



# Housing and Health Services Coordination Council (HHSCC) Quarterly Meeting

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April 20, 2022



## **Welcome and Introductions**

Bobby Wilkinson, Chair



# **Webinar Housekeeping**

Jeremy Stremmler, TDHCA

# GoToWebinar Housekeeping: Attendee View

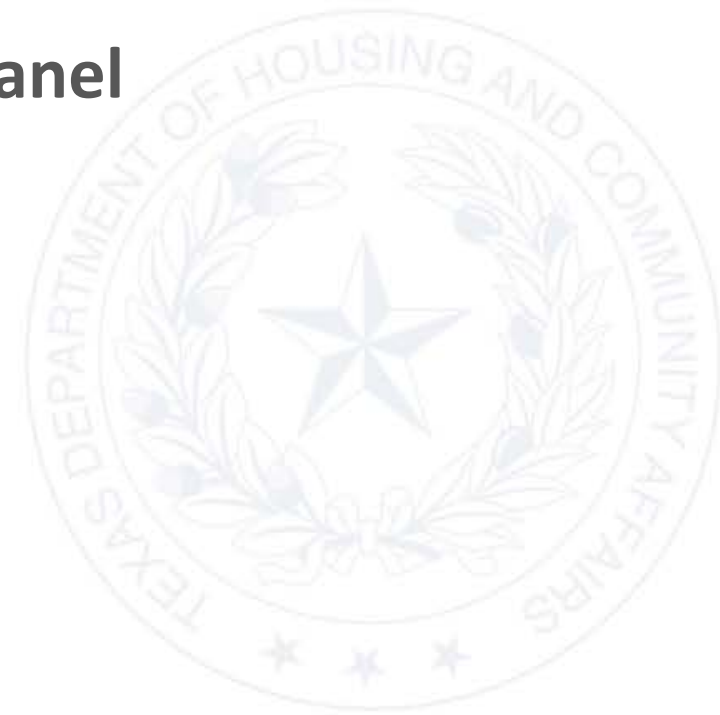
The screenshot displays the GoToWebinar interface from an attendee's perspective. The main window is titled "Waiting to view Liz Davis's screen" and "Talking: Liz Davis". The webinar content area shows the title "Webinar Housekeeping" and the organizer/presenter information: "Organizer: Liz Davis | Presenter: Liz Davis". Below this, there is an audio instruction: "Audio: Use your microphone and speakers (VoIP) or call in using your telephone." and contact details for the United States: "+1 (951) 384-3421", "Access Code: 400-696-084", and "Audio PIN: 19". A link for "List Additional Conference Call Numbers" is also present.

On the right side, there is an audio control panel. It includes a "Sound Check" indicator, radio buttons for "Computer audio" (selected) and "Phone call", and a "MUTED" status. The transmit and receive devices are both set to "Plantronics Savi 7xx-M". Below the audio controls is a "Questions" section with a text input field containing "[Enter a question for staff]" and a "Send" button. At the bottom of the right panel, the webinar title "Webinar Housekeeping" and ID "Webinar ID: 608-865-371" are displayed, along with the GoToWebinar logo.

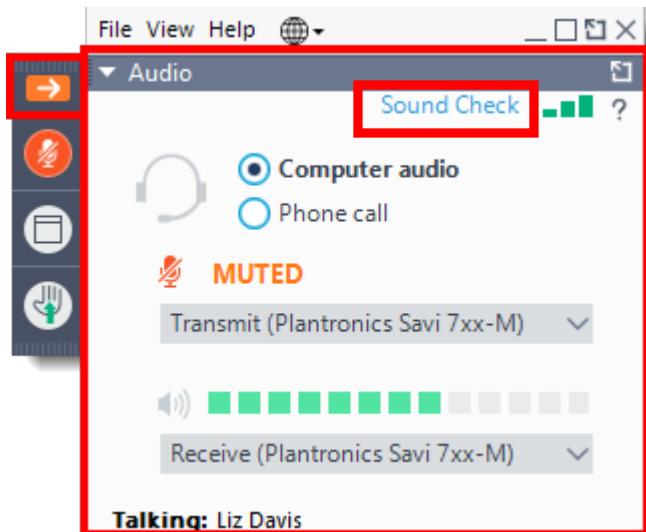
The Windows taskbar at the bottom shows icons for the Start menu, Internet Explorer, File Explorer, Google Chrome, and the GoToWebinar application.

