

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Room 1410
Brown Heatly Building
4900 N. Lamar Boulevard
Austin, Texas

October 21, 2015
10:00 a.m.

COUNCIL MEMBERS:

DONI GREEN, Chair
MARTHA BAGLEY
SUZANNE BARNARD
JUSTIN COLEMAN (absent)
KENNETH DARDEN
RICHARD DE LOS SANTOS (absent)
ALISON EVANS
MICHAEL GOODWIN (absent)
PENNY LARKIN
MARK MAYFIELD
ANNA SONENTHAL
MICHAEL WILT

I N D E XAGENDA ITEMPAGE

CALL TO ORDER, ROLL CALL	3
ESTABLISHMENT OF QUORUM	1 5
Approval of Meeting Minutes from July 2015	1 6
Update on Section 811 Project Rental Assistance Program	1 7
Overview of Delivery System Reform Incentive Payment (DSRIP)	4
	2
Discussion of HHSCC 2016-2017 Biennial Plan	5 0
Public Comment none	
General Update/Next Steps/Staff Assignments	5 8
ADJOURN	7 0

1 P R O C E E D I N G S

2 MS. GREEN: All right. Good morning everyone.
3 We are going to go ahead and get started. I show it is
4 10:04 a.m.

5 And Tim is unable to be with us today, so in
6 his absence, I will be chairing this morning's meeting.
7 I don't believe we have a quorum.

8 FEMALE VOICE: I think we do, actually.

9 MS. GREEN: We do?

10 FEMALE VOICE: Uh-huh.

11 MS. GREEN: So let's go ahead and do roll
12 call. And Suzanne Barnard?

13 MS. BARNARD: Here.

14 MS. GREEN: Excellent. Richard De Los Santos
15 is not able to be here today.

16 David Danenfelzer?

17 MR. WILT: I am Michael Wilt. I was a
18 temporary replacement for David, but I believe I am
19 permanent now.

20 MS. GREEN: Fantastic. Welcome.

21 Alison Evans is here. Fantastic.

22 Martha Bagley is here.

23 Penny Larkin, she is not here.

24 MS. RICHARD: She is here. She just ran out
25 for a phone call.

1 MS. GREEN: She is? Okay. Wonderful. Anna
2 Sonenthal.

3 MS. SONENTHAL: Here.

4 MS. GREEN: Is here. Justin Coleman is not
5 here. I am Doni Green.

6 Michael Goodwin

7 (No response.)

8 MS. GREEN: I don't see Michael.

9 Kenneth Darden is here; fantastic. Mark
10 Mayfield --

11 MR. MAYFIELD: Here.

12 MS. GREEN: -- Is here. And we have got
13 vacancies for our health services entity, our affordable
14 housing advocate, consumer of service-enriched housing
15 and financial institutions representative. So it looks
16 like we have one, two, three, four, five, six, I believe
17 it would be seven, so we do have a quorum. Fantastic.
18 All right.

19 I would like to give guests an opportunity to
20 introduce themselves.

21 MS. SYLVESTER: Megan Sylvester. I work with
22 TDHCA. I am an attorney that advises them.

23 MS. GREEN: Fantastic.

24 MS. LAVELLE: I am Tanya Lavelle. I do
25 Governmental Affairs for Easter Seals Central Texas.

1 MS. CASTILLO: I am Kathleen Castillo. I am
2 with the Housing Resource Center. I work with Terri.

3 MS. OPOT: And I am Kelly Opot. I work with
4 CSH and contracting providers for the services.

5 MS. GREEN: Great. All right. The next item
6 on the agenda -- sorry.

7 MS. HOLLOWAY: It's okay. I was hiding. I'm
8 Marni Holloway. I am the new Director of Multifamily
9 Finance at TDHCA.

10 MS. GREEN: Excellent. The next item on the
11 agenda is the approval of the meeting minutes from July
12 15, 2015. Do you all need just a few minutes to --

13 FEMALE VOICE: We need Penny back in the room
14 to vote. That makes nine.

15 MS. GREEN: Okay. So how about we defer that
16 agenda item and move along to an update on the Section
17 811.

18 MS. BAGLEY: May I ask a question about
19 agendas? Don't we have to approve the minutes from the
20 meeting before as well? Don't we have two sets of
21 minutes that we have to approve?

22 MS. RICHARD: We always just do the meeting
23 before.

24 MS. BAGLEY: Okay. Because we didn't approve
25 the ones, I think, from -- because we didn't have a

1 quorum.

2 MS. RICHARD: I forgot about that. That's my
3 bad. I forgot about that. Okay. Yes. Thank you,
4 Martha. I'm glad you brought that up.

5 MR. MAYFIELD: I think we had a quorum; it
6 just was --

7 MS. RICHARD: We did end up with a quorum
8 actually.

9 MR. MAYFIELD: It was 20 or 30 minutes into
10 the meeting before the quorum actually was assembled.

11 MS. BAGLEY: So we must have done it then, so
12 I'm sorry.

13 MS. RICHARD: I think Tim did start the
14 meeting about 15, 20 minutes late after Spencer's
15 presentation. And they did vote on the minutes.

16 MS. BAGLEY: Okay. Sorry.

17 MS. GREEN: Okay. Very good.

18 MS. RICHARD: No, thank you.

19 MS. GREEN: Okay. So we will circle back to
20 the minutes when Penny returns and we establish our
21 quorum. So again we will --

22 MS. RICHARD: I don't see Spencer. I do see
23 Kelly.

24 MS. SONENTHAL: He told me he was coming; I
25 got an email from him. So he should be here to provide

1 the 811 update, but he's not here right now.

2 MS. GREEN: Okay. So we will move on to Item
3 Number 3, which is the update on the Housing and Services
4 Partnership Academy. And Kelly Opot is here.

5 So, Kelly?

6 MS. OPOT: All right. We put out the request
7 for applications at the end of September and requested
8 that they come in by October 2. And we received six and
9 wanted a couple more, so we extended the deadline until
10 October 14 and received three more and have selected nine
11 teams from a really diverse geographic and size of
12 community.

13 So we have some rural communities. We have
14 East Texas, we have South Texas, we have West-ish Texas.
15 So we have got a really good representation of the state
16 and large cities, small cities, and rural areas. So we
17 are really excited about the diversity as well as the
18 target populations.

19 There was a pretty big mix, but there were
20 some communities that are really specific about targeting
21 individuals exiting institutions and people with serious
22 mental illness. So again, diversity of both the
23 communities that are represented as well as the
24 populations that they are serving is really interesting
25 to see.

1 So it should be a really interesting and
2 interactive and lots of information among the academies
3 for those that are participating. One of the things that
4 was really interesting about all of the applicants is
5 everybody included a housing authority in their team.

6 MS. RICHARD: Kelly, you maybe want to just
7 maybe back up just a bit and tell them just a little bit
8 high-level overview of what the academy is.

9 MS. OPOT: Sure, sure.

10 MS. SONENTHAL: And then can you tell us
11 about, what are -- who the teams are and who the lead is
12 for them, please?

13 MS. OPOT: I don't know that off the top of my
14 head, who all of the leads are. And we haven't -- so we
15 decided on the applicants yesterday.

16 MS. SONENTHAL: Okay.

17 MS. OPOT: It was our final decision, so I
18 don't have it all memorized yet.

19 MS. SONENTHAL: And they haven't been notified
20 yet.

21 MS. OPOT: And they haven't been notified yet.

22 MS. SONENTHAL: Okay.

23 MS. OPOT: Yes. Well, the application itself
24 was to come to a two-day academy as well as receive
25 technical assistance afterward. And so we put out a

1 request for applications ahead of -- a wide variety of
2 questions. But really asking why the team -- people were
3 supposed to put together a team of five people. And at
4 the minimum requirements for the team were a person with
5 disability or their representative, a service provider
6 for that person, or a service provider for persons with
7 disabilities, as well as either a housing funder,
8 developer, or housing authority.

9 And we incentivized with bonus points that
10 people include a housing authority that is willing to set
11 aside units for this project -- a preference,
12 essentially -- or a developer who would be interested in
13 setting aside units in one of their developments.

14 And so most of the teams that responded -- all
15 of the teams that responded included a housing authority,
16 several of them with a housing authority that is
17 committed to including a preference or has an existing
18 preference in their administrative plan and just wanted
19 to figure out how to better use that.

20 MS. RICHARD: In the definition that we
21 included, we had some language in the request for
22 application about this Council. And this specific
23 request included teams that were wanting -- their goal
24 was to expand service-enriched housing in their
25 community.

1 And the community could be a county, it could
2 be a city. In some situations we had a community that
3 was nine counties. And so I just wanted you all to know
4 that it was -- you know, we did this contract on behalf
5 of the Council, to replicate the Housing and Services
6 Partnership Academy that was held in 2013.

7 And that was a recommendation that was
8 included in this Council's last biennial plan, was to be
9 able to replicate that. We had a number of people on the
10 different workgroups that recommended that it be
11 replicated, because we got some really positive feedback.

12 And then one thing that we didn't have in
13 2013, we didn't have the follow-up technical assistance.
14 So while we heard great stuff about what they did when
15 they went back to their communities, we really didn't
16 have much of a robust way to evaluate that.

17 And so with this RFP, CSH -- we asked them to
18 do a robust evaluation and look at a cost-benefit
19 analysis. How much did we spend on this training
20 opportunity and then what outcomes did we have from that.

