommended, that we
11 recreate those. We don't have funding to do that.

12 MS. YEVICH: Right.

13 MR. SHEA: So you know, that's one, I think, we
14 can talk about as a group, like not having that funding,
15 but, you know, we'll have to kind of keep working with
16 folks doing that, but --

17 MS. YEVICH: Right. Because that was very
18 successful --

19 MR. SHEA: Right.

20 MS. YEVICH: -- as everyone knows. Yeah. MR.
21 SHEA: And then moving down, the biennial plan is another
22 one of the big requirements. Obviously, it's every two
23 years. And then in 2016, that was broken out into two
24 separate documents. So the report of Council findings and
25 recommendations, and then the biennial plan.

1 So that one would be coming up. I guess it
2 will be for the fall of next year, so I'm sure we'll
3 reaching out for input from partner agencies and all that.

4 MS. YEVICH: For next spring. Yeah.

5 MR. SHEA: Next spring. Right.

6 MS. YEVICH: Next spring. Yeah.

7 MR. SHEA: And then under No. 4, with
8 additional Council activities, there are the funding
9 opportunities and notification listservs. That's
10 basically to go out for everyone to subscribe to the TDHCA
11 listservs, and you can select specifically one for
12 Council.

13 Those listservs have been on pause, kind of, as
14 we go through this transition, but Elizabeth and I had
15 talked about it. I am going to pick that back up soon.
16 So I would recommend for everyone -- and Council and other
17 listeners, to definitely sign up, just to keep updated on
18 TDHCA's information and meetings and stuff.

19 So we can look forward to that. In 2011 -- so
20 going back quite a ways -- conducting the provider
21 capacity surveys, so that, again, is online, and I'll get
22 to that also in a bit here. But that's another one of the
23 requirements in statute, is to evaluate the capacity of
24 service providers in the state.

25 So that was a survey of housing providers and

1 service providers. That has some really great
2 information. And then just some other ones: providing
3 guidance for the development of the 811 Program and
4 developing the tools for serving people with disabilities
5 webpage on TDHCA's site.

6 Flipping to next page -- so that's kind of what
7 the Council -- the high-level overview of what the Council
8 has done over the last 10 years. Obviously, there's a lot
9 more, but that's kind of a couple of things to pull out.

10 But then again, as I said, we want to take some
11 time to revisit the statute and figure out what are those
12 requirements that, like I said, may have slipped through
13 the cracks or maybe we want to revisit, haven't updated
14 them in a while, which is partly where we come to the
15 performance measures, which I believe Elizabeth was going
16 to give an update on.

17 MS. YEVICH: Right. And we have talked about
18 this more so in the past year. And Kali, the previous
19 person who was coordinating this, had actually worked with
20 some of the state agencies on trying to see if there were
21 any true, as the State terms them, performance measures
22 from the other agencies that could align, that we could
23 work with.

24 And I think we had put together -- or Mike
25 Goodwin and Helen and Carissa, who is not here, had all

1 volunteered to be on that, and then of course, then there
2 was a transition here, and then Danny has come on. And I
3 actually put a pause on that.

4 I was, like, well, you're getting to know
5 TDHCA, the Council, all these other work groups and HRC in
6 your first four weeks. Let's not jump right into the
7 performance measures. And so that's why there's not been
8 a meeting this summer of Mike and Helen, of the committee.

9 I think Danny in the next couple weeks will be
10 calling together and looking at this and maybe again
11 taking a step back to see if there's another way of
12 looking at it from, you know -- see creatively, get
13 together, see what we can do on that.

14 So that's the status update of one of the
15 things here on page 2 of things we could -- still need to
16 focus on in the legislation. So that's where we are on
17 that. And, Mike, you're not going anywhere; you're going
18 to stay on this committee, you're going to stay on the
19 Council.

20 We go through this every couple of months. I
21 tease Mike. He's like, well, should I -- no, Mike. We
22 still need you.

23 MR. GOODWIN: One --

24 MS. YEVICH: Yes, sir?

25 MR. GOODWIN: -- of the things I can see on

1 there at one time was a pretty big deal on that was the
2 development of the 211 segment for --

3 MS. YEVICH: Is that not -- yeah. And that's
4 also -- right. The tool that --

5 MR. GOODWIN: But I didn't --

6 MS. YEVICH: -- Spencer could probably talk
7 about that.

8 MR. GOODWIN: -- I gave -- it may be there, but
9 I just don't recognize what it's called anymore.

10 MS. YEVICH: No. And Spencer's getting ready
11 to come up next. Do you want to sit at the table and --

12 MR. DURAN: Yeah. What Mike's referring to was
13 an activity of the Real Choice Systems Grant, I believe --

14 MS. YEVICH: Yeah.

15 MR. DURAN: -- where we -- TDHCA began working
16 with HHSC who manages 211 Texas, which is a resource for
17 all kinds of supports across the state of Texas, and that
18 project was being kind of built out that housing for
19 people with disabilities section of 211 Texas.

20 And then also there is a big data element of
21 that, where TDHCA began transmitting data to the staff
22 that oversee 211 Texas. And as our local providers change
23 from time to time, making sure that 211 Texas had updated
24 information about who those local providers were.

25 That was the nature of the project.

1 MR. GOODWIN: Is it still there?

2 MR. DURAN: So -- no. What we discovered
3 was -- I think it was a good exercise for all of us, in
4 that -- and this is all kind of summarized in the Real
5 Choices Must Change black paper that was written, and it
6 was hosted by HRC.

7 What we kind of discovered was 211 Texas is
8 essentially a bottom-up, you know, system where local,
9 regional over -- you know, like groups that manage 211
10 Texas -- they receive information from their regional
11 area, and then that's what's, you know, driven kind of up
12 the chain, and there's not really a top-down way to do
13 that.

14 So if we, you know -- if there was any interest
15 to, you know, kick that project back up, I think what we
16 would do is, instead of transmitting data to HHSC
17 centrally, we would have them help us figure out who those
18 local or regional entities are, and then transmit to each
19 of those specific entities.