# GoToWebinar Housekeeping: Control Panel

The screenshot displays the GoToWebinar control panel interface. At the top, there is a menu bar with 'File', 'View', and 'Help' options. Below this, the 'Audio' section is highlighted with a red border. It includes a 'Sound Check' indicator with a green signal strength icon and a question mark. The audio settings are set to 'Computer audio' (selected with a blue radio button) and 'Phone call' (unselected). A red microphone icon and the word 'MUTED' in orange text indicate that the microphone is turned off. Below this, there are dropdown menus for 'Transmit (Plantronics Savi 7xx-M)' and 'Receive (Plantronics Savi 7xx-M)'. A volume bar with a speaker icon and a green progress indicator is also visible. The 'Talking: Liz Davis' status is shown at the bottom of the audio section. Below the audio section, the 'Questions' section is also highlighted with a red border. It features a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. At the bottom of the control panel, the webinar title 'Webinar Housekeeping' and the ID 'Webinar ID: 608-865-371' are displayed, along with the GoToWebinar logo.



# GoToWebinar Housekeeping: Audio Feature



## Your Participation

Open and close your control panel

Join audio:

- Choose **Computer audio** to use your computer or phone's audio
- Choose **Phone call** and dial using the information provided

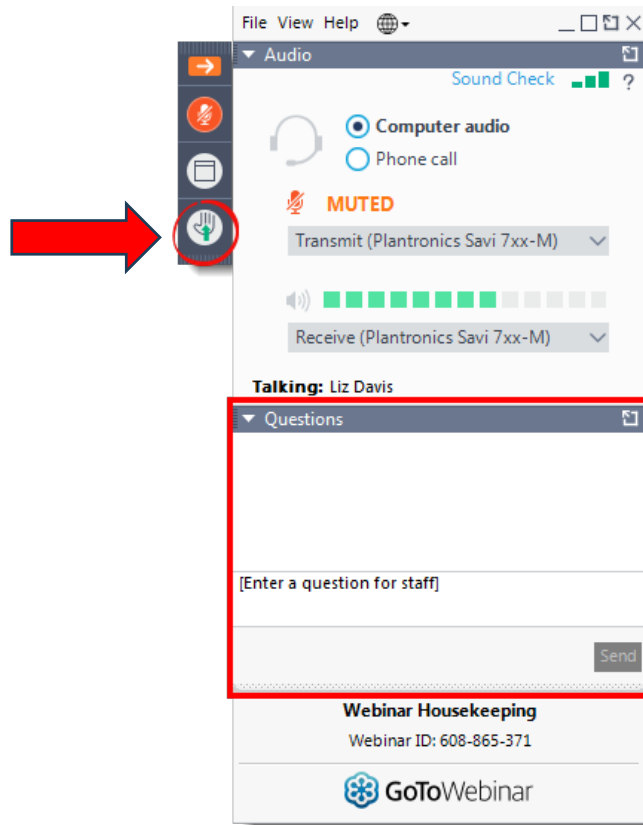
If you have trouble calling in:

- Wait for a few minutes and try again
- Use the audio on your computer or phone

Use the "Sound Check" button to test your microphone before

# GoToWebinar Housekeeping: Time for Questions

## (Use hands for unmuting!)



### Your Participation

- Please feel free to submit questions or comments using the Questions panel if you do not wish to speak, just remember to put your name and who you represent before you speak.
- Please raise your hand to be unmuted if you wish to speak to the group.



**Note:** Today's presentation is being recorded and a Transcript will be provided with other meeting materials on the TDHCA website in the coming weeks.