21 So hopefully we will be able to bring that to
22 the Council. And I feel confident -- I'm just going to
23 go, you know, the hypothesis is, yes, it was great. We
24 had great outcomes. But we can bring back to the Council
25 what kinds of benefits.

1 We had some anecdotal. Karen Holt, who is
2 from East Texas -- she presented at this Council last
3 meeting -- said that they went back and became a tenant-
4 based rental assistance administrator through TDHCA. And
5 so we had some other anecdotal information about teams
6 that went back and, you know, did some activities. But
7 we wanted to have a little more.

8 And then we also had feedback, because CSH
9 sent a survey to all of the team members who had
10 participated before, what they would like to see, and one
11 of the things they wanted to see was some follow-up
12 technical assistance.

13 So CSH will be following up after the academy
14 with some onsite and offsite technical assistance that
15 will be very specific to the goals that that particular
16 team wants to accomplish. Sorry, I get really excited
17 about this. I'll let you keep going.

18 MS. OPOT: Well, and the point of the academy
19 and the request for applications was that at the end of
20 it, you will have a plan to develop more service-enriched
21 housing in your communities.

22 And so we wanted to make sure that the teams
23 include a good mix of people from the community that can
24 actually get that work done. And the other piece of it
25 is there will be pre-academy webinars.

1 So while we know that there is a lot of
2 information that we want to help people learn in these
3 Academies, we also want them to do some front end work to
4 be really prepared coming in, so that everybody is kind
5 of on the same page when they get there and that we can
6 tailor and move quickly during the academies.

7 And so there will be kind of pre-academy
8 technical assistance around the webinars, then the
9 academy, and then post-academy technical assistance
10 following up on their plans and kind of how we can help
11 them think through either ways that they are stuck or
12 things that they can do to really move forward with
13 implementing their plans. I think that is -- I did speak
14 a bit about the teams.

15 But we are -- the scoring group was very
16 excited, and we expect to be able to send notification to
17 them this week or early next week. The academies will be
18 hosted in Austin in early February, and then the
19 technical assistance through June of next year.

20 So does anybody have questions for me?

21 MS. SONENTHAL: I do.

22 MS. OPOT: Yes.

23 MS. SONENTHAL: I know that at the last
24 housing academy, someone from DSHS came kind of as an
25 observer; I think it was Sam. But is that okay, if I do

1 it, by like paying money and coming?

2 MS. RICHARD: Well, we did talk about that the
3 Council members --

4 MS. SONENTHAL: Okay.

5 MS. RICHARD: -- which you are one of, would
6 be able to come and attend and maybe even do some -- help
7 facilitate some of the groups. We were going to be --

8 MS. SONENTHAL: I just went to the LMHA. I
9 don't know, but I think I have -- hopefully, some of them
10 are going to --

11 MS. OPOT: There are some LMHAs in there. The
12 other interesting thing, two of the teams had MCOs as
13 part of their team: managed-care organizations.

14 MS. SONENTHAL: That's great.

15 MS. OPOT: So, yes. An interesting mix of
16 providers and funders and all of that. So we are really
17 excited to see it.

18 MS. RICHARD: Aging and Disability Resource
19 Centers. We had housing navigators that were part of the
20 teams.

21 MS. SONENTHAL: Good. That is awesome.

22 MS. OPOT: Yes. No team was exactly the same.

23 MS. GREEN: And last time a focus of the
24 academy was the presentations on state-funded services.
25 So there may be invitation to present as well, depending

1 on --

2 MS. OPOT: Potentially, yes. I mean, we are
3 still working on the curriculum part, so we have a little
4 training center at CSH and people that specialize in it.
5 And she is working -- Nicole, my colleague, is working on
6 the curriculum with me.

7 And so we are trying to figure out how to put
8 all of that in. And certainly we will probably include
9 some of that in the pre-academy webinar as well, so maybe
10 an opportunity for some of you to talk about resources.

11 You can also come watch. It will be in
12 Austin, so you don't really have to pay for anything.

13 MS. SONENTHAL: Okay. But whatever you need
14 for us to come is fine.

15 MR. MAYFIELD: Is the anticipated public
16 housing authority participation just housing choice
17 vouchers and making that a part of some of the
18 administrative plans primarily with the housing
19 authority?

20 MS. OPOT: Most of teams that included a
21 housing authority, that is how they articulated how the
22 housing authority would participate. Some -- I think
23 there was one or two that talked about potentially using
24 their housing authority to do development, better
25 understand tax credit development and potentially get

1 into developing some more affordable housing.

2 But most of them, it was either better use
3 their existing preference or figure out a way to create a
4 preference in their admin plan.

5 MR. MAYFIELD: Urban housing authorities or
6 rural?

7 MS. OPOT: Both.

8 MS. RICHARD: And you did say already that we
9 were going to do a needs assessment. And so that was
10 something that I thought that's also different than last
11 time.

12 So that once the teams are selected, they are
13 going to send out a needs assessment to get from the
14 teams what they would like to see, what kind of
15 information they need at the academy.

16 So part of the curriculum is going to be
17 driven by what the teams say that they would like to have
18 more information about and learn more about.

19 MS. OPOT: Right.

20 MS. GREEN: You'll be developing resource
21 guides?

22 MS. OPOT: Yes. We are working on that now.
23 And the teams will also be -- some of the feedback that
24 we heard about the last academy was that the resource
25 guide -- the local resource guide maybe wasn't as useful

1 as it could have been, or it was a little bit out of
2 date. So part of what we would like to do is get the
3 local communities to put that together. We will create
4 the templates and give people the directive of how to
5 find those resources, but get the teams kind of out there
6 as their pre-academy work to make some of those
7 connections before they come, so, you know, kind of build
8 up the connection for those teams that are less well
9 connected, and build that resource for those that are.

10 But the needs assessment we will have probably
11 the first week of November. So our evaluation team is
12 already working on that and pulling some questions from
13 the requests for applications.

14 There were some questions about do you think
15 this will do for you, and what do you want to get out of
16 this? And then we will have a targeted needs assessment
17 that really gets into more detail kind of based on
18 responses in the applications.

19 MS. RICHARD: I just want to make sure. Is
20 there anyone on the phone?

21 (No response.)

22 MS. RICHARD: Do we have anyone joining us?

23 MS. GREEN: And let the record reflect that
24 Penny Larkin from DADS is present, and so we do have a
25 quorum.

1 And so at this point, let us return to Agenda
2 Item Number 1, which is I believe our only action item
3 for today, and that is approval of the meeting minutes
4 from the July 15 meeting.

5 And so do you all need just a few minutes to
6 review those minutes before we entertain a motion to
7 approve?

8 (Pause.)

9 MR. MAYFIELD: I will move to approve.

10 MS. GREEN: Okay. Moved by Mark Mayfield to
11 approve the minutes. Do we have a second?

12 MS. BAGLEY: Second.

13 MS. GREEN: Seconded by Martha Bagley. All
14 those in favor of approving the minutes, please say aye.

15 (A chorus of ayes.)

16 MS. GREEN: All opposed, no.

17 (No response.)

18 MS. GREEN: Okay. Seeing none, the minutes
19 have been approved by a unanimous vote.

20 And we will go back to Agenda Item Number 2,
21 which is the update on the Section 811 project-based
22 rental assistance program.

23 And Spencer Duran of TDHCA will provide that
24 update.

25 MR. DURAN: Spencer Duran, Texas Department of

1 Housing and Community Affairs. Thanks, Doni. So I want
2 to provide an update on the 811 program.

3 Some of the biggest highlights that we have
4 had recently are the 2015 round of the 9 percent tax
5 credits have essentially wrapped up. And in general we
6 know where our 811 participating properties are going to
7 be.

8 It is still not exactly set in stone at this
9 point. We will be approaching the properties to sign
10 what we call a property agreement, which is a contract
11 between TDHCA and the participating property.

12 So again, we have got properties on the hook
13 to participate by providing two points in the Qualified
14 Allocation Plan, which is what we use to allocate Housing
15 Tax Credits, and so that essentially netted us 17
16 properties.

17 And of those 17 properties, 10 are going to be
18 those that are new construction properties, And we have
19 one of those that is an acquisition rehab.

20 So essentially it is important to know whether
21 it is a new or existing, because new obviously is going
22 to take some time before it is physically constructed.

23 But we also did have in the QAP, the Qualified
24 Allocation Plan, a mechanism for a developer to get the
25 point but then swap in a property that is already

1 existing. So if there are any questions about that, we
2 can explain in a little bit more detail. But so then we
3 had a number of development exercise that option, and
4 that got us seven existing properties.

5 And again, these numbers are not set in stone.
6 There could be a problem as we move forward with signing
7 the property agreement or the commitment notices. I
8 think Marni will talk about -- maybe a property could
9 fall out, I guess. It is not likely but --

10 MS. HOLLOWAY: Certainly.

11 MR. DURAN: Right. Yes. But not every
12 contract this time and all that kind of stuff. That is
13 kind of what I want to tell the one caveat about, are our
14 numbers.

15 MS. GREEN: So properties could fall out. But
16 is it too late for properties to participate?

17 MR. DURAN: Well, so there's a couple of --
18 that's a great question. So the properties could fall
19 out if there was a contract issue or, for example, we
20 have -- if something comes up during the environmental
21 review. We are still working on that.