20 MR. GOODWIN: I heard that was a problem and
21 why we got into is -- somebody in El Paso had no idea what
22 was available in Dallas or San Antonio or anywhere else,
23 and 211 was supposed to provide them that, that it didn't
24 matter where you were, you could go to 211 and get
25 regional data anywhere in the state.

1 MS. YEVICH: You're exactly right. That's how
2 it all came about, and that happens --

3 MR. GOODWIN: Yeah.

4 MS. YEVICH: -- you know, unfortunately,
5 frequently. Yeah.

6 MR. CERVANTES: Okay. Any other discussion,
7 thoughts?

8 MR. SHEA: So a couple -- just to highlight a
9 couple of things that we're going to working on, moving
10 forward. Also on that back page of statutory requirements
11 that we're going to be revisiting, we're charged to
12 develop a database to identify and track the progress of
13 service-enriched housing projects across the state.

14 Julie's team, FHDR here, is at the beginning
15 stages of creating a database which is going to be
16 tracking affordability periods for the properties that
17 TDHCA has funded in the state, and so we're looking to
18 also use that to monitor properties that have received
19 some funding for service-enriched housing, and how many
20 units they have, that kind of thing.

21 And then also under the evaluation, I mentioned
22 we had the 2011 survey, kind of as a guide, something to
23 refer to. But that second piece of measuring interest by
24 housing developers, you know, for us could be as simple
25 as, you know, looking at the multifamily applications and

1 seeing kind of how many developers identify their
2 properties as service-enriched, or you know, offering
3 supportive housing, that kind of thing.

4 MS. YEVICH: And these are just some ideas. I
5 mean --

6 MR. CERVANTES: Right.

7 MS. YEVICH: -- we have just sort of not vetted
8 these at all, just --

9 MR. CERVANTES: Right.

10 MS. YEVICH: -- some possibilities where we
11 might have go with TDHCA, but of course, we have other
12 State agencies involved in this Council as well.

13 MR. SHEA: So we'd be interested to hear from
14 partner agencies, you know, kind of any thoughts on those,
15 or what y'all would identify as priorities. So yeah.
16 We're going to be kind of working on those moving forward,
17 and I'll definitely be in touch about it.

18 MS. LEUNG: [inaudible].

19 MS. YEVICH: I'm sorry. What, Julie?

20 MS. LEUNG: Are there data for like current
21 projects --

22 MS. YEVICH: Yeah. We couldn't hear you.
23 Could you come up to the table and say that, so she can
24 have it for the record?

25 MS. LEUNG: I was just saying that I can run

1 some data for our portfolio for our agency, if that helps
2 your project, and we can talk --

3 MS. YEVICH: It might. I think that's why we
4 mentioned FHDMR --

5 MS. LEUNG: Yes.

6 MS. YEVICH: -- in any aspect. We're really
7 not sure, but we love to partner in-house and do that.

8 (Joyce Pohlman arrives.)

9 MS. YEVICH: And I think we might have a
10 quorum. Do we have a quorum? We have Joyce.

11 MS. POHLMAN: Sorry I'm late.

12 MS. YEVICH: That's quite all right, but
13 we're --

14 MR. CERVANTES: Welcome.

15 MS. YEVICH: -- happy to see you. Yeah. And I
16 think you've made quorum, so we can go back to the next --
17 the very first item.

18 MR. CERVANTES: Okay. Danny?

19 MR. GOODWIN: So moved that we accept minutes,
20 so we can --

21 (General talking and laughter.)

22 MR. CERVANTES: Those in favor --

23 FEMALE VOICE: Second.

24 MR. CERVANTES: -- please signify by saying,
25 aye.

1 (A chorus of ayes.)

2 MR. CERVANTES: Opposed?

3 (No response.)

4 MR. CERVANTES: The minutes are approved.

5 MR. CERVANTES: Okay. Well, perfect segue to
6 Spencer, you know, and we've touched on 211. 811 is the
7 next one to --

8 MR. WILT: I've got a question --

9 MR. CERVANTES: Okay.

10 MR. WILT: -- on the earlier item. I'll offer
11 it to Danny, but anybody can answer it.

12 MR. CERVANTES: Sure.

13 MR. WILT: Michael Wilt, Texas State Affordable
14 Housing Corporation. How confident are y'all that the
15 TDHCA-financed properties will be an exhaustive list of
16 all the service-enriched housing projects? I'm trying to
17 think of an example that didn't involve your department's
18 funding, and --

19 MS. BOSTON: Yeah. There actually would be
20 probably quite a few.

21 MR. WILT: Right.

22 MS. BOSTON: Yeah. Especially if you consider
23 the older 811 and 202 --

24 MR. WILT: Uh-huh.

25 MS. BOSTON: -- to be service-enriched, which

1 maybe you would, maybe you wouldn't. It would depend on
2 what we would define, because I think one of the problems
3 with that project would be definitions, because -- just
4 because we have a definition for service-enriched does not
5 mean it's classified according to our definition.

6 So I think you'd go broad and just assume that
7 if it seems like it's service-enriched support of
8 anything -- so anything that we don't have a source on
9 would not be on our list. So it wouldn't be comprehensive
10 statewide; it would just be a subset.

11 Now, we could -- if the group was interested,
12 we could make that a part of the project, in trying to
13 also access the additional properties that aren't ours
14 through other resources, so FHAs and HUD --

15 MR. WILT: Yeah. What about like Oak Springs?
16 Did y'all provide funding for that in Austin, Integral
17 Care's -- I mean, I know it didn't get tax credits, but I
18 don't know if y'all --

19 MS. SYLVESTER: So there's been two Oak Springs
20 projects, and I believe we have funding in one of them.

21 MR. DURAN: The Housing First Oak Springs --

22 MR. WILT: Right.

23 MR. DURAN: -- Village, or whatever it was
24 called?

25 MR. WILT: Yeah.

1 MR. DURAN: No, I don't believe.

2 MS. YEVICH: Yeah.

3 MR. DURAN: You know, and it's the most -- like
4 the first, as I understand it, like high-fidelity Housing
5 First project.

6 MR. WILT: Yeah. So just the mechanism for
7 making sure developments like that get included in our
8 database I think is important. I don't really know how to
9 do that.