# **Approval of January 19 Meeting Minutes**

## **Council**





# **Update on Section 811 Project Rental Assistance Program**

Spencer Duran, TDHCA



## **Emergency Housing Vouchers (EHV)**

Spencer Duran, TDHCA



# **HOME – American Rescue Plan (ARP)**

Naomi Cantu, TDHCA



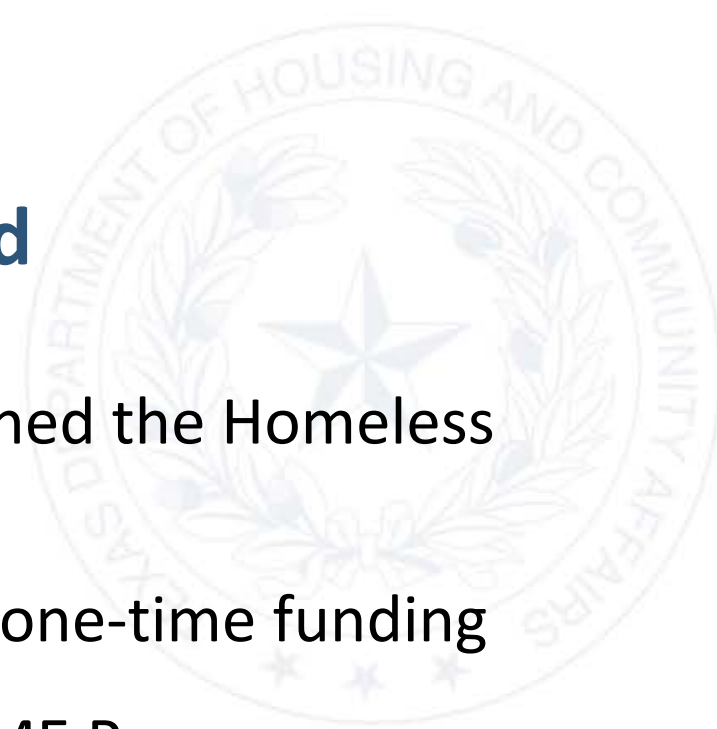
# HOME-American Rescue Plan

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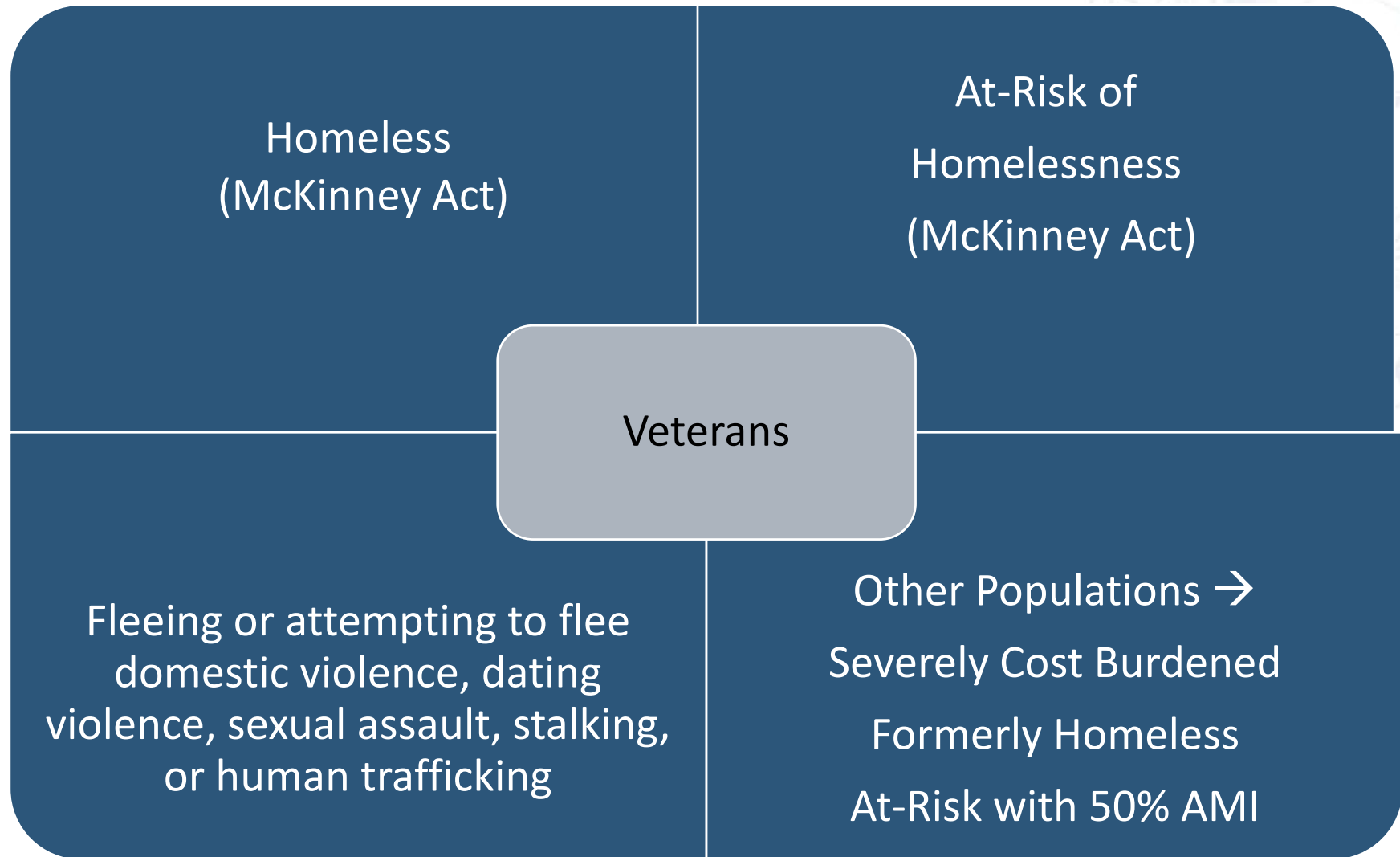
April 20, 2022