22 So what we are doing is we are going to move
23 forward with signing all of the agreements with a caveat
24 of assuming that the environmental goes smoothly; we
25 don't find any recognized environmental conditions, for

1 example, or, you know, we read the flood plain map wrong,
2 or something. We realize, oh, it's in a flood plain; we
3 can't provide federal dollars onto that.

4 So there are a couple of ways that a property
5 could fall off. Right.

6 If a property wants to participate, soon, in
7 the next couple of months, I would say, we are going to
8 be releasing a NOFA or a request for qualifications, like
9 an RFP, RFQ, some sort of document; we haven't really
10 decided on a name yet.

11 It is most likely going to be a request for
12 qualifications. So you would invite properties to
13 participate in 811 that may not be incentivized by the
14 Qualified Allocation Plan.

15 We are going to open it up for those that want
16 to qualify for the 2016 round to use as an existing
17 property. Or you could just be an experienced
18 multifamily developer with five or more units, and you
19 have existing public dollars on that deal, and
20 essentially you could qualify.

21 We don't know what that is going to bring us,
22 if -- you know, we have always thought that 811 needed a
23 carrot, especially in the form of a QAP point to get
24 people to jump in. But there could be folks that have
25 other motivations to get involved and especially those

1 that have project-based Section 8 experience, because
2 from a property management perspective, Section 811 and
3 project-based Section 8 are very similar.

4 It uses the same kind of rule regime, HUD
5 operations handbook, things like that, so we will see
6 what just this open invitation will bring us.

7 But we do know that the point worked. So for
8 example, of the 154 applications that the Department
9 received for the 2015 9 percent tax credits, 58 of those
10 were eligible to participate. That means they were in
11 one of the eligible counties.

12 Units are only operating in seven metropolitan
13 statistical areas that are composed of you know, three or
14 four or five counties each. So of the 154, 58 were
15 eligible. They were in one of those counties. They
16 weren't supportive housing. They weren't a senior-only
17 property, things like that.

18 So of the 58 that were eligible, we know that
19 57 checked that 811 box to participate. So essentially,
20 of the properties that were eligible, all but one did it.
21 So I think that is a pretty interesting, you know,
22 example of the power of the QAP point.

23 MR. MAYFIELD: Spencer, how did that break
24 down between rural and urban?

25 MR. DURAN: That's a great question. I am not

1 sure. I will have to go take a look. But 811 is silent
2 on the urban/rural split.

3 You know, the counties are in metropolitan
4 statistical areas; you know, in the areas of Dallas-Fort
5 Worth, Austin, Houston, El Paso, Brownsville, things like
6 that. But there are still rural areas within those
7 counties.

8 And I have not mapped out rural versus urban.
9 That is an interesting question. We can go look into
10 that, for sure.

11 MS. GREEN: And can you talk about whether all
12 of those MSAs are covered?

13 MR. DURAN: A great question. So okay,
14 they're all covered, so there is participation in each of
15 the seven metropolitan statistical areas, or MSAs. It is
16 interesting.

17 El Paso is a total outlier. It is kind of
18 interesting. So El Paso got four developments. And so
19 we had one developer. Tropicana, that went ahead and
20 said, I'll just jump into this 811 thing. They have
21 committed three properties.

22 And not only that, they said, we are not just
23 going to commit one property to get the QAP point; we're
24 going to commit three properties, right. And we are
25 going to do more than the ten-unit minimum. So they are

1 doing 14 units each.

2 So that's great. And then another development
3 also jumped in, who is in the El Paso MSA with a property
4 as well. So now we have four properties in El Paso. So
5 we will see.

6 And we have already done on-the-ground, in-
7 person training, Penny and I, and some of the TDHCA
8 staff. Anna went. Some of our Health and Human Services
9 partners went out to El Paso, and we trained the local
10 Health and Human Services folks, you know, like the ones
11 at the housing authorities or, you know, the state
12 supported living center staff are there who do the
13 community placements.

14 MS. GREEN: MCOs, service coordinators and
15 stuff?

16 MS. SONENTHAL: [inaudible].

17 MR. DURAN: Yes. Thank you. Who else?

18 MS. SONENTHAL: I said MCOs.

19 MR. DURAN: The MCOs are there. Yes. There
20 is, I guess, four MCOs maybe in the El Paso area. I am
21 not sure. But we had like three, maybe out of four MCOs
22 come to our training, because they obviously are doing a
23 service delivery role in 811.

24 So that was first day of the El Paso training.
25 The second day was dedicated to training the properties.

1 So we have kind of seeded El Paso pretty well. We are
2 happy to go back. You know, we have some travel funds,
3 takes the money follows the person. We feel really good
4 about making sure that the service side and the property
5 side on the local level was well trained and ready to go.

6 MS. GREEN: So Spencer, can you talk a little
7 bit about referral protocols? There are three target
8 populations: people exiting institutions, people with
9 mental illness, and youth who are exiting foster care.

10 So can referrals be made from the general
11 public, or would the relocation contractors be the source
12 of referrals for people exiting institutions?

13 MR. DURAN: Yes.

14 MS. GREEN: Will the local mental health
15 authority be the referral half for people with mental
16 illness and then --

17 MR. DURAN: Yes. Exactly. So that was yes.
18 It is good to hear our part articulated so well. Yes.
19 So three target populations. The only thing that I would
20 correct is it's people with severe mental illness.

21 MS. GREEN: Severe.

22 MR. DURAN: And that translates into DSHS-
23 speak for a Level Three, Level Four level of care.
24 Right.

25 MS. SONENTHAL: Anyone can -- I mean, what I

1 understand it, it is anyone that has a severe mental
2 illness. It is level of care 1 through 4, actually.

3 MS. GREEN: So severe depression,
4 schizophrenia, bipolar?

5 MS. SONENTHAL: Yeah. And then, well, we
6 could get into a conversation about that later. But our
7 definition is currently kind of changing so that LMHAs
8 are encouraged to serve like all people with severe
9 mental illness, but it has to do with like a gap below 50
10 now. And so it is not just like one of the top three
11 diagnoses any longer.

12 MS. GREEN: Okay. That's good to know.

13 MS. SONENTHAL: I can give you all --
14 digression. But I can give you data about that at some
15 point. But yes, it is individuals served at the LMHA
16 that have severe mental illness, mental illness that
17 would be appropriate for --

18 MS. GREEN: And then for the youth exiting
19 foster care?

20 MR. DURAN: It would be the -- I don't have
21 the actual liaisons here. It's DFPS, and it is
22 essentially the case manager of that individual.

23 And then sometimes in that service delivery
24 there is a disability specialist that can also help
25 provide those referrals, but it is a closed referral

1 system.

2 So what we are doing is we want to make sure
3 that individuals who are referred to the 811 program have
4 with them those community-based services and supports
5 ready and waiting for them, whether that is a Medicaid
6 waiver, or whatever the case may be.

7 In addition, there are properties that come
8 through a certified referral agent because those referral
9 agents are also being trained on Fair Housing. They are
10 being trained on kind of the policies and procedures of
11 the program, and also, importantly, how to do the
12 handoff. Like the DADS relocation contractors, for
13 example, they are only engaged for up to 90 days. So
14 after that happens, there needs to be a handoff or a
15 transition of the individual onto whoever is providing
16 those services in the community for the longer term.

17 So that could be a managed-care organization
18 or some other local service provider. So if someone out
19 of the community wants to be part of the program,
20 essentially, we will have a list of referral agents on
21 the web page that have been trained and that are
22 certified, or we could send that to them via email or
23 regular mail, and we can let them know how that you can
24 get in touch with the local withdrawal agent. And an
25 individual could come through that way.

1 And before that local referral agent made the
2 referral to the program, they will have done an initial
3 assessment of whether or not that person qualified for
4 the program; kind of a general income check, making sure
5 they have the Medicaid services there for them; things
6 like that.

7 But also, the referral agents, who could be
8 DADS relocation contractors among others, will also be
9 trained on how to do marketing, because there is an
10 affirmative marketing requirement.

11 So we are sending letters out to many local
12 organizations that are serving the 811 target population.
13 And we think that the DADS relocation contractors, for
14 example, are going to be excited about this program.
15 They're going to be hungry for new resources and new ways
16 to find housing for the individuals that they're already
17 serving.

18 So I think a lot of the referrals are going to
19 come from the DADS relocation contractors who have people
20 who are maybe stuck on the Project Access waiting list,
21 that we -- you know, we haven't exactly streamlined those
22 two programs, 811 and Project Access, but it is very
23 similar, the way that it works, and it is kind of the
24 same population. So we think that the DADS relocation
25 contractors are going to be well positioned to make

1 referrals to the program.

2 MS. GREEN: So if the relocation contractors
3 have marketing responsibilities but you all aren't
4 accepting applications for new properties, how much power
5 will they have to entice new properties to participate at
6 that time --

7 MR. DURAN: Well, we will be opening up the
8 program very soon to properties. And it is going to be
9 an open cycle, or as open as we can be with the
10 invitation, the NOFA or the RFQ, or what have you.

11 So there will be a way for properties to jump
12 in at any time. So for example, in Tarrant County,
13 Walter -- I forget his name -- with the local mental
14 health authority there, he's going to --

15 MS. SONENTHAL: Walter Taylor.

16 MR. DURAN: Walter Taylor, thank you. He has
17 been great at working with the local development
18 community to try and kind of push them to participate in
19 811. And there is actually, I think -- there are two new
20 construction properties that are going to be coming to
21 Tarrant County.

