

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

PUBLIC HEARING
ON
TEXAS STATE PLAN
TO
PREVENT AND END HOMELESSNESS

Council Chambers
Austin City Hall
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BEFORE:

COLIN McGRATH

ON THE RECORD REPORTING
(512) 450-0342

I N D E X

<u>SPEAKER</u>	<u>PAGE</u>
Frank Fernandez	10
Stuart Hursh	15
Diana Lewis-Gray	17
Jo Kathy Quinn	25
Marti Bier	27
Aleithia Artemis	30
Jason Howell	36
Aleithia Artemis	48
Vanessa Saria	50
Bill Carpenter	53
Susan Gehrig	54
M.J. Roberts	60
Cathy Requejo	61
Richard Dodson	65

P R O C E E D I N G S

MR. McGRATH: Thank you. I'd like to welcome you all this morning. I am Colin McGrath with the Texas Interagency Council for the Homeless. We are having a public hearing today about a state strategic plan to prevent and end homelessness.

We have Ann Howard, who is going to give a brief introduction.

MS. HOWARD: Thank you, Colin

And welcome to your public hearing here in Austin, Travis County. While this room isn't packed, I promise you that this community has a thriving provider network and hundreds of committed public servants doing what they can to impact the homeless population.

My name is Ann Howard and I'm the executive director of ECHO, the local coalition supporting our continuum of care and making sure that we make progress. Our mission is to provide dynamic, proactive leadership that engages policymakers and this community to end homelessness. When we get sheepish on that goal of ending homelessness, we borrow the words: we want to make homelessness rare, short-term, and non-recurring. Rare, short-term and non-recurring would be pretty good, and I'm confident that the leaders in this room will get us there.

I've read the draft plan and it mirrors our ten-year plan closely. We agree that it's time to do things differently, that permanent supportive housing is both right and smart, that housing first seems like the way to go for many, and we share the challenge to incentivize -- I love that new word for me -- incentivize affordable housing at the lowest end to landlords and property owners. We are vested and continue to invest in our HMIS program and are committed to realtime data that drives housing decisions.

I've only been at this job for 73 days, so my opinion doesn't really count today, but I ask you to listen closely to those who will follow me to this microphone. Far and wide, their passion and their expertise is a combination that can't be matched. I'd like you to stand if you're part of the ECHO Coalition.

(Some members of audience stood.)

MS. HOWARD: I had the opportunity yesterday to tell a leader in town that we've come a long way in ten years. When you can go into meetings all over this community and find people from a dozen different nonprofits, from the city and the county, working there together, making lists, scratching them out, making lists over again, we're on this and we're going to make a

difference.

If you're leading a nonprofit, we have a couple of executive directors in the room, would you please stand?

(Some members of the audience stood.)

MS. HOWARD: We thank you for your hard work.

(Applause.)

MS. HOWARD: These folks are working day and night to bring solutions to the front, to bring housing to those on the streets and in shelters. Please use us as a resource as your plan progresses. We want to be helpful, we want things to happen.

Thank you.

MR. McGRATH: Thank you.

With that, I will give a brief overview of the plan just to give some background for the comments today.

Not everyone is required to have read it and to have anything to say today. We want to know about your experiences either working with people experiencing or at risk of homelessness, your experiences firsthand with homelessness, and your thoughts in general about how the state can be more responsive to local needs.

And before we get into that, we'll have a brief introduction of everyone up here. Like I said, I am Colin

McGrath, and why don't we start over here.

MR. MARTIN: Hi. I'm Ken Martin, executive director of Texas Homeless Network.

MS. JAMES: Good morning. I'm Barbara James. I'm the director of the Texas Homeless Education Office.

MR. HAMILOS: Good morning. I'm Lance Hamilos and I'm with the Department of Assistive and Rehabilitative Services.

MS. DODSON: I'm Mary Dodson. I'm with the Texas Department of Housing and Community Affairs, I'm the HPRP planner.

MS. LASHBROOK: I'm Karen Lashbrook. I'm with the Texas Juvenile Justice Department.

MS. GONZALES-GARZA: Rita Gonzales-Garza with the Texas Department of Housing and Community Affairs, project manager, Community Services Section.

MR. McGRATH: And all of These folks here have been integral in the development of the plan. They have given much advice and wisdom as we've shaped both the language of the document and the goals, the priorities and the strategies that it contains.

So I'll just give an overview of each of the sections of the plan. It is broken up into four sections, each focusing on a different priority area. There are

four: the first, affordable housing and supportive services; the second, homelessness prevention; the third, data research and analysis; and the fourth, state infrastructure.

Each has a goal, each has multiple objectives that will help us reach that goal, and each objective has about six strategies that will help us achieve each goal.

We won't go into the strategies in depth because that would just take too much time. My job today is to say as little as possible so that you have time to speak.

So our first goal area, affordable housing and supportive services. Our goal is to increase housing options for homeless individuals and families who face multiple barriers to secure housing. Three goals: first, identify individuals and families experiencing homelessness and prioritize their housing stability; second, explore options for increasing the supply and availability of affordable and permanent supportive housing units in Texas; and third, promote the strategic pairing of state agency, nonprofit and private sector resources to increase the supportive services linked with affordable housing units.

We have a critical shortage of both affordable and permanent supportive housing units in Texas. Since

about 1990, between 1990 and 2011, we've seen an increase in very low income families or households of about 495,000 households. At the same time, the number of units affordable at that price range has increased by only about 150,000 units. That leaves over 300,000 households with no affordable safe place to stay.

Homelessness prevention. The goal: develop a statewide crisis response mechanism that identifies at-risk individuals and families and prevents them from becoming homeless. Four objectives here: first, refine and promote a definition of at risk of homelessness that fits Texas; second, increase awareness of opportunities for preventing homelessness among state agencies; third, increase the coordination of state agency services to enhance the state's preventive capacity; and fourth, increase the capacity of state institutions to prevent instances of homelessness and shelter use upon discharge from facilities.

Third goal area is data research and analysis.

Our goal: strengthen Texas's capacity to gather, analyze and report precise data on homelessness systematically. Three goals: first, evaluate the quality of homelessness-related data; facilitate coordinated data collection policies and procedures for all sources of data; and

third, coordinate timely data collection reporting and analysis.

One way that we are already acting on this strategy or this goal area is the development of a statewide data warehouse. This has been underway for about nine months or so. We are having the 16 COCs of the state gather and develop a plan for creating a centralized data warehouse where we will aggregate our HMIS systems to create probably some of the most detailed data that we've had on homelessness in the state's history. Right now everyone is gathering data but it's never collected in one place, so we don't have a strong enough statewide picture.

And finally, state infrastructure. The goal is increase communication and collaboration between all service providers and units of government to sustain TICH's planning efforts and aid in the implementation of this plan. We have three goals: first, increase coordination and communication between state agencies through promoting a common language for communicating information on homelessness; second, increase coordination and communication between local, state and federal government and non-government entities; and third, raise awareness of homelessness among state agency boards of directors, executives and other decision-makers.

That's part of what we're here for today is to begin increasing the amount of communication that happens between state government and local areas of the state. This is our ninth hearing out of ten. We've been in Corpus Christi, San Antonio, Dallas, Fort Worth, Houston, Laredo, El Paso, others. Our last will be in Lubbock.

And just a little bit more background about this. The plan is, in many ways, a response to the federal strategic plan to prevent and end homelessness which was released in June 2010. We want to make sure that the state is in line with the future of federal housing and homelessness policy, but at the same time, we want to make sure that what we're doing at a state level is responsive to your needs in Austin, but also in El Paso and other regions of the state, for instance.

