

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

Texas Department of Housing & Community Affairs
Room 116
221 E. 11th Street
Austin, Texas

May 4, 2018
10:06 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair
DONI GREEN, Vice Chair
REV. KENNETH DARDEN
CHAD HINDS (for SUZANNE BARNARD)
JESSICA HISSAM
SHANE SAUM
SCOTT SROUFE
MICHAEL WILT (via telephone)
MICHAEL GOODWIN (via telephone)

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P R O C E E D I N G S

1
2 MR. IRVINE: Well, so that we don't keep
3 everybody just sitting around waiting since we don't have
4 a quorum, do you want to just go ahead and start, and when
5 and if a quorum arrives, we will call a formal meeting to
6 order. So we're just having a discussion, we are not
7 meeting under the Texas Open Meetings Act, we're just a
8 bunch of people talking about issues.

9 And since we've got some new folks on the
10 council, why don't we just go around the room and say who
11 we are and what we do. I'll kick it off, I'm Tim Irvine,
12 I work at TDHCA, and I'm kind of involved in all the
13 different programs, so I get to chair this council and
14 it's one of my favorite things to do.

15 MS. GREEN: Good morning. I'm Doni Green, I'm
16 with the North Central Texas Council of Governments, and
17 I'm the director of Aging Programs.

18 MR. SAUM: Shane Saum. I'm government
19 relations at the Texas Veterans Commission.

20 MR. HINDS: I'm Chad Hinds with Texas
21 Department of Agriculture, I'm the program specialist for
22 the state CDBG program.

23 MR. SROUPE: Scott Sroupe, also Texas
24 Department of Agriculture. I'm marketing coordinator over
25 certified retirement communities and specialty crops

1 marketing.

2 MR. DARDEN: Reverend Kenneth Darden, advocate
3 for minority issues.

4 MR. DURAN: Spencer Duran, Texas Department of
5 Housing and Community Affairs. I manage the 811 program
6 and work on some areas where housing and health and
7 disability overlap.

8 MS. HISSAM: Jessica Hissam, Adult Mental
9 Health Unit, HHSC. I am a program specialist over
10 permanent supportive housing and assertive community
11 treatment, and I work closely with Spencer on Section 811.

12 MS. ADAMS: Kali Adams in the Housing Resource
13 Center at TDHCA.

14 MS. BOSTON: I'm Brooke Boston, TDHCA. I'm one
15 of our deputies and I'm over a variety of different
16 programs but the areas include programs we talk about in
17 here such as 811 and the Housing Resource Center.

18 MR. IRVINE: So kicking it off, we can't take
19 any action since we don't have a quorum, so we will not
20 take up the minutes.

21 First of all, Spencer Duran will make a
22 presentation regarding the Integrated Housing Rule.

23 Oh, folks on the phone, do you want to identify
24 yourself to everybody? It's Michael Wilt and who else?

25 MS. DOUGHERTY: This is Carissa Dougherty and

1 I'm a senior policy advisory for the Rural Health Services
2 Department at Health and Human Services Commission.

3 MS. OWEN: This is Claire Owen, I am with the
4 Aging Services Coordination Office at Texas Health and
5 Human Services, and I am just listening in today.

6 MS. SYLVESTER: I'm Megan Sylvester. I'm the
7 federal compliance counsel at TDHCA.

8 MR. WILT: Michael Wilt, external relations,
9 Texas State Affordable Housing Corporation.

10 MR. IRVINE: Is that everybody?

11 Before we jump into the Integrated Housing Rule
12 in detail, I just wanted to express the Integrated Housing
13 Rule is fundamentally just a core principle. It is that
14 persons with disabilities are persons first and they're
15 full members of our communities, and we are committed to
16 their having housing choice, access to the resources and
17 services that will help them to be successful, and that
18 they be integrated fully into our communities. The
19 Integrated Housing Rule basically stands for the principle
20 that we will not use our resources to isolate or segregate
21 persons with disabilities.

