COUNCIL MEMBERS PRESENT:

TIM IRVINE, Chair
SUZANNE BARNARD
REV. KENNETH DARDEN
RICHARD DE LOS SANTOS
ALLYSON EVANS
SHILOH GONZALES
MICHAEL GOODWIN
DONI GREEN
ANNA SONENTHAL
MICHAEL WILT
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MR. IRVINE: Good morning, everyone. My name is Tim Irvine. Today is April 13th. This is the meeting of the Housing and Health Services Coordination Council. The time is 10:08. And I am hereby calling roll.

Suzanne Barnard?

MS. BARNARD: Here.

MR. IRVINE: Richard De Los Santos?

MR. DE LOS SANTOS: Here.

MR. IRVINE: Michael Wilt?

MR. WILT: Here.

MR. IRVINE: Allyson Evans?

MS. EVANS: Here.

MR. IRVINE: Martha Bagley?

(No response.)

MR. IRVINE: Michelle Martin?

(No response.)

MR. IRVINE: Anna Sonenthal.

VOICE: Not yet.

MR. IRVINE: Are you there?

VOICE: Oops.

MR. IRVINE: Doni Green.

MS. RICHARD: Folks on the phone, I'm sorry. We can hear conversation. The meeting has started. If you would, please don't put us on hold. But if you will
mute, we would appreciate it. Can you all hear Mr. Irvine?

MR. IRVINE: Michael Goodwin?
MR. GOODWIN: Here.

MR. IRVINE: Kenneth Darden?
MR. DARDEN: Here.

VOICE: We can hear you.

MR. IRVINE: And Shiloh Gonzalez is here from DARS. So we have a quorum.

MS. RICHARD: So you can't hear Tim?
VOICE: Very faint.
MS. RICHARD: Okay.

(Pause.)

MR. IRVINE: Can you hear me all right?
VOICE: That is a lot better.

MR. IRVINE: Great. Glad to hear it. Okay.

We'll begin with the approval of the minutes. And have you had a chance to look at the minutes?

MR. GOODWIN: So moved.

MS. GREEN: Just one change.
MR. IRVINE: One change.

MS. GREEN: By my name it indicates that I served as Chair for the meeting and I did not.

MR. IRVINE: Okay. So we have a motion by Mike. Doni, do you want to --
MS. GREEN: Second.

MR. IRVINE: Motion and a second, with one change to reflect that correction. Any other comments?

(No response.)

MR. IRVINE: All in favor, say aye.

(A chorus of ayes.)

MR. IRVINE: Any opposed?

(No response.)

MR. IRVINE: The motion carries. The minutes are approved as corrected. Up next, Suzanne Hemphill will provide an update on Fair Housing activities.

For those of you who are not familiar with Suzanne, she is TDHCA's Fair Housing Coordinator. And she also serves in a newly created role, organizing and supporting a work group of all of the HUD-funded agencies, along with the Texas Workforce Commission to coordinate our approach to Fair Housing to ensure that we are correctly and complementarily documenting our efforts. And to work on such things as responding to proposed Federal rulemakings and policy issuances and all those kinds of things.

And she is a tremendous resource. So Suzanne, take --

MS. HEMPHILL: Good morning. Thank you, Tim for the lovely introduction. Thank you for inviting me
to be here this morning at the Housing and Health Services Coordination Council meeting. I am here to share some of the Department's Fair Housing work and updates.

April is Fair Housing Month, as some of you may know, and as part of that celebration, TDHCA is conducting three Fair Housing webinars. We kicked it off yesterday with our first in the series, a Fair Housing overview.

Next week, we'll be discussing reasonable accommodations and accessibility. So some of you might be interested in participating in that.

And the following week, we will be talking about best practices for multifamily developments related to wait list management and tenant selection criteria, and some of the Fair Housing considerations. Details and registration information are available by visiting the calendar on TDHCA's website. I believe Terri also emailed this information and shared it with the Council.

So I also wanted to give you some information on HUD's new Affirmatively Furthering Fair Housing rule. And the Assessment of Fair Housing tool. On August 17, 2015, the U.S. Department of Housing and Urban Development, HUD, adopted the final Affirmatively Furthering Fair Housing rule.
So this governs what block grant recipients of HUD CPD funds and public housing authorities must do to affirmatively further Fair Housing, and a tool by which they can identify those steps. This applies to all governmental entities receiving HUD funds.

So it is public housing authorities, and cities and counties receiving Community Development Block Grant funds, Emergency Solutions Grant, HOME and Housing Opportunities for Persons with AIDS program funding. Title 8 of the Civil Rights Act of 1968, the Fair Housing Act, requires HUD to administer its programs in a way that affirmatively furthers Fair Housing and equal opportunity. So this will require meaningful actions in addition to combating discrimination that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity, based on protected characteristics. This will replace the analysis of impediments.

So that is the AI that we are currently using. And we will still be under the AI until this is fully phased in. So we will be identifying four main areas: racially and ethnically concentrated areas of poverty, patterns of integration segregation, disparities and access to opportunity, and disproportionate housing
needs.

With the information generated through the assessment of Fair Housing tool, and the Affirmatively Furthering Fair Housing Rule, governmental entities that are HUD program participants will be responsible for identifying Fair Housing issues and contributing factors, assigning priorities to contributing factors, setting goals for overcoming prioritized contributing factors, and maintaining records of the progress in achieving goals.

The State of Texas is anticipated to submit the first AFFH tool in May 2019. That is pending release of the State tool, and this will be a part of the Consolidated Plan in process. So I can give you a link. HUD User has some really great information if you want to learn more about the assessment of Fair Housing.

It will affect what TDHCA is doing and other cities and counties that work with HUD funds. So it is something that is coming and it is good to know that that is on the horizon. Feel free to interrupt me if you guys have any questions.

I will move forward with the Fair Housing Board report. TDHCA shared this with our Board at the March 31, 2016, meeting.

This included a summary of the major Fair
Housing related projects and activities planned for the next six months with the Department in various stages of research, planning and implementation to affirmatively further Fair Housing. This also included a detailed annual report on all Fair Housing activities implemented or completed by TDHCA staff.

So I have a copy of that, that I can pass around, if you are interested in it. You can also get it on our website. It is in the March 31st Board book. So this touches on all the Fair Housing work that we are doing at the Agency.

It is a 38-page report that documents 144 substantive action steps that the Agency has taken related to Fair Housing. So we have a few examples of the kind of work that we have done. The first example is related to the Section 8 program.

So for this, every year the Section 8 program has to establish payment standards for areas within its jurisdiction. The establishment of the standard is important, because it essentially determines whether a household will be able to get a unit they can afford with the voucher that they have.

In areas where market rents are high and there is high demand for rental units, it can be challenging for voucher holders to find a unit. Increased fair-
market rents aid in areas where voucher holders have difficulty in finding acceptable units, or affording units in more desirable areas. So it provides additional choice and opportunities in highly competitive rental markets.

So my area played a large role in that, in determining the fair market rents, and expanding choice and opportunity by analyzing small-area market rents for counties and zip codes in our jurisdiction. We have also worked with the Emergency Solutions Grant program. That is a HUD-funded program that provides funding for homelessness prevention.

The Fair Housing team worked closely this year with ESG staff to emphasize fair housing in all of that program's work. We conducted a webinar for ESG recipients on the intersection of Fair Housing and how clients are able to access services.

So in ESG language, that is called credited access. Training components included information on how to screen and direct clients into different services, and how to apply these criteria evenly across protected classes, as well as in a way to make sure subrecipients are making referrals to all eligible resources, thereby promoting client choice.

The last example I have to share with you
really, it is to the Qualified Allocation Plan, the scoring incentives and alignment with Fair Housing. So Fair Housing staff participates in the monthly Qualified Allocation Plan 2017 planning roundtable discussions. We also conduct significant research on potential scoring items. The research includes analyzing statewide impact of items, and considering their alignment with Fair Housing through mapping and analyzing census data related to income and poverty levels in Texas. We have also research and mapped changes in Texas Education Agency education standards and ratings.

So that is a brief overview of the Fair Housing report. And really, the comments that I wanted to share with you today, I would be happy to answer any questions if you have those.

MR. WILT: I have a question.

MS. HEMPHILL: Yes.

MR. WILT: Michael Wilt with Texas State Affordable Housing Corporation. How have you all responded to, or integrated the guidance that HUD gave last week when it comes to dealing with prospective tenants and their criminal histories?

MS. HEMPHILL: The arrest records?

MR. WILT: Yes.

MS. HEMPHILL: I believe some of that was
previously integrated into some of our rules.

MR. IRVINE: Yes. We have been aware of the issue for some time. And we are continuing to work to, you know, have good compliant tenant selection criteria set out in our rules. You know, we are engaging in dialogue with the stakeholder groups to promote knowledge of it. Anything you want to add?

MR. LYTTLE: Actually, I am going to be -- I am Michael Lyttle, TDHCA. I will actually be speaking tomorrow at the Texas Apartment Association annual conference about this issue as well as some other ones. And there are some other speakers there, as well, that will be talking about the new HUD guidance. So people are certainly aware and engaged on the issue.

MR. IRVINE: Anybody else?

(No response.)

MR. IRVINE: Do you have any some specific thoughts or suggestion.

MR. WILT: No. I was just curious what the Department was doing.