With that, I'm going to stop talking and let our first speaker come up and provide comment. We have, it looks like, eight people signed up to speak, seven, so once we go through the list, we'll have anyone who so feels to speak come up and just write their name down so that the court reporter gets their name correct after they speak. Thank you.

Our first name is Frank Fernandez.

MR. FERNANDEZ: Good morning. As you said, my

name is Frank Fernandez. I am the executive director for Green Doors which is a local nonprofit housing organization that provides supportive housing, and I am also, currently, at least, the chair of the Texas Supportive Housing Coalition which is a coalition of housing and service providers across the state that focus on issues of homelessness and specifically providing services and housing for folks, these vulnerable folks.

I would echo what our ECHO executive director said in terms of the plan mirrors well what we at the local level are emphasizing in terms of its different areas that it's broken out to. I think it lays out the challenges and what we need to focus on well.

The two things that I would recommend for your consideration really focus on the affordable housing and supportive service objectives, and specifically, because you all have been doing this a long time, I think, and so you've seen a lot of different strategic plans, and those that, in my opinion, do well have a greater level of specificity around some of your objectives. And specifically, from I think my organization's perspective, as well as a lot of the members that are part of our coalition, is looking at targets around funding for housing and services.

One of the objectives talks about exploring options for increasing supply and availability of affordable housing, a lot of that is about funding, and we know, you all work in this area, what some of those existing resources are and what can we do to try to increase those and really call those out explicitly. For example, we took some significant cuts this last session due to what's happening with the economy around the Housing Trust Fund, really looking at that as a resource for providing additional funding and more targeted funding for supportive housing, and specifically permanent supportive housing.

Another one is low income housing tax credits. That is the largest single source of funding for affordable housing, and I can tell you over the last four or five years, the way the QAP is written, there's been significant strides in making it more supportive housing friendly, but I think, as you will see, there's still not enough supportive housing projects that get credits because of the nature of it and what can we do to make that or incent that to be more supportive housing friendly. Those, to me, would be great things to focus on to explicitly call out in this plan.

On the service side, similarly I think we need

to call out where there is some existing funding and what can we do to bolster that. For example, two sessions ago we had HHSP was initiated and there was a significant amount of funds for homeless services, and then because of what happened, that got cut drastically and I think there's efforts to help build that back up, but again, that is an identified source that is working in a lot of our major cities and what can we do to build that next session going forward, in light of the economic financial circumstances the state finds itself in.

The last point I would add in terms of the strategic pairing, to use your terms, or the linkages between housing and services, one of the things that we have seen in communities that address this issue well is that they link housing and service dollars up front in a strategic kind of way, meaning that when, as an organization that develops supportive housing, we're looking at project, the challenge right now that we see is that we are able to get initially some of the development funds but not necessarily the service dollars until later, and so we have to move, assuming we're going to find it somehow, someday and make commitments, but in reality, we end up not making a strong commitment to some of these things because we need to allow ourselves flexibility if

we're not able to secure service dollars because they are very limited.

And so if, for example, you had some of the different state agencies that are focused on this issue, TDHCA, Texas Department of Criminal Justice, Health and Human Services, working together and having some funds that are focused on this issue where they issue a joint RFP, for example, for service dollars as well as housing dollars, I think you will see greater chances of more projects coming or organizations applying to do projects that meet the specific needs of the vulnerable populations that we all serve.

So with that, thank you.

MR. McGRATH: Thank you so much. Actually, could I just ask one question while you're up here?

MR. FERNANDEZ: You sure can.

MR. McGRATH: One thing that I find interesting is, you know, we mentioned incentivizing development of permanent supportive housing, from your perspective you mentioned the Low Income Tax Credit Program and you mentioned strengthening incentives. Could you specify from your perspective just a few of those incentives, or what would we do to make it more attractive?

MR. FERNANDEZ: Well, I think some of it is a

function of, you know, what ends up happening in the tax credit process -- and there's others here who can speak to that -- is that it's all about points and competitively scoring, so if you can adjust the scoring to give more points to that, that helps. And there has already been some movement towards that. Others have talked about setting aside an earmark for permanent supportive housing or supportive housing, and in all honesty, there's not a consensus that that is exactly the right approach, but through the current system we have, it's basically you have to give points for it or more points and that will create that incentive.

And we didn't apply for credits the last round so I don't know what the numbers are, and I'm going to look at Diana who may know, but usually there's a couple hundred applications and how many supportive housing projects applied for credits this last round? Do you know? It's small.

I can tell you a couple of years ago, the last time we applied, there were about 230-240 applications and there were four or five applications statewide that were supportive housing, just to give you some sense of the scale of it.

MR. McGRATH: Great. Thank you so much.

Our next speaker is Stuart Hursh.

MR. HURSH: Thank you for the opportunity to offer testimony about housing the chronically homeless and providing rental housing that is accessible, affordable and safe for those who might be at risk of homelessness. My name is Stuart Hursh, and I provide consultant services for not-for-profit organizations that either house the chronically homeless or provide housing and support services that prevent homelessness. Like most in Austin, I rent and have been involved in the public dialogue about the strategy of providing permanent supportive housing for the chronically homeless.

Advocates for maximizing public investment in housing the chronically homeless often cite savings that result when homeless men, women and children are not accessing emergency rooms or jails as frequently because they have safe housing and needed support services. It appears that there are places around the country where these savings have actually occurred. I don't think we've seen them in Texas.

I want to call your attention to the December 11, 2011 edition of Business Week that identified significant savings in Michigan resulting from reducing the prison population through a combination of early

parole, adequate supervision and reduced recidivism. In Michigan, it apparent costs \$34,000 a year to jail someone, and only \$2,130 a year to adequately supervise an eligible parolee. Since this program has been initiated, the recidivism rate for these parolees has dropped 27 percent since 2007, and Michigan has been able to close 21 correctional facilities because the prison population has 8,434 fewer inmates. The savings to state government has been \$315 million.

If Texas were to approach the homeless and homeless prevention strategy as part of a financial plan to reduce costs associated with operating prisons, then there could be a way to reduce the state budget associated with correctional facilities by reducing the prison population and closing facilities. This could reduce the state budget while enhancing resources for housing the homeless and preventing homelessness in the first place since many people will wind up back in jail if they don't have adequate housing and support.

So I urge you to integrate the Michigan recidivism prevention strategy into the planning and financing discussion for housing the homeless and homeless prevention. This could be a win for everyone, both socially and financially.

And thank you again for the opportunity to appear before you today.

MR. McGRATH: Thank you so much.

Our next person is Diana Lewis-Gray.

MS. LEWIS-GRAY: Thank you. I'm Diana Gray. I'm sometimes Lewis-Gray, depending on how I'm feeling about my husband.

(General laughter.)

MS. LEWIS-GRAY: I'm with Corporation for Supportive Housing and I'm the state director for our Texas program, and I'm based here in Austin, it's my hometown. Also, like Frank, I'm very involved with the Texas Supportive Housing Coalition.

And first of all, I want to congratulate the council on a really well conceived document. I think we have made just amazing strides from where we have been in the past few years around a state plan. It is thoughtful and well written and represents a lot of hard work, I know, from a lot of folks, and particularly one person sitting there on the dais has put in many, many hours of work and effort.

So I think echo is the word for the day, and I'm just going to go ahead and propose a tag line since I have an audience here, I think we should have like: Echo,

you can say that again.

(General laughter.)