22 It's interesting that there are different views
23 about what is an optimal situation or community for any
24 person, and we think that the kind of robust coordination
25 of services and housing that this council is pursuing is

1 the way to ensure that people have the best choice and
2 that they can truly be part of the community on their
3 terms, not on some arbitrary terms that are shoved at them
4 that force them into particular situations or limit their
5 options. So that's the underlying principle and I think
6 it's just central to what this council is all about.

7 That said, take it away, Spencer.

8 MR. DURAN: Thank you, Tim.

9 So the Integrated Housing Rule is a pretty
10 specific rule that is found in 10 Texas Administrative
11 Code, Chapter 1, Subchapter A, §1.15, so it's a specific
12 rule, and you have a copy of it that's been distributed
13 that includes what has been proposed and also a black line
14 markup of all the changes that we are proposing at this
15 point.

16 Do you want to welcome the new folks on the
17 phone, Kali?

18 MS. ADAMS: Yes. So we heard someone new come
19 on the phone. Can we ask who's there?

20 MR. GOODWIN: It's Mike Goodwin. I'm in
21 Austin, but I can't get within five blocks of the office.

22 MS. YEVICH: Hi, Mike. We're glad you could
23 make it this far, and if the rain lets up, maybe we'll see
24 you, but thank you for calling in.

25 MR. GOODWIN: I'm in the car, and I can stay on

1 the line. All I need is a place to pull over somewhere to
2 park.

3 MS. YEVICH: Okay, certainly. Thank you, Mike.

4 MR. DURAN: So the Integrated Housing Rule was
5 kind of first conceived through advocates wanting TDHCA
6 to, like Tim was saying, preserve that value to further
7 the full community integration of people with disabilities
8 into the communities at large, and it's been around since
9 2003 and it hasn't really been revisited since then, so we
10 are always trying to look and also required to look at
11 rules and revisit them for updates and whether or not
12 they're still necessary and things like that.

13 MS. ADAMS: If you're on the phone if you could
14 just mute your line. If you're on the line, could you
15 mute?

16 (Pause.)

17 MR. DURAN: So basically it goes back to 2003,
18 and since then there's been a lot of changes to TDHCA's
19 rules so a lot of the definitions and references that were
20 in the Integrated Housing Rule, you can't find the
21 reference or it kind of created its own redundant
22 definitions of things, so the idea was to really
23 streamline and simplify the rule and any terms that were
24 used, we would just adopt an existing definition that was
25 found elsewhere in our rules.

1 The other thing that happened was HUD
2 established a federal standards for the Section 811
3 program that was a requirement of the Melville Act which
4 was a piece of federal legislation that created the new
5 Section 811 program, and with it it said that that program
6 that no more than 25 percent of the units in any assisted
7 development could be specifically reserved for people with
8 disabilities, and that happened around 2009, I believe, so
9 our 2003 rule very much predated HUD's 2009 rule. And our
10 rule said that small housing developments of 50 or fewer
11 units, no more than 36 percent of those units can be
12 specifically dedicated to people with disabilities, large
13 housing units have an integrated cap of 18 percent, so we
14 have a large and small 36/18, HUD has a 25 percent across
15 the board standard.

16 And so looking at that, we thought maybe now
17 that HUD has a standard -- you know, Texas was way out in
18 front of those, and I've talked to some consultants, some
19 other folks, and said that Texas was the inspiration for
20 HUD and the Melville legislation to have an integrated
21 standard in the first place, so I thought that's really
22 cool. And so since that time, our rules are now kind of
23 misaligned with that standard, and the rule in the first
24 place was based on demographic data for the numbers of
25 people with disabilities in the population at large, and

1 so that census data was very old and there's been a lot of
2 new information since then.

3 So I dove into this rule, the Housing Resource
4 Center and then our Fair Housing folks, they all dove into
5 this rule and we took kind of our initial ideas to the
6 Disability Advisory Workgroup, which is a group of
7 disability advocates and other professionals that advise
8 TDHCA on disability housing policy, we got their input,
9 and we kind of incorporated all of those thoughts into
10 this draft. And then recently we met with the Qualified
11 Allocation Plan roundtable which is essentially
12 participants in our multifamily programs, real estate
13 developers, and we kind of got their input on this rule.
14 So, so far we've had kind of a good input process to give
15 us direction on how we should update this rule.

