

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

VIA WEBINAR AND TELEPHONE

October 14, 2020
10:02 a.m.

COUNCIL MEMBERS PRESENT:

BOBBY WILKINSON, Chair
DONI GREEN, Vice Chair
SUZANNE BARNARD
REV. KENNETH DARDEN
DIANA DELAUNAY
HELEN EISERT
CLAIRE IRWIN
MICHAEL GOODWIN
DONNA KLAEGER
DERRICK NEAL
JOYCE POHLMAN
SCOTT STROUFE
MICHAEL WILT

ON THE RECORD REPORTING
(512) 450-0342

I N D E X

1. Welcome and Introductions	3
2. Approval of July 22 HHSCC Meeting Minutes	6
3. Texas Supportive Housing Institute	7
4. Community Development Block Grant CARES Act Update	9
5. Update on Section 811 Project Rental Assistance Program	16
6. Fair Housing Initiatives Program Grant	21
7. Update on Housing Choice Plan	25
8. Update on HHSCC Projects	28
9. Williamson County and Cities Health District	33
10. Public Comment	none
11. General Updates/Next Steps/Staff Assignment(s)	56
ADJOURN	57

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

P R O C E E D I N G S

MR. WILKINSON: Good morning. Welcome to the Housing and Health Services Coordination Council, October quarterly meeting.

I'm Bobby Wilkinson, the executive director of TDHCA.

At this time let's go ahead and call roll for the appointees and the agency appointees.

Kevin James?

(No response.)

MR. WILKINSON: Joyce Pohlman? I believe Helen is showing up for Joyce.

MS. EISERT: I'm here, yes. Hi.

MR. WILKINSON: Claire Irwin?

MS. IRWIN: Here.

MR. WILKINSON: Suzanne Barnard?

MS. BARNARD: Here.

MR. WILKINSON: Scott Stroufe?

MR. STROUFE: Good morning. I'm here.

MR. WILKINSON: Michael Wilt?

MR. WILT: Here.

MR. WILKINSON: Joe Ramirez?

(No response.)

MR. WILKINSON: And the we'll now go to the appointees.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Doni Green?

MS. GREEN: Here.

MR. WILKINSON: Rev. Kenneth Darden?

REV. DARDEN: Here.

MR. WILKINSON: Mike Goodwin?

MR. GOODWIN: Here.

MR. WILKINSON: Donna Klaeger?

MS. KLAEGER: Here.

MR. WILKINSON: Derrick Neal?

MR. NEAL: Here.

MR. WILKINSON: Dr. Jennifer Gonzalez?

(No response.)

MR. WILKINSON: Diana Delaunay?

MS. DELAUNAY: Good morning. Here.

MR. WILKINSON: All right. More than enough for
a quorum.

Jeremy, do you want to do the housekeeping?

MR. STREMLER: Sure, no problem.

So just a quick refresher on housekeeping for
the webinar for our panelists and for those attendees
currently watching. So your screen should look somewhat
like is up there, with your control panel on the right and
the slide show in the middle there, where it says webinar
housekeeping.

And then your control panel on the right-hand

1 side, for the attendees, you can provide questions in the
2 questions box.

3 If at any point during the meeting you have
4 questions about topics being discussed or want to provide
5 input but don't want to maybe speak out loud, you're more
6 than welcome to provide it in the questions box and/or read
7 that out loud for panelists to hear and become part of the
8 conversation.

9 Up above that is your audio. As you can see on
10 the left-hand side you select computer audio or phone call.

11 If you select phone call, the call-in information will pop
12 up, provide you a phone number and access code to be able
13 to participate in the meeting.

14 If for some reason you get disconnected during
15 the meeting, wait a couple of minutes before trying again
16 because we have had some experiences in the past where if
17 you try to call in too quickly it will tell you that you
18 are either already in the call or the call is unavailable,
19 so give it a minute or two to kind of reset and try again.

20 Then those that are attendees that are
21 automatically muted currently that are not panelists, if
22 you wish to speak to add to a topic that we're discussing
23 or to ask a question or to provide any other input during
24 the meeting, please make sure to raise your hand which is
25 found on your control panel. Doing that will alert us that

1 you want to speak.

2 We can unmute you and allow you to provide input
3 on the topic at hand. And again, a reminder, you can also
4 enter questions in the questions box and we will read those
5 out loud for the group to hear.

6 And then should be pretty much everything. And
7 then also, a quick reminder to panelists to mute yourself
8 if you're not speaking so that we don't get any feedback or
9 any other unpleasant noises while we are moving forward
10 with the meeting, and just a reminder to unmute yourself if
11 you want to talk.

12 MR. WILKINSON: Thank you, Jeremy.

13 I believe you should all have a copy of the past
14 minutes from the July meeting. Danny attached it to the
15 invitation. Any comments or edits from any of the
16 panelists on the minutes?

17 (No response.)

18 MR. WILKINSON: I'll go ahead and entertain a
19 motion to approve.

20 MS. GREEN: Move approval by Doni Green.

21 MR. WILKINSON: Thank you, Doni.

22 MR. GOODWIN: Second by Mike Goodwin.

23 MR. WILKINSON: Thank you, Mr. Goodwin.

24 All in favor say aye.

25 (A chorus of ayes.)

1 MR. WILKINSON: Any opposed?

2 (No response.)

3 MR. WILKINSON: All right. Ayes have it,
4 minutes are approved.

5 Moving on to the items, Mr. Wilt is going to
6 present something about the Texas Supportive Housing
7 Institute.

8 MR. WILT: Thanks, Bobby. And thanks, Danny,
9 for moving me to the top of the agenda. Our board is
10 actually meeting at 10:30, and I'm on the agenda for that
11 so I have to hop off after this.

12 We launched the Texas Supportive Housing
13 Institute in September. This is a byproduct of a couple of
14 initiatives that we have. One is our Housing Connection
15 program that focuses on capacity building for nonprofit,
16 and then the other is the partnership we've had with HHSC
17 over the past several years to try and increase the number
18 of units for people with chronic health needs.

19 We contracted with the Corporation for
20 Supportive Housing. They're our training provider for the
21 Supportive Housing Institute. It's running currently,
22 started in September. We're in the second session this
23 week, Tuesday, Wednesday, Thursday. It's all being done
24 remotely. This is the first time CSH has done it remotely
25 so we're kind of learning how to do that along the way, but

1 it's been pretty smooth so far.

2 We've got six teams. We've got three from
3 Dallas. The first one is Community Transition Homes which
4 is actually based out of Oklahoma. They're trying to do a
5 single site development of 120 units in Dallas.

6 We've got South Fair Community Development
7 Corporation in the South Fair area of Dallas. They're
8 trying to do scattered site supportive housing. We've got
9 the Way Back House also in Dallas, and they're focused on
10 the reentry population, also trying to do scattered sites.

11 And then we have a group out of Fort Worth
12 called Directions Home that's actually housed within the
13 City of Fort Worth, and they are using CARES Act money to
14 purchase a hotel and convert that into single room
15 occupancy housing.

16 And then we have a group out of Houston, which
17 is the Community Development Corporation of Freedmen's
18 Town, also trying to do a single site development in the
19 area that they serve. And then we have Community
20 Development Corporation of Brownsville who has already
21 acquired their site in downtown Brownsville, and it's a
22 four-story development, 40-something units, with a ground
23 floor grocery store.