MS. LEWIS-GRAY: So I'm going to say again what Ann expressed and also Frank, which is that I think we've got a great start on a state plan here. Now we really have the opportunity, looking at this framework, to go back and really get very specific about challenging ourselves and our state agencies to some deliverables and some goals over the next several years.

So one thing that I don't see in the plan right now is a unit goal or even a goal about resources that we could capture, even if they're not new resources, to serve people who have experienced homelessness or are at risk of homelessness, and I think that's something that we should think very seriously about.

On the specific side around housing, I think Frank certainly spoke to the need to make the Qualified Allocation Plan for the Low Income Housing Tax Credit Program more favorable to supportive housing, and I think that as he said, we have this opportunity to give a substantial point allocation to deals that have units targeted to chronically homeless or homeless individuals that have deep enough subsidy to support those folks and that have services that are voluntary but comprehensive

enough to really support them in housing. So I think it's not just enough to sort of say units that serve the homeless, but if we give a lot of points to those deals that are really going deep, it's going to be something that your sort of standard developer may not go for, but in some ways it may make it more palatable for the developer community because they're going to know that there aren't that many deals competing for those points. So that's one way.

And I want to link that also to a change that's coming in the next year to our state housing agency which is the funneling of federal 811 funds through our state housing finance agencies. So 811 financing, as you likely know, has historically provided both capital and operating subsidies for housing for people with disabilities, and it has been administered through the federal government. We are now seeing that subsidy begin to flow through the state housing agencies and really be focused on operating subsidy, ongoing rental subsidy in units that are integrated into broader affordable housing, which is something that the state and many communities have had as a goal as well, that homeless individuals be integrated into general affordable housing.

And just to sort of riff off of what Frank said

around the possibility of joint RFP, one thing I would suggest is let's think about a scenario in which we award 811 funds with potentially some service dollars, and they could be Medicaid dollars, funneled through HHSC or other agencies so that we're awarding the operating subsidy along with the ability to funnel the service dollars with an eye to then integrating those awards into our tax credit projects and really creating a pipeline of integrated supportive housing that's got the operating support that has at least a baseline of services that we can count on.

So turning to services more generally, the state plan does note that we need to look very carefully at our Medicaid program and particularly look at the possibility of a state plan amendment. I would add to that the consideration of a waiver for home and community based services for this population. We have it for folks with developmental delays but we don't have it for folks living with mental illness, severe and persistent mental illness, and it's a tool that could be used very effectively in supportive housing.

And more generally, I think as we look at 2014 and the implementation of health care reform, we need to be thinking really strategically about not just what our

plan looks like right now but what it can be and will be as health care reform rolls out.

And so one of the things I've been thinking about -- and I'm really a lay person in this realm so depend on the experts on the council to help us flesh this out -- is that really one of the focuses of health care reform is that we begin to better integrate primary and behavioral health care. We have a system in Texas that structurally separates the two. We fund most of our mental health services through our MHMRs. Now, some local MHMRAs have begun to integrate with their local health care systems, kind of on a pilot basis, but we need to be much more aggressive about figuring out how we intertwine our mental health services with our local primary care services. Our FQHCs present a really good opportunity to do that.

And the reason I'm so interested in this is that in other states and localities we've seen the FQHC -- which is a federally qualified health center -- as a really good platform for providing services and supportive housing to a population that needs it, some flexibility to do on-site services, and to provide the supporting services that are necessary for those folks to access health care.

Barring that overall sort of overhaul of the system, I think that there are things we can do with our MHMR system as it stands currently. We know that our MHMR centers serve many homeless individuals now, but I think if we want to get really serious about permanent supportive housing, finding ways to incentivize or to require our MHMR centers to prioritize those formerly homeless people in housing to make it onto their caseloads is really important.

One of the things that we certainly see here in Austin is local providers, who are not able currently to bill Medicaid, really committed to serving folks who may have severe and persistent mental illness and bringing them into housing, but the waiting list is so long in most of our MHMRs that we provide the housing, we may even have access to the operating subsidy, we don't have the depth of service necessary to keep them stable in housing.

Finally, I want to touch on some of the service sources that have been mentioned earlier, particularly as it relates to balance of state. So we have a balance of state continuum of care in Texas that represents over 10,000 people homeless on any given night, and we've just begun to tap that resource over the past few years -- I'm going to let Ken correct me if I mis-speak here -- but we

have unused capacity in that continuum of care. We've not been producing permanent supportive housing to the degree we could and leaving money on the table.

Now, one of the things we hear from the smaller communities that participate in balance of state is that the match is a huge challenge for them. So we've been talking a little bit about pots of funds that can provide flexible funding. In addition to our MHMRs which could conceivably provide match, we've got the Housing Trust Fund and we right now have HHSP which is a modest source that has served only the eight largest cities in the state. So if we think about making that a more robust funding source, expanding it to smaller communities, and particularly targeting it to be the match for the balance of state likely operating subsidies, we really, I think, could create a better pipeline of units and really begin to address the need in the smaller communities that struggle so much.

So finally, I want to just speak a little bit to the issue of communication and coordination. Here in Austin we've been partnering with the city and with ECHO on a goal of creating 350 permanent supportive housing units by the end of 2014. A huge challenge. One of the things that the city has taken leadership in is creating a

leadership committee no PSH finance which has brought together all of the local jurisdictions to talk about how in the heck we put together the financing package to do this, and we're making really good progress, but it's very clear that we've got to have some way to rationalize the resources that are coming from the state so that we can understand how much we might be able to count on from the state agencies and how we can coordinate with those bodies.

So I think that the rejuvenation of the council over the past two or three years is a really important start to that communication with the participation of all the state agencies, but I'd like to propose that the council consider doing something that perhaps mirrors what THEO does in the school systems where in addition to having one person serving on the Texas Interagency Council for Homelessness, you think about seeding homeless liaisons throughout those so that they are coordinating with their local coalitions to help figure out how they can corral resources for the cause.

And that's all. Thank you.

MR. McGRATH: Wonderful. Thank you so much.

And next is Jo Katherine Quinn.

MS. QUINN: Good morning. I'm Jo Katherine

Quinn. I'm the director of housing services for Caritas of Austin, a local non-profit organization here. I'm also the chair of the Housing Work Group for the Ending Community Homelessness Organization.

First of all, congratulations on your completion of this project. I know that it's been time-consuming and complex. And my comments today, I would like to provide just some overall observations about the plan that I hope help improve it before it's finalized.

The plan needs more specificity -- that seems to be the theme, doesn't it, more specificity? -- in terms of developing protocols and implementing strategies, and I'm going to give you a couple of different for instances.

One is in the section that covers discharge planning from institutions, there should be a plan to develop specific statewide protocols for all the statewide institutions, TDCJ, state mental hospitals, TDFBS, as well it would strengthen the plan to include plans for developing a tracking mechanism for those that are most at risk of homelessness that are being discharged from state institutions so that institutions can evaluate the effectiveness of their discharge plans and their discharge protocols, so we can know kind of on the other end are people actually avoiding homelessness when they're

discharged, how can we know that. And so some kind of tracking mechanism for figuring that out.

And then throughout, the plan needs to include language about prioritizing households experiencing homelessness for services. It's one thing to say we're going to serve homeless households, but it's another thing to say we are absolutely going to move homeless households to the top of the list, and if we are going to move the needle on homelessness, we must prioritize the most vulnerable people in our communities and those are folks experiencing homelessness, individuals and households.

So evidence-based practices across our nation are teaching us that if we're going to move the needle, if we're going to make any significant change on homelessness, we must move away from a first-come, first-served model. We've been doing that for a long time; clearly it doesn't work. We must begin to intentionally and intelligently prioritize households experiencing homelessness, and specifically this should come in the form of policy changes across all state agencies to prioritize homeless households for services.