22 MS. SONENTHAL: Because of Walter?

23 MR. DURAN: I don't know because of Walter.
24 But he has definitely sent to the Texas Department of
25 Housing and Community Affairs public information

1 requests, getting the lists of properties in his area.

2 So he knows who the developers are, and he is
3 contacting them, he's trying to get them to come into the
4 program. So essentially those properties that Walter
5 identifies, he will be able to say, Hey, go to the TDHCA
6 web page. There is this application on there. You can
7 have your property screened for eligibility. And then we
8 would review it once they would submit it to us.

9 And then we would sign a property agreement.
10 And then if we did have tenants or qualified applicants
11 who are interested, then we would go ahead and sign a
12 rental assistance contract and find -- and file a use
13 agreement and all this other stuff.

14 MS. RICHARD: So it's fair to say that this
15 program is what, over five years, six years. I don't
16 remember the exact time frame. It's fair to say it is
17 going to be an ongoing process to continue to recruit
18 additional properties.

19 MR. DURAN: Correct, yes.

20 MS. RICHARD: So not just this one-time RFQ
21 but ongoing.

22 MR. DURAN: Yes. So we are going to try -- we
23 have a lot of ideas that we are kicking around to try and
24 entice properties to the program. We don't want to be
25 completely reliant on the Housing Tax Credit program,

1 although we see -- I mean, we've got 182 units from one
2 tax credit round alone.

3 But again, we had Tropicana, which was kind of
4 an outlier. So we don't necessarily expect to have that
5 same level of production from each QAP round, but we
6 think that we are going to get pretty good production
7 from the QAP. But we are going to be always exploring
8 other ways to bring properties in.

9 MS. GREEN: And the total number of units
10 available, I believe, 380 vouchers from 2012?

11 MR. DURAN: It is tough. I don't really
12 like -- yes. I don't really like thinking about our
13 program that way, because we have got money. And so it
14 is hard for me to convert money into units.

15 For example, I didn't know we were going to
16 get 52 units placed in El Paso, right. So my budget that
17 I kind of set up did not anticipate that at all. Well,
18 El Paso, the assistance is going to be -- the subsidy per
19 unit is going to be lower than subsidy per unit --

20 MS. GREEN: In Dallas.

21 MR. DURAN: -- in Dallas or, you know, urban
22 Austin, an urban Austin property. You know, so the
23 subsidy is going to be a lot less out there. Right.

24 So if we -- you know, if we have absorption in
25 Brownsville or maybe rural areas surrounding the metro

1 areas, our money is going to go a lot farther. If
2 everybody wants to live in downtown Dallas, Houston,
3 Austin, then our money is not going to last as long.
4 Right. We got \$11.4 million to fund the first five years
5 of each rental-assistance contract.

6 And we think, based on -- I guess, but a
7 pretty educated guess, but a guess essentially on where
8 we think those units are going to be placed. Then after
9 the five years of a rental-assistance contract being
10 funded with this money, it will then be funded on an
11 annual basis, subject to federal HUD appropriations, just
12 like a housing assistance payments contract or a HAP
13 contract for project-based Section 8.

14 So the 11.4 million only funds the first five
15 years of each rental-assistance contract. And those
16 rental assistance contracts are going to come online at
17 staggered times over the next two years.

18 MS. EVANS: I'm going to say -- what do you
19 mean by come online? Like that they will expire and
20 they'll have to renew or --

21 MR. DURAN: Well, we will be signing them for
22 the first time. So the process works like this. Let's
23 take the tax credit developer for simplicity's sake.

24 A 2015 tax credit developer checked the box
25 when they submitted their tax credit application to

1 TDHCA. They -- we looked at their application, and we
2 said, you guys do qualify for 811. You get to keep that
3 point.

4 And then they are also awarded you know, \$1.1
5 million in tax credits, for example. They are signing --
6 they are wrapping up all of their tax credit paperwork
7 right now.

8 The next step is going to be to sign the
9 property agreement for 811. And that property agreement
10 is just a contract between TDHCA and the property that
11 says they are going to participate in 811. They are
12 going to give us their marketing materials, they are
13 going to give us their notices of vacancy, things like
14 that, so once that property agreement is signed, we are
15 going to start marketing that property.

16 So the referral agents or the DADS relocation
17 contractors are going to go out and try to recruit people
18 to live at that property.

19 In some cases, there may be no interest in a
20 property. If there is no interest in a property, we are
21 not going to make that property sign a RAC or a rental-
22 assistance contract to make it to the next level of
23 commitment, because at the next level of commitment is,
24 it is a 20-year RAC, a 20-year rental-assistance contract
25 and a 30-year use agreement, which is like a land use

1 restriction agreement or a deed restriction or a
2 restriction -- you're familiar with the local
3 neighborhood association or whatever.

4 So if no one is interested in that property,
5 we are not going to make them be on the hook for 30 years
6 with HUD and things like that.

7 So after we sign that property agreement, we
8 could have some properties that are very appealing and we
9 have relocation contractors or referral agents do a great
10 job at getting the word out about 811 and so we have a
11 ton of folks that want to sign up for that property.

12 So they will basically immediately be signing
13 a rental-assistance contract. So that is when the money
14 starts getting spent, is when that rental-assistance
15 contract comes online.

16 These four properties in El Paso, however,
17 that are all kind of concentrated in a similar geographic
18 area. So we may run out of folks that want to live in
19 those El Paso properties.

20 We all know that the need for affordable
21 housing is great and, you know, always in demand. But
22 for these -- but we have tenant choice.

23 And so individuals may choose to not sign up
24 to live in one of those properties. And if so, if a
25 property is consistently giving us notices of vacancies

1 and were never responding with qualified applicants, we
2 want to kind of take that money that we have budgeted
3 towards that property and reallocate it in a higher need
4 area.

5 MR. MAYFIELD: But the developers still get
6 the benefit of having the points --

7 MR. DURAN: Yes.

8 MR. MAYFIELD: -- in the scoring process.

9 MR. DURAN: Yes. It's a --

10 MR. MAYFIELD: I mean, there's people --

11 MS. RICHARD: They are also committing for 30
12 years to be an available property. So there could be no
13 interest today in that property, but ten years down the
14 line, that area could boom, and there could be interest.

15 MR. DURAN: We are not going to release them
16 from the obligation to stay in the 811 program. We just
17 may not sign one of the initial RACs if there is no
18 immediate demand in those communities.

19 MR. DURAN: That's a good point, because that
20 property agreement we are signing, it is good for 30
21 years. So over the next 30 years, we may have all of a
22 sudden -- there could be a light rail station that goes
23 up in rural-ish Houston, so now it is a desirable
24 property. So then that language says, we offer you a
25 RAC, or a rental-assistance contract. You have to sign

1 it.

2 MR. MAYFIELD: Well, but -- you know, and I
3 don't want to get into all of that. It's just the
4 playing field is not level.

5 MR. DURAN: Sure.

6 MR. MAYFIELD: And it is just frustrating on
7 the developer side, because of having to deal with some
8 of these issues.

9 MR. DURAN: It is really hard to interject
10 tenant choice somewhere into the program. And we think
11 that it made sense to recruit properties, get them on the
12 hook, but then ultimately let the tenants decide if those
13 properties is something that they want. So they are
14 going to be voting with their feet, essentially.

15 MS. RICHARD: Every property that checked the
16 box for the Housing Tax Credit round or voluntarily, they
17 are all going to be signing property agreements.

18 MR. DURAN: Correct.

19 MS. RICHARD: Okay. So they are all going to
20 be signing property agreements. And then once their
21 property is chosen, then that is when they sign the
22 rental-assistance contract.

23 MR. DURAN: And the use agreement.

24 MS. RICHARD: Which is different.

25 MR. DURAN: And the use agreement.

1 MS. RICHARD: And the use agreement. Okay.

2 MR. DURAN: And the use agreement is going
3 to -- it is survivable upon foreclosure, transfer, sale
4 of the property. It has some real teeth, and they are
5 going to start getting their rental-assistance payments
6 as well.

7 MR. MAYFIELD: Do you ever see that this will
8 ever get outside of the MSA areas, to where --

9 MR. DURAN: Absolutely. So one of our public
10 comments we got for the 2016 QAP draft language was a
11 request to expand it into Corpus Christi. And we think
12 that -- you know, we haven't fully explored that option
13 yet; it's still just kind of a public comment. I haven't
14 actually officially received the public comment from
15 Multifamily yet, but I know that it is there. And we're
16 are going to be considering that. We know that in Corpus
17 Christi there is an energetic service community on the
18 ground, I guess. Right? So if there is areas that have
19 you know, service providers who are demanding that the
20 program come to their area, then I think they would make
21 great partners.

22 There is nothing set in stone about the areas
23 that we chose. That was a product of the Real Choice
24 systems change grant which was a planning grant, where we
25 brought together developers, service providers, potential

1 consumers -- persons with disabilities. And we kind of
2 created those targeted areas. But we know it can expand
3 otherwise.

4 MS. SYLVESTER: And even if it doesn't make it
5 into the QAP round for points, we could potentially
6 release the NOFA or the RFP allowing for a protected
7 service area, if there is a particular developer in the
8 area that wants to participate.