16 And so some of the material changes we're
17 proposing is bumping up that 18 percent to 25 percent so
18 more aligned with the new federal standard, but then also
19 preserving that 36 percent for small developments because
20 oftentimes those small developments are located in more
21 rural areas that might have less opportunities for people
22 with disabilities in small towns in general, so we wanted
23 to kind of help people with disabilities in small towns
24 kind of have more of an opportunity to try and live in
25 some of our assisted properties.

1 The other thing is we took out all those
2 redundant definitions, made a more concise rule, and we
3 have also essentially stripped out all of the special
4 needs exemptions and we are essentially focusing just on
5 an exemption for transitional housing. Previously you had
6 a definition of special needs housing that included not
7 only people with disabilities but migrant farm workers and
8 other groups, and so essentially if you had a migrant farm
9 worker housing development, by setting aside units for
10 migrant farm workers, you were exempt from the Integrated
11 Housing Rule, and so you were able to have 100 percent of
12 your units in that development be for people with
13 disabilities, which kind of goes against the original
14 principles of the rule, and definitely predates the
15 federal Melville Act and also the Olmstead decision as
16 well. So there's been a lot of changes since 2003 so this
17 is a real streamlining and modernizing of the rule.

18 But I wanted to present our proposal to you
19 today and see what you thought, and then we also have
20 opportunities for online comment through a discussion
21 forum and a survey, that's the overview.

22 MS. BOSTON: Anybody have any questions about
23 the rule?

24 (No response.)

25 MS. BOSTON: And I would just note that

1 after -- this is Brooke speaking, for those of you on the
2 phone -- the process that will happen is a draft of this
3 will go in our Board book for May and then it will
4 actually go out for a full public comment process, and
5 then it will be adopted in the final form, so this isn't
6 the last chance for input.

7 MS. GREEN: So the Advisory Workgroup didn't
8 have any concerns about increasing the percentage of units
9 that could be dedicated?

10 MS. BOSTON: They did not. So we met with the
11 Advisory Workgroup twice, once before we had a draft and
12 then we met with them earlier this week with an actual
13 draft of the rule, and one of the advocates preferred that
14 we not do the 25 and 36, they actually wanted us to just
15 do all 25, the reasoning being just because it's uniform.
16 However, because we feel like that's kind of taking
17 something away from the smaller deals and the developers
18 and clients in rural areas, we weren't as big of a fan to
19 do that.

20 Another advocate preferred to keep the 36 for
21 small, and then another one commented Anne Denton, and
22 she's been around in the industry for a long time, and she
23 said, You know, I can see both sides, I'm okay if you guys
24 do the 25/36. So we took that as we'll stick with 25/36.

25 Other than that, we changed the disability

1 definition but because we're going with the ADA definition
2 that specifically includes the handicapped definition in
3 the Fair Housing Act, nobody had concerns with that, it's
4 the broadest definition so they were pleased with that
5 change.

6 And then as it related to the exceptions, they
7 did talk about it a little bit but they did not have --
8 well, actually, the one thing I would say that came up,
9 when we took this to the Disability Advisory Workgroup, we
10 had an exception proposed for chronically homeless as one
11 of the exceptions. The definition of chronically
12 homeless, by definition, includes the person have a
13 disability, and they were not happy about the idea that we
14 would make an exception for that. Because we knew that a
15 property getting funding for chronically homeless could
16 potentially be in a position of needing to set aside more
17 than 25 or 36 percent of units, we had wanted to carve it
18 out, and they said they didn't think that we should.
19 Which doesn't mean a property couldn't still do it, it
20 means they need to come before our Board and present a
21 request for a waiver, and they preferred that that be what
22 had to happen.

