

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES  
COORDINATION COUNCIL MEETING

Room 3501  
Brown-Heatly Building  
4900 N. Lamar Boulevard  
Austin, Texas

January 8, 2014  
10:10 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair  
PAULA MARGESON, Vice Chair  
STEVE ASHMAN (for MARC GOLD)  
FELIX BRIONES  
MEGAN CODY  
DAVID DANENFELZER  
KENNETH DARDEN  
MIKE GOODWIN  
AMY GRANBERRY (via telephone)  
DONI GREEN  
ANNA SONENTHAL

I N D E X

<u>AGENDA ITEM</u>	<u>PAGE</u>
CALL TO ORDER, WELCOME AND INTRODUCTIONS ESTABLISHMENT OF QUORUM	3
AGENDA	
Approval of Meeting Minutes from October 9, 2013	5
Bylaws Revision Approval	5
Discussion of Biennial Plan Development Draft Recommendations	6
Discussion of Performance Measures	8
Review Integrated Service-Enriched Housing Webinars	27
Update on Department of State Health Services Rental Assistance Program	47
Update on Section 811 PRA Demonstration	62
Next Steps/Staff Assignments	69
ADJOURN	69

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
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P R O C E E D I N G S

MR. IRVINE: It's 10:10 on January 8, and I call to order the meeting of the Housing and Health Services Coordination Council, and I'll begin by calling roll and confirming a quorum. Tim Irvine is present.

Paula Margeson?

MS. MARGESON: Here.

MR. IRVINE: Amy Granberry?

MS. GRANBERRY: Yes.

MR. IRVINE: Doni Green?

MS. GREEN: Here.

MR. IRVINE: James Hill?

(No response.)

MR. IRVINE: Mike Goodwin?

MR. GOODWIN: Here.

MR. IRVINE: Felix Briones?

MR. BRIONES: Here.

MR. IRVINE: David Danenfelzer?

MR. DANENFELZER: Here.

MR. IRVINE: Megan Cody?

MS. CODY: Here.

MR. IRVINE: Becky Dempsey?

(No response.)

MR. IRVINE: Anna Sonenthal?

MS. SONENTHAL: Here.

1 MR. IRVINE: Jeff Williford?

2 (No response.)

3 MR. IRVINE: Marc Gold?

4 MR. ASHMAN: Steve Ashman.

5 MR. IRVINE: Steve Ashman for Marc Gold.

6 Kenneth Darden?

7 (No response.)

8 MR. IRVINE: Karen Dunn?

9 (No response.)

10 MR. IRVINE: Jonas Schwartz?

11 (No response.)

12 MR. IRVINE: I heard nine ayes, so we have a  
13 quorum and we will begin our meeting.

14 Let's go around the room first just so we can  
15 refresh memories, like mine.

16 (Introductions.)

17 MR. IRVINE: And let the record reflect that  
18 Kenneth Darden is here.

19 As always, we welcome public comment, so if  
20 you're not actually a member of the council, don't feel  
21 constrained, feel free to comment, but if you're going to  
22 comment, we would ask that you step to the table and sit  
23 where a microphone can pick you up so that Nancy can get  
24 your comments on the record. If you're going to comment,  
25 please state who you are and on whose behalf you are

1 speaking.

2 So all of that out of the way, we would ask for  
3 a motion to approve the minutes of the October 9 meeting.

4 MR. GOODWIN: So moved.

5 MS. GREEN: Second.

6 MR. IRVINE: Any discussion?

7 (No response.)

8 MR. IRVINE: Hearing none, all in favor say  
9 aye.

10 (A chorus of ayes.)

11 MR. IRVINE: Any opposed?

12 (No response.)

13 MR. IRVINE: It's unanimous, the minutes are  
14 approved.

15 We also have a bylaw revision and I would ask  
16 for a motion on that.

17 MR. GOODWIN: So moved.

18 MS. GREEN: Second.

19 MR. IRVINE: We have a motion and a second.  
20 Any discussion?

21 (No response.)

22 MR. IRVINE: Hearing none, all in favor say  
23 aye.

24 (A chorus of ayes.)

25 MR. IRVINE: Any opposed?

1 (No response.)

2 MR. IRVINE: The motion is unanimous, the  
3 bylaws revision is adopted.

4 Next Terri will provide us with a discussion of  
5 the development of the biennial plan.

6 MS. RICHARD: Well, it seems like August 1 of  
7 2014 is a long ways away, but actually it comes way sooner  
8 than you might think. I know all of you or pretty much  
9 all of you have been participating on the phone calls, we  
10 started, as we agreed, and we created the three work  
11 groups. Work group one was about adding additional  
12 resources for service-enriched housing; work group two  
13 which is identifying strategies for expanding service-  
14 enriched housing in rural areas; and then the third work  
15 group is incentives for developers to create more service-  
16 enriched housing.

17 So what I had done was put the meeting notice  
18 out on the website and the agenda, and then I also have  
19 been sending it to the Listserv. The Housing and Health  
20 Services Coordination Council Listserv is getting  
21 somewhere around 1,300 people, so it's going out to a  
22 pretty big number and so we've been having additional  
23 people in the call. And I think that was something that  
24 Tim suggested is not limiting the work groups to just the  
25 council members, and so we've gotten some -- and you all

1 can chime in -- some interesting discussion, I think,  
2 anyway, and some different perspectives, a lot of  
3 different perspectives. So we've had two of those phone  
4 calls. I anticipate having a couple more, but we may not  
5 need the last one.

6 What I promised to do at our last meeting was  
7 just to summarize the recommendations that we've gotten so  
8 far, so that was one of the handouts. It was the work  
9 group implementation strategies, and so I'm not going to  
10 go through and read each one of them, but we've gotten  
11 some good recommendations for strategies to implement some  
12 of the goals that we will include in the biennial plan.  
13 I've started working on an outline of what the report  
14 might look like. And so did anyone have any questions or  
15 comments? Have you had a chance to look at the  
16 strategies? Do we want to have any more discussion about  
17 that? It's in your packet. I don't know if anybody has  
18 had a chance to look at that, had thoughts, wanted to add  
19 to it.

20 MR. IRVINE: There's nothing wrong with quick  
21 meetings.

22 MS. RICHARD: Okay. I'm fine with that. I'll  
23 continue to update you. After each of the phone calls I'm  
24 adding to this list to try to keep a compiled list, so  
25 I'll keep communicating back out to each of you any

1 additional items that get added to the list.

2 MR. IRVINE: The next item is a discussion of  
3 performance measures, and this is a discussion that is  
4 particularly directed to the agency participants. As you  
5 all know, we work on a biannual legislative cycle and this  
6 is a non-legislature convening year, so this is a work  
7 year where we're doing legislative appropriation requests  
8 and preparing the materials that will form the basis for  
9 the next budget cycle, and one of the things that the  
10 legislature does with each budget is they adopt -- and  
11 therefore, these things take the form of law --  
12 performance measures for tracking how state government is  
13 doing, achieving what it's supposed to be achieving.

14 And one of the things that I think is important  
15 is that we think about ways that we can quantify what are  
16 we doing, how do we best measure it, and how do we track  
17 our progress, because it's great and warm and fuzzy to sit  
18 around and talk about issues, but unless you're actually  
19 tracking what you're doing concretely to move the dial,  
20 you don't know if you're being as impactful as you ought  
21 to be.

22 So this is something that I really want  
23 everybody to go back and think about and provide input.  
24 I, for example, had a meeting the other day with my  
25 division directors and said I really want you to start



1 thinking right now about performance measures. Go through  
2 your agency's performance measures and look at them, and  
3 if they are fine, great, but if there are ways to make  
4 them better or if there are additional things that we  
5 should be tracking, let's look at them. And I really  
6 think that this council's work is probably something that  
7 is not as fully reflected in current performance measures  
8 as it ought to be.

9 So that's to kick off the discussion. Anybody  
10 got any thoughts on that?

11 MR. ASHMAN: This is Steve Ashman at DADS. We  
12 call them benchmarks, but I have target measures with  
13 Money Follows the Person, and I've got a whole category on  
14 housing, increasing the number of accessible, integrated  
15 and affordable units, the number of rent vouchers that are  
16 available, which, of course, TDHCA has been a wonderful  
17 partner on visiting PHAs and educating them about the  
18 housing needs of individuals with disabilities and things  
19 of that nature. I've probably got 15 different housing  
20 benchmarks that I have that I track monthly.

21 But in our budget we don't. When we look at  
22 DADS, really DADS's benchmarks are number of individuals  
23 served and the average cost per individual served, but  
24 from the housing standpoint, I don't know that I've seen  
25 anything on the housing side.

1 MS. GREEN: You have done well in creating some  
2 performance measures that I think are fairly unique to a  
3 program, and I think one of the things that you have done  
4 exceptionally well is look at the impact of MFP on cost  
5 savings with the Medicaid program. And MFP is unique in a  
6 sense that it's limited to people leaving institutions and  
7 are funded by Medicaid, so it's really easy or easier for  
8 people in the community to quantify that cost savings,  
9 because we know that Medicaid is paying \$150 a day for  
10 nursing home care, and with the housing supports that  
11 there's a reduction by about 75 percent.

12 And performance measures are really hard for us  
13 as Area Agencies on Aging but we're really trying to  
14 develop meaningful measures and to quantify the cost  
15 savings when possible, and I wonder through the Department  
16 of State Health Services housing voucher program if it  
17 might be possible to look at reductions in Medicaid  
18 expenditures for crisis-related care. It's not  
19 necessarily a direct relationship but I think our  
20 assumption is that if people are able to get stabilized  
21 that they're less likely to wind up in the emergency room,  
22 to have weather-related complications. If you're moving  
23 people from the streets into housing, I would expect to  
24 see reductions in utilization of emergency room care and  
25 impatient admissions as well.