9 MR. MAYFIELD: Well, I know with our housing
10 authority, we are really service oriented in the things
11 that we do. But we focus in primarily in rural areas.
12 And we just -- you know, if you want to expand outside of
13 those MSA areas, like the conversation you and I had by
14 email, the only county that we had was Williamson County
15 in our area that they even come close. And the other
16 outlying areas of Burnet and some of the other counties
17 with extreme need and the willingness to participate, but
18 they are just not eligible to.

19 MR. DURAN: Yeah. I think that if there was a
20 developer or a service provider or anybody who wanted 811
21 to come to their area, I think it would be helpful to
22 send me an email, make a public comment on the QAP. I'm
23 sorry -- what?

24 MS. SYLVESTER: Comments are closed.

25 MR. DURAN: Comments are closed for this round

1 for the QAP. But give me something to show, you know --
2 just give me something to consider, and I can look at the
3 need numbers and the potential properties in the area, we
4 can talk to our Health and Human Services partners to
5 make sure that they can make referrals to the area. But
6 yes, I am excited. If someone is excited about 811 on
7 the local level, like, let's talk.

8 MS. SONENTHAL: We have already had at least
9 one conversation about, yes, I know of interested LMHAs
10 or, you know, why isn't 811 here? So I mean, those
11 conversations are going on. I mean, I don't know what
12 the process is with it.

13 MR. DURAN: Yes. So as Anna was saying, yes.
14 I know, that local mental health authorities seem to be
15 getting more and more into the housing game as a direct
16 provider of affordable housing.

17 So you know, I know that Anna's program about
18 the temporary vouchers that they are giving out to
19 people, if LMHAs are looking for bridges to long-term
20 permanent supportive housing, 811 is a great option for
21 them. So if there is a local mental health authority
22 that really wants to bring 811 to the area, we are
23 definitely interested.

24 I mean, I grew up in Lamesa. I understand
25 underserved areas, you know. And so I talked to my

1 parents who were like, well, why doesn't anything ever
2 come to Lamesa or even Lubbock or Amarillo.

3 MR. MAYFIELD: I am dealing with Lamesa as we
4 speak. I mean, I have been out there.

5 MR. DURAN: Yes.

6 MR. MAYFIELD: And just dealing with the EDC
7 and with the City and with the mayor, everybody out
8 there, I said, you know, there is just no -- there is no
9 money to build in Lamesa.

10 MR. DURAN: Yes.

11 MR. MAYFIELD: Okay. You can't score well.
12 You can't do this. You can't do that. You are just out
13 of luck. And it is weird that you said Lamesa.

14 MR. DURAN: Yeah.

15 MR. MAYFIELD: I was just with them yesterday.

16 MR. DURAN: Yes. That is my home town.

17 MR. MAYFIELD: But I mean, when you are trying
18 to develop out there, and --

19 MR. DURAN: We are lucky if we get some
20 prefabs for the prison employees to live in. That is
21 essentially like -- we have got some trailer houses we
22 give Lamesa. That's practically a multifamily
23 development.

24 MR. MAYFIELD: Yes.

25 MR. DURAN: Yes. So I understand the pressing

1 need. And there is nothing statutory or restricted. You
2 know, if there is a demand that we can kind of think we
3 are going to be successful in a certain area, let's do
4 it. I'd like to look into it.

5 MS. RICHARD: The one thing I also just wanted
6 to add is that one of the populations is persons leaving
7 intermediate care facilities. We talk about relocation
8 specialists, but relocation specialists do not work with
9 the local intellectual and developmental disability
10 authority.

11 So I want to make sure you all know that is
12 also a population. So the referral agent for folks with
13 IDD will be the local intellectual and developmental
14 disability authority.

15 MR. DURAN: Yes. And so the local
16 authority -- it sometimes is the local mental health
17 authority as well. Right? In some cases, yes.

18 MS. RICHARD: So in all --

19 MR. DURAN: In all cases?

20 MS. SONENTHAL: I would say. Right. Aren't
21 they --

22 MS. LARKIN: Not in all cases.

23 MR. DURAN: But we envision -- so what we are
24 doing --

25 MS. LARKIN: Not anymore.

1 MR. DURAN: So the training, what we are doing
2 is, when we have -- so we have monthly 811 coordination
3 meetings, coordinator meetings that take place between
4 TDHCA staff and all of the signers of the interagency
5 agreement. And so we have monthly planning meetings.

6 And before we have a training, what we do is
7 we compile a list of every local authority, local mental
8 health authority, DADS referral, DADS relocation
9 contractor, managed care organization. You know, we
10 scrub all of our lists for potential folks who could make
11 referrals to 811.

12 So we have identified all of them. And we are
13 going to be inviting them to our trainings, our in-person
14 trainings that are going to be taking place in the next
15 few months. So we hope -- we are definitely intending to
16 include everyone who is involved in the service referral
17 process.

18 MS. LARKIN: We also included the transition
19 living specialists from the state supported living center
20 out in El Paso.

21 MR. DURAN: And they were the most -- they are
22 probably the most excited group.

23 MS. LARKIN: Yes, they were. They were very
24 excited.

25 MR. DURAN: It was great. Yes. So we

1 didn't --

2 MS. LARKIN: Partially unique to the
3 composition of El Paso.

4 MR. DURAN: Yes. It was interesting. In my
5 mind, you know, planning 811, I didn't think that we were
6 going to have a lot of interest from the state supported
7 living center folks. I would always assume, maybe
8 incorrectly, that they would transition into group homes
9 and stuff like that.

10 But, you know, it is open to them. And so I
11 think that they will do a great job. And they're -- the
12 folks that are providing relocation assistance to them
13 were very excited about 811. So we may get some of those
14 folks in the program as well.

15 MS. GREEN: Okay. Great information. Thank
16 you.

17 MR. DURAN: Thanks, Doni.

18 MS. GREEN: Thank you, Spencer.

19 Okay. Next item on the agenda is an overview
20 of DSRIP, the Delivery System Reform Incentive Payment.
21 And Rebekah Falkner with the Health and Human Services
22 Commission.

23 MS. FALKNER: Hi, everybody. Nice to be
24 around housers again. So I am a part of the -- I am just
25 going to go ahead, and we are just going to call it DSRIP

1 from here on out -- the DSRIP team.

2 DSRIP is a part of the 1115 Transformation
3 Waiver. And what that translates to is about \$11.4
4 billion of funds which we can earn from the DSRIP pool
5 over five years. That started in 2011; it's going to
6 wrap up in 2016.

7 We are in the process of discussing renewing
8 this particular waiver. We have two target populations
9 for the district waiver: Medicaid and low income
10 uninsured people, which in Texas is quite a bit.

11 So this looks like -- we have 20 health care
12 partnerships across the state. They are anchored by
13 public hospitals in each area. And by the way, these
14 regions don't actually match up with our other -- how we
15 think about regions in HHS.

16 Each of these regional health care
17 partnerships conducted needs assessments, community needs
18 assessments to determine priority needs in health care.
19 And they developed regional plans with DSRIP projects to
20 address those needs.

21 So we have 1,450 plus active DSRIP projects.
22 Those come from about 300 providers: hospitals, public
23 and private physician groups, community mental health
24 centers, and local health departments.

25 So DSRIP focuses -- about a quarter of DSRIP

1 projects are focused on behavioral health care, and that
2 is where our housing projects mostly lie, our folks with
3 mental illness. Another fifth of our projects look at
4 access to primary care. And then we have projects with
5 chronic care management, access to specialty care, and
6 then health promotion and disease prevention.

7 So I am going to talk a little bit about
8 integrated behavioral health care in DSRIP, because that
9 is partially where our worlds overlap. We have about 90
10 DSRIP projects that focus on the integration of
11 behavioral health care with primary care.

12 It is one of the coolest things that we do, I
13 think. So many of our folks with mental illness will
14 show up at their LMHA, see their psychiatrist, and not
15 take care of their diabetes, for example.

16 And so what we are doing is, in some cases,
17 putting a primary care physician in the local mental
18 health authority. In some cases, it works the other way.
19 We are training primary care physicians to do very basic
20 screenings for depression, because lots of folks get
21 their antidepressant medicine, have those discussions
22 with their primary care physicians, and that is not
23 something they necessarily have the training to do.

24 So we also have over 80 projects that focused
25 on individuals with co-occurring mental health and

1 substance abuse. We started looking at outcomes for
2 these projects last October. This is our -- we are about
3 to get a second round of our outcomes. We look at both
4 quantifiable patient information, how many people are we
5 actually serving with each of these projects, and we have
6 quality measures, too.

7 So I am going to talk about two of our
8 projects that focus on housing. The first one is more
9 homeless related.

10 John Peter Smith Hospital has a project that
11 is designed to improve care transition and health
12 outcomes with the Tarrant County population that is
13 designated as homeless. They have multi-disciplinary
14 teams, medical staff, behavioral health staff, advanced
15 practices; paramedics and care transition support staff
16 that are deployed out into the community to provide
17 services to individuals on the streets.

18 So what they are coming to realize through
19 these projects -- since we are getting lots of
20 interesting lessons learned from all of these
21 experiments, they are starting to understand how housing
22 and health care work together to stabilize patients and
23 reduce costs.

24 They are thinking about, as a hospital,
25 considering a broader strategy to support patients who

1 are transitioning into housing; putting housing
2 navigators at the hospital to work more closely with
3 finding those housing units that are available in their
4 area.