10 MR. DURAN: Right.

11 MS. BOSTON: Well, I think we can tackle trying
12 to figure out how. I mean, we've had to for other
13 projects the Department's looked at, we've needed to try
14 and look at available affordable units and include what's
15 not ours.

16 So I think we could --

17 MR. GOODWIN: Because all of your original
18 811/202s that were under that project, they sort of meet
19 it, because there is a requirement that everyone had a
20 service coordinating sponsor --

21 MS. BOSTON: Uh-huh.

22 MR. GOODWIN: -- and then they have family
23 that's there. The property does some, but they're not
24 really involved because they're not qualified. And I
25 think that Rural Development has -- they had 202 and

1 quasi-811 projects, because we did one out in Snyder,
2 Texas, that couldn't get the third round of HUD funding,
3 so we did USDA. So there's a bunch of them out there on
4 the original concept of the 811.

5 MS. BOSTON: Yeah. I'm glad you brought that
6 one up. That's a really good point.

7 MR. DURAN: And just not to make more work for
8 people, but HUD does publish --

9 (General talking and laughter.)

10 MR. DURAN: Spencer Duran, 811 manager. HUD
11 does publish those lists of 811 and 202 and USDA projects,
12 and they also publish -- I think when their capital --
13 their affordability period ends also. So I think HUD
14 publishes an updated data set of 811, 202 and other HUD-
15 assisted properties, so I don't think it would be a huge
16 undertaking for us to pull that data set and look at it.

17 MS. BOSTON: Yeah. Actually, one of the
18 challenges may be that the providers of that data may not
19 distinguish what's supportive housing and not. They'll
20 just be listed, because even ours I don't think is super
21 accurate about that. Or at least in the older years, it
22 wasn't, and so the portfolio as a whole isn't necessarily
23 as accurate. So --

24 MR. WILT: Yeah. It depends on which -- well,
25 I guess we're going to use our service-enriched housing

1 definition, but I mean, we didn't --

2 MS. BOSTON: Well, if you only go with ours, I
3 think you exclude some.

4 MR. WILT: Right.

5 MS. BOSTON: Although our definition is pretty
6 broad, because it allows the services on or off site.
7 Right?

8 MR. WILT: Right.

9 MS. BOSTON: Yeah.

10 MR. GOODWIN: I think the big deal with the
11 outsiders, if you will, is they don't have the ties that
12 the TDHCA 811 do to the resource information, unless the
13 resource centers are going out and getting them locally,
14 you know.

15 I did like six around the state, 811s, and they
16 were generally sponsored by a mental health agency local
17 chapter who knew all that, but as a property manager, we
18 didn't know what all those access lines were, whereas I
19 think with the 811 that Spencer is going to do -- who's my
20 hero, by the way -- you know, the property has titles, and
21 nowhere where these things are. They know how to get
22 them.

23 MS. BOSTON: Well, why don't we do some
24 sleuthing on that, and let's just see what we think it
25 would entail and kind of what some of the data sources

1 would be, and we can report back at the next meeting on
2 kind of what we think it will look more like.

3 And if it looks like people have definitions or
4 have it categorized even by type, to know that it's
5 supportive housing --

6 MR. WILT: Yeah, definitely.

7 MS. BOSTON: -- service-enhanced.

8 MR. CERVANTES: Very good. Okay. Any other
9 thoughts?

10 (No response.)

11 MR. CERVANTES: Okay. Well, then, Spencer, we
12 turn it over to you.

13 MR. DURAN: Thank you, David. I was going to
14 talk about the Section 811 Program and specifically the
15 evaluation of that program that we're currently working
16 on.

17 But first, to kick things off, I always got to
18 say our currently housed number is 243 households, and to
19 date we have served 268 households total. We've trained
20 529 individual referral agents across the state of Texas,
21 and we're currently billing per month about \$175,000 in
22 rental assistance to our portfolio.

23 And specifically for this group, I wanted to
24 mention that we are moving forward with transmitting our
25 data to HHSC, who will then look at the 811 tenant data

1 and the 811 wait list data, and then the idea would be
2 that they -- so instead of the keepers of Medicaid and
3 other health data, they would then compare our 811 tenants
4 and 811 wait-listed households to their Medicaid data and
5 look -- and essentially look at what that family's
6 Medicaid experience has been before and after they got
7 housing.

8 So where the project is currently is, huge
9 thanks to Fair Housing data management and reporting,
10 FHDR. Julie Leung, who spoke a second ago, has been
11 doing a fantastic job in coordination with Bill Cranor to
12 essentially figure out what does it mean to transmit TDHCA
13 tenant data?

14 So we have a database that is the repository of
15 our household data, and we have a whole bunch of reports
16 and queries in that data set, and we've stripped out a lot
17 of the data math, the project management stuff, so that we
18 could then get ready to send HHSC an actual data file.

19 So you know, what file size? You know, how
20 large is it? What is the medium to transmit it? How do
21 we do it all securely, protecting protected information
22 and health information? And how do you actually pull that
23 off?

24 And so we are in a process -- so on Friday, I
25 believe, is our send deadline, and we are on target to

1 send that over to HHSC, and HHSC will then accept that
2 data, and they have some of their data analysts who work
3 in the Medicaid area who will then begin comparing the
4 TDHCA tenant and household data to their Medicaid system,
5 matching, you know, names, birth dates, Social Security
6 numbers, things like that, and start kind of piecing
7 together what that Medicaid experience is like for 811-
8 wait-listed folks, so those who are not participating in
9 811, and those who are participating in 811.

10 So we have kind of a natural experiment going
11 on, and so they're going to then anonymize that data, you
12 know, build those comparison tables, and then the next set
13 will be to -- once it's all de-identified, they will then
14 transmit to the Texas Health Improvement Network, which is
15 hosted by The University of Texas System.

16 And then they will -- their data professionals
17 will take a look at it, and then the goal being to then
18 use that data set to then apply -- to submit a letter of
19 interest to the Robert Wood Johnson Foundation to then
20 secure grant funding for an actual study of the households
21 who are and are not participating in 811, and kind of see
22 what 811 is, as a housing intervention -- or as a health
23 intervention on those households.