MS. HEMPHILL: We are going to mention that at our third webinar series on April 26th -- at least, the guidance.

And there is also some interesting developments with House Bill 1510 that relates to
landlord liability. So we just want to make sure folks
know that those -- that guidance is out there, as well as
the legislative change.

    MR. IRVINE: Mike.

    MR. GOODWIN: This isn't particularly with the
Department, but it affects us folks that are providing
housing, in that there is a point of overzealousness
that -- particularly with the Austin Tenants Council.

    I am fighting a case right now where two years
ago, they had visited a property. And finally, after two
years, decided that by saying you have to have a person
16 years of age or older accompanying persons under 16 to
use a pool, had decided that is discriminatory on a
familial status basis, and won a bunch of money. And if
you go down to the public pools at the City of Austin, it
says, you must be 16 years old or older to use this pool
unaccompanied.

    And I guess my concern is that when we start
providing guidance from on high, by the time it gets down
to the deck plates, it gets pretty onerous. And the
folks, I will say, on that level, on the enforcement side
don't care. Because they don't have to justify what they
say.

    So just a caution. And believe me, I am a
Fair Housing advocate. I have worked in it 20 years. I
helped write two federal guidebooks that came out of the National Affordable Housing Management Association. And we buy into it big time.

But there are some low level issues that I will say, that will turn housing providers off. Nothing to do with what you all do in guidance. The guidance is super.

MS. HEMPHILL: It is a lot to navigate.

MR. GOODWIN: Yes.

MS. GREEN: So can you talk a little bit more about the changes with criminal history? I just read that local operators were screening Section 8 participants separately. However, only TDHCA is now conducting the screening. Is that the same issue, related issue?

Because I know that as we have worked with nursing home residents with criminal histories, many of them have been disqualified. And local housing authorities have taken similar but sometimes different approaches to disqualifying people on the basis of criminal history. So what are the changes?

MR. IRVINE: Megan, do you want to come up and talk to us?

MS. RICHARD: Megan, I'm sorry. That is just for the recording. The phone is over there. I'm sorry. Thank you.

MS. SYLVESTER: Megan Sylvester, Federal Compliance Counselor at TDHCA. Without providing any opinion, I can just tell you what the notice says.

HUD is taking the position that landlords are not to use arrest records as the sole criteria for denying someone housing. They have taken the position that arrest records are not reasonably related. And that there is a disparate impact against certain types of protected classes, if that is your sole criteria for using. They have also indicated that using -- that your process to determine criminals need to be reasonably related to the ability to maintain and be a good tenant in housing, and that blanket prohibitions for certain -- forever for certain low level felonies will not be looked upon favorably.

However, there are certain federal -- especially if you are trying to get into certain federal programs like 811 or Section 8, there are certain federal laws that still would prohibit a lifelong ban such as sex offenders, registered sex offenders, and people who have been convicted of methamphetamine making or distribution. The notice -- a tiny little bit of commentary. The
notice itself is very broad.

HUD seems to be saying that they want people to make a determination on a case-by-case basis, and they don't provide for felonies. The arrests, they are pretty clear.

But for the felony convictions, they are pretty broad about the guidance, that may just seem to be saying that they want landlords to evaluate things more on a case-by-case basis and not have these forever bans against people with criminal records.

MS. GREEN: So in terms of the public housing authorities, are they currently taking a consistent approach, or do they have flexibility in determining which criminal offenses will disqualify?

MS. SYLVESTER: Well, I can only speak to our own Section 8 program, because TDHCA doesn't monitor or regulate those other public housing authorities. But public housing authorities at least for the Section 8 program. We also don't run any public housing, per se.

MS. GREEN: Right.

MS. SYLVESTER: But at least for the Section 8 program, you are supposed to have written criteria that is in your housing administration plan. And then -- which is available to the public.

And if you would like a change in that, you
can bring that up before the governing board of the public housing authority. And you are supposed to follow that consistently.

MS. GREEN: Okay.

MS. SYLVESTER: But like I said, there are certain offenses where federal law prohibits someone forever, that I mentioned before. But otherwise, the design of that criteria is up to the public housing authority.

MS. GREEN: Okay.

MS. SYLVESTER: Does anybody else have any questions?

(No response.)

MS. SYLVESTER: Okay.

MR. IRVINE: I would anticipate that there will be a lot of activity among organizations to move towards consensus on, you know, model criteria and so forth. Just an editorial note.

The whole thing reminds me a lot of licensing, where under Chapter 53 of the Texas Occupations Code, if somebody has got a criminal conviction and they're applying for a license, the licensing agency needs to take into account, did the activity occur in a manner that reasonably raises concerns about carrying out the licensed activity.
For example, if you engaged in stock fraud, you could probably still, you know, perform cosmetology or something like that. I think that it's just going to require people to be a lot more conscientious and intentional about developing tenant selection criteria and not just have, you know arbitrary filters that filter out a whole bunch of people and disproportionately impact protected classes.

MR. GOODWIN: That gets awful tentative. What about repeat offenders? If I had a repeat offender of domestic violence, the question is, okay, how many times can they repeat offend before I get found for violating Fair Housing for denying them -- or theft? Do you want to live next to somebody that has seven convictions of petty theft, that he --

MR. IRVINE: Well, I think that the HUD guidance doesn't really go to the issue of convictions. It goes to the issue of arrest records, and it's pretty easy to get somebody arrested, and it doesn't establish that they committed a crime. That's the big change.

MR. GOODWIN: Right.

MR. IRVINE: And, yeah, I think repeat offenders certainly raises additional concerns that have to do with the suitability of the person for the tenancy.

MR. GOODWIN: Fair Housing.
MR. IRVINE: Okay. Next subject, Kathryn.

MS. TURNER: Hi.

MR. IRVINE: You're up first.

MS. TURNER: I am trying to maneuver the giant PowerPoint behind you. There are lots of buttons, but we don't know how to use them. So we are just afraid of pushing the wrong one.

MS. OPOT: I don't know how we would be able to get it smaller without --

MS. TURNER: Right.

(Pause.)

MS. TURNER: I will go as quickly as possible.

MS. RICHARD: Actually, I think that everyone has your presentation in their --

MS. TURNER: Right. You do have. We will need a couple of last minute adjustments, or I have made a couple of last minute-adjustments. So I can send that out via email as well. I think there is a -- it is mostly the same. It is mostly the same.

Okay. Great. So my name is Katherine Turner, and I am a loan officer with CSH in Houston. And before we get started, I wanted to just give a quick overview of CSH and what we do. At CSH, it is our mission to advance housing solutions that deliver three powerful outcomes: improve lives for the most vulnerable people, maximize
public resources, and build strong, healthy communities
across the country.

CSH is working to solve some of the most
complex and costly social problems our country faces,
like those related to homelessness. We envision a future
in which high-quality supportive housing solutions are
integrated into the way every community serves the men,
women, and children most in need.

So today I am going to walk through the
concept of Housing First and why it's an effective model
of housing for the most vulnerable populations. And
there are many things to cover in a short amount of time.
So I am going to go through the presentation, and we will
leave some time at the end for conversation and
questions.

SAMHSA defines Housing First as an evidence-
based practice that looks at housing as a tool rather
than a reward for recovery.

VOICE: SAMHSA?

MS. TURNER: SAMHSA is the Substance Abuse and
Mental Health Services Administration. Thank you.

Research has demonstrated that this approach
is effective in promoting housing stability, particularly
among people who have been homeless for long periods of
time and have serious psychiatric disabilities,
substance-use disorders and/or other disabilities. It is also a HUD and United States Interagency Council on Homelessness, or USICH, supportive model.

Typically Housing First is associated with the chronically homeless. But this model can be effective with many other populations, including those exiting institutions, child-welfare-involved families, youth aging out of foster care, or those exiting jail or prisons, and those with serious medical, behavioral or mental health issues, including those who are intellectually or developmentally disabled.

So what is Housing First? The Housing First approach rests on two central premises: First, that rapid rehousing should be the central goal of our work with the people experiencing homelessness or those at risk of homelessness; second, that providing housing assistance and case management services after individuals or family is housed, we can significantly reduce the time people spend in homelessness or in institutions. We can prevent further episodes of homelessness and delay long-term institutionalization for aging people with chronic health and mental conditions.

Housing First programs, whether for families or single adults with special needs, generally focus on helping their target populations to move as quickly as
possible into permanent supportive housing of varying types and then provide them with voluntary support services, either time-limited or long-term.

So these are the seven principles of Housing First: It will be centered on consumer choice. It will provide quick access to housing. Robust support services with assertive engagement will be provided, but tenancy is not dependent upon participation in those services. Units are targeted to the most disabled and vulnerable. A harm-reduction approach is embraced, and leases and tenant protections will be provided.

Unfortunately, we don't have time today to go into great detail with each one of these, but we will cover some of the principles. And for more in-depth information on Housing First principles and practices, there is much more information on CSH's website, as well as on the websites for USICH and HUD.

So Housing First is a person-centered approach that can accommodate individual needs. These are some examples of the types of individual needs that tenants may have.

We want to accommodate individual desires and find the type of housing that can meet those needs, rather than create additional obstacles to accessing housing. By doing so, we can achieve more long-term
stability. A central goal in Housing First is to provide
permanent housing for people who are unable to access
traditional market housing.