## HOME-ARP Program Background

- Section 3205 of the American Rescue Plan Act established the Homeless Assistance and Supportive Services Program
- TDHCA received approx. \$132 million in HOME-ARP in one-time funding
- Called HOME-ARP because its funded through the HOME Program infrastructure



# Who Can Be Assisted with HOME-ARP



## Formerly Homeless But Housed with Temporary Resources

- HUD CPD Notice 21-10
- Households who have:
  - previously been qualified as “homeless” per 24 CFR 91.5;
  - are currently housed due to temporary or emergency assistance;
  - and who need additional assistance or to avoid a return to homeless.



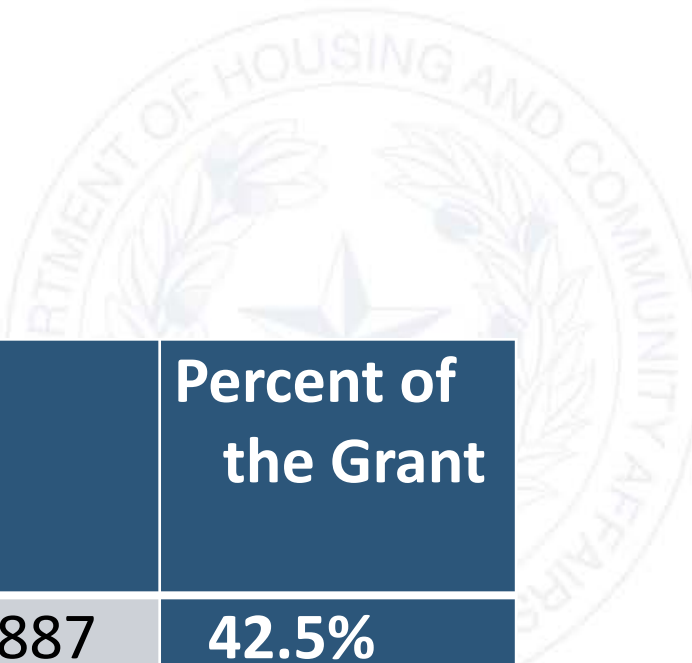
## At Greatest Risk of Housing Instability

- HUD CPD Notice 21-10
- At-risk of homelessness with increased AMI:
  - Households that would have meet the definition of at-risk of homelessness, but have an income of at or below 50% AMI (instead of >30% AMI).
- Extremely Low Income and Severely Cost Burdened:
  - Households that have income less than or equal to 30% of the area median income, as determined by HUD and is experiencing severe cost burden (i.e., is paying more than 50% of monthly household income toward housing costs).