24 MS. GREEN: So we're basically looking at both
25 acute and long-term expenditures?

1 MR. DURAN: So the idea right now is kind of a
2 sketch -- of what we're kind of thinking in our heads is
3 we will look at -- because the good and bad thing from a
4 data perspective is we have people who have been waiting
5 on the 811 wait list for kind of a while now.

6 MS. GREEN: Yeah.

7 MR. DURAN: So we can look at two years of
8 Medicaid data before they got housed and then two years
9 after they get housing. So it will be -- so we have
10 housed -- the date, and that's going to be our important
11 date.

12 So we'll see what is their Medicaid expenses
13 two years before and then two years after, and then
14 potentially we can look at some quality of life indicators
15 in addition to just raw Medicaid expenses.

16 MS. GREEN: Okay. Medicaid expenses --

17 MS. BOSTON: Well, that's what I was going to
18 ask you. So are Medicaid expenses divided into acute
19 and --

20 MS. GREEN: Yeah, yeah. And okay. You know,
21 one of the things that will kind of muddy the analysis a
22 little bit, or potentially, is that for dual eligibles,
23 folks who have both Medicare and Medicaid, Medicare is
24 going to be the primary --

25 MR. DURAN: Uh-huh.

1 MS. GREEN: -- for acute-care services, and
2 then Medicaid would be paying for their long-term services
3 and supports only. So you may not see much change for
4 those dual eligibles. Now, your 811 folks are under the
5 age of 62 --

6 MR. DURAN: Yeah.

7 MS. GREEN: -- so you won't have that many dual
8 eligibles, but you could have a young person with
9 disabilities who is receiving both Medicare and Medicaid
10 benefits.

11 MR. DURAN: Yeah.

12 MS. GREEN: I think that's, you know,
13 potentially really valuable data, particularly for MCOs
14 that are looking at, you know, how do we invest our funds
15 to improve our members' health? And I think, you know, I
16 believe that, you know, that if there's somebody who's not
17 safely housed, you know, that affects health.

18 That affects demand for various types of
19 support services. That would be really nice to be able to
20 quantify, if you have a large enough sample. So sounds
21 like a really interesting project.

22 MR. DURAN: Yeah. And so I'm really excited
23 about it so far.

24 MS. GREEN: But you need to kind of segregate
25 the data and maybe treat those dual eligibles very

1 differently.

2 MS. BOSTON: And I would just mention, part of
3 what we've contemplated, I think even from the program
4 design at the federal level, was that something like this
5 would hopefully transpire. It's not required of the
6 grant, but definitely a requirement of the grant was the
7 use agreement being in place between, you know, the two
8 agencies. And so that's what lets us do this data
9 sharing.

10 MS. GREEN: Yeah.

11 MS. BOSTON: Yeah.

12 MS. GREEN: And you might further want to
13 segregate the data, because through 811 you're serving
14 different populations. You're serving folks who are
15 transitioning from institutions, you're serving folks with
16 severe mental illness, you're serving youth aging out of
17 foster care.

18 And I don't think there have been that many
19 people who've transitioned out of institutions, but the
20 beauty is that, you know, typically you see really high
21 cost savings for that population, because Medicaid is
22 paying for nursing home care, which is one of the most
23 expensive care settings, and typically when that person is
24 able to return to the community, you know, the expenses
25 are reduced by 75 percent or so.

1 If you've got somebody who is homeless or, you
2 know, is couch-surfing and has severe mental illness, then
3 it's likely that the cost savings aren't that great,
4 because, you know, they're not -- typically not in an
5 institutional setting, and you wouldn't necessarily see
6 that large of a reduction.

7 MR. DURAN: Yeah. And some of the UT
8 professionals were saying just be prepared to see that you
9 might actually see some large increases in Medicaid
10 expenses, because you're taking people -- if I only get
11 housing -- so once they finally take care of their, you
12 know, acute housing need, then they're thinking, okay,
13 now, let's go see if I can take care of, you know, this
14 chronic medical condition. Now I can finally go to a
15 dentist. Now I'm finally fully connected with my MCO. So
16 they're like don't be shocked if you see --

17 MS. GREEN: Well, those folks who were just
18 becoming eligible for Medicaid. There's no claim history.

19 MR. DURAN: Yeah.

20 MS. GREEN: There's no expenses, and for the
21 first time, that person is insured and, you know --

22 MR. DURAN: Yeah.

23 MS. GREEN: -- here the bills start coming in.

24 MR. DURAN: Yes.

25 MS. GREEN: So --

1 MR. DURAN: Yeah.

2 MS. GREEN: -- it's more complicated than --

3 MR. DURAN: Yeah.

4 MS. GREEN: -- we would think.

5 MR. DURAN: So the win -- the definition of a
6 win shouldn't be look how much money we're saving in
7 Medicaid. There needs to also be an element of look at
8 how health outcomes are improving.

9 MS. GREEN: And quality of life.

10 MR. DURAN: Yeah.

11 MR. GOODWIN: Question. For your long-term
12 wait-list people, is there a population there that are in
13 more remote areas that don't have housing available that
14 are looking? And in those remote areas, the number of
15 state-financed or projects that have state money aren't
16 wanting to go into the program?

17 Is there -- is that an issue?

18 MR. DURAN: I don't know, I don't know.

19 MS. BOSTON: Well --

20 MR. GOODWIN: Because I'm sitting here with the
21 idea, since we have both our Chair and our executive
22 director present, of strong-arming some of these folks.
23 For example, if somebody is going to apply for 4 percent
24 credits and build a property or to do a -- vacate and
25 rehab a property and they're not competing, they're

1 required to take two 811 units if it's in an area that has
2 a need for that housing.

3 MS. BOSTON: Well, and to clarify, the program
4 only operates in the eight metropolitan areas. So it's
5 already non-rural by design, and not because we think the
6 need's not there, but because the population numbers were
7 so much larger in the larger areas.

8 And we didn't think that for rolling out the
9 program for the first time that we had the capacity to try
10 and do a statewide program, because we're also responsible
11 for monitoring and doing the training of the property
12 managers and the referral agents and, you know, we're
13 finding it daunting but doable for eight MSAs.