24 So we're kind of taking people wherever they are
25 in the supportive housing development process. Some people

1 in the nascent stages and some people are in the more
2 advanced stages where they've already got their capital all
3 lined up and are looking to braid in the services and
4 figure out that component.

5 In addition to the four-part training which runs
6 from September to December, we also provided the teams one-
7 on-one technical assistance with CSH -- I think it's up to
8 ten hours, it might be a little bit more.

9 We hope to do this institute on an annual basis.
10 We do have to fund raise for it, so we were able to fund
11 raise just for this first year and we're already out trying
12 to raise funds for a 2021 institute.

13 We've heard from some groups that missed out on
14 this opportunity to apply this round but definitely there's
15 interest from around the state to do it again, and we have
16 to continue to operate as long as there's interest.

17 That's about all I had. And thanks again,
18 Danny, for moving me up.

19 MR. WILKINSON: Thanks, Michael.

20 Next up we have a presentation from Brooke
21 Boston on the CDBG team.

22 MS. BOSTON: Thanks, Bobby.

23 As everyone knows, the CARES Act was approved by
24 Congress and signed into law March 27, 2020. The CARES Act
25 channels large amount of funds to existing federal programs

1 and TDHCA received resources across several of our
2 programs, but the one specifically I was going to talk with
3 you guys about today is the Community Development Block
4 Grant program.

5 CDBG is not typically administered by TDHCA, but
6 in this case Governor Abbott designated TDHCA to be the
7 recipient of all of the CARES Act allocations of CDBG.

8 The total amount for all of the CARES Act CDBG
9 allocations that came in three different tranches, but all
10 together they total \$141.8 million, and last week we took
11 an item to our Board approving action on those funds.

12 So the action our Board approved was both how
13 we're going to program the funds, as well as the formal
14 process we have to go through with HUD. It's a plan
15 amendment; it's an amendment to what we call our One Year
16 Action Plan, and so they approved that. It has to go out
17 for comment and so it's out for comment this week from
18 Monday through Friday, and then we'll look at all the
19 comment that we get and we will adjust the plan if we feel
20 like we need to and then turn it in to HUD.

21 And we're hopeful that we will get some quick
22 turnaround from HUD to approve the activities we have
23 planned. And that's what I wanted to share with you guys
24 today is what we're planning to do with those funds.

25 So in trying to figure out what to do with the

1 funds, we focused primarily o the massive impacts the
2 pandemic is having on households in rental units. Based on
3 Census Bureau statistics from mid-July, roughly 23 percent
4 of all Texas households have missed their last month's
5 rent, and then as much as 39 percent had no confidence that
6 they could pay the subsequent month's rent. So it's very
7 dire on the tenant side of things.

8 And then we also took into consideration the
9 landlord side of things which is that they're continuing to
10 have to pay mortgages and property taxes and maintenance
11 costs on the units so with the eviction moratoriums that
12 are in place, while that's beneficial for the tenants, it's
13 put the landlords in more of a bind because they aren't
14 receiving income from rents.

15 So across the board we identified using rental
16 assistance as a good way to help both the landlord side of
17 things as well as the tenants.

18 So that's the bulk of what we chose to do with
19 the funds, and I'll tell you a little bit more about what
20 that looks like.

21 So \$105.9 million of the \$141.8- is going for
22 rental assistance. The first about \$40 million of it,
23 which is the equivalent of the first allocation from HUD,
24 is going to non-entitlement cities and counties.

25 And the non-entitlements are just what you

1 consider kind of small, less than 50,000, and they don't
2 receive that allocation from HUD. That will be made
3 available regionally and through a competitive NOFA.

4 And then we think up to another \$40 million is
5 going to be allocated toward larger entitlement cities and
6 counties who are already operating COVID rental assistance
7 programs and are willing to receive additional funds to
8 kind of channel through that infrastructure of their
9 program so that those funds can get out more quickly.

10 There are currently 74 entitlement communities
11 in Texas, although not all of those currently operate a
12 rental assistance program for COVID, so if they do really
13 feel like they've already got enough kind of bones in place
14 to proceed with getting a direct contract from us without
15 competition. For entitlements who don't have a program,
16 they're not excluded from it, they just have to apply under
17 the competitive NOFA.

18 And then because we don't want to end up with a
19 Swiss cheese looking program where we're giving funds in
20 big chunks to urban or entitlement communities and smaller
21 chunks to non-entitlement communities and then leave the
22 rest of regions and counties uncovered, we're also through
23 our notice of funding seeking applicants who are either
24 COGs or community action agencies, some type of regional
25 provider, to step in and provide that balance of coverage

1 for a given set of counties or regions.

2 So the vision is that between the entitlements,
3 the non-entitlements, and the regional providers, we will
4 ultimately have statewide coverage. Our commitment is that
5 if we identify parts of the state that still do not have
6 coverage through the NOFA process and through the awards to
7 the entitlements, then we'll step in and provide that
8 coverage ourselves, so we don't want to see any part of the
9 state go unserved.

10 And then lastly, kind of as an overlay across
11 all of that is that regardless of which type of entity you
12 are with a rental assistance contract with us, all of our
13 subrecipients will have to use at least 10 percent of their
14 funds for eviction diversion referrals that come through
15 the courts.

16 They call it Eviction Diversion Program, and
17 that program is actually a unique partnership that we set
18 up between the Supreme Court, us and the Office of Court
19 Administration, and it allows the courts to put the
20 eviction lawsuits on hold and divert them into this
21 program.

22 So once the court refers someone to this
23 program -- and we have the subrecipients, of course, who
24 are the ones who will work with the landlord and the
25 tenant -- a lump sum payment can be made to the landlord

1 for the rental arrears in exchange for allowing the tenant
2 to remain in the home, the landlord has to forgive any late
3 fees or penalties, and then if both parties, the landlord
4 and the tenant, do what they're expected to do under the
5 program, the court will actually dismiss the case and the
6 case is made confidential from public disclosure so it's no
7 longer showing on the tenant's record.

8 An interesting thing about that is because we
9 knew this CDBG program funds were still going to take a
10 while, we programmed about \$3 million of our Community
11 Services Block Grant, CSBG, for a pilot to test out the
12 eviction diversion first, and we're doing that with eight
13 subrecipients in 19 counties, and that is going out
14 actually tomorrow.

15 And then, as I said, all that rental assistance
16 is \$105 million, so the remainder of funds out of the \$141
17 million are being used in the following ways. \$21 million
18 is going to serve as state match for FEMA-eligible
19 activities related to food bank distribution.

20 And that one, the Department of Emergency
21 Management, TDEM, had already sent about \$133 million in
22 food distribution activities early on in the pandemic.
23 They were able to get 75 percent of that reimbursed from
24 FEMA but the remaining 25 percent were basically funds the
25 state had expended that were unanticipated and not budgeted

1 for, and so we're helping to cover some of that match with
2 these funds.

3 We also are sensitive to the fact that people
4 with disabilities are disproportionately low income and may
5 be particularly vulnerable to the economic impacts of
6 COVID, and so we also have programmed \$5 million of the
7 funds for providers and facilities that assist persons with
8 disabilities, such as group homes, so we're entering into
9 agreements, non-competitively, with an existing network of
10 service of subrecipients and they in turn will make funds
11 available to providers and group homes in their area.

12 The costs for that that would be eligible costs
13 could include anything from PPE to salaries and wages to
14 either retain or hire new staff if needed, and then
15 temporary housing costs with maybe having to shelter
16 someone separately to keep them quarantined from someone
17 else.