1           Again, it's not going to be a direct  
2 relationship because particularly with the homeless  
3 population you're taking people who are, in most cases,  
4 unserved and providing services, so I think it's going to  
5 be more difficult. But I think if we can include that as  
6 one measure in the broader mix, that to the extent that  
7 you can identify the cost savings, I think that really  
8 resonates with elected officials more than quality of life  
9 which, in my mind, is paramount but it's really difficult  
10 to quantify that.

11           MR. ASHMAN: Well, it would be interesting once  
12 811 becomes implemented, once TDHCA and HUD have a  
13 cooperative agreement because that kind of analysis might  
14 be able to be done with the SMI population and what kind  
15 of interventions have they had in the past, state  
16 hospitals, homelessness, and we might be able to develop  
17 some kind of figures off the people we serve through 811.

18           MR. IRVINE: Please come up so the mic can  
19 catch you and state your name.

20           MS. SONENTHAL: DSHS developed kind of a  
21 projected return on investment and so I heard most of what  
22 you said, but just looking at things like emergency rooms,  
23 state hospitalizations, things of that nature, criminal  
24 justice, and so we're continuing to look at those things  
25 now that the funding is being implemented, and so we're in

1 conversation about doing a return on investment  
2 specifically for these dollars. And so any ideas that you  
3 have for anything that you're wanting to see, if you would  
4 email me that in writing so that we have it down because  
5 that's something that we're looking at and wanting to  
6 show, most definitely.

7 MS. GREEN: I think the numbers are more  
8 compelling, again, if it's quantifiable. We've also  
9 started to develop some rough measures that stick to  
10 quality of life and ability to live independently, and  
11 with a couple of our programs we ask all the consumers  
12 have these services allowed you to remain in the community  
13 as opposed to going into a nursing home or assisted living  
14 facility, and the numbers aren't high but they've been  
15 higher than I expected, where about 20 percent of our  
16 consumers will say yes, this respite voucher helped me  
17 keep my care receiver in the community. So I think maybe  
18 a combination of what is the perceived value to you as a  
19 consumer and how is this affecting your utilization of  
20 institutional services in particular.

21 MS. SONENTHAL: So like doing that kind of when  
22 they're -- I'm trying to translate that -- so with our  
23 program when they're exiting because the goal is for them  
24 to get into permanent housing, so kind of having a sort of  
25 questionnaire to measure what that is when they're exiting

1 a program.

2 MR. IRVINE: Well, you know, there are  
3 certainly other ways besides performance measures that you  
4 can capture these kinds of things. For example, just data  
5 points, data collection from populations we serve can be  
6 used to tabulate things and then compare them to  
7 benchmarks, for example, for Medicaid. If Medicaid says  
8 our average assisted person received these types of  
9 assistance, such as emergency room assistance, and you  
10 have data points for your population served that said all  
11 right, well, our population served was this instead. So  
12 that gives you sort of an A-B.

13 The other thing, though, that I really hear  
14 sort of coming out of it is whether some sort of survey of  
15 clientele would be useful. How do persons who are being  
16 served feel that they are benefitting, where would they  
17 like things to improve.

18 MS. RICHARD: The quality of life survey for  
19 Money Follows the Person, that's been tested, validated  
20 and it's been used, and Mathematica has even done some of  
21 the reports. Do they have some cost savings in it as  
22 well?

23 MR. ASHMAN: I don't know that I've seen any  
24 cost saving reports from Mathematica, and they've issued  
25 six or eight different reports now. The problem with the

1 cost savings from Mathematica's standpoint is we are, and  
2 many other states are a managed care state anymore, about  
3 85 percent, so the encounter information and the financial  
4 information isn't sent over to CMS, they don't know the  
5 expenditures. The fee for service expenditures where DADS  
6 actually pays a provider, but when it's a capitated rate,  
7 they can't break out the acute care versus primary care  
8 versus community services. Now, I don't know why they  
9 can't, we know what the numbers are. So that's been a  
10 problem, on a national level that's been a problem with  
11 the expansion of managed care.

12 MS. GREEN: And I think the best data would be  
13 longitudinal data, because if we do population comparisons  
14 and you've got a program that targets folks with high  
15 acuity levels or in crisis, you don't really want to  
16 compare them to average Medicaid beneficiaries, you have  
17 to make sure that if you are targeting those that qualify  
18 for nursing home care, those who are homeless, that you  
19 you're, again, following them over time with the idea that  
20 you've got similar populations.

21 MS. RICHARD: That qualify of life survey,  
22 there's a pre-survey before they move into the community,  
23 and then there's one, is it at six months and then another  
24 one a year later?

25 MR. ASHMAN: Eleven and 24.

1 MS. RICHARD: Eleven and 24. It's similar,  
2 it's the same exact survey. Right?

3 MR. ASHMAN: Yes, it's the same survey, and  
4 it's a combination of the NCI and PES survey.

5 MS. RICHARD: National Core Indicators and  
6 Participant Experience Survey.

7 MR. ASHMAN: However, it talks about services  
8 and not housing. There's nothing in housing in there, you  
9 know, like your living arrangements or what type of living  
10 arrangements you have, there's nothing about housing in  
11 there, it's all about community long-term services and  
12 supports and community engagement satisfaction.

13 MS. MARGESON: National Core Indicators?

14 MS. RICHARD: There's two tools and DADS has  
15 been using those. DADS joined the -- Texas joined the  
16 National Core Indicators. It's a collaborative of like 25  
17 states, it's supported by the Human Services Research  
18 Institute and is a way to establish some consistent  
19 measures across all of the Medicaid waiver programs. The  
20 National Core Indicators was specifically a tool for  
21 people with intellectual and development disabilities, and  
22 then the Participant Experience Survey was developed by  
23 the Centers for Medicare and Medicaid Services, and it was  
24 more for the aged so it was for community programs for  
25 people who are aging Texans.

1           And so through the Money Follows the Person,  
2           that quality of life survey, they really took some of both  
3           of those tools and put it in one tool, but I know the  
4           National Core Indicators had like one or two questions  
5           about housing, did you choose your home, but very little  
6           about housing.

7           MR. ASHMAN: You know, and I can say we can  
8           always add questions to that survey instrument, should we  
9           desire to do so. Now, I don't know what my contractor is  
10          going to do about pricing.

11          MS. GREEN: But it would be good to look at  
12          things like safety and security, which I think would be  
13          good measure of housing, to look at financial burden,  
14          because we work with a lot of people who are paying 50  
15          percent plus of their income for rent and they're going  
16          without medicines, food, so that might be a good kind of  
17          quality of life indicator. Are you able to meet your  
18          basic needs, and how has that changed over time?

19          MR. ASHMAN: You know, that is interesting  
20          because it would affect my pricing, but I can, in the San  
21          Antonio and Austin markets, because of the behavioral  
22          health pilot, we can ask additional questions in those two  
23          markets. I think we ask four questions for the behavioral  
24          health pilot and we can ask up to ten, so we do have some  
25          room within the current pricing scheme to ask additional



1 questions in those two markets, should we desire to do so.

2 MS. RICHARD: So maybe think about adding some  
3 specific housing and financial burden questions to that,  
4 try it in kind of a target area first, pilot it.

5 MR. GOODWIN: Wouldn't that be what I would  
6 call a critical indicator for what we've been doing is  
7 that what type of housing are you in and how much does it  
8 cost. That's a simplification. Essentially, are you  
9 receiving any kind of rental assistance and what housing  
10 are you in, and that would tell us whether it's tax  
11 credit. The things we're aiming at, which are the state-  
12 funded housing programs, are effectively increasing the  
13 number of people in that housing through service-enriched  
14 housing.

15 MS. GREEN: And I know, as a relocation  
16 contractor, we work with consumers who get tired of  
17 waiting and make their own housing arrangements and may  
18 pay, again, 60-70 percent of their income, and we know  
19 that that's a transition that is not going to be  
20 sustainable over time and that person is going to wind up  
21 back in the facility, that the grants will no longer be  
22 available, and so there are very real costs to the system  
23 associated with lack of affordable housing.

24 MS. MARGESON: Who did you say the target  
25 population was for the PES?

1 MS. RICHARD: It is for community-based  
2 programs, but particularly people who are physically  
3 disabled and seniors, elderly. And there are some  
4 questions on the original PES, anyway, about some health  
5 and safety kinds of things. There are questions about  
6 whether you've been abused or how you've been treated by  
7 your staff, so there are some questions.

8 MR. ASHMAN: And I don't know if I want to say  
9 this, we're not asking any of the ANE, abuse, neglect and  
10 exploitation questions on the quality of life survey,  
11 because in the survey instrument they had to assure  
12 confidentiality of the individual and our social workers  
13 and nurses would be in conflict with law if they did that.  
14 So we don't ask the ANE, however the interviewers do  
15 report ANE, they just don't record it on the survey  
16 instrument.

17 MS. RICHARD: And that could be abuse, neglect  
18 and exploitation either in the facility or in the  
19 community, it could be both.

20 MR. ASHMAN: Correct, pre or post.

21 MS. RICHARD: I just want to kind of run by the  
22 performance measures that we need to address, and it's the  
23 reduction or elimination of barriers in creating service-  
24 enriched housing, increasing the coordination between  
25 state housing and health service agencies, increasing the

1 number of state housing and health services staff who are  
2 cross-educated who have expertise in both housing and  
3 health services programs, and the provision of technical  
4 assistance to local communities by state housing and  
5 health services staff, to increase the number of service-  
6 enriched housing projects.