By creating barriers in the front end, it
limits those who can enter into housing and furthers the
perpetuation of homelessness, institutionalization and
inappropriate use of public systems like jails, prisons
and emergency rooms. In particular, the criminal justice
population has limited housing opportunities, as we were
discussing earlier. Housing First works to expand those
options.

In addition, people experiencing homelessness
are also experiencing trauma. The longer they are
unhoused, the more effect it has on their long-term
mental health. So reducing barriers and screening in
time is critical.

We want to ensure that tenants are offered
opportunities to live in the type of housing that best
suits their needs and desires and supports their ability
to participate in the community. We want to make sure
that all tenants are offered a choice with regards to
their housing, and have a lease identical to residents in
mainstream housing.

Tenants are offered a choice between multiple
units of housing and, if possible, are also given choices
between housing models and locations. And staff understand the tenant's needs and supports them in the process of searching for and selecting a unit. Tenants have standard leases or subleases and have a clear understanding of their rights and responsibilities as a tenant.

Leases shouldn't have service-participation requirements and should be identical to leases in mainstream housing. This model strives to prevent eviction, but when it is necessary to evict a tenant, it should only be for a lease violation, such as a failure to pay rent.

And it is very important that staff will not remove a tenant from housing without going through the legal eviction procedures. The Housing First philosophy uses a lease as a way to engage and support individuals around service needs. Again, the most important aspect of Housing First is maintaining tenancy.

MS. RICHARD: Kathryn, could I just interject here too, that the Centers for Medicare and Medicaid Services is also very emphatic about home and community-based service settings having a lease that is between the tenant and making sure that -- so I just wanted to --

MS. OPOT: That is great.

MS. RICHARD: -- add that there is also a new
rule --

MS. TURNER:  Great.

MS. RICHARD:  -- that requires all states to -- if they don't have those home and community-based settings like that, they are required to do a transition plan, which HHSC has already done with the service settings already in Texas.

MS. TURNER:  Perfect.  So yes, services make the difference in being housed versus being homeless. The overarching concept is that but for housing, individuals would not receive services, and but for services, individuals would not be able to maintain their housing. Services such as these, in combination with a decent place to live, provide the support system people need to break out of the cycle of long-term homelessness and prevent vulnerable populations from falling into homelessness.

Again, these services must be voluntary for tenants but are mandatory for staff. It is up to the staff to build relationships with the tenants. Such service engagement can begin at the mailbox or common space. It doesn't have to be formal appointments.

But these types of engagement can build the relationship of the service provider and the tenant in a Housing First property. Harm reduction is a philosophy
that recognizes the resilience of individuals and expands the therapeutic conversation and allows providers to intervene with active users who are not yet contemplating abstinence.

So for example, if a new tenant comes to a facility drinking a case of beer every day, harm reduction involves working with that individual to get that down to half a case every day. It is not telling them that they can no longer drink at all, and it is also not telling them that they should feel free to continue to drink as much as they want.

In terms of financing, there is a critical difference between the development of affordable housing and the Housing First model, and that is service lending. This is a very critical component of a successful project. And Housing First is the type of service-enriched housing where the incorporation of services within the building project has to be considered early in the development.

Because of the variety of services that could benefit a variety of populations, these relationships should be developed as the project is being planned. It is important to keep in mind that those who benefit from a Housing First model typically have very low or no income.
And because of this, developing Housing First projects requires specialized financing and operating or rental subsidies are almost always necessary. This is a chart of some of the sources of financing for capital operating in services, and for all three financing needs, federal, state and local sources can be utilized.

So I know I rushed through a lot of information. And I just want to take some time to answer questions and have a conversation about Housing First.

MR. IRVINE: I just have a question about analysis of the efficacy of Housing First versus the alternative. Has there been, I assume just empirical studies with large groups or is there just a straight-up numerical comparison: This is this percent effective versus this is this percent effective?

MS. TURNER: We found that -- I don't know if there has been a direct study.

MS. RICHARD: Okay. Kelly?

MS. TURNER: I am sure that there has.

MS. RICHARD: Exactly like that. Do you want to answer that question?

MS. OPOT: Yes. Oh, I'm Kelly Opot with CSH. There have been studies that are empirical that use samples and, you know, the control groups and all that.

In particular, I know of one in the criminal
justice population. Out of New York there has been one around medically vulnerable individuals using Housing First. And there is one other, I think out of Ohio, in particular around the criminal justice population that is measuring use of public resources, maintenance of tenancy, all of those things, as it relates to implementing that type of model.

MS. FINE: Tracey Fine with National Church Residences. We have about 700 units of Housing First, and we track a lot of those measurable things. And I know one is access to health insurance, hospitalizations, ER visits.

We also track access to job training, employment coordination and employment tracking. We also track increases and independent income that's not relied on other third-party disability-type income. So a lot of developers that implement this also track outcomes.

MR. IRVINE: That's great.

MS. TURNER: Absolutely.

MR. IRVINE: And where I was going with that actually is, toward the end of the meeting we'll be talking about our draft biennial report. Well, to the extent that we have got empirical data that shows the benefit, that's really valuable.

MS. OPOT: And Terri and I have had
conversations about this as well. I think she has collected quite a bit of that empirical data that we have talked about, too.

MS. RICHARD: Austin-Travis County gave us some data.

MR. WILT: I had a quick question. Michael Wilt, Texas State Affordable Housing Corporation. When it comes to scattered-site versus independent developments, are you all seeing something trend some way or the other.

I know in Austin, Caritas operates, I think, eleven units, not a scattered site; it's in one development, one multifamily development. But, you know, obviously these deals are very complicated, putting together the capital.

And I am just curious if people are still trying to use scattered-site, or is it the trend now to have standalone developments kind of like, also in Austin, with the ATCIC; they're trying to build 50 units.

MS. TURNER: Right. So I think that the main goal is to have choice. And choice of model and choice of how those units are effectively integrated into the community is the main goal.

So to have, you know, a range of options for someone; either 100 percent supportive housing, if that
is something -- a model that is working for certain populations of people, that is great. And we should continue to do that.

But scattered-site is also another option that I think also works for a lot of varying populations. So I think it depends on the population, it depends on the developer.

But for every municipality to have a variety available for people entering into housing, that is the main goal. So choice is the main thing.

MR. WILT: And then on the services end, when it comes to financing that, have you seen people merge Housing First with Pay for Success, Pay for Success being used on the services model?

MS. TURNER: Yes. Kelly can talk more about this.

MS. OPOT: Yes. Well, yes. We are doing some of that. I know that it is happening in Colorado, San Francisco. There is a couple of sites that it is happening, especially around health care. Michigan, Connecticut, I am not going to remember all of the sites.

But, yes. That is one of the practices that people are trying to figure out how to use a Pay for Success type model to fund the services in Housing First models.
VOICE: And we're trying it here in Austin, too.

MR. WILT: Right. And one last question: You said residents typically probably have some income. Is their rent on a scale, depending on their income? It is probably a third of what they are bringing in?

MS. TURNER: Right. Yes. That is the model that we advocate for, is a third of their income going toward rent.

MS. OPOT: But it could be zero.

MS. TURNER: Right. In most cases, it probably will be zero, at least initially.

MS. SONENTHAL: Anna Sonenthal with DSHS. So y'all are quoting SAMHSA. Do you know if they're doing like a kit with it, or is it part of the PSH kit, or is any different, or did I miss that?

MS. OPOT: It is part of the PSH kit.

MS. SONENTHAL: It is part of the PSH kit.

MS. OPOT: Uh-huh.

MS. SONENTHAL: Okay. Do you all have any new [inaudible] coming out?

MS. TURNER: You could ask them. We are not SAMHSA experts. SAMHSA does have their own -- in all of the evidence-based practices, there is one for Housing First, which is a good one for motivational interviewing,
critical time intervention. They do have their own. It is within that homeless resource.

MS. SONENTHAL: Okay. Right.

MS. TURNER: But --

MS. SONENTHAL: We utilize the PSH kit, is what I was talking about.

MS. TURNER: Yes.

MS. SONENTHAL: I was hoping to kind of integrate more Housing First kind of language.

MS. TURNER: There is more. I mean, I noticed that there is more on there now than there used to be.

MS. SONENTHAL: Okay.

MS. TURNER: Absolutely. Than when they first came out with the PSH kit. Now they are more specific around interventions.

MS. SONENTHAL: Awesome.

MS. TURNER: Any other questions?

MS. RICHARD: Is Housing First considered an evidence-based best practice, or is it more of a promising practice. Has it been around long enough to be evidence-based?

MS. TURNER: It has. Yes. And they're -- the support of federal agencies is behind that evidence-based practice.

MR. IRVINE: Any more? Kelly for an update on
the Academy.

MS. OPOT: Great. Thanks, Kathryn. Okay. Use my cheat sheet. But you all have -- I created a little handout to just give an overview of some of the work that we have been doing through the Housing and Services Partnership Academy.

And so just as a quick reminder of the overview of Housing and Services Partnership Academy, I think this is probably my third time presenting to the Council on it. But it is -- CSH is contracting on behalf of the Council with TDHCA to provide training around service-enriched housing and also technical assistance.

And so part of the work that we have been doing, we created a Request for Proposals for teams and communities across Texas to participate in this Academy, which was in September or October. We selected teams and then put on a two-day academy.

And the result of that Academy was, we wanted teams to create plans to implement more service-enriched housing in their community, however it made sense for them. And communities also were able to select which priority populations they wanted to support through this Academy team.