18 And then lastly, there is a portion of the funds
19 will be eligible to be used for our state administration
20 and for technical assistance.

21 And with that, I'm happy to answer any
22 questions. And if you want to make comment on that, the
23 opportunity is posted on our website and we'll take
24 comments through Friday at five o'clock.

25 MR. WILKINSON: Any questions for Brooke about

1 CDBG or rental assistance?

2 (No response.)

3 MR. WILKINSON: Thank you, Brooke.

4 I forgot to ask if there were questions on
5 Michael Wilt's Supportive Housing Institute, but I know he
6 had to go so he's starting his other meeting.

7 Next up let's go to Spencer Duran, who is going
8 to give us an update on our Section 811 Project Rental
9 Assistance program.

10 MR. DURAN: Thank you, Bobby. We always try and
11 give this group an update on our progress with the program
12 and how we're doing with the program that's specifically
13 designed to serve people with disabilities.

14 The first thing I wanted to do is kind of thank
15 our team. We have managed to keep the program not only up
16 and running during this time but have actually had a lot of
17 innovative program changes to better serve our target
18 populations and try and better meet the needs of the
19 community at large and also try and serve our referral
20 agent network and properties as well.

21 So thank you so much for everyone who has been
22 working on 811 who want to try and make it really
23 successful. We haven't had any loss of service during this
24 time, so we continue to do a pretty good job, and we're
25 still serving more people in our state under 811 than any

1 other grantee-awarded state across the country.

2 So some of the high-level numbers: We currently
3 have 445 households that are assisted by the program right
4 now. We have 2,200 households that are on waiting lists
5 for properties, and so we are continuing to get subsidy out
6 the door and continue to [audio skip] so the program is
7 still operating great.

8 I have a few highlights about some programmatic
9 changes that we have been working on. The first is that
10 last Thursday the Board approved instituting preferences
11 into the target populations.

12 Up until this point we have been serving all the
13 target populations with equal weight, so once we get a
14 referral from the community then we would just house that
15 household in the order that they were received and so
16 without any kind of preference between the target
17 populations.

18 But since operating the program over these
19 years, the health authorities have just really excelled at
20 the program and so people with severe mental illness have
21 really dominated the program.

22 That one target population is now taking up
23 about 92 percent of all the households that have been
24 housed and the other three target populations only
25 constitute a small handful of the households that are being

1 served. And so kind of in large part, thanks to Helen and
2 her work through HHSC and the local mental health
3 authority, local behavioral authority network to get those
4 organizations up and running.

5 But we want to see more equity in the way that
6 the rental assistance is distributed, and so we're going to
7 start instituting preferences for youth with disabilities
8 that are aging out of the state's foster care system.

9 I think we've served maybe 12 households out of
10 the 450 served so far -- or 500 served so far overall, and
11 then we've only served maybe 20 or so people who are
12 exiting out of nursing facilities, and we have not served
13 anybody who is exiting out of the state-supported living
14 centers. So we want to provide a preference for those
15 populations that have not been served as well as those that
16 have come through the local health authorities.

17 So thank you so much to HHSC for helping us out
18 in kind of envisioning how that might work, and so we'll be
19 really working on crafting that preference policy moving
20 forward.

21 The other big thing I want to mention is that
22 through the program design we are always trying to bring
23 more properties and units to the program than we have
24 funding to actually support, and bringing tons of units to
25 the program allowed tenant choice to occur among the

1 various participating properties, so we've always had this
2 moment where we knew that we were going to basically commit
3 all of our funds well before we were able to fund all the
4 units that had signed up for the program.

5 So what we're doing right now is we've reviewed
6 the portfolio of properties, and so we had 146 properties
7 that had agreed to making this available to 811, and we
8 reviewed all those properties and we've cut it down to 103
9 properties that we're going to take in the program moving
10 forward. And so those properties are the ones that had
11 demand as demonstrated by wait list lengths.

12 There's those that were currently occupied by
13 811 households and we tried to build them some base for
14 geographic equity. We had Brownsville and McAllen, they
15 were a little bit slower to get started with 811 and so
16 there were a lot lower wait lists for those properties. So
17 we wanted to kind of even out the unit distribution around
18 the state.

19 So we've been working on that process and we're
20 just really excited that this is kind of a sign that we're
21 almost fully committing all of our funds. So we fully
22 committed our first \$12 million, we're really close to
23 fully committing our second award of \$12 million, and then
24 we were recently awarded an additional \$7 million and we
25 have that roadmap of how that funding is going to be

1 committed kind of already laid out. So we're kind of
2 solidifying the 811 portfolio as it will look going into
3 the future.

4 And then lastly I want to mention that Kaitlin
5 Devlin and Monica McCarthy, they've been doing a great job
6 in rolling out our Money Follows the Person Landlord Risk
7 Mitigation Fund. That's one of the new activities we've
8 rolled out since March and they've done a great job with
9 that.

10 So far we've paid out a little over \$3,300 in
11 damage payments to property owners, and we cover damages
12 that were incurred because of the 811 program, so tenant
13 damages to the units that they wouldn't otherwise be able
14 to have covered.

15 We also have a Barrier Busting Fund that will
16 allow people to negotiate better with the property managers
17 as an appeal to a denial of occupancy, so we offer a
18 payment of one month's rent if that property manager agrees
19 to accept that household who was denied housing the first
20 time around.

21 We have not had any successful landlord
22 negotiations for the Barrier Busting Fund yet, but we do
23 have a couple of tests that are kind of running right now
24 and I'll let this group know how the Barrier Busting
25 payment activity works.

1 So that's all I have. If anybody has any
2 questions, I'm happy to answer.

3 MR. WILKINSON: Any questions for Spencer on
4 811?

5 (No response.)

6 MR. WILKINSON: Thank you, Spencer. Appreciate
7 it.

8 Up next, Cate Tracz on Fair Housing Initiatives.

9 MS. TRACZ: Good morning, everyone. I'm Cate
10 Tracz. I'm the Fair Housing manager at TDHCA, the Fair
11 Housing Initiatives program.

12 So earlier this year TDHCA was awarded a one-
13 year grant from HUD Fair Housing and Equal Opportunity
14 Office under their education and outreach initiative. The
15 grant that we received started in June and it will go three
16 years.

17 Through the grant we are going to be offering
18 several fair housing education and outreach opportunities
19 in the next several months. To do this required a fair
20 housing trainer. Her name is Karen Phillips. She most
21 recently comes from FEMA, where she was tasked with on-the-
22 ground training for civil rights issues when responding to
23 disaster recovery efforts. So we're excited to have her
24 expertise on our team.

25 So we had initially planned to do about a dozen

1 in-person trainings around the state as we get applications
2 for this grant either to small groups or regional
3 gatherings or conferences, and all of that activity has, of
4 course, been postponed indefinitely, so we're pivoting to
5 beef up our virtual education offerings and we're about to
6 roll out several webinars on some specific fair housing
7 topics.

8 They'll be free and open to everyone, they'll be
9 published on our website so we'll have a full library of
10 fair housing training materials that will be on the Fair
11 Housing 101s that we've done in the past. They'll be the
12 typical one and a half to two hour in-depth webinar format
13 where we lay out a lot of material, take a lot of
14 questions. And registration for these will go out with
15 some announcements. Danny often puts training offerings on
16 the HHSCC emails that he puts out.