7           And so I know one of the thoughts, and it's  
8 actually come up on our calls, is to replicate the housing  
9 and health services partnership academy -- and I think  
10 that came up on the call that you were on -- which is  
11 really about local community cross-educating housing and  
12 health services. And then the next thing on the agenda is  
13 also webinars and training that we can use to cross-  
14 educate housing and health services staff. What I just  
15 read to you is what's in the statute, and so to keep that  
16 in mind as you think about performance measures that we  
17 want to create.

18           Would it be helpful to share the benchmarks  
19 that you've already come up with just to give people a  
20 guide? They're probably already on the website somewhere,  
21 aren't they, Steve?

22           MR. ASHMAN: Yes. They're in the operational  
23 protocol.

24           MS. RICHARD: Okay, operational protocol. Do  
25 you think that would be helpful?

1 MR. IRVINE: Maybe if you could just be the  
2 repository. And with all participants, if you've got  
3 things that you track that you think are useful, if you  
4 could just email the information to Terri, and if you've  
5 got things that you think we ought to track that we aren't  
6 tracking, email ideas like that.

7 One other thing -- this is maybe a bad idea but  
8 it's still an idea -- I'm involved in some other councils  
9 and organizations, and some other people in this room are,  
10 such as the Interagency Council for the Homeless, that  
11 look at some of the same types of issues, and I was  
12 wondering whether it might not be beneficial, maybe not to  
13 have a full joint meeting but to have some sort of a small  
14 work group that could coordinate with them, where there  
15 are commonalities and intersections. I think the more  
16 that state government can do to have uniform approaches to  
17 things, the more impactful it can be. Anybody interested  
18 in participating in something like that?

19 MR. ASHMAN: I'm on the council.

20 MR. IRVINE: I know you are. Well, we'll  
21 follow up on that.

22 MS. RICHARD: Anna, you have some performance  
23 measures and you're going to talk about that later, right,  
24 some things that you're tracking?

25 MS. SONENTHAL: Definitely, if you guys want me

1 to. I didn't bring a copy of our Form H, but I was just  
2 going to kind of give an update and everything, but I can  
3 share what we were tracking later on, via email, just to  
4 give you probably a more detailed description.

5 MS. RICHARD: That would be great. And then  
6 I'll try to put it in some kind of a format so that  
7 everybody could look at the different ideas that are being  
8 sent and share that at the next meeting. Form H, I  
9 couldn't remember what that was called.

10 MS. GREEN: And maybe even something about  
11 locus of control which is something that we've been  
12 looking at with some of our evidence-based health  
13 prevention programs. I feel like I'm in control of my  
14 disease or I feel like I'm in control of my living  
15 situation.

16 MS. SONENTHAL: Are you asking me if that's a  
17 part of it?

18 MS. GREEN: Just an idea.

19 MS. MARGESON: Well, is the goal here to come  
20 up with performance measures for this council and its  
21 effectiveness per its mandates, or to go beyond that to  
22 the larger impact?

23 MR. IRVINE: I think it's twofold. I think  
24 it's to have greater levels of awareness among the  
25 constituent agencies so that they really think about what

1 they're doing at the agency level that is synergistic with  
2 the council's work and how they're accounting for it. In  
3 other words, it doesn't just disappear in rounding or  
4 something like that, get lost in commonality. But also, I  
5 think it was very useful for Terri to tick off the four  
6 things that are in statute that we're supposed to be  
7 tracking, and I think that as we develop activities --  
8 we're going to talk, for example, about webinars in a  
9 minute -- to me that is a great feed-in to the whole issue  
10 of TA, how do we track it.

11 MS. MARGESON: And do we develop some kind of  
12 after assessment for those webinars or for that training  
13 module so that people who actually participate in it can  
14 give their input about what they might have learned?

15 MR. IRVINE: I think we need to.

16 MS. RICHARD: I know some of the webinars that  
17 we've done in the past, when the person registers you send  
18 out a quick little pre-registration, a few questions, and  
19 it's things like how many of you know about Money Follows  
20 the Person, or how many of you know what tenant-based  
21 rental assistance is, and you do a Likert scale. And then  
22 you do the training and then you follow up and ask  
23 participants to say, okay, now that we've educated you, do  
24 you feel like you know more about certain things.

25 MS. MARGESON: Pre and post.

1 MS. RICHARD: Pre and post, exactly. And then  
2 you could have some questions on there about, you know,  
3 some other ideas, maybe it wasn't detailed enough or there  
4 wasn't enough information, or ideas for another training

5 MS. MARGESON: Right, and that's a pretty  
6 standard way to do it. And another thing, too, especially  
7 on that particular mandate, you might be able to track how  
8 often other agencies in the state are contacting TDHCA  
9 regarding the various programs that you have. You're  
10 educating them about all these programs that you have, and  
11 even some like Veterans Affairs, but is there a way to  
12 track whether they're actually trying to access those  
13 programs on behalf of consumers, that would be another  
14 indicator that you've been successful -- we've been  
15 successful, I should say.

16 MS. RICHARD: One thing, I've been around a  
17 while and I was really kind of on the services side, from  
18 what I have seen just personally, the sharing of  
19 information is better than I've seen in a really long  
20 time, having housing representatives sitting on the  
21 Promoting Independence Advisory Council, you know, TDHCA  
22 reps sitting on the Community Advising and Planning Board  
23 at Mental Health. Steve, I know you're on a lot of those,  
24 many of you are on those. You do see a lot of cross-  
25 education in those types of work groups. I know we

1 participate in the Housing Subcommittee, so I've seen a  
2 lot of interaction, the Texas Independent Living Council.

3 MR. ASHMAN: Which is unusual to other states.

4 A lot of other states envy Texas just for the cooperation  
5 that we've seen amongst different agencies and they try to  
6 replicate that.

7 MS. GREEN: I think Paula's idea is really a  
8 good one, and you could do a really simple survey where,  
9 prior to the training, how many referrals have you made to  
10 TBRA, blah-blah-blah, project access during the last six  
11 months. Just shoot them another email in six months,  
12 during the six months how many referrals, fewer than ten,  
13 ten or more.

14 MS. RICHARD: I think a pre and post would be  
15 really good.

16 I know one of the things that I've seen as far  
17 as far as DADS and HHSC, the service coordinators on the  
18 services side, those folks turn over so often, so if you  
19 do get people in there that are familiar with housing,  
20 they know how to navigate the systems, there's so much  
21 turnover in that system, and I know that was something  
22 that the council supported recommending to DADS is that we  
23 do some housing training for service coordinators, case  
24 managers in the services world, and I think that's one  
25 avenue we can talk about when we look at these webinars.



1 I know that they get folks together like that, services  
2 coordinators and managers, quite often.

3 MS. MARGESON: Another really cool thing to  
4 track, and I don't know how we would do it, but I think it  
5 could be done, it would be really interesting to know if  
6 developers who have -- a developer in the process of  
7 developing SEH have a greater pool of service provider  
8 resources because of the work of this council. Are they  
9 more aware now of how they could get ancillary support  
10 without having to pay for it, so to speak? Because that's  
11 a huge part of what we can accomplish here.

12 MS. RICHARD: For both pre and post, you could  
13 ask who they're representing, and so there would be a way  
14 to know. You could analyze the data from the developer's  
15 perspective, from an individual receiving services  
16 perspective, you could break that out if they self-  
17 identify who they are during the pre and post. So that  
18 might be one way you could look at that.

19 MS. MARGESON: Because if we could show that  
20 that's effective, then I would think it might not be as --  
21 if it is, indeed daunting to developers to consider that  
22 they have this obligation to provide service-enriched  
23 housing, but if they know that there's really a network of  
24 service providers to help with that, that might change  
25 their attitude toward pursuing that, you know.

1 MS. RICHARD: Isn't that something you kind of  
2 talked to me about before?

3 MR. GOODWIN: We've talked about that before,  
4 because when a developer looks at that category on the  
5 QAP, they look at how many points they've got, and that's  
6 where it starts and they probably don't have a clue in  
7 many cases. Now, I'm not talking about the people who are  
8 doing this and have done it before, I'm talking about  
9 somebody who is trying to build a tax credit in San  
10 Antonio is going to see that and they'll make a decision  
11 on service-enriched housing based on its point value over  
12 somebody else's point value and max the number of points  
13 to put out there, and then try to go figure out what  
14 happens.

15 MS. MARGESON: And it's a win-win for the  
16 providers because one of the hardest things we face is  
17 housing and if the housing piece of the puzzle is  
18 addressed, then all of this other stuff that supports that  
19 stability, we got that, we can do that. The housing is  
20 the hard thing so we'd all be better off the more  
21 available we can make that network and more effective.

22 MS. RICHARD: Lots of ideas. Great.

23 MR. ASHMAN: And I just have one other. You  
24 know, looking at additional resources, and we talk about  
25 state-funded rental assistance program -- we'll find out a

1 lot of good information from State Health Services about  
2 that -- but one thing I think Doni and I were talking  
3 about at one time, we can look at the waiting list right  
4 now at TDHCA for project access vouchers is I'm going to  
5 say a year, so we can provide some justification on the  
6 cost-effectiveness of a rental assistance program based on  
7 paying \$5,000 a month for nursing facility care versus  
8 \$1,500 a month for community care plus a rental subsidy of  
9 \$600 a month, or whatever the average is, and when you  
10 look at the big picture, the State of Texas is a big  
11 winner if we can kind of coordinate that way and save  
12 millions of dollars just over the cost of care in that  
13 least restrictive and more appropriate setting for many  
14 folks. Or expand TBRA.