And so we got nine teams from across the state. And since our last meeting, we hosted the Academy
here in Austin on February 9th and 10th. And a lot of
the people in this room participated in that as
presenters or as roundtable participants. Lots of great
information. We got a lot of wonderful feedback from the
participants: the things they were really pleased with,
the amount of information.

And we couldn't have done it without the
support of the Council. So thank you for everyone who
helped us in getting that completed.

And so the nine teams that are included, and I
included all of them. And the priority populations that
they selected. There has been a little bit of shifting
around some of the priority populations.

Initial applications, some people wanted to
select every single population under the sun. And so you
know, part of the technical assistance, in really
attending the Academy with them was to say, let's think
about what is a priority population that you could really
focus on now, but that a plan that you could create could
translate to other populations.

And the priorities within those priority
populations were individuals with disabilities,
individuals transitioning out of institutional care, and
youth aging out of foster care. There you go. There are
the words.
So those were the priority populations that people could select. But people also selected individuals with intellectual and developmental delays, so the IDD population, homeless with a disability. Am I leaving one out?

MS. RICHARD: Veterans, maybe. I think somebody --

MS. OPOT: Somebody did select veterans. One of the communities selected veterans. But it also represents the participants in the teams.

You know, we have San Benito, which is in the Valley. We have a team that is in Comanche, Texas, which is sort of central rural Texas. We have a Houston team. We have a San Antonio team. We have a Lubbock team.

So we really run the gamut of representing the state and all the different kinds of areas in the populations served. And so all those teams came together.

And since then, CSH has been working with those teams to provide technical assistance. A lot of the technical assistance has been helping these communities think about how to implement their plan and what they need to put in the plan, what other partners they want to bring to the table.

And really thinking through getting at a
target, maybe of population numbers. So we have been working with some teams to really hone in on a number. But also where the data comes from. And what kind of additional information you would need to help integrate more service-enriched housing.

And we have left it up to the teams as we have worked with them, to help us guide where their technical assistance would go. So there are some communities in Dallas in particular -- the City of Dallas has a big new housing plan coming out in June. And so we are trying to figure out what is the best way to include comments and make sure that our group is connected to this larger effort, in the City of Dallas affordable housing plan.

Also, some communities have wanted financing training around how you do actual development and service-enriched housing. Others have wanted information on how you create marketing and advocacy tools.

So it really could be anything that they really want to do to help implement their plan. So we are continuing to work with them through -- the technical assistance is two on site, and two offsite. But I think it is a little bit more than that.

We are checking in with them fairly regularly, but going out to the communities to provide some of this -- and really get to know just beyond who is on...
these teams, but other members of the community, and say hey, this is why this is important. This is the effort that is happening. And the state is really interested in looking at this work broadly.

And so we will continue to do that through about the middle of May. And we are also collecting lots of information on experience, qualitative and quantitative, and all of the work that we have been doing, so that we can report back to you what we learned from it, and evaluate the experience of the Academy from the participants.

So I will let you ask, if you have any questions for me, or have any questions about any of the teams. Or, anything you would like to add, for anybody that was there in February.

MS. SONENTHAL: I have a question. You might have said this, and I may have just missed it. So the teams kind of went away with plans. Each of the teams kind of went away with plans.

So do you have, like, a plan? Or like, how often you are going to be checking in with them, to see if like, if they decided to implement anything or --

MS. OPOT: Well, the work that we are doing -- I mean, our contract is through June. But what we have promised to them is, we are trying to set them up so that
they have this group as the -- and who else needs to be a part of it. That has been part of the conversations that we have been having is, this is a group that really carries on the work, and how it is connected to the organizations that are participating, and how it is connected more broadly to the community.

So that has been a big part of our planning process. Saying, okay. We don't want to just create a plan to put on the shelf. What we are here to do is help you think about how to implement it, and who else you need to bring into the work.

And what we are also hoping to do is create a tool for TDHCA, so that once it is over, TDHCA can reach back out to these communities and say okay. You know, six months later. Because there is only so much we can gather in a month. Right. So TDHCA can look back and say, okay. It has been a year. What changes have we seen based on the Academy.

MS. RICHARD: Maybe we could have some representatives perhaps at one of the meetings. One of the teams come and talk about where they have been and what they are doing and where they are going to go.

MS. SONENTHAL: Yes. That would be great.

MS. RICHARD: We could certainly put that on the agenda.
MS. SONENTHAL: That would be awesome. Just to know kind of where they are at, like six months from now. You know, what they have been doing, so we can actually see the good work.

MS. OPOT: Yes. Definitely.

MS. LEOGRANDE: I would like to make a comment.

MR. IRVINE: Okay.

MS. OPOT: Okay.

MS. LEOGRANDE: This is Robin LeoGrande. I am on the Dallas County team. And I think this is an absolutely terrific program. Kelly has been phenomenal, and she is supporting our team in terms of technical assistance, and helping us navigate the true mission of our team.

As she mentioned, the Dallas -- the City of Dallas is working on a housing plan. And it is very important for us, with our priority population to be sure that that population is recognized in some way in that plan.

And also, to ensure that when we talk about housing for all, the Dallas plan truly understands what housing for these underserved populations needs. It is a learning process for us, in terms of how to interface with the plan. It is also going to be an education
process for the people putting together the Dallas plan, to understand what service-enriched housing is, and who the population is, the very broad population is, who needs this service-enriched housing.

So I would like to help. I would like to thank Kelly for helping us for all of those issues as we go forward setting up what our long-term team looks like.

Because we are in it for the long haul. It is not just until for June. It is until the plan, the Dallas plan, the City/County plan is implemented, because we have to keep everyone on track with what this really means to our targeted population.

MR. IRVINE: Okay. Thank you very much.

MS. ENDER: This is Lynda Ender with the Senior Source and I am listening to the different targeted populations. And I am hearing homeless and veterans and those with addictions, and different populations. But I don't hear older adults mentioned.

MS. OPOT: One of the communities, two are people -- there are two communities that are focusing on aging Texans as well. So that was one of the populations that individuals could select. It was Central Texas and San Benito. So those are two of our more rural participants, and they selected that group.

MS. GREEN: And Lynda, also, with individuals
exiting institutions, they are of all ages, but tend to skew a little older as well.

MS. ENDER: Thank you.

MS. RICHARD: I just wanted to say that I know that we really appreciate it. I think we had over seven Council members that participated in the Academy. And I know Doni, you were there the entire time, and worked with the team.

And I just want to thank all of you for your active involvement, and you know, support. And you know, we are always open to feedback. And we appreciate it. We really appreciate the support.

MS. OPOT: And willingness to support as we run on. So I have reached out to TDHCA and others, and Doni about how we can continue to support some of these teams that we worked with onsite.

MS. RICHARD: I think you were there all three days or two days, too.

MS. GREEN: Thank you.

MR. IRVINE: Great. Thanks.

MS. OPOT: Okay. Thank you.

MR. IRVINE: Wonderful to have the Academy.

MS. OPOT: Yes. It has been fun.

MR. IRVINE: Okay. Let's see. Next, we have got an overview of Healthcare and Housing, the H2
Initiative. Eric Samuels.

MR. SAMUELS: Where do you want to sit.

MS. OPOT: Do you want me to stay next to you, Eric.

MR. SAMUELS: If you want to.

MS. OPOT: I am just going to move out of the way.

MR. SAMUELS: And I'm sorry. I do have some handouts that I need to hand out now. I didn't hand them out previously. So let me just go ahead and get that done.

MS. OPOT: I will help with that. I will make myself useful.

(Pause.)

MR. SAMUELS: So I know a lot of you in the room. Some of you, I don't know, of course. So I should tell you what Texas Homeless Network is.

So THN is -- sorry. We have wires going everywhere. THN is an agency that works with communities who are building systems to end homelessness.

Now, the majority of our focus right now is in the mostly rural areas of Texas; 215 counties to the Texas balance of state continuum of care. That is the area in orange, if you haven't already noticed that.

While we do focus on that area, we also work
with community -- we work statewide on statewide planning efforts. We work on advocacy efforts. And we do hold two conferences a year. One, we partner with CSH on the Housing and Healthcare Conference. So what I am talking about today relates to that.

And I am hoping just to give you a summary of what we have done with the H², Housing and Healthcare Initiative, and ask you in the end how we might work with this group. And how we might move forward.

So the idea behind the H² Initiative was a focus on building housing and healthcare systems that work together. Now, that seems pretty obvious that we should be doing that. But that is not something that we have been doing.

So what this means is that we need to get our continuums of care, our systems that are working in homelessness working with our healthcare providers and those that are providing healthcare to people who are experiencing homelessness. Those continuums of care in Texas are noted on that map. There are eleven of those at the present time.

So the reason we are doing this, and the reason that this is an initiative is because HUD recognizes that -- and actually they demand that continuums of care work to maximize the use of mainstream
resources. And it is not the fact that they expect that of continuums of care -- they realize that this has not been done. There is not really good working relationships between those that are working in a continuum of care. Those in housing, and those in healthcare right now.

There is also duplication of services, currently. And for those reasons as well as others, HUD has really made this an initiative. And they are the ones who launch the $H^2$ Initiative.

They got together with some other federal partners, including the US Interagency Council for the Homeless, Housing and Health Services, I'm sorry, the Department of Health and Human Services, SAMHSA, some others -- to start to develop this. They worked on this initially just within that group.