23 And I think that's a good legitimate concern,
24 that if someone is renting to chronically homeless or any
25 other population and believes that they want to exceed our

1 percentages that they need to come to our Board and kind
2 of make an explanation of why they shouldn't have to
3 follow this rule.

4 MS. GREEN: So how many properties would
5 potentially be affected?

6 MS. BOSTON: It affects our entire portfolio.
7 I mean, it's not retroactive so it's just if someone comes
8 in but because it's been around since 2003 --

9 MS. GREEN: I'm speaking of the homeless.

10 MS. BOSTON: Oh, you know, I can't speak for
11 the tax credit program. We only get, I mean, I can't even
12 think of one or two in the last few years that would have
13 been chronically homeless.

14 MR. IRVINE: Those tax credit deals, supportive
15 housing deals, they really can't service debt, and as a
16 result, the nonprofits that sponsor them tend to have to
17 do a lot of fund-raising, so they can usually only bring a
18 deal every year or two.

19 MS. BOSTON: So it's pretty infrequent.

20 MS. GREEN: I like the clarifying language that
21 it doesn't prohibit the developments from having higher
22 percentages, because I think that's a critical point that
23 a lot of people miss, and I know I missed that for a
24 couple of years and advocates would say people with
25 disabilities have the right to choose to live with and

1 near other people with disabilities, and so I really like
2 stating explicitly that this does not limit a property
3 from accepting a voucher because that unit wouldn't
4 necessarily be set aside.

5 MS. BOSTON: Right. And to clarify, the rule
6 is just about if you set aside in the land use restriction
7 agreement units for a certain population, but it doesn't
8 talk about occupancy. So we say you can't have more than,
9 let's say, 25 or 36 percent set aside in your LURA, so
10 when you go to get different financing mechanisms, you
11 have to make sure you don't see that. But if the first
12 100 people at your door were all disabled, you could
13 accept them all, it's not an issue at all that you can't
14 exceed that number in occupancy.

15 MR. DURAN: And to address the percentage also,
16 Doni, the 36, if there's a property that has 50 or fewer
17 units and they also are participating in the 811 program,
18 then that federal 811 25 percent cap would hit first and
19 it would still be applicable.

20 MR. SAUM: One other question I have, just for
21 my own edification, the deletion of some of these
22 definitions is simply because it was duplicative somewhere
23 else in the rules on Colonia and that is being pulled
24 somewhere else?

25 MS. BOSTON: Yes.

1 MR. SAUM: And they were originally defined in
2 there, or were you guys going with a different definition
3 than what is currently in state law or rules, or was that
4 something specifically spelled out in this program?

5 MS. BOSTON: Well, if you look on page 2, the
6 black line definition of special needs population included
7 the term "Colonia" and so we were making sure, because we
8 used it in this rule, that we defined it in this rule.
9 But yes, over the years as the definitions may have
10 changed for different programs, whether that's the
11 Secretary of State's programs, our programs -- we have
12 several Colonia programs that we operate -- we just didn't
13 think it made sense to pull in definitions here that may
14 be changing in the programs that they actually govern.

15 We're actually in the midst of a pretty big
16 rule review process. You know, there's that requirement
17 that every four years you have to revisit your rules or
18 any given rule has to be reviewed every four years, so as
19 we're doing that, we're really trying to clean up
20 definitions and make sure that we don't have disparate
21 definitions in different rules.

22 MR. SAUM: There are some agencies that don't
23 remember that four-year rule.

24 (General talking and laughter.)

25 MR. DURAN: Kali, do you have anything else to

1 add?

2 MS. ADAMS: For those on the phone, this is
3 Kali Adams speaking. We have an online forum and a survey
4 up until close of business on Monday, so if you want to
5 take time to look it over and give us your feedback, we're
6 definitely welcoming that. And if you need the links to
7 those, feel free to email me.

8 MR. DURAN: And the official public comment
9 period, assuming the Board goes with this, will be after
10 the May 24 Board meeting.