17 So additionally, in addition to those long form
18 webinars we're also going to do some short form videos that
19 will be posted on the Department's YouTube channel and they
20 will be ten-minute kind of quick overview topics on fair
21 housing issues.

22 If you don't want to sit through two hours of
23 fair housing training but you just want to learn about a
24 quick topic, we have definitely beefed up that library of
25 trainings as well.

1 So some of the topics that we're going to offer:
2 the basic Fair Housing 101; assistance animals; how to
3 process or how to submit reasonable accommodations or
4 modifications requests; how to do tenant selection criteria
5 or written policies and procedures that would be for the
6 multifamily programs; affirmative marketing efforts that
7 apply to a lot of organizations; how to deal with limited
8 English proficiency and language assistance plans -- we're
9 going to dive deep into that one; VAWA, what that means to
10 your organization, what rights are under the Violence
11 Against Women Act; and then the complaint process, so if
12 someone files a fair housing complaint, what that looks
13 like from the HUD side, the THECA side, or the Texas
14 Workforce Commission Civil Rights Division, what it looks
15 like from that side.

16 So we're also going to do a series of brochures
17 so we'll have some printed material that we can distribute.

18 They'll be translated in Spanish and several other
19 languages according to our language access forum.

20 And the brochure is going to speak to how to
21 recognize discrimination and how to file a complaint with
22 TDHCA directly or the Workforce Commission, so it's another
23 way that we're trying to raise more awareness about
24 recognizing discrimination in the housing world and how to
25 report that.

1 So if you would like to have some training
2 geared towards your organization specifically, we'd also be
3 happy to accept those requests either to a targeted
4 audience, to some of your staff members, over some specific
5 topics that you're just not sure about that you need to
6 brush up on from a fair housing perspective, we'd be happy
7 to work with you directly and tailor some training for you
8 as well. So please reach out to me or to any of the TDHCA
9 staff and we'd be happy to partner to provide some fair
10 housing training.

11 That's it.

12 MR. WILKINSON: Any questions for Cate on fair
13 housing?

14 MR. GOODWIN: This is kind of basic, but if we
15 ask that training, do you come to us or do we bring out
16 people to you?

17 MS. TRACZ: Well, if we do it virtually, we
18 would take care of all of the setup, but if we are able to
19 do it in person, we would come to you.

20 MR. GOODWIN: Okay. That's great, because I
21 know some people that probably would benefit from it.

22 MS. TRACZ: Okay. We can also assist with
23 securing training space. If we do have a group of folks
24 that are identified that don't have the resources, we can
25 assist with that as well.

1 MR. GOODWIN: Great. Thank you.

2 MR. WILKINSON: Thanks.

3 Next up, we have an update on the Housing Choice
4 Plan from Helen.

5 MS. EISERT: Thank you. So I'm filling in for
6 Joyce Pohlman, who has been working busily and amazingly on
7 the Housing Choice Plan that is being developed at the
8 recommendation of the Behavioral Health Advisory Committee
9 which is part of HHSC.

10 And so a work group was formed to develop the
11 plan that is comprised of a pretty diverse group of members
12 from the BHAC Housing Subcommittee, the NASB Housing and
13 Health Institute, and then service providers, managed care
14 organizations, people with experience in their families,
15 advocacy organizations, homeless providers and housing
16 finance agencies. Some of the people on this council are
17 actually in this Housing Choice Plan as well, so there's
18 been a lot of work that's been done so far.

19 The Housing Choice Plan is going to include
20 recommendations to expand housing options for persons with
21 mental health conditions, substance use history, and
22 intellectual and developmental disabilities, or IDD.

23 It will include an environmental scan of the
24 existing landscape of housing for these target populations
25 and identify gaps in the housing continuum and barriers to

1 accessing affordable housing.

2 So an environmental scan has been completed for
3 the following areas: affordable housing for persons with
4 disabilities, housing for persons with mental health
5 conditions, substance use issues, people with IDD, older
6 adults, physical disabilities, and the work group
7 identified a major barrier to accessing housing for people
8 with justice involvement, and so that was actually added as
9 a chapter to the Housing Choice Plan.

10 The work group also conducted a survey of
11 individuals with this experience, their families and
12 advocacy service providers. The survey had a great
13 response of about 4,000 responses received, and the primary
14 findings of the survey were that most people wanted to live
15 by themselves or with family and friends. Barriers to
16 accessing housing, which shouldn't be a big surprise, were
17 not having enough money to afford the housing they want,
18 lack of housing with the supports they need to live in the
19 community, criminal justice histories, and past experiences
20 with other landlords as primary barriers that were
21 identified in the survey.

22 The work group now is in the process of
23 developing recommendations for improving housing options
24 for the target populations and that work is still ongoing
25 but some of the preliminary recommendations are: promoting

1 more structured residential options for persons with mental
2 health conditions; creating more group options with varying
3 levels of support for persons with mental health
4 conditions; promoting use of national standards in recovery
5 homes such as those set by the National Alliance for
6 Recovery Residences and Oxford Houses; promoting policies
7 that reduce barriers to housing for persons with justice
8 involvement such as fair chance housing that requires
9 landlords to use reasonable look-back periods for justice
10 involvement, conduct individualized review of applications
11 and review of an applicant's eligibility prior to reviewing
12 their criminal history; another recommendation is expanding
13 publicly funded subsidized community-based housing options
14 for persons with IDD; and creating a website for families
15 with persons with IDD providing information on affordable
16 housing options and opportunities to collaborate with other
17 families in creating affordable housing opportunities in
18 the community, and the affordable housing recommendations
19 are still in development.

20 So next up for the Housing Choice Plan is: to
21 edit the environmental scans based on input from
22 stakeholders; developing recommendations for expanding and
23 preserving affordable housing for the target populations;
24 developing cost estimates for priority recommendations; and
25 reviewing recommendations with key HHSC leadership.

1 So that's the Housing Choice Plan in a nutshell.
2 That's a lot of information. I don't know if people have
3 any questions on it.

4 MR. WILKINSON: Any questions for Helen?

5 (No response.)

6 MR. WILKINSON: Helen, when is the Housing
7 Choice Plan going to be released or public?

8 MS. EISERT: I believe it's due to be done by
9 the end of this year and it will be released sometime after
10 that.

11 MR. WILKINSON: So in time for session.

12 MS. EISERT: In time for session, of course.

13 MR. WILKINSON: Thank you, Helen. Appreciate
14 it.

15 Next up we have an update on the council from
16 Danny.

17 MR. SHEA: Thank you, Bobby.

18 So we had discussed at the July quarterly
19 meeting a couple of new projects for council moving forward
20 into this year, so I just wanted to give everyone an update
21 on those.

22 The first is the development of a Policy and
23 Planning Subcommittee, and so this subcommittee had its
24 first meeting on September 30, and most of the members of
25 the full council were there, so I won't spend too much time

1 on it but just to give a quick overview, especially for
2 folks who weren't able to make it.

3 Basically we talked about kind of two ways that
4 the group can work moving forward, and it sounded like most
5 people were comfortable with both options. One was members
6 identifying a specific policy or planning document that
7 they would want to provide feedback on, an obvious example
8 being the QAP, and then the subcommittee convening as a
9 group to develop some feedback that could be given either
10 informally during the development of the plan or policy or
11 more formally during like a written public comment period.