A good example of this is that in eleven other states children of homeless households are prioritized for federal childcare subsidy dollars, those families are at

the top of the list. And these eleven states are not just the usual suspects that you might think of all on the east coast, there's some of our brothers and sisters in the west and more conservative states that are doing this as well.

So we have to recognize that consistently Texas ranks 50th or near 50th in the way homeless children fare in our state. In spite of all the great efforts of organizations like THEO and all of the great efforts across the state through our homeless liaisons in all of our school districts, our homeless children in Texas are not doing well. One of the ways that we can, in a very concrete way, help turn this around is to prioritize homeless families for these childcare dollars that are very precious to our state.

Texas's plan to prevent and end homelessness should reflect the greatness of this state by incorporating what we know is already working in other states. In a simple statement, households experiencing homelessness need to move to the top of everybody's list.

Thank you.

MR. McGRATH: Thank you so much.

And now we have Marti Bier.

MS. BIER: Good morning, members. I'm Marti

Bier, and I am the new permanent supportive housing planner at the Neighborhood Housing and Community Development Officer here at the City of Austin.

Thank you for being here today to take comment on the Texas State Plan to Prevent and End Homelessness. This is such a critical issue, obviously, to so many in our community and we appreciate that you have taken such a strong stance on many of the important ways we can address solutions to ending homelessness in our communities. In particular, we appreciate the emphasis the state plan has placed on permanent supportive housing because we too have found it to be a critical component of our local plan to end homelessness.

I kind of just want to echo what Diana echoed and say, Echo, you can say that again, to pretty much everything my colleagues have already stated, but I'll go ahead and kind of read you what I planned to read anyway, because you are sitting in a community where we do work a lot together on this issue, and we're very proud that the City -- capital C City -- has also made a strong commitment to permanent supportive housing.

After conducting a market study on permanent supportive housing needs assessment in 2009 and '10, the Austin City Council passed a resolution in March of 2010

setting a goal of creating 350 units of permanent supportive housing by the end of 2014. We are working diligently on reaching that goal through collaborative and creative public-private partnerships. Since 2010, the City has spent over \$1.4 million on capital investment for permanent supportive housing, matching with its operating and social services commitments from many of the agencies represented here today. Since March of 2010 we've funded over 100 of these units, many of which are already leased up and operating.

As Diana very thoroughly described, lining up the capital, operating and services funding streams together presents the greatest challenge to quickly achieving our goal. For example, the City provided gap financing to a private project that used a mix of public and private financing and reserved six units for permanent supportive housing. There's a social service agency that has expressed interest in serving those units with support services, but neither the funding for those services nor the operations funding has been solidified yet. We know there are individuals who could already be benefitting from these units if the dollars were just there.

One aspect of the plan I would like to emphasize is the importance of the greater linkage between

housing and support service funding that was mentioned by several of my colleagues as well, and I'd be remiss to neglect to ask for more of it. Our state needs more funding for this incredible need.

And finally, as a member of the Austin community in particular, I want to challenge this committee to take a look at state-owned property that could be used for affordable housing. There are several lots here in Austin, and probably others around the state, that could drive some of the creative solutions that need to happen in order to achieve our goal of ending homelessness through housing solutions.

Thank you again for your time, talents and resources to work towards this noble goal, and I look forward to achieving it with you.

MR. McGRATH: Thank you.

Next signed up is Aleithia Artemis. I apologize if I mispronounced your name.

MS. ARTEMIS: Good morning. You're not with the bulldog, are you? You have the same name.

My name is Aleithia Artemis and I did sign in so you can get my email address a_artemis9@yahoo.com.

I did post on the TDHCA website toolbox forum, I did post there, and what I'm going to tell you is what I

posted on the Texas Plan to End Community Homelessness Forum.

As housing needs go, one cannot become much more in need than being homeless. Due directly to criminal acts committed against this affiant, I am homeless. As such, I completed the PECH survey, as shown in the attached thread, and I provided that attachment, however, that survey is not accurate in this affiant's case. So anyone basing plans on that kind of feedback, it's a garbage-in/garbage-out kind of thing.

And in defense of the survey creators, I do want to give credit where it's due. The survey was designed right, it had multiple choice answers and then it had lines where you could fill in for people like me, the two-headed goats. I'm not the square peg that fits into the square hole, I'm not a senior citizen, pregnant, veteran, illegal immigrant, drug addicted, alcoholic criminal. It would be easy if I were. You know, I'm the tough case because I'm homeless because of criminal acts committed against me, period, and those acts continue, they're perpetuated and that keeps me homeless, not the other "barriers." And I've actually had social service people tell me I have no barriers, they've looked me straight in the eye and said that. And I'm like: Really?

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Then how come I can't get my house back.

Continuing on what I posted, despite volunteering without pay this valuable information to the surveyors, however, I never did get the promised response from the ECHO folks. See the five attachments. This is just one example of why all funding should be tied exclusively to a report card system completed by those claimed served. What I want to drive home here is the point that may so-called service providers allege they provide services but they don't, they lie, and then they get paid no matter what because their funding is not tied to a report card completed by people like me, the people they keep telling everyone that they're serving.

To give you an example of how extreme it gets, there are referrers who refer to referrers who refer to referrers, and it's gotten so bad that if you contact them after a while, they tell you your voice sounds familiar, didn't you just call me three days ago or five minutes ago? And I'm like: Your organization sounds familiar, I think I did. And I guarantee you they're getting funded, they're getting paid no matter what, they're getting paid for claiming that they provided service, the service being referring me to something that doesn't work. I'm not helped by that.

If you scroll down to the second page of sample report cards -- that's the name of one of the attachments, and I do provide sample report cards -- to view an example designed for housing and social service organizations. And then I end with: This post should contain five attachments: the thread, the order of no probable cause, the final dismissal order, the affidavit -- everything I say is under oath -- and the sample report cards.

Now, Colin McGrath replies on the same forum twice to L. Birham, who had a lot of dogma to say but provided no direct personal experiences on the TDHCA website toolbox forum. However, after, Colin, you got my five attachments, to this date you have still failed to attach them. Moreover, when I posted to this forum, the upload function showed that the program was working correctly and all five attachments should have taken. Yet, if you view my particular post, you'll notice none of the five attachments there.

According to the abstract in the first paragraph of the TICH plan, "personal factors that might impede access to housing include issues with mental health and substance abuse, figure prominently only among Texans experiencing chronic homelessness." Folks, I'm here to tell you that's not true. I'm experiencing chronic

homelessness and that does not figure prominently in my experience. What figures prominently in my experience is being targeted for criminal acts by organized criminals, that's what figures prominently in my experience.

There are some problems with the second paragraph of page 4. It says all this wonderful stuff positively impacted the State of Texas and local governments and organizations. La-di-da. But they did not positively impact me, the person who is supposed to be positively impacted by all this funding.

Page 12 on the state infrastructure goal: "Increased communication and collaboration between all service providers and units of government to sustain TICH's planning efforts and implement this plan." You notice who is completely excised out of this communication and collaboration? Now, to your credit you're listening now in this public forum, so congratulations for that, but other than this public forum, my posting to the online forum, my emails to Colin, my emails to the ECHO folks who dropped the ball on accuracy in the well done and well designed PECH survey, no. I was excised out even when I volunteered unpaid valuable, accurate information, correcting the false and fraudulent, even, information the data is compiled with and plans are based upon.