15 MR. IRVINE: Are we ready to move on to the  
16 idea of webinars?

17 MS. RICHARD: Sounds good.

18 MR. IRVINE: I'd just like to kick it off by  
19 saying something negative. I thought I'd get everybody's  
20 attention. Webinars, to me, present a couple of pretty  
21 big problems. One is they occur at a fixed time  
22 generally, and that means whatever you're doing, you've  
23 got to go make yourself available for the webinar. Two -  
24 is webinars are great in theory but the reality is they  
25 are really slow and cumbersome in their operation. Three

1 - is often people say that they're participating in a  
2 webinar and I know that what's happening is they've logged  
3 on and they spend a good bit of time out of the room.  
4 Reality .

5           It occurs to me that a lot of the materials  
6 that I've seen that Terri has prepared that describe  
7 different types of programs and resources really lend  
8 themselves not so much to a webinar, at least at the  
9 introductory level, as they do to something like a video.

10       So I'm suggesting that we might produce some sort of a  
11 streaming video that would walk a person on an  
12 introductory level through the range of programs and  
13 activities that are out there. We can make it available  
14 through agencies' website or through their Facebook pages,  
15 or whatever, announce it through Twitter, Listserv,  
16 various things, and that way, as people come to the point  
17 where they say okay, I now have something that's triggered  
18 an active interest in this, okay, I can go access that and  
19 now is the time to watch this, and they'll actually pay  
20 attention and they'll actually get it. I think in terms  
21 of an introductory, first level look, that might be a more  
22 effective tool.

23           MR. ASHMAN: You know, and if you were to do  
24 that and if you wanted to expand and get some people's  
25 experiences that have been in institutional settings and

1 gone into the community, we've produced a couple of videos  
2 through Money Follows the Person for people to express  
3 their opinion about moving from an institutional setting  
4 back into a community setting, and it's kind of tear-  
5 jerking in many cases, but it gives it from the  
6 individual's perspective. And it would help a prospective  
7 developer see these are just regular people, and they  
8 really are, they just have a few more needs than other  
9 folks.

10 MS. MARGESON: I actually really agree with you  
11 about webinars, and I did read the slideshow, actually,  
12 and that was very effective because when I read something  
13 that I didn't quite understand, I could go back and read  
14 it again and read it again until I could grasp because  
15 some of the programs are a little complex or they're  
16 different to me or I don't work in that particular area,  
17 so being able to just go back and reread it and say, okay,  
18 now what does this really mean.

19 And by the way, I have things to say about the  
20 independent living section.

21 MS. RICHARD: Okay, great.

22 MS. MARGESON: But yes, I don't really like  
23 webinars, I feel really detached in them, and so I'd  
24 probably relate better even to a video myself, and I'm not  
25 visual. But just reading, even making the slideshow

1 available for people to read and then having some way that  
2 they could do Q&A or they could followup tech support if  
3 they didn't understand a part of it, you know, I'd like  
4 that.

5 MR. IRVINE: And to me, it also ties back into  
6 performance measures. I find it much more impactful to  
7 say, well, during the first quarter 326 people accessed  
8 our first level training video, rather than to say we held  
9 a webinar.

10 MS. MARGESON: That's true too.

11 MR. DANENFELZER: The only downside I'd say to  
12 that is that in other examples of using videos for  
13 training in that manner, unless you've got a very accurate  
14 system to show that people watched the entire video  
15 through, all they have to do is hit start and they can  
16 instantly tune out and you still get a count. YouTube is  
17 famous for it. There are videos on YouTube that have  
18 millions of hits but nobody has actually ever watched the  
19 entire thing all the way through.

20 So I think you still need a two-pronged  
21 approach, as well, because I think one of our stated goals  
22 is to provide training, and I think that if we're going to  
23 provide effective training not just to developers but to  
24 staff at the agencies, the question and answer part of a  
25 webinar, as long as that is very open and free-flowing,

1 can be impactful. I think you need the video as well for  
2 others who don't have access and can't set aside that  
3 time, but I think each agency needs to say: Staff, you do  
4 actually need to sit through this entire thing. Maybe  
5 each agency needs to say: Look, we're going to sit  
6 through this for an hour, we're going to go into the  
7 conference room to watch it all together, and we're going  
8 to do it, so that you're engaged and you can get questions  
9 and answers done.

10           Otherwise, yes, you're right, if everyone just  
11 logs in at their desk, they're going to continue to do  
12 work and not pay attention.

13           MS. GREEN: I think a variety of training  
14 approaches is really the best because we do learn in  
15 different ways. I would hope that there would be some  
16 opportunity for face-to-face as well, and I know it's more  
17 difficult to have people in the same room. Three Agencies  
18 on Aging, Aging and Disability Resource Centers, have  
19 quarterly training in Austin. And so I think if housing  
20 training can be brought to service providers at  
21 conferences, that there's a lot of -- there tends to be a  
22 higher level of engagement, and if you can involve people  
23 who are groomed to the audience, it helps get them engaged  
24 as well.

25           MS. MARGESON: And a lot of the ADRCs have

1 really made service provider training one of their  
2 priorities, and that would be a really good avenue too.

3 MS. RICHARD: And they're supposed to be  
4 statewide by the end of this year, the ADRCs?

5 MR. ASHMAN: Well, we're reviewing applications  
6 now which would bring it up to twenty. I think there  
7 still would be two regions that will not have an ADRC.  
8 Next year I think they might roll out a couple more and  
9 then it would be statewide. Hopefully we'll get pretty  
10 close this year.

11 MS. RICHARD: And then I know DADS always has  
12 an annual conference for community-based providers.  
13 Right? The common community-based services, they have an  
14 annual conference that's an opportunity for face to face.

15 You know, one thought I had is that it would just be  
16 great, particularly in the face-to-face, but even on the  
17 video and webinars, to have some of the council members  
18 doing some of it. It would be great for people to see who  
19 you are and what you do and to hear directly from you, so  
20 any council members, like Mike, developers.

21 MR. GOODWIN: Does TDHCA still co-sponsor I  
22 think it's TAAHP, Texas Association of Affordable Housing  
23 Providers? Whatever it is. They had an annual  
24 conference, and that, to me, is a place for what I'll say  
25 Texas-financed housing is where you get a seminar. And I



1 hate to say this, but if you get a good-looking, 23-year-  
2 old brunette and you'll get people in the room and get  
3 their attention.

4 MR. IRVINE: TAAHP has begun quarterly  
5 training, and this would be a great subject for quarterly  
6 training.

7 MR. GOODWIN: Because that's your developers  
8 and financiers on tax credit housing, essentially.

9 MR. IRVINE: The other thing about training --  
10 a couple of things about training, one is there are  
11 multiple levels, and I think a first-level video  
12 introduction could be very effective, but I absolutely  
13 agree that it needs to turn quickly down into face-to-face  
14 at the more detailed interactive level.

15 I also think that training, in terms of  
16 educating providers, is great, but we should never  
17 underestimate the importance of awareness for larger  
18 communities. For example, I would love it if the Texas  
19 Municipal League would tell city governments: Hey, you  
20 know, get your housing person to log on and watch this  
21 video so that you're aware of this issue, solutions and  
22 benefits to the people in your community.

23 MS. MARGESON: Well, and even consumer groups.

24 MR. IRVINE: Yes, absolutely.

25 Well, if nobody objects, I think we'll move

1 forward with trying to create some sort of a first-level  
2 training video, and we'll be tagging some of you, and  
3 hopefully getting a bunch of new stars.

4 MR. ASHMAN: And our videos are online, and we  
5 have permission so I think we could use them again. We  
6 have media services, but we have releases from every one  
7 of those individuals. I don't know if they were that  
8 specific for that video or they could be used.

9 MS. RICHARD: Are they on the promoting  
10 independence?

11 MR. ASHMAN: I'm sure can link on through  
12 there, and probably go under Success Stories, probably.

13 MS. RICHARD: And you had an outside vendor  
14 that did that, I believe. Right? You didn't do them in-  
15 house?

16 MR. ASHMAN: DADS media services did some but  
17 they also hired the university to do the production  
18 portion of it. I think DADS actually did the filming and  
19 interviewing and the university did the production.

20 MS. GREEN: Steve, were you able to view the  
21 video that Marty did about a year ago?

22 MR. ASHMAN: No, I haven't seen it yet.

23 MS. GREEN: It's really well done.

24 MS. RICHARD: And that's Marty?

25 MS. GREEN: Our housing navigator worked with a

1 college class to develop a video on affordable housing.

2 MS. MARGESON: Oh, really. How can you access  
3 that?

4 MS. GREEN: I can send you a diskette.

5 MR. ASHMAN: I might also mention our housing  
6 navigator up in the Tyler region put together a video with  
7 an architect and somebody that specialized in accessible  
8 housing, and the audience was the homebuilders association  
9 up there, and put a video together on the cost-  
10 effectiveness and cost differential of building a home --  
11 either rehabbing a home to make it accessible or building  
12 new accessible housing, what the cost differentials were  
13 on that. And of course, obviously ANSI and all the other  
14 requirements in there, so that was a pretty good video  
15 that they put together.

16 MS. RICHARD: Is that something you could share  
17 with us?

18 MR. ASHMAN: Sure. I'll get you a copy. I  
19 have a copy on my desk.

20 MS. RICHARD: That would be great.

21 So you had in your packet, and most of you saw  
22 the first one -- and this was actually Technical  
23 Assistance Collaborative that did this work -- and so  
24 you've seen the first one that was specifically for  
25 housing and staff, and I know several of you sent me

1 comments, and I hope that I made all of your comments,  
2 corrected those. And then there's one that looks very  
3 similar but it was really directed toward developers, and  
4 it had some additional slides, it had a different tone in  
5 the notes because of the audience, but I'd really  
6 appreciate it if you would look at that one too because  
7 that's the material we'll use to move forward with the  
8 video.