5 And if you guys have questions about any of
6 this stuff and want more detail, I have given you the
7 highest-level overview here. With 1,400 projects, I can
8 go into such granular level data that it will not make
9 sense to anyone. So if you have questions, I would be
10 more than happy to follow back up with you.

11 The other one I want to tell you about,
12 Bluebonnet Trails, has transitional residential
13 facilities in Bastrop, Caldwell, Fayette, and Lee
14 Counties for their populations, with a peer-driven model,
15 which I think is pretty cool. So it serves people with
16 mental illness who have been referred from crisis and
17 inpatient settings, with a priority on those with long or
18 repeated stays or with frequent contacts with the
19 criminal justice system.

20 They have implemented peer-led transitional
21 services program, which is a SAMHSA-certified practice,
22 as well as wellness recovery action planning and
23 supportive housing for Bluebonnet Trails.

24 The program works right now with eight
25 individuals at a time, and they get their referrals from

1 emergency departments, from jails, community health
2 centers, and psychiatric inpatient facilities who started
3 seeing these patients in the beginning. So they are also
4 discovering that by relieving the stress of housing,
5 these individuals get better. They can focus on
6 recovery.

7 They can -- you know, when you are worried
8 about getting housing, it is difficult to think about
9 taking care of your mental health needs, taking care of
10 your substance abuse issues. So it allows people to
11 engage better with overall wellness.

12 So as far as the waiver itself goes, the next
13 steps, we have submitted to CMS a five-year extension
14 request for the 1115 waiver. We are still -- of course,
15 we need to hear from that; we are expecting that to be an
16 interesting negotiation process.

17 What we have discovered is that we need more
18 time with these projects to start demonstrating real
19 outcomes, to work towards sustainability, you know. This
20 pot of money is not going to last forever. We have
21 discovered a lot of promising practices.

22 One of the things I work with, we have a group
23 of clinicians who are coming through these projects and
24 identifying best practices that we can start sharing
25 across the enterprise, because we do touch a lot of

1 different folks.

2 The other thing we are looking at is aligning
3 these projects with Medicaid Managed Care; for example,
4 the United Housing Project, which is a pretty
5 interesting -- with Kim Nettleton. I'm sure you guys are
6 familiar with that. So, yeah, that's where we are.

7 MS. RICHARD: Kim Nettleton, I am planning to
8 meeting with her because I don't know very much about the
9 housing pilot that the managed care organization -- but I
10 did hope to invite her to our January meeting to learn a
11 little bit more about that. As I have gone to a couple
12 of conferences, the home and community based services
13 conference for the first time had an entire housing
14 track.

15 And so I heard a lot about all these different
16 partnerships, which was so applicable to this Council,
17 trying to get housing and services to all work together.
18 CHS, they had a housing summit. And it is, I would
19 think -- and you can jump in. But I mean, it is a
20 national movement where people are seeing that, you know,
21 there is benefit to these outcomes.

22 On the Medicaid waiver, the 1115 waiver were
23 typically demonstrations, right. So is that still
24 considered -- it's like a demonstration. So these are
25 sort of like pilot projects?

1 MS. FALKNER: Yes.

2 MS. RICHARD: Okay. And then once you are
3 able to -- that is why you are measuring the outcomes,
4 because what you hope is to then tell CMS is these pilots
5 are working, they're effective. Look at the good
6 outcomes. And then the goal is to continue? Can you
7 just keep renewing every five years, the 1115?

8 MS. FALKNER: We don't know yet.

9 MS. RICHARD: Okay. You are going to try.

10 MS. FALKNER: Yes.

11 MS. RICHARD: Okay.

12 MS. OPOT: And just so you -- I mean, we
13 worked directly with Kim on that project, both in Houston
14 and Austin.

15 MS. RICHARD: Okay.

16 MS. OPOT: And so I talk to Kim every other
17 week.

18 MS. RICHARD: Okay.

19 MS. OPOT: So if I need to help you, or you
20 know, I can talk about it.

21 MS. RICHARD: I thought Council members might
22 be interested in January in hearing more about that
23 pilot --

24 MS. OPOT: Yes.

25 MS. RICHARD: -- and see how it is going and

1 kind of what the goals are.

2 MS. FALKNER: Yes.

3 MS. SONENTHAL: I have a comment, or it might
4 be just a fuzzy story for you. So just to brag on
5 Bluebonnet Trails. They were not in the housing game at
6 all, like five years ago, even maybe even three years
7 ago. I mean, I met with them, and they were just
8 like, we want to do housing. We don't know anything.
9 And so they have utilized all sorts of resources. They
10 have the FHR dollars. They have the district dollars.

11 So they have this really seamless process
12 where their clients can get into transitional housing,
13 get into a bridge subsidy. And then they are working
14 with, you know, different various like subsidies to get
15 into permanent supportive housing. And they are
16 utilizing the permanent supportive housing toolkit.

17 And I am just like, it works, it really works.
18 So yes. Just a fuzzy story, happy. Bluebonnet Trails is
19 doing great.

20 MS. RICHARD: And just to add to that, they
21 attended the first Housing and Services Partnership
22 Academy. Just saying.

23 MS. SONENTHAL: That was three years ago.
24 Right?

25 MS. RICHARD: Yes.

1 MS. SONENTHAL: Yes. That was when they
2 didn't know anything. Or sorry, they didn't not know
3 anything, but they weren't doing anything as far as --

4 MS. RICHARD: Involvement.

5 MS. SONENTHAL: Yes. And so now they are
6 just -- they are one of my like top people that I am
7 like, you could be a mentor. You know, they have done a
8 really good job.

9 MS. GREEN: Great. Thank you. You have got a
10 lot of things. Thank you, Rebekah.

11 All right. Let's move into a discussion of
12 the HHSC 2016 Systemic Team Biennial Plan. Terri.

13 MS. RICHARD: Okay. Sorry. It is just -- so
14 all I wanted to do, at the last Council meeting, kind of
15 ask all of you to think about what direction we want to
16 go with the Biennial Plan. And I know I tend to start
17 that process way early, but it always seems like it takes
18 a really long time to get it all organized.

19 And so what I wanted to talk to you about was
20 my initial thoughts about what we -- direction that --
21 just a suggestion that I would throw out to Council
22 members about the 2016-2017. So anyone who is new, it is
23 due August 1 of 2016.

24 And so what we have done in the past, there
25 have been workgroups. So for the previous biennial plan,

1 we had three workgroups. We really took the technical
2 assistance collaborative report or the comprehensive
3 analysis that they did. They had some recommendations.
4 Council members voted to focus on three, and we developed
5 our recommendations from that.

6 What I am proposing for the >16->17 is to
7 really focus this report on evidence of cost savings.
8 Doni, you in particular, when we were working on the last
9 biennial plan, said, Gosh, it would be great if we had
10 some data that really showed that there was a cost
11 savings.

12 In the ideal world, we could be convincing
13 people by just looking at quality-of-life stories, and we
14 would hope that that would really -- the fuzzy stories.
15 We did that in the last biennial plan. Reality is money
16 talks.

17 And so one of the things I really wanted to
18 do -- and I have already started doing the literature
19 review, and CSH has been helping. Everything I can get
20 my hands on at these conferences: show me evidence that
21 housing and services working together saves money.

22 And so what I really wanted to do was propose
23 that we don't have the subgroups but really focus on cost
24 savings. So I propose to do an introduction much like I
25 did before. I wanted to dedicate the report to Felix

1 Briones, Jr., if that was something that you all would be
2 interested in doing. I wanted to dedicate the report,
3 the biennial plan to him. Do the same list of terms
4 used.

5 And then I wanted to really focus on housing
6 need, so do a section that has some interesting data
7 about what the housing need is, and really have that
8 right off the bat. Here is the need: It's huge and
9 particularly for people with disabilities and aging.

10 And then do just a quick little summary of
11 what we had in the last biennial plan. We talk about
12 quality of life, and I just do a little summary of what
13 was in the previous one. And in that -- and that was one
14 of the statements in the report: Texas needs to do some
15 more research on cost savings. And then go into my
16 literature review and really talk about that housing-
17 first examples -- I have read several where they have
18 done some studies looking at acute care costs, emergency
19 room visits, and the savings that you get from housing
20 people first and then working on services.

21 And then looking at the housing initiatives,
22 which is kind of what brought up the managed-care housing
23 initiatives. One of the conferences, there were a number
24 of managed-care organizations, and they are getting in
25 the housing business. And part of that is because it

1 saves money eventually.

2 You know, ultimately, it saves money. So I
3 really wanted to focus on that. I expect and am
4 confident that much of this research, there will be
5 recommendations. And I thought we could focus then on
6 the recommendations that I gleaned out of that research
7 but then also go back to our Promoting Independence
8 Advisory Council -- they have housing recommendations --
9 and our Governor's Committee.

10 We invited Angie English; they have a report
11 that has housing recommendations. And not try to
12 reinvent the wheel with this one but really try to just
13 reinforce cost savings and try to pull together
14 recommendations.

15 There is also a Senate Bill 7, and I always
16 have --

17 FEMALE VOICE: Redesign.

18 MS. RICHARD: Yes. Intellectual and
19 Developmental Disability Subcommittee on Housing,
20 redesign. They are going to have some recommendations
21 that are going to be going to Executive Commissioner
22 Traylor. And then, you know -- in the report with those
23 recommendations.