Page 14 ends with strategies: Tell everybody all about homelessness. It's not that there's anything wrong with educating the public about homelessness but here's my frustration with it, some people will use my story to convince others to give money to the intermediaries, never reaching or benefitting me. I've never seen a social service person come out to any kind of group, give a presentation and say so therefore, help out and give your money directly to Aleithia Artemis or people like her; it's so therefore, give your money to us, the intermediaries. And that is a huge source of frustration.

Okay. Any questions?

MR. McGRATH: I have no questions, but thank you for your comments. And I'd say I apologize for not posting your attachments soon enough. I did everything I could to respond to your emails. I was actually on travel last week when you were contacting me.

MS. ARTEMIS: The beauty of the internet is it doesn't matter where you are, Colin. You could have been in China; the internet is global.

MR. McGRATH: Very well. But I will post them as soon as possibly can which should be this afternoon.

MS. ARTEMIS: Okay. Any idea as to why the website would not take my attachments?

MR. McGRATH: No, I have absolutely no idea. I don't handle IT issues so I'm not a specialist in that, I can't speak to that.

MS. GONZALES-GARZA: It might need to be cleared before they get posted.

MS. ARTEMIS: What might need to be cleared?

MS. GONZALES-GARZA: Like someone needs to review the documents.

MS. ARTEMIS: Colin.

MS. GONZALES-GARZA: I know, but Colin has been on travel.

MS. ARTEMIS: Again, the internet is global.

MR. McGRATH: Unfortunately where I was, the internet is global but the portal to the internet is not always the same room where you spend most of the day, so I just wasn't able to get to the computer. But again, we will get those posted this afternoon. So again, thank you for your comments, and I'm sorry for your frustration.

MS. ARTEMIS: Any other comments or questions?

MS. DODSON: Thank you for coming. I know it's very different to be living in homelessness than to just hear about it.

MS. ARTEMIS: Yes, it is. Right, it really is. And I really get that you listened. Thank you.

MS. DODSON: You're welcome.

MR. McGRATH: Thank you again.

Our last person signed up to speak is Jason Howell.

MR. HOWELL: Hello. My name is Jason Howell, and I'm an advocate for people in long-term recovery from substance use and cooccurring issues. While not all persons experiencing or at risk for homelessness have a substance use or cooccurring issue, many do.

Despite this large priority population that we have in common, homeless advocates and recovery advocates tend to have very divisive perspectives. For the sake of this priority population, we need to transcend our differences, and with that in mind, my purpose here today is to strategically cultivate consensus, consensus around prevention, around support services, fair housing and around language.

I should also point out that I'm on the board of the National Association of Recovery Residences and helped develop its housing certification program. Recovery residences are peer-based group homes specifically designed to support people in recovery from substance use and cooccurring issues. Rather than rely on government funding, residents work, pay rent, and

volunteer. More than a roof and a bed, recovery residences provide sober living environments and a culture of recovery amongst a family of peers. Residents commit to a minimum length of stay but are encouraged to stay longer as peer mentors. Siblings in this recovery family eventually leave the nest but stay connected to their extended family network.

As NARR looked across the U.S., we identified and developed standards for four different levels of support. Note that our lowest level of support, often referred to as the Oxford House Model, is an evidence-based practice for people with substance use and cooccurring issues. In 2011, NARR united twelve state organizations that collectively house over 30,000 lives. I founded the state affiliate, the Texas Recovery Oriented Housing Network, which currently has coalitions in Austin, Dallas and Houston. NARR anticipates adding twelve more state affiliates to its roster in 2012.

While I am deeply rooted in the recovery community, I continue to network with members of ECHO and the Austin/Travis County Reentry Roundtable to better understand their perspectives. We cannot talk about homelessness prevention without talking about substance use prevention and long-term recovery. While not all

persons at risk for homelessness have substance use issues, drug and alcohol issues is an underlying theme to the HEARTH Act definitions.

According to the Department of Housing and Urban Development, substance use is the most prevalent complicating factor contributing to homelessness. SAMHSA approximates 10 percent of the general population has diagnosable substance use disorder, and another 20 percent are hazardous users. Unaddressed, addiction is a progressive disease that leads to the streets or a grave.

Many will die long before they ever experience homelessness. Prevention is the most fertile ground for our consensus, and hopefully it will provide us with a place to learn about each other and to value each other's support services.

Persons at risk and experiencing homelessness must be informed of recovery-oriented options. There will never be enough government funding to adequately serve this population. This is especially true during economic downturns and in states that historically short housing, mental health and substance use dollars. This cannot be about doing more with less, it has to be about doing different with less, and working together is the difference we can make happen.

The recovery oriented system of care movement is the perfect opportunity for homeless advocates to partner with recovery advocates. ROSC is a paradigm shift led by SAMHSA towards a comprehensive, person-centric and chronic care approach to substance use and cooccurring disorders. Granted, not all people choose recovery, many don't even recognize or acknowledge that substance abuse contributes to their pain points, but through motivational interviewing, messages of hope and a vision of a better life, more and more people will choose recovery.

For those who do choose recovery, recovery residences offer individuals a path to a higher state of wellness. Moreover, they don't compete for government housing dollars. Harm reduction approaches offer substantial cost savings when compared to homelessness and incarceration, but permanent supportive housing is clearly not the only nor is it the optimal solution for all homeless individuals with substance use issues. A one-size-fits-all approach is overly prescriptive and questionable under Fair Housing laws.

The population that we serve in common is protected under the Federal Fair Housing Act and its amendments. HUD funding comes along with an affirmative duty to uphold Fair Housing. This duty is just not

limited to funded projects, but it also extends to all housing and related activities. Government decisions pertaining to the funding, location and operation of housing must not have discriminatory intent or discriminatory impact on protected individuals. Violations can result in hefty fines, millions of dollars in paybacks, and the loss of future HUD funding.

The greatest threat to this population's Fair Housing rights are state and local government actions misguided by prejudicial assumptions. False assumptions should be explicitly dispelled in the Texas State Plan to Prevent and End Homelessness. I have personally heard managers from within the criminal justice and behavioral health agencies tell me that alcoholics will never stop drinking and that meth addicts should be permanently institutionalized. These comments are disgustingly bigoted and false. Agency cultures seeped in prejudice generate discriminatory actions and policies. These mindsets limit the concept of limiting homelessness to one of permanent dependency. This is deeply offensive and further stigmatizes people in recovery and undermines any chance of a partnership. The truth is that recovery happens. The vision of ending homelessness must include goals of reintegration and self-sufficiency.

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Some of my best housing providers are in long-term recovery from alcoholism and hard core meth addiction. They personally know what it means to be living on the streets, trade sex for money and reenter society from incarceration. They are living in recovery, give back to society, and embody the ideal vision of ending homelessness.

The current draft of the Texas State Plan to Prevent and End Homelessness irresponsibly includes recovery-oriented messaging and fails to mention the spectrum of housing that is needed to serve a diverse population with diverse needs. Regardless of intent, what is included and excluded from this plan will have widespread consequences. There will always be differences, but with a problem this big and this complex, homeless advocates and recovery advocates must learn to work together for the sake of the people that we collectively serve. I hope that we can start this with these four points of consensus.

Thank you.

MR. McGRATH: Thank you.

And I would say the plan does not actually take as an assumption the fact that recovery is impossible for any one individual. In fact, from our perspective, the

goal for, for instance, permanent supportive housing is to create an opportunity for an individual to recover from, say, a substance abuse disorder. And the research that we based components of the plan on comes from permanent supportive housing models where they show that individuals who have access to housing decrease their level of dependency on substances.