12 And the second option being kind of working in
13 the reverse of that, so the group, you know, identifying
14 some feedback or a topic that is of importance to the
15 group.

16 I know Doni, for example, has mentioned a few
17 times in the past really wanting to highlight the service
18 coordination piece in service-enriched housing, and then
19 kind of working backwards from there as a group to identify
20 opportunities to really provide that feedback or promote
21 those ideas and those policies.

22 So the plan moving forward in terms of meetings
23 for the subcommittee and working to develop feedback for
24 certain policies and plans, I think we'll need to do it as
25 needed, so we don't have an upcoming meeting identified

1 yet.

2 But we on TDHCA's side will definitely keep
3 everyone posted as those opportunities come up, and I would
4 also ask if anybody else who wants to be involved with the
5 subcommittee knows of an opportunity to provide feedback or
6 wants to have discussion about something to let me know and
7 we can see if we can get a subcommittee meeting set up.

8 I would also ask for folks who are interested in
9 being a part of that subcommittee to let me know. The
10 first meeting I had kind of let everybody on the council
11 know just because we were talking very high level about
12 setting the plan for the subcommittee, but moving forward
13 we will have a specific group that will meet.

14 So the people that I have down right now as
15 having let me know that they're interested are Doni, Donna,
16 Joyce and Claire. I know I've talked to some other folks
17 about it but, you know, I don't want necessarily like put
18 you on the list without a specific request from you to do
19 so. So if that's something that you're interested in
20 moving forward, let me know and then I will go ahead and
21 put that smaller group together.

22 Before I move forward, does anybody have any
23 questions on that?

24 (No response.)

25 MR. SHEA: Okay, great. So the second topic we

1 had talked about in July was the development of a service-
2 enriched housing database. This is actually one of the
3 requirements that's laid out for council in council's
4 enabling statute.

5 So we've been kind of focused on the development
6 of the Policy and Planning Subcommittee first but we have
7 taken some first steps in starting to develop a database of
8 the service-enriched housing projects, both state and
9 federally funded in Texas.

10 And so, of course, we have TDHCA's inventory,
11 all of that information available to us, but I've started
12 to pull information on properties funded by HUD or through
13 PHAs where the funding hasn't necessarily gone through
14 TDHCA, it's gone directly from HUD to local communities.

15 And so those properties that we've identified
16 and have started to try to develop a more specific list of
17 are the Section 811 properties that aren't in TDHCA's
18 program but again those that have been funded directly from
19 HUD to the local level, Section 202 which is for older
20 adults, HOPWA programs, Housing Opportunities for People
21 with AIDS, and then some of the local public housing
22 authority programs, voucher programs like the Mainstream
23 Voucher Program, just keeping tabs on which PHAs in Texas
24 have developed programs like that.

25 So all that information is available at kind of

1 a high level through HUD. We are working on kind of
2 cleaning some of that information up right now. For
3 example, the list of Section 811 and Section 202 properties
4 are available lumped together on HUD's website, but it
5 doesn't actually specify which of those properties are 811
6 and which are 202.

7 So we are working with I believe the Technical
8 Assistance Collaborative to kind of get it delineated
9 what's in those two groups, and I will keep this group
10 updated as we continue developing that.

11 And then the last thing I will say in terms of
12 council-specific projects moving forward -- and this
13 actually came up during the subcommittee meeting on the
14 30th -- is some interest in kind of a TDHCA 101 or
15 affordable housing 101 presentation.

16 That interest was expressed specifically by a
17 couple of new members, but as we kind of develop something
18 like that and get that set up, I will keep everybody in the
19 loop. I imagine that even some folks who have been
20 involved with council for longer or otherwise might just
21 want a refresher.

22 So we will get that set up, I think the idea
23 being that folks just wanted to make sure that they had a
24 handle on, you know, we talk about a lot of different
25 programs.

1 I know a lot gets made of all of the acronyms
2 but there are a lot of acronyms, and so, you know, folks, I
3 think, just want kind of a 101 to make sure that they were
4 fully following everything that is being discussed on
5 council and make sure that everybody in the group can
6 really jump in and contribute fully. So as we get that set
7 up, I will keep the group updated on that.

8 I think that's it for me, if anybody has any
9 questions.

10 MR. WILKINSON: Any questions for Danny?

11 (No response.)

12 MR. WILKINSON: Thanks, Danny. Appreciate it.

13 Next up, Mr. Neal is going to talk to us about
14 Williamson County and Cities Health District.

15 MR. NEAL: Thank you, and good morning. I
16 sincerely appreciate the opportunity to contribute.

17 What's exciting about everything that's being
18 discussed this morning is that when it comes to public
19 health, this is critical, because where we live, work and
20 play really determines how long we live and the quality of
21 our life, so having housing as that foundation really folds
22 into what public health does.

23 I'm excited to be able to participate, and I'll
24 just tell you a little bit about myself before we start.
25 Prior to coming to Williamson County -- wow, two years has

1 gone by really fast, we're almost at the two-year
2 juncture -- I was at Victoria County for about three years,
3 where I managed the Victoria and Dewitt counties health
4 department, so I actually reported to two commissioners
5 courts and two county judges.

6 And before that time I was in Abilene, Texas for
7 a few years. I really enjoyed West Texas and also
8 attending some cowboy churches, so that was extremely eye-
9 opening for me, as I really fell in love with rural public
10 health.

11 In Williamson County we get a little bit of
12 both, we get a lot of urban health and a lot of rural
13 health as well. So I just wanted to share a little bit of
14 that with you.

15 Let me go to the next slide, and just so you'll
16 know, I don't know if I can go from slide to slide so I'll
17 need assistance in that. So next slide, please.

18 Generally, I just want to share with you guys in
19 terms of our service provisions. The blue reflects our
20 service draw-down. It basically shows you where we
21 concentrate our efforts when it comes to public health in
22 Williamson County. The stronger or the brighter the blue
23 is, or the darker the blue is, is where draw down our
24 provisions, and as you can tell, that would be our larger
25 areas such as Round Rock, Cedar Park, Leander and

1 Georgetown.

2 But pay close attention to the lighter areas
3 that are in Florence, Jarrell and Bartlett, as well as
4 Taylor. We consider them health equity zones, and those
5 are our most unhealthy citizens that are in those areas.
6 Extremely difficult to reach, obviously, because of the
7 rural implications and the lack of transportation, so a lot
8 of what we do is outreach based and partnership based where
9 we can leverage resources in order to serve some of our
10 clients.

11 Next slide.

12 Fundamentally -- and before I start discussing
13 this slide -- we've been focused on COVID the past eight
14 months, and I'll get into some details on that in just a
15 second. But fundamentally, our services that we provide
16 are immunizations, TB screening/testing, STD counseling,
17 flu shots, pregnancy screenings, and we do a lot more.

18 We work closely within the Williamson County
19 framework, even though we're a stand-alone organization, in
20 that we also work to administer -- the name of the drug is
21 escaping me but when someone overdoses.

22 We're able to work closely with our health
23 authority in bringing them back if that's possible and also
24 making referrals into treatment. And fundamentally, public
25 health is interest in anything that harms people.

1 Another project that we've been working that we
2 just closed out was the census program, so part of our
3 charge was to lead individuals signing up for the census in
4 order to make sure that we have an adequate or properly
5 reflected population demographics so we can leverage the
6 funds that are coming in.