# TDHCA HOME-ARP Draft Plan Summary



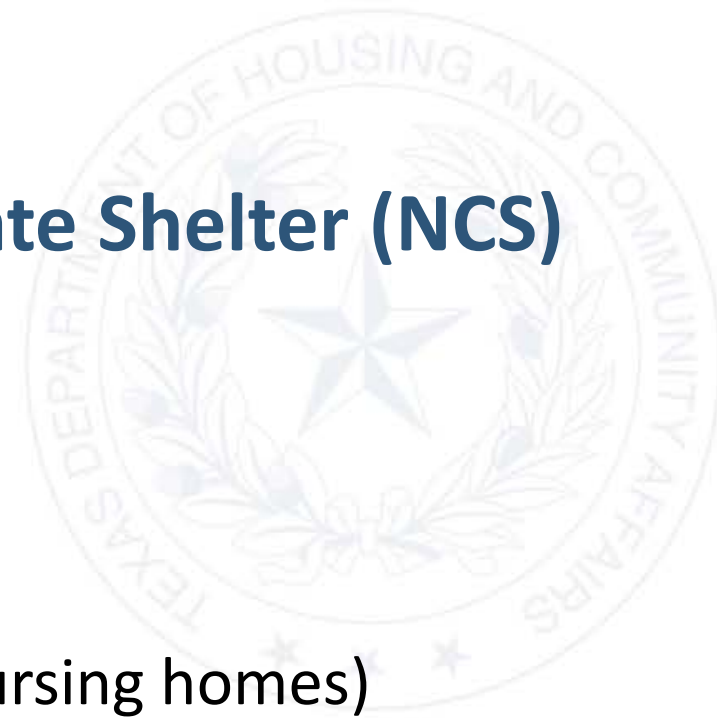
<b>HOME-ARP Activity</b>	<b>Approx. Funding Amount</b>	<b>Percent of the Grant</b>
<b>Non-Congregate Shelters</b>	<b>\$56,511,887</b>	<b>42.5%</b>
<b>Affordable Rental Housing Incl. Capitalized Operating Reserves</b>	<b>\$56,511,887</b>	<b>42.5%</b>
<b>Non-Profit Operating/Non-Profit Capacity Building</b>	<b>\$6,648,458</b>	<b>5%</b>
<b>Administration and Planning</b>	<b>\$13,296,915</b>	<b>10%</b>
<b>Total HOME ARP Allocation</b>	<b>\$132,969,147</b>	<b>100%</b>

## Non-Congregate Shelter (NCS) Definition

- One or more buildings that:
  - Provide private units or rooms for temporary shelter
  - Serve individuals and families that meet one or more of the qualifying populations
  - Do not require occupants to sign a lease or occupancy agree



# Acquisition and Development of Non-Congregate Shelter (NCS)



## Eligible Activities

- Acquisition of structures
- New construction, with or without land acquisition
- Rehabilitation of existing structures (such as motels, nursing homes)

## Min/Maximum

- Minimum Request Amounts: \$200,000
- Maximum Request Amount: Amount available in the NOFA.

## Disposition of HOME-ARP NCS



- Remain as HOME-ARP NCS OR
- Be used as NCS under the Emergency Solutions Grants (ESG) program OR
- After Minimum Use Period of 3, 5 or 10 years met:
  - Be converted to HOME affordable rental housing
  - Be converted to CoC permanent housing

*Cost of conversion cannot be paid with HOME-ARP*

# Rental Housing Development Costs

## Eligible Activities

- Acquisition of standard rental housing
- Construction of rental housing
- Rehabilitation of rental housing
- Includes conversion of nonresidential buildings to housing



## Min/Maximum

- Minimum Request Amounts: \$500,000
- Maximum Request Amount: \$15 million

## Rental Housing Development Options/Requirements

- Ability to provide operating cost assistance
  - Includes pro rata share of a resident services coordinator
- Minimum 15 year federal compliance period, 30 year state affordability period
- Owner may enter into master lease with nonprofit services provider acting as a sponsor