MR. HOWELL: And I would agree. I think the them of today is ECHO and you're hearing an echo, you're hearing the echo of permanent supportive housing. And what I'm saying your data mining, if you look at the bigger picture, there are many pathways to recovery, I grant you that, but the most effective, the one that gets you to the highest outcomes is through recovery.

I get it, there are certain populations that have cooccurring issues, severe mental illness along with their substance use disorder that they don't choose recovery, so for those individuals we need to provide something like harm reduction. But for individuals who do want recovery and you put them in a permanent supportive housing complex where their neighbor may be using, it undermines their recovery. They need to be with peers who were on the streets, who have gotten their life back together and that can show them to a better life. I can

point you to individuals who were CEOs of million-dollar companies that have experienced homelessness and substance use disorder. The way that we can people to that level of an outcome is through recovery.

MR. McGRATH: Rita had a wonderful suggestion which is to ask what would you have specific recommendations for what you would like to see in the plan in regards to what you're describing?

MR. HOWELL: Well, I think there needs to be -- and I wish I'd brought the plan in front of me, there's a couple of different sentences.

MR. McGRATH: I can give you a copy if you want to refer to it at all.

MR. HOWELL: I don't know if I could directly get to it. I would like the opportunity to highlight some things and get it to you, if that's okay.

MR. McGRATH: Absolutely.

MR. HOWELL: The plan is predominantly is a permanent supportive housing plan is what it is, and I understand that for a particular population that's very important, but you need to open up your language, you need to acknowledge other pathways, including abstinence-based recovery.

There's one particular line that says that --

it's about what you're excluding rather than more about what you're including. Does that make sense?

MR. McGRATH: Sure.

MR. HOWELL: And there's such a cultural divide. When I come to events, these are wonderful people and they've been fighting really, really hard, and I think there's such a cultural divide and we need to learn to value each other and our different perspectives.

We were talking earlier about there's a lot behavioral health dollars, housing dollars and there's not enough houses. When I go to my housing providers and say let's go talk to behavioral health, maybe we can take some of these clients, not all clients are appropriate for us, some clients are appropriate for us, when my housing providers start getting to the table and interfacing with the culture, the ECHO culture, they're deeply offended and they walk away. There's a shortage of housing, period, so it's not like their houses are empty. So they're going to entities and to groups that support what they're doing, and so when I try to bring them to serve this population, they're asking me why in the heck are you bringing me here, they don't value what we're doing.

So I think that the first opportunity for us to start holding hands and walking through this

transformational process is through prevention and looking at the prevention efforts and understanding that substance use disorder contributes to homelessness and so if we want to prevent people falling into homelessness, then we've got to look at recovery. Hopefully, by working together at that point then we can start valuing each other and using language that we both understand and support.

MR. McGRATH: Wonderful. Thank you. And you mentioned you would prepare more comments later, or more specific comments later. I can give you my contact information so you can feel free to email me at a later date.

MR. HOWELL: Perfect. Appreciate it. Thank you very much.

MS. DODSON: I do want to add that you're absolutely right that, in part, what the plan is trying to do is break down some of those divisions because homelessness, as you all know, is so complex that it touches on many other issue areas and many other issue areas influence homelessness. So specifically we have been talking about service-enriched housing for people with disabilities which sometimes tends to be sort of its own planning -- has its own planning efforts as well. We haven't touched today yet on domestic violence and sexual

assault, stalking, that sort of thing which also plays heavily into this, and so thank you for bringing to us yet another aspect of it with the substance abuse issues.

I think, too, we want to be careful that the plan does not focus on individuals, it focuses on individuals and families, and when we're looking at families there may be other issues beyond substance abuse that are more prevalent in homeless families, for example, education issues, overcrowding, unemployment. Certainly some individuals don't have substance use issues. Colin and I had a public hearing style meeting at the Austin Resource Center for the Homeless several months ago, and we heard from a number of people who were in your similar situation who said, I don't have a substance use issue, I don't have this barrier, I don't have that barrier, I'm sort of, I guess, in a better position than some people, and all the money is going to the people who have all these other issues. Well, where is the money for my services?

And so there's a lot of need and we're trying to figure out how can we best balance the need with what resources are available while pushing ourselves to say: Hey, we can do better and we've got to do better.

MR. HOWELL: Thank you for pointing out that

this population is very, very diverse and has very different needs. And I get that funding is tied to a priority population, but when you start focusing on a priority population, you start looking through a peephole, and it's not about not serving that priority population, but you have to realize what it means in context.

MS. DODSON: Sure.

MR. HOWELL: And that what you do ends up having a ripple effect and impacting other things. That's all I ask.

MS. DODSON: Right. And again, I think Corporation of Supportive Housing has developed a game format that I played at a conference a few months ago where it sort of depicts homeless services in a community and there are rules about what can be developed and what can't be developed and how much a certain thing costs and how many people it will serve and for how long, and it was very eye-opening to see the balance among all of that. You're right, focusing on one specific sub-population within the entire population of homeless isn't always the best approach either. So thank you for that.

MS. ARTEMIS: I do want to clarify something just in case there's any kind of misunderstanding. I want to be very clear that I am not in the category of some of

the people you may have met at ARCH who said maybe my situation isn't as bad, my situation is at least as bad. So I want to be clear on that.

MS. DODSON: Thank you.

MR. McGRATH: Thank you for that clarification. Thank you for your comments.

MS. GONZALES-GARZA: I just wanted to mention one thing for your organization to look into applying for funding under the department's Emergency Solutions Grants Program, and if you go to our website and sign up under our email list, it will provide you an opportunity to select the programs you're interested. If you contact Colin, he'll let you know how to reach us and how to sign up. But the funding will provide funds for rental assistance to rehouse homeless persons and also assist persons at risk, and it can go up to 24 months.

MR. HOWELL: Thank you so much, and I definitely want to look at that and I'm not going to look a gift horse in the mouth, but know that our housing model, it's not about competing for housing dollars, this is self-funded. It's about getting people in our homes, getting them employed, getting them to get into recovery and pay rent themselves. But again, I'm not going to look a gift horse in the mouth and I'll definitely explore that

opportunity. Thank you.

MS. GONZALES-GARZA: Sure.

MS. DODSON: I want to follow up. I don't mean to imply that certain people's needs are more important than other people's. Certainly when it's happening to you, it's critically important. I think that's just one of the challenges that we face when we're looking at where do we devote our time and resources. It's so incredibly difficult to make any of those decisions.

MS. ARTEMIS: And I understood that, and I also come from, believe it or not, a business-owning background so I do have a lot of understanding of the need to prioritize when you have limited funds. That said, what I've been told from that perspective repeatedly is you don't have barriers, meaning the correct ones. And that is yet another barrier that keeps me homeless. I should have been the easy case, I should have been the one that just sprung right out of there, but I've been homeless chronically.

And so as another lady mentioned -- I think she was with Caritas or ARCH, rather -- she had said we've got to prioritize who goes to the top of the list. Well, obviously the people who are homeless go to the top of the list. That's me, and yet I'm seeing people's eyes glaze

over: you present too well, you're too educated, you don't have the correct barriers on this list here. And so that's what keeps me homeless.

MS. DODSON: We've got to try to help as many people as we can in as many different situations as we can.

MS. ARTEMIS: Right. And I'm asking you to do more of what you're doing now, involve people like me in the planning process. Now, if people don't want to plan, because sometimes you're just so overwhelmed, I can relate to not being eager to attend another meeting and plan, but use the report card system to base funding on. Go look at what I posted on the forum, after you have the attachments up, and go take a look at that report card system where funding is tied exclusively into report cards from people like me, those claimed served, put that in the plan.