24 So I wasn't prepared to give you like a
25 detailed outline, but I wanted to just sort of talk

1 through where my head was going with that and get
2 feedback. I am totally open to feedback.

3 And that's why I kind of wanted to bring it
4 up, so I could make sure I am going in the right
5 direction before I move forward.

6 MS. GREEN: I think that is a great idea. I
7 think in some cases it will be hard to gather the data.
8 It is always a bit of a challenge to try to estimate
9 foregone expenses. But through MFP we have probably got
10 some good data. I mean, we know how many people are in
11 nursing homes who are looking to relocate but can't
12 because of lack of affordable, accessible integrated
13 housing.

14 MS. RICHARD: We do.

15 MS. GREEN: Do we know the cost? I know the
16 payments to the nursing homes will vary based on their
17 acuity levels, based on their rug rates. But --

18 MS. BAGLEY: But DADS does have cost data for
19 nursing facilities and long-term care.

20 MS. GREEN: It will have aggregated numbers.
21 I am not sure if you have the ability to look at the cost
22 for consumers who relocate.

23 MS. LARKIN: Pre- and post-transition.

24 MS. GREEN: Yeah.

25 MS. LARKIN: No. There is national data that

1 Mathematica has done, and it incorporates things like
2 acute care costs as well, that we might be able to draw
3 on for contextual, but I am not aware of any specific
4 Texas work that has been done, really looking across all
5 associated community and health care costs on somebody
6 relocating.

7 MS. BAGLEY: But you could compare the cost --
8 the average costs in the state --

9 MS. RICHARD: Yes.

10 MS. LARKIN: Sure.

11 MS. BAGLEY: -- of nursing,
12 institutionalization versus housing.

13 (Simultaneous discussion.)

14 MS. RICHARD: And I included some of that
15 data, the Legislative Budget Board had some data. And I
16 did include that in the last report -- the last biennial
17 plan. This time, I was really trying to get actual
18 studies and really to have some, you know, some real
19 robust peer-reviewed would be great, but, you know, some
20 real studies that could show that cost-benefit analysis,
21 you know.

22 MS. OPOT: Not just Texas. Right?

23 MS. RICHARD: Correct. Okay. Thank you. No,
24 not just from Texas.

25 MS. LARKIN: And how will it specifically

1 work, what Mathematica has, as it relates to folks who
2 have transitions.

3 MS. RICHARD: No. They are on my list.

4 MS. BAGLEY: I agree. I think it is going to
5 be -- I mean, it is a wonderful idea. I think it is
6 going to be really hard to get the information. And
7 maybe that is something that this group should consider
8 going forward, funding and working on is a project that
9 would -- for Texas that would get something of that
10 information.

11 MS. GREEN: Yes. And by including folks in
12 state supportive living centers, the cost savings for
13 that population will be even more significant, because
14 the cost of care is so much higher.

15 MS. RICHARD: Any other thoughts?

16 (No response.)

17 MS. RICHARD: And you know, if you have ideas
18 after the meeting, I think you all have my email. Feel
19 free to send me suggestions. And I particularly am
20 interested if you run onto any data sources, research
21 projects, you know, any kind of articles, studies,
22 please. I would really appreciate you send those to me.

23 I am getting a pretty good list. But I don't
24 think you can ever get quite enough with that kind of
25 information. So everyone is okay with not doing the

1 workgroups?

2 (No response.)

3 MS. RICHARD: Okay. Okay. I will try to come
4 to the January meeting with a much more detailed outline,
5 and try to have that for you in January and get some more
6 information on some of the --

7 Right now, I am kind of glancing over the
8 reports and putting them in a file. But I will go
9 through and get -- really look at taking more detailed
10 notes and have some more robust information for you.

11 MS. GREEN: Good deal.

12 MS. RICHARD: Mark?

13 MR. MAYFIELD: What is the Biennial Plan?

14 MS. RICHARD: It is required in the statute,
15 and the language in there is that it is really a list of
16 the activities that the Council has conducted. And then
17 the plan also includes making recommendations to the
18 Governor and the Legislative Budget Board. And it is
19 something that is due August 1, every even-numbered year.
20 So that is why. It is kind of interesting, though,
21 because it is for the >16->17 biennium, when we are only
22 in FY >16. So it is a little -- yes.

23 MR. MAYFIELD: So it is kind of a function of
24 this Council here?

25 MS. RICHARD: It is.

1 MS. BAGLEY: They use it for the next
2 legislative session. You would think that --

3 FEMALE VOICE: One would hope.

4 MS. RICHARD: I would say, I use the word
5 "hope." And who knows, I think that was one thing that,
6 Doni, I think that -- and I think it was Andy Granbury
7 also mentioned that maybe if we put some more dollar
8 stuff in it, maybe it might get a little bit more
9 attention.

10 MS. GREEN: All right.

11 MS. RICHARD: Thank you all.

12 MS. GREEN: Thank you. Public comment.

13 Anyone who wish to provide public comment?

14 (No response.)

15 MS. GREEN: Seeing none, any updates? Time
16 to develop next steps and stuff.

17 MS. SONENTHAL: I can give an update on SHR,
18 supportive housing for MFM-1s.

19 MS. GREEN: Yes.

20 MS. SONENTHAL: I am giving an update at the
21 DAWG.

22 MS. RICHARD: Disability Advisory Work Group.

23 MS. SONENTHAL: Sorry.

24 MS. RICHARD: That is the acronym. That is
25 okay.

1 MS. SONENTHAL: I showed it to my boss
2 earlier, and she was like, what is that? So the funding
3 for FY >16, so it is now in base budget. So it is not
4 split up into biennium.

5 So we are going to just continue to fund the
6 LMHAs indefinitely unless we hear word otherwise. So it
7 is 5.4 -- approximately 5.4 million. And it will be that
8 way every year that I know of, unless -- and if they
9 change it, you know, I'll continue to give updates.

10 So as of August, 2,928 client have been served
11 to date. We have an expectation that 2,114 will be
12 served in FY >16. And then, the same number in >17.
13 Those are the targets that we give them. But they are
14 all over serving.

15 So let's see, what else did you ask me. Oh,
16 there is going to be 18 LMHAs. There were 20 last year,
17 because we added two more. But two of them, it wasn't a
18 really good fit for them, and they were having kind of
19 problems.

20 And so, we just distributed those funds
21 amongst the others. So it is back to 18. And it will
22 stay that way, unless we get more money in the future.
23 If we write another exceptional item and decide to expand
24 it.

25 So this year, for FY >15, and I just want to

1 say these are very approximate numbers. We have had some
2 quirks with Form H, which is how I gather the data. And
3 so I am going to have a good talk and hopefully some nice
4 written instructions about how to fill it out. But I am
5 missing a couple of the LMHAs.

6 But right now, this approximate number for
7 those who have moved on to independent housing this year
8 is 539. Those who have moved on to permanent supportive
9 housing is 286. And those who have just exited the
10 program -- they either passed away or maybe exited back
11 into homelessness -- is 124.

12 MS. RICHARD: Can you elaborate on 539 have
13 transferred into independent living? So that means they
14 have no rental assistance?

15 MS. SONENTHAL: Yes. They are not receiving
16 that subsidy.

17 MS. RICHARD: Okay.

18 MS. SONENTHAL: But they are still receiving
19 mental health services.

20 MS. RICHARD: Mental health services. Okay.

21 MS. BARNARD: When you say they are not
22 receiving a subsidy, they are not receiving it from you,
23 or they are not receiving subsidies, period?

24 MS. SONENTHAL: So when I say permanent
25 supportive housing, they have gone on to something

1 permanent like Section 8 or something like that, where
2 there is some sort of subsidy. They might be paying a
3 portion of their income. But this one is they are just
4 fully independent living. So they have a job and they're
5 working.

6 MS. RICHARD: And that was going to be my next
7 question, because we have been having lots of discussions
8 about permanent supportive housing. The 286, how do you
9 define permanent supportive housing at DSHS?

10 MS. SONENTHAL: We define it the way that
11 SAMHSA does.

12 MS. RICHARD: SAMHSA.

13 MS. SONENTHAL: Uh-huh.

14 MS. RICHARD: Okay. And that means that it
15 is --

16 MS. SONENTHAL: They are receiving the
17 wraparound services and a subsidy along with that.

18 MS. RICHARD: And a subsidy for housing.

19 MS. SONENTHAL: Uh-huh.

20 MS. RICHARD: Okay. Okay.

21 MS. SONENTHAL: And that is basically it for
22 SHR. I did want to give kind of an update that sort
23 of -- well, I just started thinking about it when Kelly
24 was talking about the housing partnerships.

25 So just with the LMHAs, my role with them and

1 what I am going to start doing, I have had a monthly call
2 in the past, and we talk about various things and try to
3 really do a lot of technical assistance with them.

4 We teach on the permanent supportive housing
5 toolkit. I did a three-part webinar on building a
6 relationship with your public housing authority and how
7 to do that well. But as we all know, if you are not
8 seeing great outcomes or things coming from those things,
9 maybe it is time to tweak something.

10 So I really started brainstorming with some of
11 my providers about what the LMHAs really need to kind of
12 become leaders in their community as far as housing and
13 really be practicing these things. And so I am going to
14 start kind of -- I guess, I think my first call is this
15 week.