And then, they started looking at some of the data available to them. And what they came up with was an issue of where they would go to 20 communities and provide assistance all in creating a $H^2$ Initiative, each one of those communities through a TA provider. And that TA provider was Home Base -- or, at least, that was the TA provider that we worked with in Texas.

So what they focused on in these sessions was the who, what and how. And they were looking at, for
example -- they would work with, let's say like, Texas. And they would look at, okay, who is it that we need to serve. You know, what data is available. What are the gaps in the housing healthcare connection. And what are the gaps in the funding?

So we looked at all of those for the purposes of creating approved outcomes that will increase access to care, better and more comprehensive care, and then of course, lowering costs and getting people housed. Because as we were talking about with Housing First, that is a cost effective way of serving people in this condition.

So we had the advantage, I think, in Texas of being one of the last of the 20 states to do this. Home Base, the TA provider that did this, they went to several states before us. And they learned quite a bit from those states, and those communities. I shouldn't say just states. They worked with regional groups as well.

But for the purposes of working with the State, one of the things that they learned through their visits was that it was important to have this group either be a part of, or work closely with, some state interagency council for the homeless or state planning council. And that is one of the reasons that it was suggested that I come and speak to this group. I am also
going to speak to the Texas Interagency Council for the Homeless group later this month.

One of the other things that I learned was in regard to data. And the importance of looking at how the cross system data compares, comparing that, and identifying those that are the frequent users. And that is something that I know we have been trying to do for a while. That is something that is highlighted as even more important, because of this initiative.

One of the other things that we talked about and they have learned in other states was, the importance of making sure that hospitals are using consistent ICD codes. And I had to look up what that meant.

That is the International Classification of Diseases and related health problems. So the importance of that is, if we are using consistent coding, that will help us when we are checking the data across systems.

They also learned with these other states the importance of the coordination, and the importance of fostering relationships with the managed-care organizations. And so that is something I know that a lot of our communities are already doing. That is something we need to improve.

We need to -- another lesson they learned was maximizing the use of Medicaid and other resources. So
what we need to do is identify those who are homeless and determine who is eligible for these resources. That is one of the things we are doing with the managed-care organizations, what a lot of communities are doing.

And that is something that HHSC is doing right now. And I forgot the person who is running that. But they are looking at permanent supportive housing data to determine who is Medicaid-eligible, or who is receiving Medicaid. So that is something that is starting. So we are making headway there.

So in Texas, we did have Home Base come speak to us last September. So we have been meeting about this, and emailing about this since last September. We had seven communities in Texas apply for this technical assistance through HUD. That would be provided by Home Base.

And because we had so many communities wanting this, it was decided that they would just come to Texas and work with us as a state as a whole instead of just one of those seven communities. And again, we were one of the 20 states selected. So we were one of the lucky states to work on this.

So in each one of those applying jurisdictions, we had representatives. So we have some here, actually. Well, I guess, just me and Kelly that
are -- and Mariana. Sorry. So we had some planning
meetings where we were preparing for getting together and
developing a draft \( H^2 \) plan. And we finally got together,
like I said, in September.

We had a really good turn out. We had 65
participants from 15 different communities, work together
over 1-1/2 days. And what came out of it was a draft
plan that we shared with the leadership team, which is
made up of the representatives of those applying
communities.

And we have gone back and forth with this.
And what you are looking at with that draft plan is our
most recent effort. That is something that we need to
share with the rest of our Texas communities and our
continuums of care, to make sure that they don't have
anything else we need to add.

Also make sure that they don't have questions
about the direction we are headed. Because while we did
have broad participation, there are some communities that
still were not involved. So we want to make sure
everyone is on board.

And as part of that, I was asked to work with
the state to see, find out what is going on. You know,
what are groups like this Council doing, or this
committee doing in this area, so we don't duplicate
services or don't duplicate efforts through this plan, the \( H^2 \) plan and what you were doing. So I need to work with you on that, if I can. And I think that would be something that would be appropriate.

And also, we need to start to get more state leadership. What we are looking at is creating an \( H^2 \) plan that will be more of a framework for all of our Texas communities. Each community will have their specific plan. They can't -- this statewide plan will be more of an overall framework.

And while it has been great to have representatives from all of our different communities, and we want to continue to have that, we need to have more on the state level, and especially in the area of healthcare. We have some housing support and participation. But we need to increase that, and bring in some people that are representing healthcare systems statewide.

So that is really my purpose for coming here, is to make sure that we are not duplicating your efforts, and try to get more support and representation on this initiative. So I guess I will just open up for any questions you might have. And I am hoping that we can work together moving forward.

MS. RICHARD: So just a quick question. The \( H^2 \)
Action Plan that you shared here, is that something that you could share? I know we have people on the phone, people in the gallery. Is this something that is ready to be shared, or --

MR. SAMUELS: Yes. Well, that is something that I need to talk to the leadership team about. I mean, I don't know why -- well, I think I need to share it with the continuums of care who have not reviewed it yet.

MS. RICHARD: Sure. Yes.

MR. SAMUELS: Because I think they deserve to see it.

MS. RICHARD: No pressure at all. I was just trying to understand --

MR. SAMUELS: Of course, I have passed it out here.

MS. RICHARD: But just what kind of feedback, input would you want from Council members? This is where I was going --

MR. SAMUELS: Yes. I think I need to get the feedback from those continuums of care first, and then ask for that feedback. If I could get that, that would be great.

MS. RICHARD: Okay.

MR. SAMUELS: Yes.
MS. OPOT: One part of it, too, Eric, in a lot of these discussions, when we were trying to figure out how we implement this on a statewide level. And this Council came up as doing a lot of this similar type of work. So if we are thinking about how it is endorsed, who supports it, I think it is more -- the ideas that are in here, is it something that the Council would be willing to support, or does it go too far in one direction or another.

So just understanding that, while looking for statewide support. And councils or committees that would probably be leaders in that -- what are the things that you would be looking for, comfortable with, or not comfortable with including, or if there is things that we are leaving out, that kind of stuff.

MR. SAMUELS: Yes.

MR. GOODWIN: I've got the dumb questions from sitting out under the mushroom. Who is Texas Homeless Network? Who is in charge? And who funds you?

MR. SAMUELS: Well, I guess I would be in charge of the Agency. We provide --

MR. GOODWIN: I mean, are you a state agency?

MR. SAMUELS: We are provided funding from HUD. Also from the State, TDHCA and DSHS. We also have private funding.
MR. GOODWIN: Well, I mean, who do you work for? Who is -- is there --

MR. SAMUELS: We are a non-profit, a statewide non-profit. We are not a state agency.

MR. GOODWIN: You are not a state agency.

MR. SAMUELS: No.

MR. GOODWIN: That is what I was wondering.

MR. SAMUELS: No. We get that a lot. It is kind of nice when hotels assume that. But no, we are not a state -- we are a statewide non-profit.

MR. GOODWIN: Okay.

MR. SAMUELS: And like I said, right now, the large part of our focus is on the rural areas of Texas. Mostly rural, outside of the major metropolitan areas.

MR. GOODWIN: That is the hardest nut to crack for housing.

MR. SAMUELS: Working in the rural areas? Yes, it is. It is. But I think we can get there. Any questions?

(No response.)

MR. SAMUELS: And I will follow up with asking for input.

MS. RICHARD: That would be great.

MR. SAMUELS: Once I get that from everyone else that I need to.
MS. RICHARD: That would be great.

MR. SAMUELS: Great. Okay.

MS. RICHARD: Thank you, Eric.

MS. OPOT: Thank you, Eric.

MR. IRVINE: All right. Next, we have Ashley and Cristina.

MS. SANCHEZ: Sadly, you don't have Cristina, only Ashley.

MR. IRVINE: AIM or Adults Independent and Motivated.

MS. SANCHEZ: Yes. I am Ashley Sanchez with Adults Independent and Motivated. Thank you so much for the opportunity to be here.

The cuter part of our duo was my daughter Cristina. She is 23 years old. She has Down syndrome. She lives in her own apartment with a roommate who has Down syndrome. She couldn't be here today -- too many logistics to work out that didn't fall into place.

We are a nonprofit. It is appropriate to think of us as a family cooperative that serves adults with intellectual and developmental disabilities, based on a model out of Kansas. Their organization is called the Mission Project.

The best way to get a crash course in what we aspire to, when we are grown up, is to look at their...
I know Terri went and visited, and did other people in this room go visit? Okay. So they have got a great idea of what is happening there.

The Mission Project started eleven or twelve years ago. We started two years ago. So we are still in the early stages. Our website is aimtx.org. Adults, Independent and Motivated TX.org. Aimtx.org.

I did not bring a flyer. I can get that to you, because it gives a little crash pre-synopsis of what we are about. So our target population is folks with IDD who need some support, but can get through a lot of the tasks of daily living on their own.

The idea is that our folks live clustered essentially in one apartment complex. So what they have done in Kansas, there is one apartment complex. They have 18 folks and growing who have IDD, and who live in one-bedroom, one-bath apartments.

And The Mission Project itself provides community. They provide vans for transportation to work, to and from work for their participants. Each family individually signs the lease with the apartment complex. Each family individually arranges the level of support that is appropriate for their individual participant -- attendant services, essentially -- and
utilizes whatever existing resources they have that are appropriate.