11 MR. IRVINE: Want to keep going to 811?

12 MR. DURAN: Sure. So integrated housing kind
13 of touches 811 but it's not necessarily part of 811, so I
14 also manage the Section 811 Project Rental Assistance
15 Program, and typically I've kind of kept this group
16 informed about our progress with that program and how
17 things were going. So the 811 Project Rental Assistance
18 Program is a rental assistance program that specifically
19 serves people with disabilities, so that means that
20 someone age 18 to 62 would have to have a qualified
21 disability, be eligible for voluntary services, and so
22 this group has really been watching that program and very
23 interested in it.

24 So today I just want to kind of share just kind
25 of a brief overview and then open it up to questions with

1 any new folks that might be curious. Basically, we have
2 \$24 million that stemmed from two awards and we are
3 working with our 9 Percent Tax Credit Program and also our
4 Multifamily Direct Loan Program to attach ten or so units,
5 depending, onto the larger properties that are
6 participating in our multifamily programs. So for
7 example, your typical 200-unit tax credit property, they
8 come to us seeking funding, they select an optional point
9 item that makes them more competitive the more points they
10 have, and one of those point items this year is a promise
11 to commit ten units to the 811 program. And typically we
12 ask that they commit a preexisting property that they
13 already own so that whenever they are awarded, we have an
14 existing property that we can start making referrals
15 immediately. If they don't have any eligible in their
16 portfolio, then they would put the 811 units on their
17 proposed deal, often times a new construction project, and
18 that could typically take two, sometimes three years to
19 get ready for lease-up.

20 And so we're basically just sort of trying to
21 work with our multifamily program partners to make sure
22 this program works and is also responsive to the needs of
23 the qualifying households. So we serve people who are
24 exiting out of foster care who have disabilities, people
25 who are exiting nursing facilities, and then also people

1 with severe mental illness who are receiving services
2 through a local mental health authority or a local
3 behavioral health authority.

4 And so far we have 50 households that have been
5 housed and we think that we have kind of another pretty
6 good chunk of families that we're going to be bringing in
7 pretty soon because we have three new construction
8 properties that are all in certain phases of leasing up.
9 And two of those new construction properties are located
10 here in Austin, so you can imagine the need for housing in
11 Austin is pretty great, so we have people who are stuck on
12 waiting lists for other properties that are participating
13 in 811 and we're going to essentially just very easily
14 offer them opportunity to go live at these new properties.
15 So we have basically 20 new units that are becoming
16 available in Austin at these two new construction
17 properties, we already have hundreds of pre-qualified
18 households that we can just kind of offer them, plug them
19 into those units if they want, and so that will be 20
20 households housed.

21 We hope to get over 100 households in units
22 before the end of the calendar year based on what's
23 projected to become available, either existing properties
24 having natural vacancies due to natural turnover or the
25 new construction properties that are poised to open their

1 doors for the very first time.

2 We have also received over 700 referrals. We
3 were a little bit slow in getting referrals because our
4 referrals come up through the local disability service
5 network. Organizations like the one that Doni works at,
6 for example, have been trained on how to make referrals to
7 the 811 program, and then local health insurance companies
8 and all the local entities that are involved in the
9 provision of services to people with disabilities, we're
10 trying to get all them trained.

11 Sometimes housing is new to disability service
12 providers, and so they're really good at helping you
13 access medical services but sometimes accessing social
14 services, specifically housing, has been a learning curve,
15 so we've been really, really on the forefront of
16 empowering disability service providers to wrap their
17 heads around housing and thinking of housing as a positive
18 health intervention. So I think it's a really progressive
19 program in that respect, but we have had some struggles in
20 Corpus Christi and El Paso.

21 But Jessica, can you maybe talk about some of
22 the things that we've been doing in Corpus to really
23 reinvigorate our program down there?

24 MS. HISSAM: Sure. So one thing that we're
25 trying is to be a lot more clear with the local mental

1 health authorities especially, and other organizations, on
2 kind of where people are on the waiting lists. It's very
3 often that people feel like they apply for a voucher and
4 then two years later they might hear something from them,
5 so we're actually going to be doing a pilot call with the
6 referral agents down in Corpus Christi, one referral agent
7 at the local mental health authority as well as other
8 providers in the area, to really on a case-by-case basis
9 individually go over who's coming up on the waiting list
10 in the area, and we are asking them to also include other
11 providers.