14 So I don't know that we could have done it
15 statewide.

16 MS. SYLVESTER: And the MSA --

17 MS. BOSTON: So I think to answer to your
18 question --

19 MS. SYLVESTER: -- right -- the MSA areas are
20 also really large. There are areas within an MSA --

21 MR. GOODWIN: Yeah.

22 MS. SYLVESTER: -- that you would not think of
23 as an urban area. There's definitely some very rural --

24 MR. DURAN: Yeah. Calallen is --

25 MR. GOODWIN: Yeah.

1 MR. DURAN: -- has properties there. So yeah.
2 We think of the world in metropolitan statistical areas,
3 which do include areas that are technically rural but not
4 what you would typically think of as rural. You know, we
5 don't have anything in Tahoka, or something like that.

6 But we have the rural pockets of the
7 metropolitan areas, and through the tax credit and other
8 multifamily programs, which is what 811 was tied to, we
9 got a lot of, you know -- there's kind of like -- there's
10 a lot of properties that are participating.

11 We are going to have over 140 properties
12 participating in the program, and there's a lot of those
13 that are in more rural areas, you know, maybe not
14 technically rural areas. Jeremy would probably say like,
15 well, they're not really intended to be --

16 MS. BOSTON: Yeah.

17 MR. DURAN: -- rural but they're --

18 MS. BOSTON: Exurban.

19 MR. DURAN: -- exurban. Yeah. Not censusly
20 defined as rural. But I think that our -- the portfolio
21 that we've ended up with is very diverse. You know, we
22 have participated in properties in the Mueller Development
23 here in central Austin, all the way to areas that would be
24 considered rural even in McAllen.

25 MR. GOODWIN: Yes. I was going to say down in

1 the Valley.

2 MR. DURAN: Down in the Valley, absolutely. So
3 I think that we're still seeing that the 811 -- you know,
4 we have our 530 trained referral agents, and so we do have
5 a pretty good geographical dispersion of those local
6 disability professionals.

7 And so we'll update that. Over time, we'll
8 start seeing that. Even those folks in the more rural
9 areas will start making referrals, because you need to
10 have the need, you need to the referral agents trained,
11 and you need to have the housing supply.

12 So those are the three elements that make for a
13 successful 811 connection, and I think that we're finally
14 getting that, you know, across all of our eight areas.

15 MS. SYLVESTER: Spencer, would you also say
16 that the wait lists are longer in the more centralized
17 urban areas, actually than they are in the rural
18 properties, typically?

19 MR. DURAN: Yeah. If you look at like just a
20 normal generic disability study, in general, it's going to
21 have more data than I do. But I know that like 80 percent
22 of people with disabilities live in urban areas. And we
23 know that a lot of the people we serve are transit-
24 dependent and are looking for, you know, properties that
25 have a lot of community amenities.

1 So we definitely do see longer waiting lists in
2 the urban area. I think it's because there are more
3 people in need, but there's honestly also some pretty
4 sophisticated disability service professionals that
5 operate in urban areas, and so you could have all the need
6 in the world, but if you don't have housing-savvy
7 disability service professionals, then you're not going to
8 connect them to those available participating properties.

9 MS. ZATARAIN-FLOURNOY: May I ask a question?
10 I'm Josefa Zatarain-Flournoy. I'm AACOG's housing
11 navigator.

12 So listening to the references to the waiting
13 list for the 811 Program, I'm wondering if this -- these
14 waiting lists, if anyone on these waiting lists -- because
15 is it correct that these are individuals are waiting exit
16 an institution, or just individuals that were otherwise --

17 MR. DURAN: Some of them.

18 MS. ZATARAIN-FLOURNOY: Uh-huh.

19 MR. DURAN: So all of people that are waiting,
20 they represent all three of our target populations.

21 MS. ZATARAIN-FLOURNOY: Uh-huh. The reason why
22 I'm asking is because, as you may recall, we -- at AACOG,
23 myself and AARC [phonetic] had advocated with the San
24 Antonio Housing Authority to apply for some mainstream
25 vouchers, which is pretty much the 811 voucher --

1 MR. DURAN: Yes.

2 MS. ZATARAIN-FLOURNOY: -- funds that TDHCA is
3 utilizing, for some of these waiting lists.

4 So I'm wondering if there are -- if there's
5 anyone on the waiting list that we might be able to assist
6 with our mainstream vouchers, and whether or not there may
7 be other individuals on the waiting list that could use
8 the mainstream vouchers maybe that were awarded in other
9 parts of Texas?

10 MR. DURAN: Yeah. I think the best way to do
11 that would be for that local housing authority to contact
12 the local referral agents in their area --

13 MS. ZATARAIN-FLOURNOY: Okay.

14 MR. DURAN: -- and ask them who they think
15 might be interested in applying for any local housing
16 resource, including mainstream vouchers.

17 MS. ZATARAIN-FLOURNOY: Well, like I am the
18 referral agent, and so I am interested in knowing if
19 there's someone on the waiting list in San Antonio that we
20 can assist with an application.

21 MR. DURAN: Yeah. You should ask those people
22 when you refer them and ask them if they're interested --

23 MS. ZATARAIN-FLOURNOY: Okay.

24 MR. DURAN: -- in applying for a local housing
25 resource.

1 MS. ZATARAIN-FLOURNOY: All right. I just
2 didn't know whether or not -- so our -- on the 811 waiting
3 list --

4 MR. DURAN: Uh-huh?

5 MS. ZATARAIN-FLOURNOY: -- if there are any in
6 San Antonio.

7 Then I know that there was some discussion some
8 months ago that there was going to be a review of the
9 waiting list to determine who actually was still on the
10 waiting list, and that that information would be shared
11 with folks, and so I was just kind of wondering if that
12 was information that was available to us.

13 MR. DURAN: I think any referral agent should
14 always be offering the full variety of housing options --

15 MS. ZATARAIN-FLOURNOY: Uh-huh. Right.

16 MR. DURAN: -- to everybody who might be
17 qualified. So if you -- whenever you sign someone up for
18 the 811 program, you should be signing them up for the
19 local public housing waiting list, Section 8 waiting list,
20 download the list of TDHCA-funded properties from our
21 webpage; you should be deploying the full array of
22 affordable housing options in the area.