So it could be a Medicaid waiver, like CLAS, HCS, in home support. It could be private pay. The way it is funded for the individual participants is through their wages, primarily, and their SSI, SSDI and any additional family support needed. And of course, those attendant support services, like we said, through whatever mechanism the family chooses.

The reason that they are living in one apartment complex is because then they can create sense of community. Our folks are not people who would traditionally drive. There may be one or two who eventually gain that skill. But overall, driving is not appropriate.

So for things that are natural to those of us who do have access to automobiles, getting, meeting somebody for lunch, that is not possible if you are not living near your friends. So by being clustered in a vibrant walkable area, they can say, hey, Gracie, want to go grab some yogurt at Yogurt Planet. Sure, let's do that.

Or let's go to the bookstore. Or let's go to the movie theater. All of those things are an easy walk away. And the friends who they want to do those things
with are also nearby. But it is not an apartment complex that is dedicated to folks with disabilities.

In Kansas, they launched a search to find the apartment complex that met their criteria. Vibrant, walkable, safe. We did the same thing here in Central Texas. We determined that the Galleria in Bee Cave is the right location. So we are at Avanti Hills. It is on the backside of the Galleria.

So all of those amenities at Highway 620 and 71 are walkable for our folks. So Cristina works at Panera Bread. She walks to and from work. And there is a Whole Foods. There are numerous shops and restaurants. There is a Barnes and Noble. The Bee Caves City Library is right there.

It is a fantastic location for walkability. At this point, our organization does not provide transportation to and from work, so we don't anticipate all of our folks will work right there. So that is in our long-range fund-raising goals is to be able to provide that transportation component.

We want a friendly community. So part one of the mechanisms of achieving that is through dating our program, quote unquote. During a period of one year, AIM sponsors social activities. And folks who think, gee, I might want to be part of that community, engage in those
activities so that we are able to see if they are clicking with one another.

So we don't have a list of criteria, yes, these disabilities, no, those disabilities. A lot of it is just going to be some personality. Hey, we get along great. We are laughing a lot together.

Or somebody might not really enjoy being with the others. Just because you happen to have disabilities doesn't mean you click with everybody else who does. Just like anybody else.

So it gives people a chance to make sure we are going to give -- have that sense of community. And also, it gives those families a chance to see if they are willing to be hands on. Because we are a non-profit 501(c)(3). We will require families to be hands on with some of that fund-raising.

We also don't -- we are not a place where families can just drop their child off and then leave, to exit their child's life. We want families who want to have some role in their own child's life and are willing to help that community flourish.

So the dating process gives everybody a chance to sniff each other out. And those potential families, too. We might not be for everybody. We know we are not.

So it gives those families that chance also, in a non-
threatening manner, to see and explore whether we are the right fit.

Robin LeoGrande earlier had spoken. She’s one of the phone participants. And their organization in Dallas, one subset of that is getting a similar community started in Dallas. Virginia Phillips and another parent from Dallas came to visit what we were doing. And then, they went and visited what Kansas is doing as well.

So it is a very new method of providing housing within a community setting, but with independence, with the appropriate supports. It is kind of a hybrid of a lot of things that have happened before, but in a new and innovative way. So it is exciting to see that there is going to be new communities like this happening in the country, because it's -- it should be the wave of the future.

One of the things Cristina would have told you on her information card was, why she likes living away from her parents. She loves it. Cristina and Gracie moved in January of 2015. So it has been about 14 or 15 months since they moved in.

One of the first nights that I didn't sleep on an air mattress at the apartment, and Gracie's mom didn't, we heard the girls do the dead bolt as we, the parents, exited. And then you hear behind the door, all
right, sweet, party! And I think that just meant, we can
watch TV.

And we get those parents out of our hair. So
Cristina finds it a threat when we say, you know, some of
the things that need to be in place, like we really need
you to be getting good sleep. I am not sure that is
happening like it needs to be. Maybe you need to come
home and spend a couple of nights at home. No way.
Sadly, our house is not a place she wants to be.

She wants to be in her own apartment. So she
is enjoying being with the other participants. Another
young lady -- I forgot to mention, Kansas, rent is a lot
more affordable than it is in Central Texas. Which is
why Cristina has a roommate.

And in Kansas, they all have one-bedroom one-
bath apartments. So it is the affordability part of it.
However, one young lady has moved in as part of AIM, and
she is in a one-bedroom one-bath. So that is an option.
The need to bend the cost curve and have roommates is one
of our challenges, though.

Because we accepted another young lady into
our program in March, and last October, we accepted a
young man, and they are both waiting on a roommate. They
sort of -- one of the moms has joked that the two of them
should be roommates. But we figured that is better just
not to go there.

So the young man is looking for a male roommate, and the young lady is looking for a female. Our socials give them the chance to meet with potential other roommates, but all the stars have to align.

They have to be ready to make that transition simultaneously. And at this point, we don't have another young lady or young man who are ready to make that transition. So there is currently three people living there, two in the wings who have been accepted waiting, and about eight to twelve who are in some stage of the dating process. So that is us in a nutshell.

MR. IRVINE: Cool nutshell.

MS. SANCHEZ: We are excited. I have to confess, we are very excited about what is happening. We didn't institute a metric to measure the personal growth of our participants in some of the life demands. But both families, the growth we have seen in our daughters since day one has been quite remarkable.

And we already obviously thought they had a decent amount of independent skills, because we wouldn't have let them make that transition otherwise. But they continue to blossom.

MS. RICHARD: One of the things that I thought was so interesting about your program is that it's not
going out and trying to develop new apartment complexes. And in fact, the AMLI where she -- I'm sorry, Avanti Hills, it is not a tax-credit property.

There is no other kind of subsidy. It is reaching out to private market apartment complexes and just getting, working with them. And that is what The Mission Project did as well. And I just -- I thought that was so interesting.

So my first question is, how did you reach out to a private market apartment and sometimes, a property manager, I think, maybe, share, didn't really know anything about a person with IDD. Could you maybe just share just a little bit about how you did that process?

MS. SANCHEZ: Sure. We created a spreadsheet of characteristics we were looking at in properties. So part of it is just dropping in.

And we looked at over 20 properties, from Georgetown down to Southpark Meadows, over by the Austin Heart Hospital, complexes there, Cedar Park. So we looked at a geographically-diverse area to find the walkability. So criteria one was that walkability.

And so our spreadsheet -- we sat there and identified which columns we could put a checkmark in for those. And so that was step one.

Step two was then the approach. And we
visited some. And of course, through Fair Housing, they have to be welcoming of anybody who walks through the door. But as an organization, we did a field trip as one of our social activities to go visit three of the properties. Avanti Hills was one of them.

There were two others, one in Cedar Park and over by the Jewish Community Center, a property there. So and all of those communities were -- the leasing managers were of course, welcoming.

But then separately one of our Board members knows -- was able to make a personal connection with the family ownership of Avanti Hills. So we met with one of the family members who owns that and then had a meeting with him, and then he had us meet their property manager.

And those were all very amicable meetings, and that property has continued to be very welcoming. And I think part of it is we are not asking for concessions. We are saying, this is something innovative.

But they don't feel that there is a threat. And in fact they kindly offered that we could announce to the overall community, we have these young ladies living here. If you have got questions, let us know.

We have been careful not to disseminate on our website or anything our exact location, because we don't want to announce to the community-at-large vulnerable
people living here. So we actually declined at that point when Avanti Hills offered.

We know people are seeing them, and that is great. You know, neighbors have been welcoming. But we didn't want to just announce it. And as we grow and add more participants, we might change our minds on that. But at any rate, that was the level of welcome we received.

MS. LEOGRANDE: Could I make a comment? This is Robin LeoGrande.

Ashley has done just a terrific job setting this up. And the social network that she has created is just fantastic. We had talked with her here in North Texas to learn more about her vision for this.

And we were very excited to also take on her suggestion, take a trip to Mission, and what we found is that the geographical area plays a big role in how we approach adapting what they are doing up in Kansas to what we are doing in North Texas.

So as she mentioned, there are a different approaches to how to replicate what they done up in Kansas. And one of the things that we are finding up here in the Dallas-Fort Worth area is that rents, prices are so high.

So what we hope to be doing, as we move
forward with our project, we have three people living in
apartments right now -- is to work with the Dallas
Housing Authority on subsidized rent for the people who
want to move into more independent living. The apartment
costs are so expensive that even with SSI, adults can't
afford to live in apartments on their own.

So we will in the long-term be requesting some
help from the Dallas Housing Authority to reduce the
rents for people in these -- in our co-op. We have
several co-ops in North Texas. And we have an extensive
training program for parents who are interested in
setting up co-ops with their friends and their children
who want to eventually move into more independent living.
So great job in Austin. And we are working with Austin
and with The Mission to create similar models up here in
North Texas.

MS. RICHARD: Robin, was the Dallas Housing
Authority, did they have a representative on your team?
Did you have them as part of your team?

MS. LEOGRANDE: Well, we are very active with
the Dallas Housing Authority. We have a couple of
initiatives. They are not on our team. But we are
working with them on an ongoing basis.

MS. RICHARD: Okay.

MS. LEOGRANDE: Yes. They are informally on
our team. But we have several projects with them. So this is another extension of those programs.

MS. RICHARD: Thank you.

MS. SANCHEZ: And Robin mentioned the affordability. And I did want to say, we have been fortunate that Cristina has been able to manage her own or meet her own expenses through her SSI and her wages combined. So we haven't been out of pocket.