7 Obviously we have a women, infant and children
8 program which is our WIC program. I can tell you over the
9 past 90 days we've probably increased about 1,200 monthly
10 participants, so that's significant. It tells you a lot
11 about the economic situation we're dealing with as one of
12 the poor outcomes of COVID, and our program and eligibility
13 in social services program, which is huge, and there's
14 going to be more demands on that.

15 This is essentially our county indigent program,
16 where we can provide assistance for individuals needing
17 specialized medical care. One of our greatest challenges
18 is identifying those specialists in Williamson County,
19 because they typically cost a lot of money and more than
20 what we can afford.

21 Next slide, please.

22 The other programs that we offer -- everybody,
23 if you're like me, you're a foodie -- we go out and we
24 inspect the restaurants, the food trucks, that's all of our
25 business. We have an extremely strong leadership team in

1 that respect.

2 And we also added a new program earlier this
3 year, which is pool inspection and a pool safety program
4 where we inspect pools that are public based and also that
5 may be located in your housing subdivision. We want to
6 make sure that those things are there in the event that
7 it's a risk associated with using a community pool.

8 Our immunization advocacy program, we work
9 closely with many of the hospital systems in Williamson
10 County as well as primary care physicians to not only
11 educate -- which is the most important thing that public
12 health does -- but to ensure that we have a protected
13 community when it comes to vaccinations.

14 We like to say in public health that vaccination
15 causes adults. There's no evidence there that vaccines
16 cause a lot of these things that a lot of anti-vaxxers
17 articulate a lot of times.

18 Epidemiology and emergency preparedness, this is
19 the group that has essentially drove the COVID-19 response.

20 I like to say that we have had an epi-driven response,
21 which it should be, and we make decisions based on the
22 data.

23 I am going to say some things and I hope I'm not
24 offending anyone, but it's extremely important that we
25 communicate good information when it comes to public

1 health. The biggest challenges that we've had and the
2 first time I've ever experienced this in my 20 years in
3 public health is really the political influence that has
4 negatively impacted the response when it comes to public
5 health, and that's been unfortunate.

6 I've lived through Ebola, H1N1, and this is the
7 first time where I saw or witnessed the CDC simply being
8 undermined to where a lay resident continually questions
9 the validity of that guidance. And that guidance has
10 insulated and protected our community for years and there's
11 no reason why we should deviate from that now.

12 So that's one of the greatest challenges that
13 we've had the past eight months, and that's been to a
14 degree of negative consequence because a lot of employees
15 have decided that that's not what they signed up for public
16 health for, and they've decided to walk away, and that's a
17 shame, because we get into this business to protect the
18 community and nothing else. I think it's important that
19 you know that so you know some of the things that we deal
20 with.

21 When we talk about the COVID-19 response and the
22 investigation and response to outbreaks, we really at the
23 beginning wanted to focus on our nursing homes and our
24 assisted living facilities, because those are the most
25 vulnerable populations, and we've had outbreaks in a couple

1 of our facilities which have led to multiple deaths.

2 So we wanted to make sure that we insulated the
3 most vulnerable populations, and we continue to do that but
4 that's a challenge given the directives that we're under in
5 terms of allowing individuals to go back into the nursing
6 homes, which ultimately reintroduces COVID-19 in those
7 facilities.

8 But we understand, from a public health
9 perspective, that you have to have the ability to visit
10 your relatives so it's a delicately orchestrated ballet
11 that we dance in terms of trying to keep people well
12 protected.

13 The other things that we do is mosquito
14 management or vector management. We've had four positive
15 West Nile cases in Williamson County the past three months,
16 so that's something that we're trying to be vigilant on as
17 well, and just a general public health emergency
18 preparedness and response.

19 I'm used to coastal cities, having lived in
20 Houston for 12 years, as well as working in Victoria County
21 and experiencing Harvey. Public health is typically in
22 charge of shelter management, and shelter management is
23 simply making sure that when individuals have to congregate
24 in large numbers, we're making sure that they are protected
25 and there's not a risk for disease spread. So that's

1 typically what we do.

2 Our MARCOM section, which is marketing and
3 community engagement, from my perspective and working in
4 public health the past 20 years, there is nothing more
5 important than education, outreach and community -- what I
6 like to say -- health promotion, because if we're able to
7 educate our citizens in Williamson County, then they're
8 able to make informed decisions to protect themselves.

9 So it doesn't matter how many shots we give
10 you, it's all about educating and empowerment, and we don't
11 talk about that enough, and politically it's not that sexy
12 because it takes a while to change behaviors in a
13 particular community, and sometimes that doesn't happen
14 within the realm of someone's political term, so we've
15 found ways to balance that as well.

16 Our quality and strategic management is probably
17 one of the best divisions and departments in the country --
18 I think I can say that. We're only one of five accredited
19 health departments in the State of Texas, and we currently
20 are ranked number five as the fifth healthiest county in
21 Texas. So the proof is in the pudding in terms of what we
22 do and the impact that we have, because that's not an easy
23 benchmark to reach, but we have reached that.

24 The next slide, please.

25 As I stated earlier, we have 108 staff. Most of

1 them are focusing on the COVID response right now, as well
2 as managing their normal day-to-day duties. About two
3 blocks from here -- and I'm on 355 Texas Avenue in Round
4 Rock, Texas -- we're providing ongoing COVID testing to
5 high risk populations, because that's the way back to
6 normalcy.

7 You'll hear a lot of things. The reality is
8 from a public health perspective -- and it's unfortunate to
9 say -- we will be in this hamster wheel until such time
10 there is a national testing strategy.

11 There is no way to get back to normalcy if it's
12 50 different programs going on in 50 different states and
13 you can replicate that by the amount of counties that are
14 in Texas, but until we're all on the same page, we will
15 continue in this posture, and from my perspective, that's
16 just been the failure of this response.

17 Money doesn't solve everything, we have to have
18 those complementary public health practices in place and
19 that's going to get us back to being able to go enjoy our
20 relatives. I'd love to go see my mother. Her birthday is
21 on Christmas Day. I haven't been able to see her in ten
22 months.

23 But that's the way back to normalcy, is knowing
24 what your status is so you can freely move about and handle
25 your business. But taking a COVID test and waiting 24

1 hours or two days for the results, that doesn't help any of
2 us move around without knowing what our risk is. I'm not
3 communicating anything to you that I haven't said publicly
4 to my commissioners, to my board of health. Until such
5 time we have a strategy, we'll be in this posture.

6 Herd immunity isn't even an option at this point
7 because this is a novel virus, which simply means we're not
8 going to know everything, all the damages that COVID-19 can
9 inflict on us, until it's run its disease progression.

10 So we can't make decisions based on a disease
11 that we don't know everything about, and we're already
12 seeing from preliminary data about the heart scarring
13 that's occurring in some of the teenagers that are
14 returning to play football. So this is real and this is
15 just based on science and data, and I think it's important
16 that I shared that with the group.

17 We're all experiencing that COVID-19 fatigue, no
18 one more than us, because after we leave every day we have
19 to go home and practice mitigation as well, so we
20 understand that we're tired. I'm tired of wearing a mask,
21 of seeing the children walk around, four and five years
22 old, walk around with masks.

23 From a public health perspective, I mean, we
24 take that personally, and it's really hurtful to us simply
25 because we know we didn't even have to get to this point,

1 and that's just how we feel.