23 MS. ZATARAIN-FLOURNOY: Right. I think I'm
24 understanding now what's happening, because your TDHCA-
25 trained referral agent is someone that is in a different

1 division than I am, so maybe we need to having a
2 conversation and trying to get --

3 MS. GREEN: Yeah. It would be easier --

4 MR. GOODWIN: And see whether --

5 MS. GREEN: -- it would be your local --

6 MS. ZATARAIN-FLOURNOY: Yes.

7 MS. GREEN: -- authority or your relocation
8 contractor.

9 MS. ZATARAIN-FLOURNOY: Yeah. I think it's --
10 I think it's someone in --

11 MS. GREEN: Or Coyle [phonetic]. I think Coyle
12 is your --

13 MR. GOODWIN: Is your San Antonio waiting list
14 pushed to somebody in San Antonio?

15 MR. DURAN: So the waiting list in San Antonio
16 and all the areas, we train people who work at managed
17 care organizations, local mental health authorities, local
18 behavioral health authorities --

19 MS. GREEN: Relocation contractors.

20 MR. DURAN: -- relocation contractors and
21 everyone who is involved in serving people with
22 disabilities.

23 And then once they're trained, they then start
24 looking at who they're currently serving, and then they
25 will ask those folks, their clients, if they're interested

1 in signing up for the 811 program. And so they'll make
2 referrals themselves on the local level up to us.

3 MS. ZATARAIN-FLOURNOY: Yeah. I think that
4 it's possible that there's still some confusion as to what
5 is 811 and what is mainstream.

6 MR. DURAN: Yeah. Well, HUD -- I mean, it's
7 one and the same thing.

8 MS. ZATARAIN-FLOURNOY: I know that doesn't
9 help, but yeah, it doesn't help, but I understand.

10 MR. GOODWIN: But --

11 MS. ZATARAIN-FLOURNOY: Thank you.

12 MR. GOODWIN: -- what I'm seeing is a
13 disconnect. Is there's somebody in San Antonio -- has
14 that list, but you're the referral agent for San Antonio,
15 and you don't have the list --

16 MS. ZATARAIN-FLOURNOY: Right, because --

17 MR. GOODWIN: -- so we have a disconnect.

18 MS. ZATARAIN-FLOURNOY: -- the TDHCA-trained
19 referral agent is not the same -- well, is one of two
20 referral agents under the local authority's, or rather the
21 San Antonio Housing Authority's Mainstream Voucher
22 Program. And so I think that there's confusion.

23 MS. EISERT: This is Helen. I think you guys
24 are talking about something different, like talking
25 about -- because the only HA for San Antonio that has

1 trained referral agents has -- keeps their list, and so I
2 don't know if you're doing it through the Center of
3 Independent Living, or if you're the MCO. You might have
4 said that and I didn't hear you say that, but it maybe
5 depends on the source of the referral agent, like who
6 you're representing.

7 Are you representing an MCO? Are you
8 representing a Center of Independent Living? Or are you
9 representing an LMHA? These are generally kind of the
10 three main groups, unless it's, I guess -- I'm forgetting
11 a couple, but --

12 MR. DURAN: Yeah. In San Antonio, in
13 particular, the local -- the health authority is --
14 they're sending us, you know, hundreds of referrals to the
15 program. They're definitely --

16 MR. GOODWIN: That you're not getting?

17 MS. ZATARAIN-FLOURNOY: Well, we're getting
18 some -- so under the San Antonio Housing Authority's
19 mainstream vouchers, they have executed two memorandums of
20 agreement for mainstream voucher referrals, and that would
21 be our AARC and our IDD division.

22 So you see how all of your TDHCA 811 referral
23 agents are not --

24 MS. BOSTON: Right. So the LMHA referral
25 agents --

1 MS. ZATARAIN-FLOURNOY: Right.

2 MS. BOSTON: -- hopefully have been made aware
3 by the THA that they have a VP, and as soon as they were
4 made aware, then they should be making those referrals, so
5 that at the same time they're signing them up with
6 Spencer, they should be signing them up with your MVP
7 program. But --

8 MS. ZATARAIN-FLOURNOY: Yeah. I want to be
9 able to facilitate whatever needs to --

10 MR. DURAN: Go for it.

11 MS. ZATARAIN-FLOURNOY: -- happen, happen.

12 MR. DURAN: You should do that. Yeah.

13 MS. BOSTON: Yes.

14 MS. ZATARAIN-FLOURNOY: If someone can help me.

15 MR. GOODWIN: The issue for me right now is
16 this lady is ACOG in San Antonio, and I think she comes
17 to every one of these meetings. How many other referral
18 agents do we have that have this same problem --

19 MR. DURAN: That's true.

20 MR. GOODWIN: -- that we don't know about?
21 Because if she can facilitate solving that problem in San
22 Antonio, you may just have doubled the ability to house.

23 MS. ZATARAIN-FLOURNOY: I have 50 vouchers at
24 least that we would like to award in the next 45 days.

25 MS. GREEN: And communities treat those

1 mainstream vouchers so differently. I mean, we were at
2 the table with several housing authorities that got the
3 vouchers for one of the three priority populations.

4 And I think, with one exception, they came back
5 and said, sorry, we can't give priority for any of your
6 folks. Thanks for coming to our 57 meetings. None of
7 your people are on our list, because you didn't apply at
8 midnight, and we cut off the applications at 12:03.

9 So I'm intrigued to hear how your housing
10 authority is actually setting them aside, when we're
11 hearing there's no priority for anyone, regardless of
12 their situation.

13 MS. BOSTON: It had to be when you apply. Like
14 when you when you went after the MVP, you had to be really
15 specific in your application about what you were doing,
16 and after that, you can't do anything other.

17 MS. BOSTON: Because they wrote
18 institutionalized folks into the application, and then
19 said, sorry, we can't designate any spots; we can't give
20 you any favoritism in the selection process.