Now, the family has provided her attendant services. And then, she recently came up on CLAS, which is a Medicaid waiver. And so she will start getting, or in March, she started getting attendant services that way. But we are -- my husband and I, though, we are prepared to be out of pocket if need be. But it hasn't been the case that we have had to. And we did have to cosign the lease, though. Her wages were not enough to sign the lease on her own.

MS. LEOGRANDE: So the lack of apartments in North Texas, the lack of vacancies in North Texas does play a role in how we will be approaching this. And so with our Academy efforts and the potential for building and identifying new apartments, there will be some overlap between what the Academy is working on and how we can take a co-op program like our Project Independence into the housing efforts that we are working on in the
Academy.

MS. SANCHEZ: There was a question over here.

MS. YEVICH: Hi. Just a quick question.

Elizabeth Yevich with TDHCA. And it sounds like you mentioned one of the Board members that was key in moving into the location you are. I was curious. Two questions. How large is your Board? And whether all the Board members are parents.

MS. SANCHEZ: We decided to structure ourselves a little distinctly from The Mission Project.

MS. YEVICH: I asked the same question at Mission, that is why I am curious.

MS. SANCHEZ: Yes. So our Board has seven members. And my husband and I are both members, so we share a daughter, and she is actively there.

Each parent has a child with a disability, but not all are currently living there. And one of our Board members, her son is only now graduated from high school. So she is looking long-term and wasn't -- and her expertise also, her name is Suzanne Shepherd.

She is -- some of you all might know her, because she has been the Board President for the Down Syndrome Association of Central Texas for many years. So she is not currently. She is a past President. But anyway, her expertise and knowledge of the disability
community has been very valuable.

And her son, like I said, was several years away from being ready. So in Kansas, they had several families who had known each other since their children were this big, and said, let's do this.

And it kind of -- the organization almost evolved naturally as the parents transitioned to this model of cooperative living, and then they formalized it.

We, instead, basically created the organization saying, this is where the -- what the organization will do. But we incorporated and had a board prior to our first person ever moving in.

MS. YEVICH: Thank you.

MR. IRVINE: Any other questions, comments?

(No response.)

MS. SANCHEZ: Thank you so much. I appreciate you all having me.

MR. IRVINE: Thank you. All right. Moving on, I guess, to our last item. You have at your places a thick draft document with a nifty picture on the front, and even though it says April, we are looking at August right now. On August 1 we are required by our governing statute, 2306.1096(c) to file with the Governor and the Legislative Budget Board a biennial report about our findings and recommendations.
We are also required by 1096(b) to develop a biennial plan. And of course, 1096(a) lays out all of the things that we are supposed to be working on, thinking about, noodling on, addressing, whatever -- discussing throughout the course of the year.

This is a document that has been a ton of hard work, mainly by Terri, but I am sure some others have had hands in it. And I think that this document has got a ton of meat for you to look at, and dig into and chew on and develop.

And I am anticipating that by August 1st, we are going to have probably something that is going to look like this on the front, but not necessarily the same inside, as we crystallize this in the format that is responsive to 1096. We meet in open public meetings. And that is the way we conduct our business.

And what I am asking, really, is that you take this back and you really think on it. Think, is there something that we do that isn't addressed in this. Is there something that we have addressed that, you know, needs to be expanded upon, or whatever. Is this the way I want to cast this.

I think of it, really, in my mind, in two different ways. Think of a particular subject, and say, is that something that should be dialed into our planning
process. And think of it, is this something where we need to make a finding or a recommendation that is included in our report to the Governor.

I could see this, for example, really becoming possibly two different documents. So I don't know what way it is going to go. Because of the open meetings laws, where we really can't discuss things in a quorum outside of our open meetings, I am asking you that you take this back.

And if you want to talk about it with anybody, I would say, coordinate that through Terri. We need to make sure that you don't get into what is called a walking quorum issue, where you take a document and you circulate it around to various people, and the next thing you know, you have got nine people who agree, yeah, that is what we ought to do. And you have just reached a decision outside of the open public meeting, and that's, of course, against the law.

So you know, I think that this is a time for a couple of months of pretty intensive thinking about what should we really be doing. What should we really be dialing into our plan. And what does the Governor and what do the Legislative Budget Board folks really need to know about, get some input on.

I think that there are a lot of fine lines we
have to observe in doing that. I think that we are a Council that provides findings and recommendations. But those need to be cast very carefully.

I don't think we should be saying you should adopt a law that says this or some agency should take this specific action or whatever. I think we need to recognize that the State has mechanisms for taking the information and turning into more specificity.

I am not just speaking for TDHCA. I think I am speaking on behalf of all the agencies. You know, we have got our own staffs, executive directors, governing boards and so forth. And ultimately those are the folks that are going to be developing the agencies' legal and policy directions.

So questions, comments, thoughts? Additional admonitions from the lawyers?

(No response.)

MR. IRVINE: Well, it is a great document. It is a ton of good information. I also am making a heartfelt solicitation.

It is very easy when you jump into an area like this, to look to things like national studies, federal agencies, and so forth. And anybody who has ever spent any time in the pink building -- that's the State Capitol -- knows that Texas likes to hear the Texas
story. So anything you have got that is Lone Star
centric, please share it with us. Share it through
Terri.

The request I -- or the question I had for
Kelly about empirical data, you know, Housing First is a
fascinating approach. It is a fascinating approach,
because anybody who spends any time with persons with
disabilities knows that they are just like anybody else.
They are just people.

But people who don't spend a lot of time with
persons with disabilities or persons at risk of
homelessness or recovering from substance abuse or any of
those kinds of issues, tends to think deflectively. And
you know, I think that the more empirical data we can
bring forth that shows statistically, demonstrably,
Housing First is going to contribute to better outcomes,
you know, the better it is to tell that story.

And the more receptive people who might be
deflective will be. So looking for ammo.

MR. GOODWIN: One time when we talked about it
a little bit, and I don't know if we ought to try to work
something. And that would be how to identify the diverse
programs that are coming that don't seem to know each
other.

MR. IRVINE: Right. You know, it is
interesting. Both as I was listening to Eric, and as I was listening to Ashley's presentation, I really thought that my preconceived notions about this Council from when it started to now have probably changed pretty close to 180 degrees. And I think that our Council's probably highest and best use is putting useful information in the smallest possible or most easily-deliverable format, so that people can find subject matter experts.

You know, if you want to build a bunch of houses, you don't go out and learn how to grade and pour concrete and do electricity and plumbing and framing and carpentry. You hire individuals to do all of those different things. And then, you coordinate the process.

And I think that providing service-enriched housing -- you know, one of the things that I love about the Academy is, it just puts people in touch with people that know how to do some important necessary aspect of this. And it doesn't force everybody to try to become a subject matter expert.

As I was listening to the talk on AIM, as a person who has a young adult son with IDD, I was just really struck by how great it would be to have a resource that tells somebody, if you are not looking to access a governmental plan, you just want to build a private sector solution, how do you go about it? This is a body
that I think is primarily a disseminator and coordinator of information.

MS. RICHARD: Could you be a little bit more specific? Maybe help me out.

MR. GOODWIN: It is like the thing I was telling you about where somebody in the veterans world is dumping money into Texas for housing homeless veterans with disabilities. The American GI Forum in San Antonio is talking to our service coordinator and telling her that they have got $12 million for housing.

Well, who knows about that? Well, the American GI Forum does. But as far as -- I will say that TDHCA has what I consider the housing guru of Texas that probably knows more about the statewide and other access capabilities and -- when I say wasn't in on this, it is a veterans initiative. But it would have seemed that there should have been some cross-pollination to where they came and, hey, we have got this. You know, do you have any sources or information or suggestions.

Because as best I can determine, what they were doing was going out to providers and saying, hey, we have got these vouchers. How do we get into your housing? And shoot, there is a streamlined way to -- there has got to be a streamlined way to, I will say, to help them.
And at the same time, it helps some of the service providers. Because all of a sudden, hey. I have got needs, but no housing. And all of a sudden, here is some housing.

MR. IRVINE: A solution.

MR. GOODWIN: Yes.

MS. RICHARD: Yes. Well, thanks. That helps.

MR. GOODWIN: I have asked our coordinator to send you whatever she has on what they are doing in San Antonio and where the money came from, and how they are using it.

MS. RICHARD: Yes. That would be great. And I think one of the things that, you know, I wanted to talk at some point about is with the state agency representatives, is being able to bring more information to the Council about things like that.

We do have a Texas Veterans Commission representative; I think Bradley is not able to make it today. But he has been coming. And so yes, that is something we want to talk more about.

And I know that we did a new resource guide for the Academy that is similar to down that road of what you are talking about, that has all the different resources. At least, the ones that we could think of. But I am sure there is more that need to be added.
MR. IRVINE: Well, the thing that immediately comes to my mind is perhaps we should explore the creation of some sort of a shared website where there are ways that all of us can contribute to that. Somebody could go in and say, I am accessing this from the perspective of being a veteran, or from the perspective of homelessness or from the perspective of substance abuse, or the perspective of IDD, or whatever. And you have got logical headings. And as you go into that, it filters down to more specific information.

MR. GOODWIN: Well, and there's unofficial sources. Somebody was talking about putting housing in the Valley and wanting to develop new housing in the Valley with HUD assistance.