12 So we have the Center for Independent Living is
13 going to be on the phone, other providers as needed, all
14 the case managers, not just the referral agent, and we've
15 developed a checklist, I would say, that has the
16 individuals on the waiting list by priority and how high
17 they are. And also, I'm asking the LMHAs to go over them,
18 or the referral agents, the MCOs with the insurance
19 companies, to go over them one by one to make sure they're
20 still in contact with these people, that they can find
21 them -- we have a very transient population in a lot of
22 ways -- and also to really gather information on barriers
23 they might be facing, credit, criminal, rental histories,
24 that's been a big issue lately. We're doing a lot of
25 training on reasonable accommodation, the appeal process,

1 things like that, and really making sure they are keeping
2 up with the folks that they've referred.

3 We're going to be doing that on May 21, we're
4 going through the two properties down in Corpus Christi by
5 status, and that's what we're looking forward to. I think
6 it's going to really help people remember that it's not
7 just getting them on the list but you have to engage with
8 them throughout the process to make sure that they have
9 what they need, that they're really going to be ready to
10 move into the property when it comes up.

11 MR. DURAN: So our job at TDHCA is to entice
12 properties to participate in the program, and Jessica and
13 our other partners at the Health and Human Services
14 Commission, they work on providing services and
15 coordinating through their local provider and service
16 coordinator networks, so it's been a good partnership. I
17 just was texting our service specialist, and we actually
18 have 775 referrals to the program.

19 Also, just real fast, we've gone down to
20 Corpus, we've gone to El Paso, we've gone to Dallas, we
21 did a lot of traveling to do that in-person training, but
22 since we've kind of established that initially through
23 face-to-face, we're now converting more to an online
24 training platform, and that's in partnership with HHSC.
25 So we will now have our disability service Section 811

1 provider training hosted online through HHSC and it's
2 through a portal that HHSC local folks are used to going
3 to for continuing education credits, for general technical
4 assistance, so we're kind of taking 811 onto a platform
5 that they are very familiar with. And then we can kind of
6 create ad hoc or tailored trainings, like Jessica was
7 talking about the high levels of rejections that we've
8 been experiencing lately, so we can tailor trainings or
9 webinars and present them on timely topics moving forward.
10 So we're really, really excited to have access to that
11 online training platform.

12 And then lastly, we've just been making a lot
13 of changes to our 811 web page. If you look at it, you
14 can kind of tell that my housing people created it and you
15 only think it's like real estate and stuff, so we've kind
16 of made it a lot more tenant-friendly and a lot friendlier
17 to people who aren't housing development nerds.

18 MS. HISSAM: The lay person.

19 MR. DURAN: We care a lot about median family
20 income and layout and things like that, what metropolitan
21 statistical area you're sited in, but normal people don't
22 talk like that, so hopefully with having this new support,
23 the new webinar platform, a friendlier, more approachable
24 web page, we can really kind of work out some of the
25 remaining areas that are kind of lagging behind, and so to

1 really support the areas that have really figured out 811,
2 like Austin, Houston, Dallas, San Antonio, there's a lot
3 of areas that have really kind of figured out 811 and just
4 really run with it.

5 So that's all I have.

6 MS. GREEN: So what's the issue with the
7 rejections? Are those prospective tenants who are
8 rejecting the properties, or properties who are rejecting
9 the prospective tenants?

10 MR. DURAN: Sometimes tenants will just check
11 all the boxes.

12 MS. GREEN: Anywhere but here.

13 MR. DURAN: Anywhere but here. And we have
14 done a really good job in recruiting, we have over 85
15 properties that are in the 811 network now, and we're
16 going to be bringing on a lot more from the 2018
17 multifamily cycle, so yes, a lot of times applicants
18 reject properties. But the emerging problematic issue has
19 been properties rejecting applicants for credit, criminal
20 and rental history, so that's been a big issue. We do
21 have some rejections that occur because the local referral
22 agent, maybe that applicant applied a year ago and they
23 got a new phone number and they forgot to update us, so we
24 make the referral when that vacancy occurs and then no one
25 can get in touch with that person. So we've worked on

1 fixing that through more contacts with the tenants.