MS. DODSON: We'll look at that. Thank you.

MR. McGRATH: Thank you.

At this point we have heard from all people who signed up to speak, but we have more time, we have about 40 minutes for comment from anyone else who wishes to speak.

MS. SARIA: Good morning. My name is Vanessa Saria. I'm the executive director of the Community Action

Network. We go back a long way. And I don't have anything prepared, but I wanted to take this opportunity and first thank you for this opportunity.

Just real quick, in terms of the recovery-oriented system of care, we have been approached by the state by an agency who is trying to pilot recovery-oriented system of care systems in our local communities, and I believe there's ten different pilot sites. I would recommend that part of the Interagency Council might look into who that liaison might be who is helping those communities create those recovery-oriented systems of care. I know that our behavioral health planning partnership here in Austin/Travis County, they are going to be working with us, Community Action Network, to look more into this.

And so I just want to give you a resource there at the state level. I can't specifically tell you who it is at the state level who has been doing this work, but it would be a really great way of including that perspective.

Furthermore, the Community Action Network has been doing an inventory of case management systems in our local community, and a couple of years ago we worked with UT and we identified who has the most robust data sharing systems, and we concluded that there were two main ones

that cut across organizations. One was HMIS and the other one was the Integrated Care Collaboration that is using a system for the health information exchange.

I notice that when we're looking at the HMIS data that it might be a good idea to start having conversations with the health agencies that are beginning to organize as health information exchanges. The difference is that they have much more resources than are being allotted into the Homeless Management Information System. They also have very strict protocols and standards related to ensuring the privacy of health data and they could be a fabulous partner and resource for our community.

Locally, ECHO has an HMIS committee who has been including the folks who are doing that work in terms of the Health Information exchange locally, our Integrated Care Collaboration, and by the way, they are in 40 counties right now. I know that the state is trying to create like 16 or 17 different areas where those health information exchanges will be created.

But anyway, the point is that we could use their help, their expertise and the state connections between the folks working on the health information exchange and those working on HMIS. And I don't know

where that fits, because I was looking in the plan to determine the best recommendation for where that would fit, and I think it goes back to maybe that partnership, who is sitting at the table with the HMIS committee or who is sitting on the Interagency Committee.

Thank you.

MR. McGRATH: Thank you.

And as for the recovery-oriented system and the pilot sites, we have Bill Carpenter from Department of State Health Services here as representative who sits on TICH. I'm wondering, Bill, is that your agency?

MR. CARPENTER: It is my agency. It's actually through the Substance Abuse Division. Philander Moore is the manager of the project, he's working with Sherri Jackson, as well as Laura Czepiel.

I know in Austin we've contacted ECHO; ECHO is now represented there, they were going to be attending in December. Is that you? I know I contacted Jessie and I actually sent her an email this morning saying: How did it go? And it is rolling, I think we're in ten different communities right now, we are trying to get members, the continuum of care representatives and any housing coalitions because they are a vital part and there is a large overlap in the populations that we serve.

MS. SARIA: This is where you're helping us connect locally. I had just attended a ROSC, recovery-oriented system of care, steering committee last week where they have already set up four different subcommittees to figure out how to implement this model locally, and so we're going to have to make sure that we connect those stakeholders and from the behavioral health planning partnership with ECHO.

Thank you so much.

MR. McGRATH: Thank you both.

Anyone else? Yes, please.

MS. GEHRIG: Good morning. I'm Susan Gehrig with the City of Austin Health and Human Services Department. You've heard from our partner department, the NHCD, Neighborhood Housing. They kind of do the capital side, we do the services side. And we thank you for the development of this plan and for the opportunity to speak to it.

I also want to say that we strongly support the plan that ECHO has in place that focuses on prevention, short-term housing, longer-term housing, data collection and collaboration. We've been an integral part of helping to develop this. We have longstanding history of funding services all the way from ARCH, to women and children's

shelter, to transitional housing, to permanent supportive housing, and have really been involved in the development of rapid rehousing and homelessness prevention activities, and our recent round of funding that we've done really expands the focus on the homelessness prevention, not as much on the intervention.

An aspect that I would like to point out that I don't see really emphasized in the plan is that of income because the issue is if you can't afford the housing, it doesn't really do you any good unless somebody else pays for it. But if you can achieve income, if that's to get additional public benefits, if it's to have a bill payer who can help make sure that you maintain those benefits, or if it's to have the opportunity to really get the focused training and supports needed to go back into the workforce, that individual, that household, that family may not need to be in supported housing permanently because they'll be able to do their own supports.

We've currently funded a program that will really support those programs and have embedded employment specialists in our housing programs which I'm really excited about, I think has great opportunity, but it also brings together how do we deal with HMIS, and how do we deal with the workforce development data systems, and how

do we get this information to make sense. But I think that's one aspect in another state agency, being TWC, that could come to the table, maybe add a few resources, and maybe help us again better integrate the whole person and the whole family into the plan.

Thank you.

MR. McGRATH: Thank you. And just one comment.

Yes, Texas Workforce Commission's data show that they serve about 13,000 individuals who self-identify as experiencing homelessness over the course of a year, so they are directly intersecting with the population that we're speaking about but often the case is that they're receiving employment services without falling within the bigger picture.

MS. GEHRIG: Right. It's the concept of wraparound, the whole person, all the things that I think we've been talking about for years and seem like they ought to be easy but they aren't, so we really have to be dedicated to making that happen.

MR. HAMILOS: I very much appreciate you bringing that up about the employment issue. I'm with the Department of Assistive and Rehabilitative Services and one of the things between the Workforce Commission and myself wanting to find availability in that piece, very

much like you say, if the housing is there, the income to maintain it, so there is no reentry back into homelessness.

MS. GEHRIG: It's interesting, I've had employment providers say, Well, I can't serve them, they're homeless, you can't have a job when you're homeless. It's like okay, then house them and then help them get employment. Yes, it's hard to find a job if you're not somewhere where you have easy access to a phone or you can take a shower every day or you can rest at night or have food, but once we have those things, to not go the next step seems like we're not making the progress that we could.

MR. McGRATH: Great. And one question while I have you, we were talking about data and looking at HMIS data but then also finding ways to connect that with other systems, for instance, health services data. Recently, as a part of the HHSP, the Housing and Homeless Service Program, cities around the state -- we were hearing about this in other hearings -- were looking to use health data to provide some analysis of the cost of homelessness in the city and look at the health services data to help support that research, and they had a very difficult time getting their hands on the data. There were enormous

barriers, partly due to the sensitivity of the data.

What can we do to get those data systems to speak together and soften the barriers between these different sources of information?

MS. GEHRIG: I think a lot of it has to do -- at the first level it has to do with our feeling of ownership of the information that we have. Even in the HMIS system, until you go to an open system that has the UDEs -- which if I could remember what that was, I would tell you --

MR. McGRATH: Universal data elements.

MS. GEHRIG: Universal data elements, there you go, UDEs, I just say that 200 times. If we had a system that had that open across our community and then across our state, we would be able to see who's getting service.

That's a first level issue that we have to deal with. I think at the next level issue you have things about health privacy and what is private and what violates the laws and what doesn't, and sometimes we get myths in our head about what really is private and we don't have a good understanding of that, so I think there's clarification there.

And then I think at the state level there's going to have to be some coming together to say the

workforce development system, and the system at DARS and the system at HMIS and the system here and the system there, that level has to come together and say we believe it is important enough to share this data that we will find a way to do it. Because at our end we can kind of butt our heads up against the wall, but until somebody kind from up above blesses it, it make it difficult.