9 I just wanted to bring your attention to page  
10 7.

11 MR. ASHMAN: Which one?

12 MS. RICHARD: It was the first one, the housing  
13 and services, it was slide 7, and it was about advantages  
14 from a housing perspective and advantages from a service  
15 provider perspective about service-enriched housing, and I  
16 just wanted to know your thoughts. There was some thought  
17 that what they listed here might not really be considered  
18 advantage, so I just wanted to know what you all thought  
19 about that.

20 MR. ASHMAN: Terri, I don't know which is  
21 which.

22 MR. GOODWIN: The thick one is the developer  
23 one.

24 MS. RICHARD: The one that is for housing and  
25 services staff says Housing and Services Staff in the

1 notes on the very first page. I know they're kind of hard  
2 to tell apart because they're very redundant. But it says  
3 Housing and Services Staff on page 1. Have you got it?

4 MR. ASHMAN: Okay.

5 MS. MARGESON: Can you read through the one  
6 you're talking about?

7 MS. RICHARD: Sure. It's a slide that says:  
8 Overview of integrated service-enriched housing, advantage  
9 from a housing perspective: it's easier to gain community  
10 support/less exposure to Not in my Backyard, potentially  
11 more cost-efficient, is one of the advantages if you're a  
12 housing person. The other one is advantages from service  
13 provider perspective: benefits of community living,  
14 greater accessibility to community amenities and  
15 community-based supportive services, and less stigma.

16 And so just some of the feedback that I  
17 received was that are these really advantages, so I just  
18 wanted to know any other perspectives on that.

19 MR. GOODWIN: If more cost-efficient was true,  
20 but I don't see how it is because if you build a modified  
21 apartment, then it becomes less attractive to someone who  
22 does not have disabilities, so that unit will be your  
23 hardest one to rent. The way to do it is to build an  
24 adaptable apartment, because then you can go in and you've  
25 got the kits and you can go in and modify it if you need

1 it done, but it's not more cost-efficient because it's  
2 more expensive to do that.

3 MS. RICHARD: So you also agree that that's not  
4 an advantage from a housing perspective.

5 MR. GOODWIN: And the NIMBY thing, you will get  
6 support from the political side, you may not get support  
7 from the citizen side.

8 MS. RICHARD: The local community.

9 MR. GOODWIN: I know in two communities in the  
10 San Antonio area we were going to put in what I will call  
11 workforce housing which our rents would be less than a  
12 straight market rate property of the same quality. In one  
13 we were refused bond funding by the county councilman who  
14 controlled it because he wasn't going to have that kind of  
15 housing in his district, and in the other we had the city  
16 manager come to an open house saying you didn't tell me it  
17 was going to be this kind of housing. And both of them  
18 were essentially better looking than any housing within  
19 ten miles, and the residents were as good as any residents  
20 in town, but it was just the idea of workforce or  
21 affordable tag onto that housing that sort of got their  
22 hackles up.

23 MS. RICHARD: Well, and I guess that's  
24 something, as I've been listening to everyone on the phone  
25 calls, that I need clarification on, because when I read

1 the definition of service-enriched housing, it doesn't  
2 necessarily mean to me a development that has set aside  
3 specific units for somebody. I worked with people who  
4 received service-enriched housing. It's where the housing  
5 and then the services come together. That may be in an  
6 AMLI apartment complex, that has never gotten any funding  
7 from the Texas Department of Housing and Community Affairs  
8 or anyone else, that happens to have a person who lives in  
9 one of those apartment units that happens to be adaptable  
10 but that's also receiving services.

11 And so it seems like I hear a lot of people on  
12 the call thinking that service-enriched housing is like  
13 this place where it's a development or a property. And I  
14 guess, from my experience -- and maybe I'm not reading the  
15 definition correctly -- service-enriched housing, to me,  
16 is much broader than just a property that has units set  
17 aside. And especially when we're talking about moving as  
18 many people as we want to move out of institutions, it's  
19 not always going to be a property that is receiving money  
20 from TDHCA, it's somebody that might have a voucher that  
21 goes and finds their own home that's listed by some local  
22 person that it's modified. So you all think about it.

23 MS. GREEN: So going back to Mike's point, I  
24 think one of the advantages for a developer would be that  
25 by including the service piece it's going to result in a

1 more competitive application, so by including that piece,  
2 it will, all things being equal, have a greater likelihood  
3 of being funded. And it's not necessarily the developer  
4 bringing that piece to the table, it's finding other  
5 people to bring services to bear that will result in a  
6 more competitive application.

7 MR. GOODWIN: That's the key to this. We are  
8 one of the strongest partners of Catholic Charities in San  
9 Antonio. Now, their specialty is providing assistance to  
10 refugees, and they identify some degree of rental  
11 assistance that allows the refugees in and then they case  
12 follow the refugees, all we have to do is provide the  
13 apartment, and we do that at a number of properties in San  
14 Antonio. If we took it to this council's mission, if  
15 there were an equivalent of Catholic Charities, and said  
16 hey, we have persons who need housing who need community  
17 services, and we have those services, there's you a match.

18 MS. GREEN: It's leveraging that support.

19 MR. GOODWIN: That would be leveraging the  
20 support. And in general, many housing providers would,  
21 pick a number, discount the apartment \$50 to \$100 a month  
22 if that helped that situation because if they had a stable  
23 resident who is going to be a long-term resident and isn't  
24 going to tear up the property, that \$100 a month or \$50 a  
25 month is a wise investment.



1 MS. MARGESON: That's what I was going to say,  
2 stability and tenure.

3 MS. GREEN: And I think that's the advantage  
4 for the landlord, it's lack of drama, because they have  
5 residents with unmet needs who are not good tenants.

6 MS. RICHARD: Okay. So give me some ideas then  
7 on how you think that we need to frame this particular  
8 issue then.

9 MR. DANENFELZER: And I think what I just heard  
10 from Doni and Mike is the idea that one advantage would be  
11 the ability to expand your market of eligible tenants, but  
12 I also think that the other thing there is -- and I don't  
13 know if I'm the only one but I definitely commented on  
14 these advantages -- I think it's the ability to leverage  
15 supportive service agencies and other groups within the  
16 community to build community support. That's the way I  
17 look at it, because if you just propose service-enriched  
18 supportive housing, whatever, that in itself does not gain  
19 community support. What it does is being able to leverage  
20 the other agencies you can connect with so they can build  
21 and put pressure and get community support.

22 And then on the cost-effectiveness, I think  
23 that it's not that the unit or the housing itself is cost-  
24 effective from a developer's perspective because Unit A is  
25 going to cost the same as Unit B if it's a two-

1 bedroom/one-bath -- that's not a cost-effective issue.  
2 But if you are trying to get them interested from a social  
3 standpoint, integrated service-enriched housing is more  
4 cost-effective overall for the whole system. Just like  
5 Steve had mentioned before, if we can get a rental voucher  
6 and then the service support vouchers out there, it costs  
7 a lot less than drawing down \$5,000 a month from Medicaid  
8 just to pay for everything for someone who is in a nursing  
9 home.

10 So that's the cost-effectiveness you need to  
11 point out because that also gives the developer the  
12 potential to go to potential funders or to the community  
13 and say: But look, I'm going to save you money on your  
14 service provision. City of Austin, you're not going to  
15 have to put as much money into this tenant because they're  
16 going to be in here rather than in a nursing home. And  
17 that's kind of the way they need to look at it, because  
18 the cost-effectiveness doesn't come from the actual  
19 housing unit, it comes from the other delivery of things  
20 that aren't getting spent because there's a person in the  
21 housing.

22 MS. RICHARD: Well, I can maybe work on that  
23 and then send that back out.

24 MR. GOODWIN: The integrated services is the  
25 key because you can open up -- when I'm in these meetings,

1 I tend to narrow down my focus, I think, okay, we're  
2 talking about state tax credit properties or state bonded.  
3 You've got a gazillion housing authorities out there or  
4 housing finance agencies tied to the city and state that  
5 are issuing bonds, in many cases 501(c)(3) bonds, that  
6 have no requirements whatsoever in housing, but if they  
7 were starting to encourage their applicants, if there was  
8 some way to say I can bring services, all we're asking you  
9 to do is take three to five persons with disabilities as  
10 tenants, and you don't even have to address it, you can  
11 suggest discount the rent 50 bucks a month for those  
12 people that come in, and then there is, for lack of  
13 anything else, the navigators or whoever has that services  
14 link brings in the client. I didn't have to market, I  
15 don't have to pay a locator, I've got a stable tenant.

16 Personal opinion, you would open up a huge  
17 potential source just by getting the housing finance  
18 agencies into the mode of advertising for you, if you  
19 will, we have this capability to integrate housing and  
20 services if you will encourage people coming in for bond  
21 financing to include this in what they do.

22 MS. RICHARD: It comes back to the education  
23 piece and making sure that everybody knows what housing  
24 resources are out there and what service resources are out  
25 there and trying to get people on the same page about it

1 for the individual person.

2 MS. MARGESON: It does go back to quality of  
3 life too for the tenants themselves and from a management  
4 standpoint not having to deal with being able to mitigate  
5 potential crises that people get into, it would promote  
6 stability and tenure. Those are some advantages that you  
7 might be able to include.

8 MS. RICHARD: I think that's great.

9 MR. IRVINE: I think it's important always to  
10 remember that being a provider of affordable housing is a  
11 business, and businesses need to have stable, predictable  
12 sources of income and manageable problems, and providing  
13 for an integrated community with mixed incomes and  
14 different sources of funds to augment incomes and to  
15 augment providing of services, that's just good business.

16 MS. GREEN: And then if you can realize the  
17 component advantage on top of that, then that's icing on  
18 the cake.