2 But really the big barrier has been criminal
3 and credit because the participating properties preserve
4 their criteria for credit, criminal and rental, and so on
5 the front-end we've been trying to educate referral agents
6 and tenants about what the criteria are for each property
7 that they want to live at. This property has a ten-year
8 look-back period, this property you can't have any
9 evictions in the last three years, or just try and
10 understand what each of those 85 different selection
11 criteria are.

12 And then whenever someone is rejected, we make
13 sure that the property gives them a rejection notice that
14 conforms with state and federal program language, it has
15 to have the reasonable accommodation language, it has to
16 have the right to appeal, it has to have the 30-day window
17 to make that appeal, so we make sure that the rejection is
18 legal and it complies with all of our rules.

19 MS. BOSTON: And they're not rejected from our
20 program, just that one property, so then we would still
21 refer them to other properties.

22 MR. DURAN: Exactly. So if this property has a
23 five-year look-back but your criminal justice interaction
24 was six years ago, so you would probably qualify for
25 others, so we'll just skip you for that one and you'll go

1 to the next one.

2 MS. HISSAM: And I would say the two big things
3 on that have definitely been the time frames of the
4 history, so it will be ten years and that will come up, so
5 that is a problem. And then another issue that we're
6 trying to work out is the timeliness of us at the state
7 being informed of denials. Oftentimes, again, we have a
8 transient population may not get to them, they may not be
9 at that place anymore, the cell phone might be gone, and
10 for us at the state to know when somebody is denied
11 because of that short 14-day period that you can request
12 an appeal, we have situations where we don't find out
13 about it until four or five days before the 14 days are
14 up. And on our end, trying to get with the providers, as
15 you guys probably know, the LMHAs are working with case
16 managers, and oftentimes the case manager has to go and
17 find the client. So that can be a process that doesn't
18 necessarily go as fast.

19 As much as we harp on the time-sensitive
20 matter, just the way that things work, we don't get that
21 in time, and even then there will be an education around
22 are we going to move forward, is this what you'd like to
23 do, because it's all client choice, so really trying to
24 get us more informed of things as they happen from the
25 property side. And from the referral agent side if they

1 are aware that there's a denial, making sure that they're
2 communicating that with us so we can actually intervene
3 properly. It's been a big challenge and we're trying to
4 figure out a streamlined way to get all parties to
5 communicate with us so we can do what we need to do and
6 what we can do. That's been a big issue.

7 MS. BOSTON: I would just say that this is
8 definitely a national phenomenon with the program. To
9 some extent it's a bit of a design flaw with the federal
10 program because they only allow the assistance to just pay
11 for the rental assistance, you can't do anything to pay
12 the property for anything beyond. So had it been designed
13 in a way where you could also funnel some type of
14 additional incentive for them to be willing to take a
15 little bit more risk, then you could potentially try and
16 offset that, whether that's, you know, guarantees on
17 damages or whatever the concerns of the properties, but
18 because it's not designed for us to be able to do that and
19 the state doesn't have extra resources to throw at it, it
20 essentially is just kind of a flawed program.

21 MS. HISSAM: They remain steadfast to the
22 selection criteria as they would with the general
23 population, which clearly this is not in many cases, so
24 it's been difficult but we're working on trying to figure
25 out what to do.

1 MS. GREEN: We ran into kind of an odd
2 situation with a nursing home resident who was willing to
3 go anywhere, she said, and then started rejecting
4 properties, and the issue was they're nonsmoking, and I
5 didn't realize that properties could refuse to accept a
6 smoker. And that was a deal breaker for her, you know,
7 she had been smoking for 50 years

8 MS. HISSAM: Was that on the entirety of the
9 property?

10 MR. DURAN: Usually, yes. So HUD has been
11 pushing a safe harbor for properties to set up smoke free
12 policies, so there is these like quick and easy templates
13 that property managers can grab and they just have smoke
14 free policies on their properties.