16 But I am going to let them all know I am going
17 to take a more individualized approach with them. It is
18 going to take up a little bit more time, but I am
19 hopefully going to be doing goals with each LMHA that are
20 their goals in various categories, like building
21 relationships with your public housing authorities, or
22 your apartment association, and looking for different
23 funding opportunities, things of that nature. And
24 becoming a part of your COC; what does that look like,
25 being a part of your homeless coalition and just showing

1 up at the table, and building those relationships.

2 And so I think that they might need a little
3 bit more. Not all of them. Some of them are just taking
4 off and doing awesome. And then others might need a
5 little bit more. So hopefully I will have some really
6 good data, I guess, just knowing where they are all at,
7 and assisting them in their own goals to be leaders in
8 their community as far as housing for the clients that
9 they serve.

10 And so I will be doing that soonish. And if
11 you're ever curious, you can ask me.

12 MS. RICHARD: And that is with the 18?

13 MS. SONENTHAL: No.

14 MS. RICHARD: You are going to be doing that
15 with all of them?

16 MS. SONENTHAL: Yeah.

17 MS. RICHARD: Wow. Great. Okay.

18 MS. SONENTHAL: Yes. They are all -- yes.
19 They are all LMHAs. Only 18 get the funding now.

20 MS. RICHARD: Okay.

21 MS. SONENTHAL: So but I am like the housing
22 person for --

23 MR. MAYFIELD: Are most of these LMHAs? Is
24 that right?

25 MS. SONENTHAL: What was that?

1 MR. MAYFIELD: LMHAs. Is that correct?

2 MS. SONENTHAL: Uh-huh.

3 MR. MAYFIELD: That's local mental health
4 authority.

5 MS. SONENTHAL: Mental health authority.

6 MR. MAYFIELD: I'm learning these acronyms.

7 MS. SONENTHAL: I'm sorry. We use a lot of
8 acronyms.

9 MR. MAYFIELD: They are overwhelming.
10 Where are these located, most of them?

11 MS. SONENTHAL: All over Texas. So they cover
12 every single county in Texas.

13 MR. MAYFIELD: Urban areas or rural areas?

14 MS. SONENTHAL: All. They cover every single
15 county in the state of Texas; 37 of them.

16 FEMALE VOICE: And where are those?

17 MS. SONENTHAL: Those ones. I know them by
18 name. I don't know if my geography would be super on par
19 to be able to tell you exactly where all of them are.

20 But if you are familiar with their names, I
21 mean, all of the five, you know, the top five
22 metropolitan areas and then everywhere else. The
23 Panhandle. There is East Texas. Beaumont, the Houston
24 area, Conroe --

25 MR. MAYFIELD: So like the Panhandle would be

1 like in Amarillo or something, and it is just kind of
2 spread out?

3 MS. SONENTHAL: Yes. Texas Panhandle centers.
4 They get the funding there too. And so they serve the
5 counties that Texas Panhandle serves.

6 MS. RICHARD: Do you know how many counties
7 out of the 254 are covered with the 18?

8 MS. SONENTHAL: No. I mean, I work with a lot
9 of LMHAS and every county in the state of Texas.

10 MS. RICHARD: Okay.

11 MS. SONENTHAL: And I by no means have any of
12 them memorized.

13 MS. RICHARD: Yes.

14 MS. SONENTHAL: But we have a little database
15 that tells us all of that.

16 MS. RICHARD: Okay.

17 MR. DURAN: You may know them as their former
18 names, the MHMR Centers.

19 MS. SONENTHAL: Yes. I mean, if you have like
20 more detailed questions like that, I mean, my brain
21 doesn't retain all of that, because we have to know a lot
22 of information and know where to find it.

23 But please feel free to email me. And then I
24 can find out for you, you know, very simply. It wouldn't
25 be hard at all.

1 MS. RICHARD: Maybe at the January meeting --
2 I'm visual. It would be great to see all --

3 MS. SONENTHAL: I have a map. I have a map.
4 I will send it to you. And it has the PATH providers as
5 well, so I have it like overlapping.

6 MS. RICHARD: PATH is?

7 MS. SONENTHAL: Projects for Assistance with
8 Transition to Housing or from Homelessness. That's
9 really embarrassing. But I am the PATH state contact at
10 the federal grant that Texas gets.

11 Actually, do I have anything PATH here and
12 now? And so, they do the outreach. They get kind of
13 what she was talking about, what JPS is doing, PATH
14 providers service.

15 Basically, outreach workers, they go after the
16 chronically homeless, the people that are on the streets
17 and aren't connected to any services at all. They get
18 them connected into mainstream mental health services,
19 physical health services and the housing.

20 It is a grant, but Texas has -- it's a formula
21 grant. We have had it for a really, really long time.
22 It is a separate contract, so it is not -- not every PATH
23 worker is an LMHA.

24 It's just a different pot of money, and they
25 have a separate contract, rather than the LMHA's

1 performance contract. But they work really closely with
2 our housing people, and most of them are LMHAs.

3 So there are 14 PATH teams that are at an
4 LMHA. And then two of them are not. But I have a map,
5 and I can send it to you.

6 MR. MAYFIELD: I would like to see that. I am
7 trying to connect everything that goes on in here with
8 rural housing, which is what I develop and work with.
9 And I am really struggling, connecting the dots.

10 MS. SONENTHAL: Yes. I would love to send it
11 out. And any other questions that you have, I can --
12 about counties, or anything like that. If Terri wants to
13 just email me that and I can gather it for you guys. And
14 I plan on getting more accurate numbers at the end of
15 this month.

16 MS. LARKIN: Terri mentioned earlier that
17 there is an advisory group that was appointed as a result
18 of the Senate Bill 7 from a third legislature. And there
19 is a housing Subcommittee focused specifically on housing
20 options for folks with IDD.

21 And one of the things that their
22 recommendations includes is essentially a replication of
23 this program that Anna just described through
24 intellectual and developmental disabilities delivery
25 services to provide that kind of housing subsidy from the

1 state GR but while people are moving into more permanent
2 supportive housing.

3 So we will see where that goes. It will
4 require an appropriations request. But at least it has
5 been put out there.

6 MR. MAYFIELD: That is usually where they
7 fall; that is when it requires appropriation.

8 MS. RICHARD: Yes.

9 MS. SONENTHAL: We have seen good outcomes.
10 And it has definitely filled a need for the LMHAs, just
11 with the population that they are serving, they can find
12 housing for them.

13 And just like Rebekah was saying, you know,
14 people are finding that you need housing to actually work
15 on sobriety and to be in recovery and do things like
16 that, and so --

17 MS. LARKIN: You all have done some data on
18 return on investment.

19 MS. SONENTHAL: Yes.

20 MS. LARKIN: And that kind of thing, that I
21 think will be helpful, if the folks decide to pursue it.

22 MS. SONENTHAL: Yes.

23 MS. RICHARD: Yes. Is that anywhere? Because
24 that was the question I was going to ask. I know HHSC,
25 Health and Human Services Commission, has a bunch of data

1 gurus over there. I know DSHS does too. Are you going
2 to do like a white paper or something?

3 MS. SONENTHAL: For ROI?

4 MS. RICHARD: Of what?

5 MS. SONENTHAL: I'm sorry. Return on
6 investment.

7 MS. RICHARD: Yes. And is that going to be
8 something that you could share, that's published?

9 MS. SONENTHAL: Sure. I mean, I have to talk
10 with -- we don't have it on -- I mean, we have all the
11 data we would need to do something like that, but we
12 don't have it readily available to give out or anything.
13 And so I have to talk with some of my people and see
14 when.

15 MS. RICHARD: I like the way she says that.

16 MS. SONENTHAL: When they are planning on
17 doing something like that, because there was talk about
18 it after the first year. Anyways, ye, we did a potential
19 return on investment, when we wrote the exceptional item.

20 And so we would use that as, you know, the
21 template for gathering all of the data. So we have it.
22 We just don't know where we're at.

23 MS. RICHARD: Okay. I will just put that in
24 my email, too.

25 MS. SONENTHAL: Sure. Yes. And if anything,

1 I can get you a date or, you know, an expectation for
2 some of that information.

3 MS. RICHARD: Okay. That would be great.

4 MS. SONENTHAL: You got it.

5 MS. GREEN: All right. Any other updates?

6 (No response.)

7 MS. GREEN: I guess that's it. Terri had
8 mentioned January as a meeting date.

9 MS. RICHARD: January 13th is the one I have
10 tentatively put on the calendars. That seemed to work
11 for everyone. I think we have kind of got the whole --

12 MS. SYLVESTER: A bunch of people were
13 [inaudible].

14 MS. RICHARD: Okay. Second thought, I will
15 have to get back with you on that. Thanks, Megan.

16 Trying to keep up with all of the different
17 things that are going on. So I'm sorry; I will get with
18 you on a different date then, like we did this time.

19 MS. GREEN: Okay. If there is no other
20 business, I will entertain a motion to adjourn.

21 MS. LARKIN: Motion.

22 MS. EVANS: Seconded.

23 MS. GREEN: All in favor, aye.

24 (A chorus of ayes.)

25 MS. GREEN: All right. Thank you.

1 MS. RICHARD: Thanks everyone. Thank you.
2 (Whereupon, at 11:30 a.m., the meeting was
3 concluded.)