19 MR. GOODWIN: But the key is how do you get  
20 that attitude to people who have no clue what we're  
21 talking about today. I'm out there, I'm going to build a  
22 bond property. Fulbright and Jaworski -- it used to be  
23 called, they've changed their name now -- is the bond  
24 counsel for Bexar County Housing Finance Agency, also the  
25 San Antonio Housing Finance Agency, if those people could

1 get their boards or if their boards were aware of this,  
2 then you have the in of San Antonio people encouraging  
3 service-enriched housing that's outside of what we're  
4 doing, but there's not a tie, I'll say, between TDHCA,  
5 DARS, DADS, any of the state agencies and the Bexar County  
6 Housing Finance Agency, they're just sitting out there  
7 issuing the bonds.

8 MS. RICHARD: And then beyond the developers,  
9 you might get them to understand, but then property  
10 managers, you know, property managers being able to  
11 understand that if I accept someone in my property that  
12 has a mental illness, what kind of problems am I going to  
13 have. So I think a whole lot of it is going to be about  
14 educating property managers too.

15 MR. GOODWIN: If you get the developer onboard,  
16 the company will follow because you write a little  
17 paragraph in there: you understand that.

18 MR. ASHMAN: Which really broke down into an  
19 incentive point for the tax credit program. I mean,  
20 that's the incentive is tax credits.

21 MR. GOODWIN: But there are many more non tax  
22 credit properties out there that might buy in, in some  
23 small way, if there were an advocate trying to beat into  
24 them that we have services, some rental assistance, all  
25 we're asking you to do is provide the property.

1 MR. ASHMAN: And actually, we have that. I've  
2 got 20 different public housing authorities which also  
3 have a finance company that are in on this HUD initiative  
4 for housing and supportive services. I think I've got 300  
5 units dedicated to this project now, 15 different public  
6 housing authorities and/or their finance agencies.

7 MS. RICHARD: Are you continuing that in '14?

8 MR. ASHMAN: Yes. I'm working on Arkansas  
9 right now instead of Texas, so as soon as we're finished  
10 with Arkansas, we're coming back to Texas.

11 MS. RICHARD: Oh, okay. Doing the same thing?

12 MR. ASHMAN: Yes, and actually, the regional  
13 director, which you guys know, Martin Brezina, along with  
14 the regional director for Health and Human Services, asked  
15 me to contact NAHRO to put on a training session for the  
16 April NAHRO meeting in Corpus.

17 MS. RICHARD: NAHRO?

18 MR. ASHMAN: National Association of Housing  
19 and Redevelopment Offices. Most of the housing  
20 authorities belong to that.

21 MR. GOODWIN: If you need a translator, let me  
22 know. I grew up in Arkansas and I still speak their  
23 language.

24 (General laughter.)

25 MR. ASHMAN: And actually they're going

1 national. When I leave here I'm going to a meeting  
2 because they want to replicate this thing nationally.

3 MS. RICHARD: That's great. Thanks, Steve.

4 MR. ASHMAN: But NAHRO has been good to me. It  
5 doesn't hurt that HUD is bending some elbow, helping.

6 MR. GOODWIN: I'm building a property in San  
7 Antonio right now, 288 units in a reasonably nice area,  
8 it's at 1604 and Judson Road, and nobody has approached me  
9 about hey, we've got services available, will you give us  
10 three apartments for service-enriched housing.

11 MR. ASHMAN: I'll approach you.

12 MR. GOODWIN: Who are you that has the  
13 services? Do we have a San Antonio, I'll say, coordinator  
14 that is looking for housing for persons with disabilities?

15 MR. ASHMAN: Absolutely. I'll put you in  
16 contact with her. We can guarantee services, we can  
17 guarantee services just as we would under the 811 program.

18 And we have a housing navigator down there, just like  
19 Doni is, that actually connects the individual with the  
20 housing.

21 MR. GOODWIN: I'm doing another one in  
22 Harlingen.

23 MR. ASHMAN: I got you, Mike.

24 MR. IRVINE: Introductions to be made.

25 So we can keep on schedule, are we ready to

1 move on to the reports on the Rental Assistance Program?

2 MS. SONENTHAL: Sure. I just wanted to give  
3 just a quick update. I don't have a whole lot to tell you  
4 since the last time we spoke, but I can try to answer any  
5 questions that you may have, and I got some of my LMHAs to  
6 give me some success stories, so I wanted to share some of  
7 those with you as well.

8 I thought that I had the most updated numbers,  
9 but the person who was helping me, I'm not sure if those  
10 numbers are completely accurate for up until January, but  
11 I do have the numbers from the first quarter, and so total  
12 people served are at 233, which is great. We had  
13 projected that by the end of this year, I think it was  
14 538, and so it seems like they're doing well as far as  
15 people being served. There's been a couple of hiccups  
16 with one or two of the centers but most of them are  
17 utilizing the funds and serving people.

18 MS. RICHARD: That would be another connect,  
19 right, Anna, for Mike, your local mental health authority  
20 down there in San Antonio?

21 MS. SONENTHAL: Sure.

22 MS. RICHARD: So that would be great to get  
23 that information.

24 MS. SONENTHAL: And I wanted to share some  
25 success stories kind of from my point of view and then I



1 got some of them to share from a more local point of view.

2 There were two centers in particular that hadn't really  
3 been doing very much as far as housing. They were  
4 supposed to be providing supportive housing services to  
5 their clients, all of them are, but they just kind of  
6 weren't really in the housing game, they didn't know a  
7 whole lot about it, and they both applied for this funding  
8 and they both received funding.

9 And so one of them, I'm really, really  
10 impressed. They've hired three housing coordinators for  
11 the three different regions that they cover and they've  
12 utilized these funds in conjunction with other funds and  
13 basically have created kind of their own program. They  
14 have transitional housing and they've been using this  
15 funding to kind of help those people that are coming out  
16 of that very temporary housing, and so they've just had a  
17 lot of success and they're doing great. They're talking  
18 to their public housing authorities, building  
19 relationships, they're taking the toolkit and they're  
20 really utilizing it. And so a year ago I spoke with them  
21 and they were like we're not doing as much in housing as  
22 we want to be, and now they're probably one of the more  
23 successful center.

24 MR. ASHMAN: And who is that?

25 MS. SONENTHAL: It's Bluebonnet.

1 MR. ASHMAN: Bluebonnet?

2 MS. SONENTHAL: Yes. I'm really, really  
3 impressed with all the work that they're doing, so they've  
4 been great.

5 And then another one was Andrews Center out in  
6 Tyler. They're smaller and they have very passionate  
7 people that work there, you know, people that really care,  
8 and again, they weren't really doing as much as helping,  
9 and they've already met all of their numbers for the year,  
10 so they've utilized or they're in the process of utilizing  
11 all of their funds. They've already met their numbers and  
12 they're doing a really, really great job, also wanting to  
13 build relationships with people in their community, taking  
14 the supportive housing toolkit, really utilizing it.  
15 You'd be surprised how many of them will come and say,  
16 Gosh, this evidence-based practice is working and we're  
17 doing it and it's actually working. And I'm like yep, I  
18 would say so.

19 MS. GREEN: They came through the academy, both  
20 of those were represented on the academy.

21 MS. SONENTHAL: That's right.

22 MS. GREEN: So I think this committee needs to  
23 claim responsibility.

24 (General laughter.)

25 MR. ASHMAN: But they do have a plan to move

1       them off after this 12 or 24 months. That's what worries  
2       me with TBRA or anything else, is once that subsidy is  
3       gone, it scares me.

4                   MS. SONENTHAL: Right. And that's what we've  
5       been speaking with them from the get-go and so that's how  
6       they've been screening and processing clients, people who  
7       are going to be successful, and so they all have to have  
8       transition plans, and we are in the process of reviewing.  
9       We got them to give three of their transition plans, and  
10      so we're providing feedback and letting them know what's  
11      going on. We've already had a lot of successful clients,  
12      people who have utilized the short-term and have moved on,  
13      and so I can share some of those success stories. They're  
14      all in supportive employment, a lot of them have gotten  
15      jobs. So do you want me to share some of these right now?

16                   MR. ASHMAN: Well, finish your presentation. I  
17      don't want to slow things down.

18                   MS. SONENTHAL: Well, that's basically all I  
19      have to say. All the centers were very aware of the  
20      length of the funding from the get-go, so it's not like  
21      they're going to go: Oh, my gosh, there's no funding in  
22      two years; what are we going to do? And so they have  
23      spoken with the consumers who are utilizing these dollars  
24      from the get-go, you know, this is how long it's for, we  
25      need to come up with a plan right now from the beginning.

1           We have one center in particular, their plan  
2 is, the way that they utilize these dollars is they wanted  
3 to go after the chronically homeless people, so kind of  
4 the harder to reach population who are really in need of  
5 housing but maybe not temporary housing or this short of  
6 housing. But what they did was they're basically going to  
7 transition them off into a permanent voucher. They have  
8 funding from another source set aside for a permanent  
9 voucher after they've stabilized these two years, and so  
10 they've been real creative with it like that. So yes,  
11 we're definitely in conversation with all of them about  
12 that.

13           And like I said, I can give you guys more  
14 updated numbers than what I just told you probably via  
15 email. I just want to make sure that I'm giving you the  
16 correct numbers. I had some numbers but I just looked at  
17 them this morning and it was like I'm not sure if those  
18 are the ones that I need to be giving to you guys. And so  
19 I'm looking forward to going through Form H and looking  
20 through all the data. And like I said earlier, we're  
21 looking at a return on investment, and so we're going to  
22 be just looking at all of our areas, and the things we're  
23 looking at are criminal justice, hospitalizations and  
24 emergency room. I think that there are one or two other  
25 areas. So hopefully we'll get that information. Well, I

1 guess we could do it right now, but we're wanting to see  
2 kind of maybe after the first year.