And I talked to a gentleman that works for a major lender, who is what I will call the state HUD expert, when it comes to how do you get 221(d)(3) and (d)(4) funded. His answer is, you have got to be careful, because right now, HUD probably won't consider anything over 100 units.

Because the absorption rates in the Valley -- although they need more housing, a 100-unit property is about as big as they will fund, because you can't fill the other one quickly enough and on a sustained basis for it to meet its debt service.
MS. OPOT: Let me add something. San Antonio is part of a national initiative called Zero 2016. And so that is where a lot of the efforts around any veteran homelessness is coming from all across the nation.

But San Antonio, Dallas, and Fort Worth are all part of that. And their mayor is also part of the Mayor's Challenge now, in a sense. So I know that that attracted some private investment, because San Antonio has such a large military population there and imbedded private organizations that work there. That is where kind of all of this big money came from.

It was not necessarily coordinated around public entities. It was, you know, a private donation that said, hey, we want to figure out how to help this, make contact with the city and ran with it, from what I understand. But I mean, understanding what all of those national initiatives are, and how Texas is participating, like H², like Zero 2016, some of the Mayor's Challenges, could be helpful.

MS. RICHARD: Thank you. So back to the biennial plan, I just want to make sure, and just say a couple of things about it.

It is a rough draft. So commas, periods, you know, that kind of thing, it is rough. And so I am really looking for -- I think we are looking for content.
So overall content kinds of changes.

And then, are we thinking that, get back to me with electronic, by a certain time. And then, we need to schedule an additional meeting.

MR. IRVINE: Yes. If we need to have another meeting before our next regular meeting, to dig into the plan issues, if there are areas where you say, you know, this is something that I would really like to talk about with the Council, then let Terri know. And we will look at scheduling a special meeting.

But hopefully, we can crunch this through and get a cleaned-up version out to you. And then just adopt it in the regular course of the next meeting.

MS. RICHARD: July 20th is the proposed date for the next meeting. And so if there are lots of changes, it is due August 1st.

MR. IRVINE: Right. So --

MS. RICHARD: That is going to be cutting it real short.

MR. IRVINE: So we need to be getting the changes in soon. Let's say within the next month.

MS. RICHARD: Okay. So that would be what.

May 15th.

MR. IRVINE: Say, May 15th.

MS. RICHARD: May 15th. Is that okay with
everyone?

MR. IRVINE: Changes, comments, questions. Anything you have got. And when you share it with Terri, please indicate is this just something you are passing on, or is this something where you really think it is significant enough to be taken back to the Council for discussion. And if we get big discussion items, we are not going to wait until July 20th to talk about them.

MS. SONENTHAL: Did you send this electronically already?

MS. RICHARD: No. I have not.

MS. SONENTHAL: Okay.

MS. RICHARD: But I will.

MS. SONENTHAL: And a note with the date May 15th.

MS. RICHARD: Okay. Yes. We will do.

MS. SONENTHAL: Thank you.

MS. RICHARD: Okay.

MS. SONENTHAL: I just want to say thanks, Terri. Thank you so much. I have burrowed into this. It is a lot of work. And so thank you. I know that you bore the bulk of most of that.

MS. RICHARD: Thank you. That is sweet. I had lots of help, because we have a good team at TDHCA that is helping. Thank you, though.
MR. ECCLES: And if I could just reiterate, the communications go into Terri. Don't like, group send them.

Because we don't want to create a situation where you are inadvertently making a quorum sort of thing that is not in a public meeting. So send your comments and questions directly to her. She won't share them back with the group. There can be one-on-one communications, but not any sort of creation of group conversation on those types of issues, when you are discussing things that you believe should be in the report, might be in the report, and might bear further discussion by this group.

MS. RICHARD: And then one other thing I wanted to add, for your convenience, I put a copy of the actual statute that has the Council duties, what we are supposed to do, for your convenience.

So maybe as you are reading through the plan, you can refresh your memory on the statute and look at it and make sure that we are doing what we need to be doing. And if you have any additional things you want to add -- so not just modifying, but if you have other ideas, additions, other articles, data, empirical data, things like that, feel free to shoot them my way.

MR. IRVINE: Any other comments?

(No response.)
MR. IRVINE: Public comment.

MS. SALAZAR: Yes. My name is Mariana Salazar. I work with the Ending Community Homeless Coalition. We are the COC -- similar to what Eric does at the statewide level, we are at the Austin, Travis County COC level.

I was very excited to hear about all of the conversations that you have had. I have been in communication with Terri. I am representing today Ann Howard, our Executive Director. She couldn't be here.

We were invited today, just to support the $H^2$ Initiative that we are a part of. But I am very excited. Because our COC at the Austin Travis County level, we are embarking on so many different public/private partnerships that I think we would be so excited to share.

Terri and I have talked about possibly Ann coming and talking about it. And I think after I tell her all of the agenda, I am like, all of our work is written all over what they discuss.

So we are pursuing a Pay for Success initiative. We have just published our visibility study. And we are moving forward, working with Travis County, the City of Austin and Seton as possible end-payers of permanent supportive housing, Housing First for frequent
utilizers of the shelters, jailed, and emergency rooms and the healthcare system, emergency systems.

So that is one initiative. We are about to reach our functional zero for ending veteran homelessness. Any time, you know, we have submitted our paperwork to HUD. So we are also very excited to be sharing some of that.

We have already created partnerships with United Healthcare, where they are reimbursing us for some of the housing expenses, when we housed people that are enrolled. They are enrolled clients. So just a lot of things.

For the veterans initiative, we have worked with both private money and public housing authorities, homeless preferences. So we are very excited, I think. We are doing really good work.

And we would love to share it. And so I am not the person to share it officially. But, just know that we are excited and we might come back, maybe at the next Council membership meeting. Thank you.

MS. RICHARD: Thank you, Mariana. And you will see some of a lot of what was mentioned here today in the biennial plan. I have talked about Pay for Success.

I reached out to Kim Nettleton with United
Healthcare. She gave me some information about what is going on there, promises to share data with us at some point later. Austin, Travis County, I have got their data in there.

So I have really tried to include a lot of that. But it sounds like maybe there are some things you just talked about that I might not have in here. So that would be great. Catch up with you. Thank you.

MR. IRVINE: Suzanne.

MS. BARNARD: I have another, off topic from the biennial plan. Suzanne Barnard with TDA. We do the non-metro portion of the Community Development Block Grant.

And we are starting our next big application round. The 24 COG regions are meeting in public hearings, starting April 28th through June 9th or so. Every COG will have a public hearing. They will set their scoring criteria.

So if you want housing to be a priority and score well, now is the time for those communities or individuals to go to the public hearings and make your voice heard. Texas in general and the CDBG program in specific is very much local control philosophy.

And so those regions make a huge amount of difference in the scoring. And they get 90 percent of
the points. So if you want to score well, that is where you go. So yes. And there is a list on our website of the dates.

But each community is being invited with all the specific details, the location, and the time and all of that. Not all of that information is on our website, but those COG regions have all that info.

MS. RICHARD: Cool. Could you just send that link to me, and I could share that.

MS. BARNARD: Uh-huh.

MS. RICHARD: Thank you, Suzanne.

MS. BARNARD: And we won't accept applications again after this until 2018, so a short window.

MS. RICHARD: Thank you. I wanted to mention one other thing. And I think it was Kelly or -- I don't remember -- I'm sorry -- who it was. But about sending out information -- when -- that was to the listserv. So back when the Council was started, there was -- part of the duty of the staff supporting the Council is to identify funding opportunities. And so we have kind of expanded that to not just funding, but also notifications.

And so if all of you haven't signed up, you just go to our website, the HHSCC website. And you can sign up for those listservs. And so I know, Mike, you
told me that you get them.

MR. GOODWIN: Yes.

MS. RICHARD: But I just didn't know if everyone gets those. Oh, Suzanne. And she just mentioned about the Fair Housing. So that was on the listserv.

So that wasn't an email that I send directly to Council members. But that is that listserv that I send. I try to do it the first week of every month. And so that was the thing about the state agencies.

It would be great for you all to -- I try to get on all of your websites and look at things that are going on. I think I included the rule, the participant, or stakeholder input rule that HHSC is doing.

But any of those things that you would like for me to send out, like I said, I send them out once a month. And I can include those kinds of things, announcements and grants. I try to really focus on grants, but other opportunities, too.

MR. IRVINE: Cool. Anything else?

(No response.)

MR. IRVINE: Thank you, Mike Goodwin for the donuts, as always. Wonderful. Feed am army.

MR. GOODWIN: Absolutely.

MR. IRVINE: Anybody else?
(No response.)

MR. IRVINE: Going once, going twice. I will accept a motion to adjourn.

MR. GOODWIN: So moved.

MS. GREEN: Second.

MR. IRVINE: Seconded. All in favor, say aye.

(A chorus of ayes.)

MR. IRVINE: We are adjourned.

(Whereupon, at 11:49 a.m., the meeting was concluded.)
CERTIFICATE

MEETING OF: Housing & Health Services Coordination Council
LOCATION: Austin, Texas
DATE: April 13, 2016

I do hereby certify that the foregoing pages, numbers 1 through 86, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Elizabeth Stoddard before the Texas Department of Housing and Community Affairs.

4/18/2016
(Transcriber) (Date)

On the Record Reporting
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