The City is looking at trying to do something in partnership with potentially the Ray Marshall Center to see if we can start bringing the UDI, the unemployment data income -- different than the UDE -- the unemployment data income, the TANF income, and some other public benefit income information together, along with the individual's information through HMIS of all the organizations that we're funding at a fairly high level over the next 30 months and see what kind of connections and what kind of outcomes that we can track through sort of these independent data sources. But it really takes somebody outside of a local system to make something like that happen. I don't know if that helped.

MR. McGRATH: It does.

MS. GEHRIG: Anything else?

MR. McGRATH: Thank you. Anyone else?

MS. DODSON: I had one comment. One part of

the plan that I think is exciting is we're looking at having the state agencies become much more aware of asking about people's housing situation no matter what state service or benefit they're applying for. I think just that awareness goes along with what you're saying with someone perhaps saying, Well, we can't serve this person with our benefit or service because they're homeless. And we want to say, Okay, well, yes, then it's everyone's responsibility to say your service or benefit would work a lot better for this person or family if they were housed.

And so again, all of us taking ownership of helping our clients, no matter what they're seeking, to get into a stable housing situation I think is one of the big emphases.

MS. GEHRIG: It's really foundational to health. If you're not housed, it's really hard to thrive anywhere, and it's different than when I first came into this system and we thought: Well, let's do something to make it not be so awful to be homeless, let's put in a shower so it's not so awful to be homeless. Now the shift really is how do we stop the state of homelessness and use the state of being housed as a launching pad to thriving and succeeding and having kids who thrive and succeed. It's exciting to see this happen, I like it.

MS. DODSON: I agree.

MR. McGRATH: Thank you so much. And by the way, can you write your name down just so we make sure it's reported accurately.

Anyone else?

MS. ROBERTS: Good morning, members. I wasn't prepared to say anything but I felt compelled to come up and thank you for this opportunity. I am the HMIS manager and I work for ECHO in collecting data for our community for the homeless population.

I am asking you this morning to please look at our community homeless that are now becoming homeless which are more families and women, single women, who have been losing housing, actually, through the years, and I think that this is an opportunity also for that to come up, that we don't have enough housing for single women that don't have children, along with, of course, the folks that are in emergency shelter who aren't able to move to permanent supportive housing because there's just such a shortage.

So this is all that I wanted to say. I wanted Austin to please work on moving families and single women into better situations because they're really overlooked in our community. Thank you.

MS. GONZALES-GARZA: Can you give us your name, please?

MS. ROBERTS: M.J. Roberts.

MR. McGRATH: Thank you.

MS. REQUEJO: Good morning, or this afternoon, maybe by now. I'm Cathy Requejo. I serve as the homeless liaison for the Austin Independent School District, and I'm very happy to have the opportunity to come and share with you some of the concerns that I've seen and things that I see that are very strong in the plan.

One in particular is the desire to have more collaboration between those already providing services because the challenge that I see as the homeless liaison in our district is that there are many folks attempting to access services and many service providers wanting to provide that service but just that lack of understanding there's a disconnect so we're not always able to successfully link the families quickly enough to the service they need for prevention or to get off the streets.

I love to speak, that's my hobby, so I took some notes, I didn't come with my notes in advance but was taking them now, so I'm going to use them to move forward.

One of the key issues that we're seeing right

now is safety for children that are in their cars and on the streets. I know how important it is to put money toward funding prevention and re-accessing housing for those maybe that are hopping between family and friends that's not always in the definition of HUD piece, but what we're seeing is that those families that are working with jobs but not enough income to keep their housing or because of a medical crisis or a safety crisis, they're in their cars, they're on the streets, they're not accessing the service quick enough, and they call us, three to five families in a two-week period. That's what's happening now.

So that collaborative conversation between the service provider agencies, county, state, local, nonprofit, faith, all of them is crucial. We try -- I think people see my emails that fly around our list serve when we have those sorts of situations, and it's growing.

The other thing I want to mention is that we have teen parents, many teen parents in our local community who are moving from house to house and attempting to access childcare, and I think one of the things that I would want to invite all of us service providers to be sensitive to is they don't always come with that documentation that's expected. So sometimes

they simply don't qualify like, for example, a holiday service because they can't show the birth certificate or they can't show something that proves that they're on a lease. Those become unnecessary barriers when we converse across lines. If I can communicate to a service provider that we are serving this particular student or the particular family, sometimes the families are calling two or three or four places.

I'm giving these examples to emphasize that I think that one of the biggest strengths I see in the plan is wanting to ensure that type of conversation and that I'm hoping the examples I'm giving help to explain some of the specifics that need to be conversed about.

Now, I know that many folk who have spoken are talking about certain populations. I, too, have a couple of populations I want to bring up. One in particular is the homeless, unaccompanied youth. Housing a homeless, unaccompanied youth is practically impossible. Even working with our excellent entities and organizations like Life Works, who does a tremendous job and we work with them well and they're so patient with us in terms of the work we do as well, there's still that need for permission. So we have 16-year-olds, 15-year-olds that still seek to be safe and we're not always able to

accommodate that outside of the school day. I'm happy to say we can do that during the school day.

My experience since Katrina is that there are a lot of people in our community that want to make a difference, and the more that we do to build awareness in the agencies, nonprofits, all the collaborators really has had a profound impact in our ability to serve. We used to use grant money to do basic things like school supplies and modify dress codes, shoe vouchers. We don't have to do that in our community now because when Katrina happened and other people reached out and said how can I make a difference, we were able to leverage their support for some of those basic needs so that we could focus more fully on the outreach for the education component.

I'm going to end by saying that education, obviously, is important because almost anything you read and you see, those who have had the opportunity to finish their education tend to thrive as adults. If we can't serve the families with children and stop the mobility, cross that line of vagueness in terms of who's homeless in the educational definition as opposed to the housing, if we can't do that, then we're only going to continue to add to the number of homeless adults.

So I'm hoping that that piece helps. I'm

looking forward to continuing to collaborate, and I thank you for the work that you're doing, it has made a difference already. Thank you.

MR. McGRATH: Thank you for your comments.

Yes, please.

MR. DODSON: Hello. My name is Richard Dodson. I'm the trainer for the local Homeless Management Information System, and I wanted to thank you all for the opportunity to come in and say a few words.

I don't have a lot to add to what people have already said, I probably will follow in on the theme of echoing things, but one thing that I did want to echo was the need for data, and I was very happy to see the data research and analysis goals in here. We, in the continuum of care world, have found a lot of value in being able to collect the data and do reports on who is receiving services, what kind of barriers they face, what different kinds of barriers they might run into, and do the analysis to figure out not only what is the problem but what is the cause of the problem.

And so I'm just very happy to point out and I'm happy to see that you are working on coordination with other data systems, the health data systems and the Workforce Commission data systems, and probably others in

different agencies across the state. I think that's going to be extremely valuable as we go forward, and I just wanted to underline that aspect of the plan and say thank you very much, appreciate it.

MR. McGRATH: Thank you.

Anybody else?

(No response.)

MR. McGRATH: If we have no further comment, we can close this hearing. Last chance. We're closed. Thank you all for being here.

(Whereupon, at 11:14 a.m., the public hearing was concluded.)

C E R T I F I C A T E

IN RE: Public hearing on Homelessness

LOCATION: Austin, Texas

DATE: December 13, 2011

I do hereby certify that the foregoing pages, numbers 1 through 70, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Nancy King before the Texas Department of Housing and Community Affairs.

(Transcriber) 12/21/2011
(Date)

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