3 And also, there's going to be a new contract  
4 for them next year because the contract is only for one  
5 year. This year we told them that they all had to become  
6 TBRA providers, not necessarily utilize the TBRA funds but  
7 we wanted them to have that experience as becoming  
8 providers and know that that funding is out there and be  
9 aware of it. They all seem to be onboard, they're all  
10 doing good, a lot of them are utilizing TBRA and using it  
11 in conjunction with these funds, and so it's kind of like  
12 they're doing good.

13 And I wanted to share some success stories. So  
14 this is from the one I talked about with Andrews Center.  
15 I'm really proud of this local mental health authority,  
16 they've done a really good job. The consumer was evicted  
17 from his mother's home -- which I don't know how you do  
18 that --

19 (General talking )

20 MS. SONENTHAL: -- he was kicked out of his  
21 mom's home and living at the Salvation Army, and he had a  
22 good work history but had difficulty maintaining  
23 employment due to his increased anxiety. Supportive  
24 housing placed the consumer in an all-bills-paid one-  
25 bedroom apartment. After stabilizing in his living

1 environment, he worked with supportive employment services  
2 and found a part-time job. The consumer is currently  
3 functioning well and learning to budget and start a  
4 savings account.

5 So they're all receiving supportive services,  
6 they have to receive supportive services along with this  
7 funding if they're utilizing these dollars, and so they  
8 meet with their housing specialist, they meet with  
9 supportive employment, they do all of that.

10 So let's see, consumer was working and  
11 maintained fairly well but stopped taking their medication  
12 which caused them to be hospitalized. Subsequently, they  
13 lost their job and they were forced to live at the  
14 Salvation Army. Supportive housing placed this consumer  
15 in an all-bills-paid apartment, and he was motivated and  
16 started a new job on Monday.

17 Employed part-time and was receiving  
18 disability. There was an issue with Social Security and  
19 the consumer's disability was placed on hold for two  
20 months. They were placed in supportive housing in a  
21 short-term program. Supportive housing helped this  
22 consumer avoid eviction, maintain their utilities until  
23 the issue with Social Security was resolved and the  
24 disability was reinstated.

25 So they are doing short-term and long-term,

1 they have both long-term and short-term goals.

2 MS. RICHARD: So when you talk about supportive  
3 housing, you're talking about your, LMHA or the local  
4 centers, supportive housing staff or assistance.

5 MS. SONENTHAL: Right, so that's directly from  
6 Andrews Center, and so they have a supportive housing team  
7 and this is from their supportive housing specialist, and  
8 so I guess when she's referring to supportive housing,  
9 she's referring to the funding plus the services being  
10 provided, for their program for supportive housing.

11 MS. RICHARD: Okay. And so then the new funds  
12 that you all were allocated, then that's used to pay all  
13 of their rent?

14 MS. SONENTHAL: It depends on what's needed.

15 MS. RICHARD: It depends on what's needed,  
16 maybe all of it until they get the first paycheck.

17 MS. SONENTHAL: Right, it can be that. What  
18 was stipulated is that we do training every month for the  
19 local mental health authorities on supportive housing, and  
20 we just look at the supportive housing toolkit, so in  
21 their contract they're encouraged to meet fidelity with  
22 that. And so that tells them to kind of look at there's  
23 funding like a bridge subsidy, so say they're going to get  
24 another subsidy or they're going to get on Section 8 or  
25 whatever it might be. So a lot of our local mental health

1 authorities are having them pay a percentage of their rent  
2 so that it looks like a permanent voucher.

3 I mean, they're all different. Like I said,  
4 the one that they're working with chronically homeless and  
5 moving them all to a permanent voucher, I think they're  
6 paying for all of their rent because they're a very hard  
7 to reach population that they're helping and assisting.  
8 So they're different and they're utilizing the funds based  
9 on what they need.

10 MS. MARGESON: I love it that it can be used in  
11 a crisis situation to avoid an individual losing their  
12 housing. That's really good when you have a big crisis on  
13 your hands.

14 MS. SONENTHAL: Absolutely.

15 MS. LAVELLE: Can I ask a quick question?  
16 Tanya Lavelle from Easter Seals. You said that you guys  
17 have been starting to see kind of the end result of some  
18 of the short-term rental assistance. Do you have a grasp  
19 on greatest success, how you're going to track that? Is  
20 it up to the LMHAs to see if they want to kind of follow  
21 up with people to see how long-term that's been affecting  
22 them, or is it more just kind of like three months?

23 MS. SONENTHAL: Well, all these people are  
24 enrolled in a level of care, and so I think the last time  
25 I kind of explained just the process for the LMHAs, and so



1 the criteria for getting this funding is that they are  
2 enrolled in a level of care, so that means that they're  
3 receiving services and they already have a caseworker, and  
4 so absolutely, that caseworker is following up with them  
5 and maintaining, and if they don't need the funding, then  
6 the funding goes to someone else

7 MS. LAVELLE: Which is great, but I don't know  
8 if it's too early to tell, but have you seen any people  
9 end up having to recidivate back to the funding?

10 MS. SONENTHAL: No, but we're in the second  
11 quarter, and so nobody at this point.

12 MR. ASHMAN: You haven't gone through all of  
13 the funding yet.

14 MS. SONENTHAL: And so the percentage of their  
15 funding spent, and so a lot of them are over-serving  
16 because we projected a certain amount of money but in some  
17 areas that can pay for multiple people's rent, and so  
18 they're serving more people than we thought. I will  
19 assume that by the end of this year it will be more than  
20 the 538 that are actually going to be served. And so with  
21 supportive housing services, if they're on their caseload  
22 they are going to maintain a relationship with them, and  
23 their level of care caseworker, even if they're not with a  
24 supporting housing specialist, is going to maintain a  
25 relationship with them and help them to be as independent

1 as possible.

2 And so I know one center, they work really,  
3 really hard on making sure that the people are very  
4 independent before they're moved on to permanent  
5 supportive housing, and so they kind of have a process  
6 that they've been doing for a while and they're kind of  
7 streaming this funding into that process. And so they  
8 kind of have a two-year process of stabilizing people,  
9 getting them in supportive employment, medication  
10 management, just really intense case management, and then  
11 they start working on let's apply and let's you get you on  
12 permanent supportive housing.

13 MS. RICHARD: So that would be an example of  
14 service-enriched housing. Right? I'm assuming sometimes  
15 they're moved into an apartment or home in the community  
16 that's integrated, so that's where in some cases they'll  
17 be using a voucher to help with the rental assistance, so  
18 is that an example of service-enriched housing where the  
19 housing and services are meeting to help an individual?

20 MS. SONENTHAL: They are receiving housing  
21 services and they are receiving supportive services.

22 MR. ASHMAN: The definition is so broad, the  
23 answer is yes.

24 MS. RICHARD: Okay. I just want to make sure.

25 MS. SONENTHAL: They're achieving both and so

1 for them to have to applied for this funding, they have to  
2 provide the supportive housing services along with it.

3 MS. RICHARD: And most of them are moving to  
4 like apartments in the community?

5 MS. SONENTHAL: Most of them, yes. I would say  
6 yes, almost all of them are moving into apartments.

7 MR. ASHMAN: That was a good question. Are  
8 they moving into other housing owned by the authority, or  
9 are they moving into the community, integrated into the  
10 community setting in apartments?

11 MS. SONENTHAL: I would say most of them are in  
12 integrated settings, and that's, again, fidelity to the  
13 toolkit that they have to be meeting, and so it's client  
14 choice. I mean, some of them when they were first kind of  
15 running up, we would have calls just to talk about issues  
16 that they're encountering, or there have been cases where  
17 no one will take a certain client because of their  
18 criminal background, because of all the money that they  
19 owe, eviction and things of that nature, and so if there  
20 is another option and if the LMHA owns an apartment, then  
21 I think it's better for them to be housed there than  
22 nowhere.

23 MS. RICHARD: So like an assisted living or a  
24 boarding home?

25 MS. SONENTHAL: Not in unlicensed boarding

1 homes, but if the consumer wanted to live in assisted  
2 living, then they would be able to do that if that was  
3 their choice.

4 MR. ASHMAN: If they could afford it.

5 MS. RICHARD: But that wouldn't meet the  
6 definition of service-enriched housing, right, for the  
7 purposes of this group.

8 MS. SONENTHAL: And I can actually find all  
9 that information because that's on Form H, how many people  
10 or what types of housing their consumers are going into,  
11 but I can tell you right now a large percentage are just  
12 integrated into the community apartments. There have been  
13 a couple of questions where someone was like they really  
14 want to live in assisted living? It's like that's their  
15 choice, but they're not allowed to go into unlicensed  
16 boarding care facilities with this funding.

17 So I have more success stories, or I can just  
18 be quiet, or if you guys have questions just let me know,  
19 but basically that's my update.

20 MS. RICHARD: Thank you, Anna.

21 MS. MARGESON: Anna, which of the LMHAs in the  
22 Dallas area are involved in this program?

23 MS. SONENTHAL: So the LMHAs in the Dallas  
24 area, it's kind of a different insurance program, like  
25 those are Northstar and Northstar has rental and utility

1 assistance funding, but I can't speak to it because I have  
2 no idea. It's not what I do, I don't work with Northstar,  
3 I just work with the local mental health authority.

4 MS. GREEN: What about LifePath or Pecan  
5 Valley.

6 MS. SONENTHAL: LifePath is in Dallas, Pecan  
7 Valley is an LMHA, and Pecan Valley was not awarded, they  
8 didn't even apply.

9 MS. GREEN: But LifePath did apply or did not  
10 apply?

11 MS. SONENTHAL: They're in Northstar, LifePath,  
12 Metrocare, ABC, that's all Northstar service provider  
13 network.