2 One of the things I do want to say is never
3 forget that we're all in this together. We don't talk
4 about politics here; we only talk about working together
5 because it's going to take all of us to get through
6 COVID-19 and it's, quite frankly, out of the hands of
7 public health and it's in the hands of our citizens.

8 We've been doing a tremendous job, and I send
9 kudos out to the Williamson County residents, in that our
10 positivity rate is lower, we're in the yellow phase now, we
11 hope to enter the green phase, but we're not under any
12 illusions with the bars reopening today that that may go
13 away quick.

14 We've seen spikes after every reopening and
15 after every holiday, not only nationally but within
16 Williamson County as well. We want people to be able to
17 move around, we really are extremely supportive of
18 businesses, but we need to make sure that we're doing it in
19 a safe way and that's the most important thing when it
20 comes to public health. So I just wanted to share that.

21 But again, we're at a level 2 activation, we've
22 been fighting this since February 3, and that's 233 days,
23 so we're managing the pandemic as well as returning to some
24 sense of normalcy.

25 And to give you just an example, we're the only

1 county in Texas that's actually following the presidential
2 guidance that was outlined in terms of dictating criteria
3 of when we should open. Because the message has been
4 undermined, everyone has decided to create their own, and
5 that's not a way back to normalcy. So we're sticking to
6 our guns when it comes to sticking with the presidential
7 guidance, but this is something that's not even used
8 widely. So I just wanted to share that.

9 Next slide.

10 Part of our response is managing the data so
11 that individuals can make informed decisions, so one of the
12 things that we do -- you can go on our website, we have the
13 dashboard up, the Managing COVID-19 data dashboard -- and
14 operating a free COVID testing site. I think that 7500
15 number may be up to 77- or 7800 now. Again, we investigate
16 outbreaks, clusters, and perform investigations, and we
17 answer the public calls around the clock or we have an open
18 chat line where we have staff that can respond accordingly.

19 The next slide.

20 Partnerships are essential to our success, and
21 I'll just read this verbatim. The Health District manages
22 Healthy Williamson County and the Wellness Coalition. We
23 collaborate with all types of agencies to improve the
24 health in our community.

25 We understand from a public health perspective

1 it's going to take all of us. We have 930 members within
2 our coalition and we serve as the backbone of that
3 organization where you can access our database for data if
4 you want to apply for a grant at Williamson County.

5 We really want to be able to take away that
6 burden from not-for-profits so they can just utilize that
7 data that's on time, that's continually updated to leverage
8 grant resources. So that's something that we do and that
9 program pays for itself.

10 We have hospital systems and not-for-profits
11 that pay into the collaborative so we can manage that
12 through our quality and strategic program, which is also
13 part of our community health improvement program as well
14 and that we always are continually evaluating as part of
15 our accreditation and strategic planning requirements.

16 I have some more verbiage down there, but we can
17 move to the next slide.

18 Community health is probably our most important
19 thing that we focus on, and we really align this with what
20 the citizens tell us and what we see as emerging issues in
21 our community.

22 As you can see, our top health priorities for
23 this year and last year behavioral health, stress and well-
24 being, chronic disease risk factors, social determinates of
25 health, access and affordability of health care and

1 building a resilient Williamson County.

2 I can tell you one of our strongest partners
3 that we had so much momentum was Donna Klaeger, who's on
4 the line right now, and she actually introduced me to this
5 group, and that's a housing area out of Leander that we
6 have intentions of setting up a clinic there so we can meet
7 those clients there and the challenges that they're having
8 that are public health related.

9 So we are really looking at integrating with
10 Donna and her group from an integrative perspective,
11 because everyone does not have accessibility to one of our
12 public health facilities that are located throughout the
13 county, so we want to make sure that we're doing all that
14 we can to address those in the community that are our most
15 marginalized citizens.

16 Next slide, please.

17 And obviously I have to talk about the housing
18 aspect of it, but the housing finding, 68.3 percent of
19 households are above the asset-limited, income-constrained
20 employment, our ALICE threshold, in Williamson County. We
21 all know what that is.

22 And a little over 44 percent of renters spend 30
23 percent or more of household income in rent in Williamson
24 County, and that's of concern because that's a significant
25 portion of your income being dedicated to sustaining

1 housing, which means that you're going to compromise in
2 other areas, and that's a public health issue when it comes
3 to sustaining healthy outcomes in Williamson County.

4 The other documents, when it talks about social
5 determinates of health, it basically gives you a snapshot
6 of what's going on in Williamson County. The great thing
7 that our quality and strategic management team has done,
8 whether you live in Taylor, Leander, Jarrell, we have a
9 snapshot of each specific community that we can provide to
10 you that's on time, that can show you where your community
11 stands when it comes to these indicators that are extremely
12 important.

13 And a lot of citizens like to have that
14 information so they can make informed decisions or share
15 it. And one of the things is that we consider ourselves to
16 be extremely user-friendly. We make an effort to present
17 at commissioners courts, at city council meetings. That's
18 really important because we want individuals to be
19 advocates for public health and the positive things that we
20 do.

21 Next slide.

22 Improving health in Williamson County. I'm
23 currently a board member of the Life Park Center
24 Partnership. They're focusing their energy in eastern
25 Williamson County. We all know that's Taylor and Granger,

1 a lot of those areas where we have transportation issues,
2 as well as substandard housing conditions, which we're
3 finding out.

4 This is extremely important to us that we focus
5 our attention and have a sustained presence in order to
6 combat the challenges that are going on in that area. The
7 Liberty Hill Community Resource Center Partnership; the
8 2019 Community Health Assessment, we're just gearing up to
9 do that again.

10 We're going to have to conduct the community
11 health assessment because we know that our community is not
12 the same post-COVID so we're looking at seeing how we look
13 different eight months ago compared to now, so that's
14 something that we're looking at.

15 And we just concluded the community health
16 improvement plan, but again, that's a living document, it's
17 fluid, and it's going to change simply because of the
18 pandemic that's going on.

19 And again, I do want to give huge kudos to the
20 Community Resource Center and the partnership with Donna,
21 because public health, we're only as strong as the partners
22 that we have and we need really strong, viable partners and
23 the Community Resource Center is one, so I'm excited to see
24 what the future holds for us, as well as the other
25 partnerships.

1 Next slide, please.

2 Again, I wanted to include this housing
3 spotlight in east Williamson County. Again, these are the
4 areas that we focus on, because we see a greater population
5 that simply is struggling to get on their feet. This is
6 our highest area of Hispanic and African American
7 communities, but I really try to refrain from talking about
8 race so much and more so focus on poverty, because that's
9 the thing that aligns us all, and that's really what we're
10 trying to combat, is the level of poverty in some of the
11 areas in our county.

12 So I'm not going to go through the data that's
13 on this document, you have that for your review, but again,
14 these are some of the indicators that we look at and it's
15 obvious why we're focusing on those things in eastern
16 Williamson County. So I just wanted to share that with
17 you.

18 We are the recent recipients of a grant through
19 the St. David's foundation, and we'll be working with
20 Episcopal Health in terms of developing a hub similar to
21 what they have in San Antonio where we can really have
22 agencies fit under an umbrella and be able to participate
23 in a collaborative when it comes to serving folks.

24 And I know I'm speaking about that on a really
25 broad level but we just received the four-year allocation

1 earlier this week, so it's really a fluid conversation, so
2 I'm excited about keeping you guys abreast in terms of what
3 that's going to look like for Williamson County and being
4 prepared for the significant growth that we're still going
5 to go through irrespective of the current pandemic.