## Rental Housing Tenant Payment

- At least 70% of assisted units must be occupied by Qualifying Households
- Rents for Qualifying Households must be capped at 30% of household income, not the HOME rent limits, unless the household has project or tenant based assistance
- Up to 30% of units can be for low income households at high HOME rent

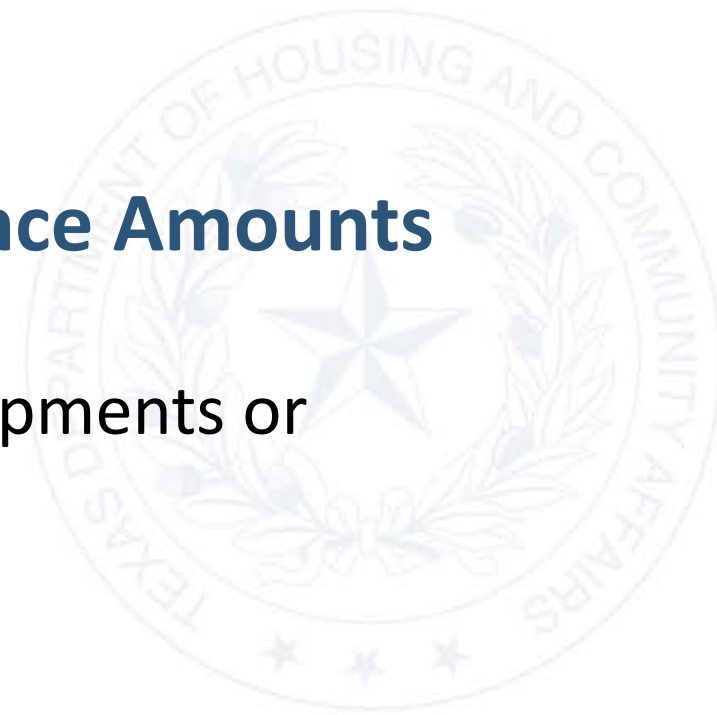
## Nonprofit Capacity and Operations Assistance

- Capacity Building Assistance / Operating Cost Assistance
  - Compensation for new hires (Capacity Building) or existing staff (Operating Cost)
  - Staff development or education, training and travel
  - Equipment, supplies
  - Technical assistance or consultants (Capacity Building)
  - Rent and utilities, taxes and insurance (Operating Cost)
- Supportive services, developer fees, and staffing/operating costs for emergency shelters are ineligible under operating cost assistance.



## Nonprofit Capacity and Operations Assistance Amounts

- Only nonprofits awarded funds or in control of Developments or shelters will be eligible
- Minimum: \$50,000
- Maximum: 50% of the general operating costs



## Planning Process

- Public comment period ended January 31, 2022
- Draft plan presented at Board April 14, 2022
- HUD has 45 days to review plan
- Notices of Funding Availability in Spring/Summer

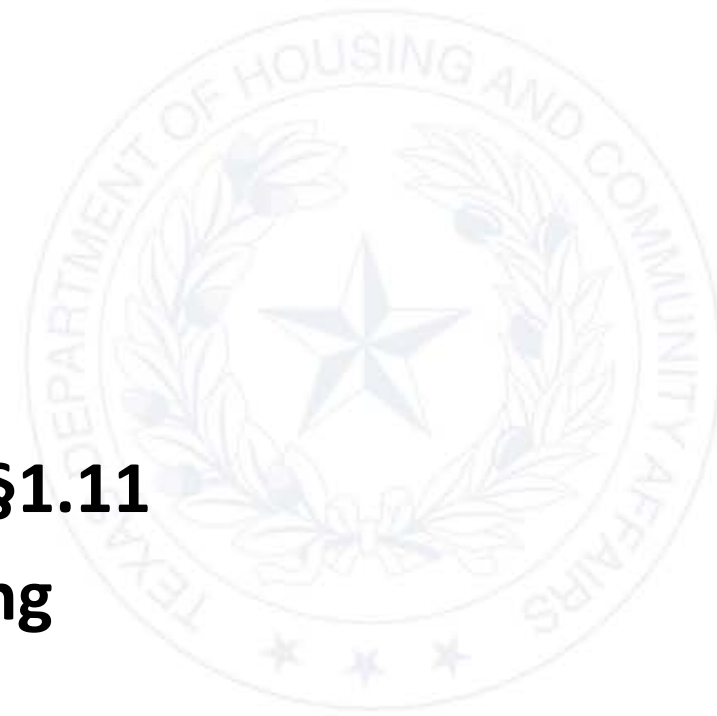


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HOME-ARP Director  
Naomi Cantu  
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**Review and Council approval of 10 TAC §1.11**  
**Definition of Service-Enriched Housing**  
Council