14 MS. GREEN: Hills Regional?

15 MS. SONENTHAL: Lakes Regional?

16 MS. GREEN: Lakes Regional.

17 MS. SONENTHAL: Lakes Regional is a hybrid and  
18 they did not apply, or I don't remember if they applied or  
19 not, but they're not a part of this funding.

20 MS. RICHARD: That was one thing we just  
21 briefly discussed one other time when you were here was  
22 about there was 18, I think, of the 39 LMHAS that were  
23 awarded the funding, and then I know that DSHS is going  
24 out to try to get ideas for more DSRIP, Delivery System  
25 Reform Incentive Payment program.

1 MS. SONENTHAL: Right, and I think that that  
2 might look different than what this looks like, but we are  
3 anticipating -- I mean, I can't say what next session will  
4 bring, but we are hopeful that if this is successful, that  
5 we will continue to get funded for this. We're not going  
6 to just not ask for funding again for it, and so I can't  
7 speak to it because I don't know what will happen in the  
8 future with it. But the DSRIP, that funding, we don't  
9 know, I don't think it's going to look exactly like this.

10 MS. RICHARD: But folks in your agency are  
11 soliciting ideas, though, for how to spend that, and one  
12 thought could be to look at encouraging some of the other  
13 LMHAs that haven't been awarded the funding to put forward  
14 some projects.

15 MS. SONENTHAL: Right. And I think that we  
16 asked for public comment, and that was before Christmas  
17 sometime and so it might be closed at this point, I think  
18 it is closed. But I was looking at there is a lot of  
19 people that commented and had lots of ideas for the  
20 housing and then the community collaborative.

21 MS. RICHARD: Great.

22 MR. IRVINE: And next the famous Kate Moore  
23 will update us on 811.

24 MS. MOORE: Thank you.

25 So I don't have a lot of update on 811, and I

1 do want to comment and say I thought the same thing as  
2 you, Doni, listening to Anna's update, is that it's  
3 academy participants, so that's exciting. It's exciting  
4 to see that our different efforts that are related are  
5 hopefully coming to fruition and we're seeing some  
6 results, so that's really exciting.

7 MS. SONENTHAL: At least those two are doing  
8 great, I don't know who else were academy participants.

9 MS. GREEN: I'm sure that they would say it was  
10 because of the academy. Right?

11 MS. SONENTHAL: We're sure that really helps,  
12 it can help if you utilize it.

13 MS. MOORE: That's great.

14 So 811 update, there are a couple of things  
15 that have happened since the last time I talked to you.  
16 So those of you, just to give a brief bigger picture, that  
17 aren't aware of Section 811, it's a competitive program  
18 from HUD at the national level, a federal program that we  
19 applied for and we were awarded \$12 million, we were one  
20 of 13 states nationally to be awarded these funds. It's  
21 specifically project-based housing for persons with  
22 disabilities.

23 We have three target populations that we  
24 proposed in our applications, we did a huge amount of  
25 outreach, had a lot of public process to create these.

1 Persons with serious mental illness is one, so we would  
2 work closely with Department of State Health Services on  
3 that. Persons exiting institutions and that includes  
4 nursing facilities and intermediate care facilities for  
5 persons with intellectual disabilities, and we would work  
6 very closely with DADS on that population. Our last  
7 target population is youth with disabilities aging out of  
8 the foster care system, so that's a pretty small  
9 population but it was definitely identified as a priority  
10 population in Texas, and we would work closely with the  
11 Department of Family and Protective Services on that  
12 population.

13 So we were told we were awarded -- gosh, it's  
14 almost been a year -- February of 2013. We were told that  
15 the next step was that we would receive a cooperative  
16 agreement that we would negotiate with HUD, and so we  
17 waited for that cooperative agreement and we received a  
18 draft of it in November, and it had many exhibits to it.  
19 We carefully reviewed it and we provided comments to HUD,  
20 extensive comments to HUD on the agreement, and we did  
21 that in early December.

22 The next step is that there's a national  
23 conference in D.C. next week. They're going to have a  
24 meeting. I won't be attending that, but one of our deputy  
25 executive directors, Brooke Boston, will be there, and



1 Megan will be there representing us to talk about Section  
2 811. Our understanding is that they're going to give us  
3 some initial reaction to all the feedback that they  
4 received on these draft documents which would be nice to  
5 hear during this meeting. It's not a really long meeting  
6 so I don't expect extensive direction at that point, but I  
7 don't really know what to expect.

8 And so the next step for us is once we start to  
9 enter a dialogue, is what we assume, with HUD and we will  
10 hopefully come to an agreement on what will be in these  
11 documents and we would sign them.

12 We did go to our Board, TDHCA's Board in  
13 December with a Section 811 item, so we specifically got  
14 permission from the Board that if we feel comfortable with  
15 where all the documents are in this agreement, that we got  
16 permission to sign it and execute it. We got permission  
17 to release a request for proposal or a request for  
18 interest on one of the software systems that we have to  
19 use for the program called TRACS. We might hire somebody  
20 to do it, we might outsource it. And we got permission to  
21 release a notice of funding availability.

22 So the first step for the program, let's say we  
23 are able to enter into this agreement and everything works  
24 out, we would release a notice of funding availability to  
25 hopefully attract interested properties that would want to

1 have some of these project-based vouchers in their units.

2 It targets specifically properties that are funded with  
3 TDHCA Multifamily funds, so that's one of the big caveats.

4 And one of our main comments, just so you know,  
5 about the agreements was that we want to ensure that all  
6 of the documents are as user-friendly as possible to our  
7 Housing Tax Credit Program because the majority of our  
8 properties are funded with housing tax credits and if it  
9 doesn't meld well and complement that program well, then  
10 it's not going to work well for us. And so that's one of  
11 our main priorities on making comments. And it wasn't so  
12 much as if they were saying things that were necessarily  
13 contradictory to the Housing Tax Credit Program, it was a  
14 lot of it was silent or maybe we want to confirm, so a lot  
15 of our comments are about things like that.

16 I guess another thing, the last time I was here  
17 we talked about the Qualified Allocation Plan, so Cameron  
18 Dorsey was here and he presented, you may remember, and  
19 talked about how it's really the guiding principles for  
20 how to apply for the next year's Housing Tax Credits. And  
21 so our Board adopted our 2014 Qualified Allocation Plan in  
22 December, and so originally in the draft Qualified  
23 Allocation Plan, 811 was a scoring item and that was taken  
24 out at the Board meeting, but the Board did indicate  
25 interest in putting it in the 2015 QAP, so I wanted to let

1 you know about that.

2 And that's pretty much it.

3 MS. RICHARD: The 2015 Qualified Allocation  
4 Plan process starts around April-May?

5 MR. IRVINE: July.

6 MS. RICHARD: July. Thank you. I know the  
7 incentives work group, a lot of the recommendations came  
8 from looking at things to do in the Qualified Allocation  
9 Plan, and I think that what is going to be really helpful  
10 is to have some specific language like Kate, you, and your  
11 folks did to be able to have something that everyone can  
12 look at and bounce ideas off of.

13 MR. ASHMAN: And your tax credit application  
14 period is currently going on? I was just trying to figure  
15 out how we fill in to the next cycle because you lost me  
16 here.

17 MR. IRVINE: We're in the cycle.

18 MR. ASHMAN: Okay. That's what I thought  
19 because I thought I saw some reports on applications. I  
20 am concerned that when we go out with the NOFA, you may or  
21 may not get any interest, I don't know. You know, what's  
22 the enticement without the points?

23 MR. IRVINE: Well, it's kind of hard to award  
24 points on a program that doesn't really exist yet. It's a  
25 chicken and egg thing. So I think a lot of it is going to

1 be depend really on the Board communicating that we will  
2 really look at this as a significant scoring item in the  
3 2015 cycle so that the participants will be accruing a  
4 competitive advantage.

5 MR. GOODWIN: And the chance of getting it in  
6 2015, personal opinion, is almost nil because I would bet  
7 you there's no federal funding in the '14 budget as far as  
8 actual dollars. So once that agreement gets signed,  
9 you're probably still six months away from getting your  
10 contract and the whole nine yards. But if you did get it,  
11 how many tax credit properties have you got out there that  
12 could apply? It doesn't have to be new construction; it's  
13 anybody that's currently there, so it's state bonds or  
14 state tax credits that are still there.

15 (General talking and laughter.)

16 MR. IRVINE: Is there anybody with anything  
17 else that they would like to suggest we put on the agenda  
18 for next meeting, or do we have plans for when the next  
19 meeting will be?

20 MS. RICHARD: April 9. So I've just been  
21 sticking with the second Wednesday of each month.

22 MS. SONENTHAL: The second Wednesday -- well,  
23 never mind. I had to cancel my supportive housing calls  
24 this month. So it's the second Wednesday of every month?  
25 I think that that is when I've got my supportive housing

1 calls right in the morning. I can switch those if that's  
2 the preferred time for everyone.

3 MS. RICHARD: It seems to be working out for  
4 most everybody, but I'll leave that up to the council  
5 members for thoughts on that.

6 MR. IRVINE: Well, as always, remember that  
7 Terri is there and I'm there, and if you've got any  
8 questions, suggestions, things you'd like to have placed  
9 on future agendas, just feel free to holler at us.

10 With that, I guess we'll entertain a motion to  
11 adjourn.

12 MS. GREEN: So moved.

13 MR. ASHMAN: Second.

14 MR. IRVINE: All in favor say aye.

15 (A chorus of ayes.)

16 MR. IRVINE: Any opposed?

17 (No response.)

18 MR. IRVINE: We're out of here. It's 12  
19 minutes until 12:00.

20 (Whereupon, at 11:48 a.m., the meeting was  
21 concluded.)