6 Next slide, please.

7 The housing challenges in eastern Williamson
8 County, I don't want to go through everything but a
9 longstanding collaboration in the emergency assistance
10 network, police, Taylor Area Ministries, we're doing a lot
11 there.

12 One of the challenges that we've had -- and it's
13 probably not any surprise to you guys -- is that we have a
14 lot of individuals working in silos, and we're really
15 trying to bring that collaborative together because we're
16 pretty weak like this, but when we can make a fist we can
17 be pretty impactful, so we're really attempting to get
18 individuals to work together.

19 It's required a lot of deep dives in terms of
20 bringing the Hispanic Catholic church together, as well as
21 the African American community together and them not
22 working apart from each other, because it's a lot of
23 commonalities and needs that mirror in those populations,
24 and frankly, a lot of them were saying that they were just
25 given seats at the table but not really given a voice.

1 We're not trying to be the arbiter of these
2 things, but we want to make sure that it's an inclusive
3 process because everyone needs to have a say-so, because
4 when they do, they own it, and we need people to own it.

5 We have a lot of gaps in community awareness
6 about local resources, so a lot of what we do is really
7 just educate and bring those networks together so we can be
8 stronger for those populations that need us. So that's all
9 that I want to say on that document, I don't want to go
10 through everything, but it's pretty self-explanatory.

11 Next slide, please.

12 Again, part of process was having an inclusive
13 approach, but our step one was really having initial
14 conversations among city staff and the ministerial alliance
15 that I spoke of about the homelessness as well as the
16 health issues.

17 It's important that those groups that come to
18 the table really feel like they're going to have a voice
19 and their voice is meaningful and that starts on day one.
20 A lot of times we create programs and then we want to bring
21 the community in. The community needs to be a part of the
22 program development phase so they own it from day one so we
23 can leave it with them and they can carry it how they see
24 fit.

25 Step two, a larger, cross-sector group meeting

1 with many more organizations, and what's not mentioned in
2 these steps is that at every level we always make sure that
3 we have the community health or the focus groups that
4 include residents that mirror the demographic of that
5 particular community, because we always want to look back
6 and say that we were inclusive and the residents had a say-
7 so at every level so we won't have any missteps and we
8 waste money.

9 So again, we're ramping up presentations through
10 the various political groups as well as the community-based
11 organizations and citizens groups however we can accomplish
12 that in the age of COVID.

13 The next slide.

14 The group developed this visual as emergency
15 network and will continue additional helping organizations
16 with the contact information on the reverse. So these
17 things as outlined, we're working with the Shepherd's Heart
18 Food Pantry, the Taylor Police Department -- it's always
19 important to have law enforcement as a presence, because
20 what we want to be able to do is really support and
21 advocate individuals in law enforcement really supporting
22 the community and not having an adversarial impact.

23 And that's important because I can't say it
24 enough, if it harms people it's the business of public
25 health. So it's extremely important that we include law

1 enforcement in what we do, because they could be
2 complementary to positive public health outcomes, so that's
3 extremely important.

4 And again, making sure that we hold the
5 ministers accountable. You know, it's great to have a
6 great sermon, but we need your leadership when it comes to
7 this, because in a lot of our marginalized communities
8 those are the only people that are left that citizens may
9 trust, so it's important that we hold them accountable as
10 well.

11 Next slide.

12 And in summary, this is my -- I'm a bit of a
13 carpetbagger with my first health department being in
14 Peoria, Illinois, but I've worked at the Houston Health
15 Department, and this is simply the highest-performing
16 health district that I've worked at in my career.

17 A lot of it has to do with the region that we're
18 in, a lot of young, smart, upwardly mobile people just want
19 to come to this area, so we've been extremely fortunate to
20 have a significant amount of our staff that have master's
21 degrees in public health, which is an anomaly at a health
22 department. You're lucky if you get one or two, we
23 probably have 15 here, so a really high-functioning work
24 group that I'm proud to lead, and they challenge me every
25 day.

1 Our mission as a district, in partnership with
2 the communities, protects and promotes the health of people
3 of Williamson County. That's our primary charge. Share
4 accurate health information and health data so people can
5 make informed decisions, and advocate for the community.
6 Identify the top needs of the community -- which I read to
7 you earlier -- which includes mental health, addressing
8 chronic conditions, and collaboration. Collaboration is
9 extremely essential and critical to what we do as a health
10 district, especially in the age of dealing with the
11 pandemic we need good partners. And we are simply here to
12 promote positive change.

13 And that's all that I have. I don't think
14 there's another slide. But I'm certainly anxious to get
15 some questions, especially those who may live in Williamson
16 County, and I have a sneaky suspicion I may have a few.

17 Oh, we do have another picture, and this is
18 actually at one of our all staff meetings where we were
19 meeting on a bimonthly basis to congregate. I was a little
20 casual that day because my biggest hobby is I ride my
21 Harley through the Hill Country, so I think I rode my bike
22 that day.

23 But I'm open to any questions that anyone may
24 have and I'm extremely grateful for the opportunity to
25 present this morning to you.

1 MR. WILKINSON: Thank you, Mr. Neal. That was
2 really helpful. I think the housing stuff you're doing in
3 east Williamson County is pretty interesting. I wouldn't
4 have known about your specific issues in Taylor and Granger
5 without this presentation. Very helpful.

6 MR. NEAL: Thank you, thank you.

7 MR. WILKINSON: You say your mother's birthday
8 is on Christmas?

9 MR. NEAL: She was born December 25, 1948.

10 MR. WILKINSON: My mother was born on December
11 25, 1941.

12 MR. NEAL: Oh, wow, wow. She's a tough lady?

13 MR. WILKINSON: Oh, yeah.

14 MR. NEAL: They're Capricorns.

15 (General laughter.)

16 MR. WILKINSON: Any other questions for Mr. Neal
17 about Williamson County Health or comments?

18 (No response.)

19 MR. WILKINSON: Thank you, Mr. Neal, appreciate
20 it.

21 It's time for public comment, so any members of
22 the public that are listening, if you would just use the
23 raise-your-hand function on the webinar and Jeremy will
24 unmute you for anyone who is requesting to make a comment.
25 We'll give a few moments here.

1 (No response.)

2 MR. WILKINSON: It looks like no public comment
3 today.

4 Our next meeting is going to be in January. We
5 don't have the actual date announced yet but once we get
6 closer Jeremy and Danny might poll everyone to make sure of
7 a time that works.

8 If you have any questions or any suggested
9 agenda items for January, please reach out to Danny and he
10 can get that on the agenda. And any comments from any
11 panelists on any issue?

12 (No response.)

13 MR. WILKINSON: Okay. Thank you very much.
14 It's 11:23, October 14, and this meeting is adjourned.

15 (Whereupon, at 11:23 a.m., the meeting was
16 adjourned.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

C E R T I F I C A T E

MEETING OF: Housing and Health Services Coordination
 Council

LOCATION: Austin, Texas

DATE: October 14, 2020

I do hereby certify that the foregoing pages,
numbers 1 through 57, inclusive, are the true, accurate,
and complete transcript prepared from the verbal recording
made by electronic recording by Nancy H. King before the
Texas Department of Housing and Community Affairs.

DATE: October 19, 2020

(Transcriber)

On the Record Reporting &
Transcription, Inc.
7703 N. Lamar Blvd., Ste 515
Austin, Texas 78752