21 MS. ZATARAIN-FLOURNOY: With the next
22 Mainstream Voucher NOFA currently open and due to HUD the
23 first week of September, I'd like to be of some technical
24 assistance and some help to you and, you know, talking
25 through we worked through the process with the local

1 housing authority and something that you might use to, you
2 know, consider and resolve.

3 MS. GREEN: Yeah. Which is great, but you
4 know, we don't make any of the decisions. The housing
5 authorities do.

6 MS. ZATARAIN-FLOURNOY: I basically said to
7 them that they needed to apply for this mainstream voucher
8 funding, and how they should go about it, and who we were,
9 and how we fit into the picture, and what we were willing
10 and able to do, and they agreed.

11 MS. BOSTON: I would say that we just did a
12 call with HUD two days ago, I think, and a lot of housing
13 authorities are struggling with MVP, ourselves included.

14 You know, we were awarded 50 vouchers, and
15 my -- you know, for any of you guys who know me, you know
16 that the minute that HUD releases the NOFA, I immediately
17 like mobilize my Housing Resource Center and my data team.

18 And I'm all, like, okay. Should we apply? Oh, boy.

19 MS. YEVICH: She does. I've been there.

20 MS. BOSTON: So when I saw MVP come out again,
21 I was excited. But out of an RMVP, in our application, we
22 noted that it was going to be categorically used for our
23 Project Access waiting list. They were sitting there
24 already waiting for a unit.

25 Out of the 50 people we issued, the minute we

1 got them, two were able to successfully move forward and
2 find a unit. We've since reissued all of the other 48
3 again, and they still aren't succeeding, and I don't know
4 if it's that they're lacking kind of the housing
5 counseling side of it, but we're really struggling with
6 it. And when HUD did this call with us to touch base,
7 they said this is what they're hearing everywhere.

8 So it sounds like what everyone has thought
9 were going to be these great -- it's a traveling voucher,
10 they should all fill up right away. They're facing -- for
11 whatever reason, they're facing even more challenges than
12 a traditional Project Access voucher, which is slow but
13 does eventually get filled. Yeah, yeah.

14 MS. GREEN: And there's a lot of case
15 management that goes into a successful lease, particularly
16 in either markets where occupancy rates are high and, you
17 know, landlords are not compelled to accept the voucher.

18 I mean, we've had several that have expired,
19 where the beneficiary, the case manager, have been
20 working, and it's tough.

21 MS. BOSTON: Yeah, yeah.

22 MS. EISERT: Yeah. I would definitely second
23 that. This is Helen. To have the vouchers without the
24 intensive hands-on case management, where someone is going
25 to go into a nursing home or institution, to actually help

1 that person get the voucher, find the place and move in,
2 like, it's -- you know, that's the result, that the
3 vouchers just don't get accessed.

4 And so there needs to be that support service,
5 and I think that's the key that's missing, especially
6 someone coming out of an institution. I mean, I think
7 that's a very difficult thing without that support.

8 And the MCOs are there and, you know, the LMHAS
9 are there for the state hospitals and institutions, but to
10 coordinate it all, you need someone that's pulling all
11 those pieces together and connecting the dots with the
12 vouchers, and that's the piece that I think is really
13 difficult to do.

14 MS. GREEN: Well, and that's the responsibility
15 of the relocation contractor, who, you know, is typically
16 working diligently, but there are just lots of barriers.

17 MS. BOSTON: Good update, Spencer.

18 MR. DURAN: So as we progress with our data
19 sharing with HHSC and Texas Health Improvement Network and
20 the grant application, I'll keep this group informed.

21 MR. CERVANTES: Yes. Thank you, Spencer.

22 MR. DURAN: Yes, sir. Thank you.

23 MR. CERVANTES: I think that was a very
24 valuable report, you know, and it will be interesting to
25 see what trends fall out of the data transmission and the

1 evaluation. So -- and then, you know, I was thinking
2 of -- early on, Danny, you were talking about the mission
3 of this group and the Council, and I think we may have
4 discovered one that maybe we need to resolve here in terms
5 of the data sharing here.

6 So -- but like Mike said, you know, maybe we
7 can resolve San Antonio.

8 MR. GOODWIN: And if you could tell us how you
9 figure that out, we could transmit it to the other people.

10 MR. CERVANTES: Right.

11 MR. GOODWIN: The worst thing in the world to
12 me is having a 100-percent rental assistance unit
13 available and not have somebody in it.

14 MR. CERVANTES: Yeah. Understood.

15 MR. GOODWIN: Our Section 8 properties, I
16 threaten the managers -- there's no reason not to have
17 somebody in those apartments.

18 MR. CERVANTES: Right. Okay. Thanks again,
19 Spencer. That was a very good report. So we move on to
20 Item 6 on the agenda. And Jeremy will walk us through the
21 Five-Year Consolidated Plan Consultation Process.

22 MR. SHEA: And just while Jeremy is getting set
23 up here, I'll remind everyone on the phone, if you could
24 please put your phone on mute while you're not talking --
25 we are getting some feedback here -- that would be great.

1 Thank you.

2 MR. GOODWIN: Did you write it down in the
3 book?

4 MR. STREMLER: Yeah. So Jeremy Stremmer, Texas
5 Department of Housing and Community Affairs. Coming back
6 to y'all again at this meeting, a reminder that TDHCA
7 coordinates the creation of the State of Texas Five-Year
8 Consolidated Plan, in partnership with our friends at
9 Texas Department of Agriculture, Suzanne, and then also
10 our friends over at the Texas Department of State Health
11 Services, which is Blade Berkman.

12 And so essentially consultation is everyone
13 around this table and other organization across the state
14 and other state agencies' opportunity to provide input on
15 our draft of our Consolidated Plan and all the programs
16 that are operated from that, so HOME, ESG, National
17 Housing Trust Fund; CDBG, which Suzanne operates; and
18 HOPWA, which is operated by DSHS; as well as other HUD
19 programs that we operate are also mentioned in that
20 Consolidated Plan, such as VASH voucher, Section 811, and
21 MVP, as well.