## **Update on HHSCC Biennial Plan and Report**

Jeremy Stremmer, TDHCA



## **Veterans Mental Health Department, TVC**

Blake Harris, Ph.D, TVC

# TEXAS VETERANS COMMISSION

## VETERANS MENTAL HEALTH DEPARTMENT



**Blake Harris, Ph.D.**

**Director, Veterans Mental Health Department**

**April 20<sup>th</sup>, 2022**

**Housing & Health Services Coordinating Council**



# OBJECTIVES

1. Introduce services offered by Texas Veterans Commission & Veterans Mental Health Department
2. Describe how a modified Risk Needs Responsivity (R-N-R) framework shapes VMHD program development and service implementation across Texas
3. Highlight how this ties into VMHD's focus on addressing veteran mental health needs at the state and local levels and on reducing service member and veteran suicide across Texas



# ...BUT WHY?



1. Because...Texas!
2. State and local services are often crucial to successful transition from service member to veteran
3. Each state has its own State Veteran Affairs Agency to serve as a resource wherever a transitioning service member or veteran may call home



# TEXAS VETERANS COMMISSION



- VA CLAIMS & VCSOs
- EDUCATION
- EMPLOYMENT
- ENTREPRENEURSHIP
- HEALTHCARE ADVOCACY
- WOMEN VETERAN PROGRAM
- FUND FOR VETERANS' ASSISTANCE GRANTS
- VETERAN CITIZENSHIP & NATURALIZATION
- VETERAN MENTAL HEALTH DEPARTMENT



# VETERANS MENTAL HEALTH DEPARTMENT (VMHD)

- COMMUNITY & FAITH-BASED PROGRAM
- HOMELESS VETERAN INITIATIVE
- JUSTICE INVOLVED VETERAN PROGRAM
- MILITARY VETERAN PEER NETWORK
- VETERAN PROVIDER PROGRAM
- SUICIDE PREVENTION



# VETERANS MENTAL HEALTH DEPARTMENT

- Training
- Technical Assistance
- Resource Connection
- Coordination w/ State Legislature & Veteran Serving Agencies
- Veteran Advocacy



# VETERANS MENTAL HEALTH DEPARTMENT

Across all programming, VMHD has the broadest definition of veteran.  
Regardless of:

- Discharge status
- Branch of service
- Length of service
- Active-duty status

The same broad definition applies to veteran family.

All services provided across VMHD programming are offered freely.



# RISK-NEED-RESPONSIVITY MODEL

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

**RISK PRINCIPLE:** Direct resources and more intensive services to higher risk individuals

**NEED PRINCIPLE:** Treatment / Intervention should target criminogenic needs (dynamic risk factors)

- **MODIFIED NEED PRINCIPLE:** Programmatic Planning should target the changeable factors most relevant to the most important presenting problem

**RESPONSIVITY PRINCIPLE:** Treatment / Intervention / Programming should be provided in a style and mode that is responsive to the individual's learning style, needs, and ability



# RESPONSIVITY PRINCIPLE

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

## Responsivity:

- Factors that need to be considered in strategic intervention / program planning
- Focus on risk factors relevant to population / individual (i.e., trauma, TBI, presence of mental illness, access to lethal means, etc.)
- Protective factors can include strengths such as employment, connectedness, positive leisure activities / Interests, active and supportive family, faith, etc.



# R-N-R: ASKING THE RIGHT QUESTIONS

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

## Risk / Need focus helps answer:

- “**Who** needs treatment / intervention?”
- “**What** type and intensity of treatment / intervention is needed?”