22 So this is an opportunity for state agencies.
23 Since many of the organizations around this table do not
24 directly access most of our funding, but you do provide
25 referral or resources to your constituents about our

1 programs, we want to give you the opportunity to provide
2 input on how they operate.

3 Any changes that you feel might need to be
4 made, we will take them under consideration during this
5 time as we develop our draft of our Consolidated Plan,
6 which will manage and kind of set the rules essentially
7 for how we're going to operate these programs over the
8 next five years.

9 And in addition to programmatic things that you
10 might suggest, we also welcome data that you feel might be
11 helpful in our plan, because two sections of the plan --
12 one is a needs assessment identifying the needs of
13 individuals in our communities across the state, whether
14 it's people with disabilities, low-income individuals that
15 we're serving across the state, whatever that might be,
16 and identifying those needs; and then a market analysis
17 section that really identifies housing stock available,
18 resources that are available in our communities to address
19 those needs.

20 And so we welcome any information or data that
21 you might share. It's always nice to, you know -- a lot
22 of the baseline data is already given to us from HUD and
23 we do additional research to add that, but it's always
24 nice to see, I guess, corroborating and supporting
25 information from other agencies on information they have

1 to back up, you know, these statements that we're making
2 in our plan to show, yes, you know, this is not just TDHCA
3 or TDA or DSHS saying this is what it is; you know, there
4 are other groups coming together to support that
5 information.

6 So again, in the information that Danny got to
7 y'all, there is a one-page kind of short overview of the
8 consolidated planning process. My email and phone number
9 is on there if anybody wishes to send any information to
10 us.

11 I will be more than happy to, if it's
12 programmatic, you know, discuss that suggestion with
13 program staff to determine what their next steps might be
14 in considering that and possibly making changes to any
15 programs moving forward.

16 And yeah, so any information you might want to
17 send our way is more than welcome. The consultation
18 period will close by the end of October so that we can
19 make sure we get a draft to our Board, and the time line
20 stays firm to finish all of this by next July.

21 So with that, if anybody has any suggestions
22 now, that's more than welcome, but as I said, my
23 information is on that paper. I also have additional
24 copies if anybody does not have one or needs one.

25 MR. CERVANTES: Jeremy, the plan is to take

1 something to the Board in June '20?

2 MR. STREMLER: So the final will go to the
3 Board in June. A draft should go to the Board in March,
4 and then after which there will be our public comment
5 period through April into early May.

6 And again, referencing the public comment
7 period, the time to make any, I guess, larger suggestions
8 for programmatic changes, the -- that time is now, because
9 as we all know, public comment periods are very short and
10 do not always provide for us the ability to make dramatic
11 changes to such large administrative processes in that
12 short period of time, so this is your opportunity to make
13 those suggestions that might change anything.

14 MS. YEVICH: And as David pointed out, it's
15 page 2. If you didn't realize there's a -- it's --

16 MR. STREMLER: Yeah. This is the back --

17 MS. YEVICH: -- the back of this. There's the
18 time line at the bottom and a more detailed description of
19 the programs and some of the activities.

20 MR. CERVANTES: Thank you very much, Jeremy.

21 MR. STREMLER: Uh-huh.

22 MR. CERVANTES: The next item has to do with
23 TDHCA updates, and, Ms. Boston, I don't know if anything's
24 coming to mind today in particular, but --

25 MS. BOSTON: I would just mention, for those of

1 you who are not aware, our acting director, David, is
2 wrapping up his term, and our Board approved a new
3 executive director last week at their Board meeting, which
4 is Bobby Wilkinson, and he'll be starting on August 15.

5 So everyone generally is sad because we think
6 David's done an awesome job, and we're very grateful to
7 him to lead us through session.

8 (Applause.)

9 MS. BOSTON: So we're excited about having
10 Bobby start. He's been assigned to our agency. He's from
11 the Governor's Office and so --

12 MR. CERVANTES: Right.

13 MS. BOSTON: -- he's been assigned to our
14 agency for years, so he's very familiar with our housing
15 issues and --

16 MR. CERVANTES: Right.

17 MS. BOSTON: -- you know, our budget and
18 everything else. So I just wanted to make sure people
19 know about that.

20 MR. CERVANTES: Yeah. And I'll just say, it's
21 been a pleasure to get involved, and I felt just like I
22 was getting in a groove right here at this meeting, just
23 in time to transition off.

24 (General laughter.)

25 MR. CERVANTES: But as Brooke mentioned, you

1 know, we know Bobby. You know, he's been a liaison to our
2 agency for a number of years, and he's very familiar with,
3 you know, the landscape, so we're excited him finding his
4 way to the agency here on the 5th.

5 MS. SYLVESTER: And just so everyone realizes
6 this, David is transitioning back to his old role; he's
7 not leaving.

8 MR. CERVANTES: It's director of
9 administration.

10 MS. SYLVESTER: Yes. He's still --

11 MR. CERVANTES: Right. Okay. Well, thank you
12 very much, Brooke. I appreciate that.

13 And so at this point, this is usually where we
14 reach the point where, if anybody has any public comment
15 that they wish to provide to the Council, this would be
16 the moment.

17 So I guess -- do we have anybody that is here
18 to provide any public comment on the items that we've
19 discussed today or otherwise?

20 (No response.)

21 MR. CERVANTES: Okay. Hearing none, I think
22 I'll turn it over to maybe Elizabeth for any -- in terms
23 of next meeting date, perhaps?

24 MS. YEVICH: Danny's got it written down right
25 here, October --

1 MR. SHEA: It's going to be October 16.

2 MS. YEVICH: If that suits everybody, 10
3 o'clock, same time, same place?

4 MR. CERVANTES: Okay. I thought we had lumped
5 it together, but --

6 MS. YEVICH: I think we did.

7 MR. CERVANTES: Okay. Well, with that, I think
8 we've reached the point -- do I hear a motion to adjourn?

9 MS. GREEN: So moved.

10 MR. GOODWIN: Second.

11 MR. CERVANTES: Second. Those in favor?

12 (A chorus of ayes.)

13 MR. CERVANTES: Okay. I think that's it. This
14 meeting is adjourned.

15 (Whereupon, at 11:13 a.m., the meeting was
16 adjourned.)