## Responsivity focus helps answer:

- “**How** would this population most benefit from intervention?”
- “**What** circumstances could present barriers to intervention?”
- “**What** steps can be taken to overcome these barriers?”
- “**What** strengths / protective factors and supports can be incorporated to bolster treatment / intervention?”





# HOMELESS VETERAN INITIATIVE

## Risk / Need

- Higher rates of trauma, mental health issues, justice involvement
- Hierarchy of needs
- Accessibility
- Gaps in the continuum of care

## Responsivity

- Definitions of “veteran” and “homeless”
- Coordinate across programs
- Services are identified at all levels: local, state, federal
- Provide trainings to direct service staff
- Strong interagency collaboration





# JUSTICE INVOLVED VETERAN PROGRAM

## Risk/Need

- Continued involvement in CJ system
- Access to veteran services at each SIM intercept
- Reentry planning

## Responsivity

- Training for law enforcement to intervene & divert
- JIV info cards (“jailcards”)
- TA to Veteran Treatment Courts
- Statewide Partnerships
- Leveraging local resources (e.g., MVPN)





# COMMUNITY & FAITH BASED PROGRAM

## Risk / Need

- Access to services (distance, finances, etc.)
- Workforce Shortage
- Social Isolation
- Life Purpose

## Responsivity

- Faith / Spirituality linked to resiliency
- Identification of veteran status
- Faith & Allegiance Initiative
- Initial touchpoint / bridge to mental health services
- Leveraging community partners
- Especially rural and underserved areas





# VETERAN PROVIDER PROGRAM

## Risk / Need

- Trauma is a pervasive problem among veterans
  - PTSD
  - Moral Injury
  - Military Sexual Trauma
  - Traumatic Brain injury
- Competent and Responsive Workforce

## Responsivity

- Military Cultural Competency
- Military Informed Care
- Trauma-informed training & technical assistance
- Veteran Counselor Pilot Program
- Evidence-Based Practices



# EVIDENCE-BASED PRACTICES & RESEARCH SUPPORTED BEST PRACTICES

Cognitive-Behavioral Therapy (CBT)

Motivational Interviewing (MI)

Cognitive Processing Therapy (CPT)

Eye Movement Desensitization & Reprocessing (EMDR)

Prolonged Exposure (PE)

Peer Model

Columbia Protocol (C-SSRS)

Mental Health First Aid (MHFA)

Counseling on Access to Lethal Means (CALM)

Ask About Suicide to Save a Life (AS+K)



# SUICIDE PREVENTION

- Gatekeeping: AS+K
- Lethal Means Restriction: CALM
- Mental Health First Aid
- Buddy Check Day: 11<sup>th</sup> of every month
- Texas Suicide Prevention Collaborative
- Statewide Behavioral Health Coordinating Council (SBHCC)
- SBHCC Suicide Prevention Subcommittee
- Statewide Planning (988, TCCVS, State Plan, Long-Term Action Plan, Short-Term Action Plan, Governor's Challenge, Mayor's Challenge)
- Collaboration with VA and national efforts
- **Suicide Prevention Coordinator**



# MILITARY VETERAN PEER NETWORK

## Risk / Need

- Isolation and lack of connectivity / support
- Stigma
- Accessibility / waitlists
- Family engagement

## Responsivity

- Statewide peer-to-peer network
- Trained peer volunteers
- Direct peer-to-peer support
- Suicide Prevention training to community stakeholders
- Warm-handoffs to local resources and VA





**Blake Harris, Ph.D.**

**Director,**

**Veterans Mental Health Department**

**Texas Veteran Commission**

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**Veterans Mental Health Department**

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**Office: 512-463-6091**

**[www.tvc.texas.gov](http://www.tvc.texas.gov) | [www.milvetpeer.net](http://www.milvetpeer.net)**





- FIN -



**Notification of meetings returning to in person  
Council**



## **Public Comment**



## **General Updates, Next Steps, & Staff Assignments**



## **Thank You!**

A recording of this meeting will be made available as soon as possible following the meeting and posted on HHSCC's webpage at the following link:

<https://www.tdhca.state.tx.us/hhsc/council-meetings.htm>.