15 MS. GREEN: I wonder if smoking can be
16 considered a disability.

17 MR. IRVINE: Addiction is a disability,
18 absolutely.

19 MR. DURAN: Something like 70 percent of people
20 with behavioral health issues are smokers, so it targets
21 people with mental health issues.

22 MS. HISSAM: And that's on our end to educate,
23 we're like, perhaps you don't volunteer whenever you're
24 putting application in that you smoke, and of course,
25 smoke off the property, but just buzz words, there are a

1 lot of buzz words. People will be like nope, nope. But I
2 didn't realize it was on the entirety of the property.

3 MR. DURAN: It can be.

4 (General talking and laughter.)

5 MR. DURAN: I just want to kind of keep it
6 informal, just kind of talk about what we're up to. Does
7 anybody else have any questions?

8 MS. GREEN: The other thing we deal with, and
9 I'm sure you all deal with a lot, is most of our folks
10 have a monthly income of \$60 and they don't have proof of
11 identity, and it can take forever to stick dollar X
12 dollars to get a Texas ID or birth certificate, sometimes
13 they're not sure where they were born. It's like we
14 really need to figure this out.

15 MR. DURAN: And that costs Medicaid dollars,
16 we're spending Medicaid dollars artificially to keep
17 people in institutions when we have a really nice
18 apartment complex just waiting for them that's way
19 cheaper.

20 MS. GREEN: And we have people who are case
21 managers who are spending hours trying to find folks to
22 donate \$10, \$25. It's just tell me and I'll write a
23 check.

24 (General laughter.)

25 MS. HISSAM: And we've been working on the

1 service provider end to actually develop uniform documents
2 to help the case managers, who flow in and out constantly,
3 about really understanding, hey, I know it seems like far
4 off but as soon as you put in that application you need to
5 know do they have a birth certificate, where is their
6 Social Security card, do they have a copy of their bank
7 account, their benefits letter. This is a new world to a
8 lot of people who haven't really had to get somebody from
9 homelessness into something else and there are a lot of
10 little nuances that you just aren't trained for.

11 MS. GREEN: I would love to replicate those
12 best practices because I think that would be helpful for
13 folks who are working with the institutionalized
14 population.

15 MS. HISSAM: Sure, it's the same exact thing.
16 I'll be happy to send those to you.

17 MR. IRVINE: It would be a good thing to put on
18 our website.

19 MR. DURAN: That's something I'm really proud
20 of is we're introducing housing to a whole new group of
21 people who are involved in the provision of Medicaid
22 services. So I wish we had housed more people at this
23 point, but we're definitely breaking new ground in that
24 regard.

25 MS. GREEN: Well, you've just consistently

1 picked up. It's a complex program and you would expect to
2 see a pretty slow ramp up, but it just seems like you're
3 picking up a lot of momentum.

4 MS. HISSAM: We're about a hundred referrals a
5 month now.

6 MR. DURAN: A hundred referrals a month.

7 MR. IRVINE: In that regard, we did
8 intentionally change the mechanism in the competitive
9 programs from being a threshold item to becoming a scoring
10 item, and it was our hope that that would continue to
11 produce robust participation.

12 MR. DURAN: I can speculate on what the '18
13 outcome looks like. The largest funder of affordable
14 housing in the country and Texas is the 9 Percent Tax
15 Credit Program which is what we run, so we have been
16 having 811 as a point in the Qualified Allocation Plan
17 since 2015 and that got us 25 units, 25 properties, 2016
18 it got us about 25 properties, 2017 we were threshold
19 meaning we weren't a point item but we were mandatory
20 participation, and that doubled so that got us like over
21 50 properties, and then I think right now that we are on
22 track to get 40 properties. So it's definitely more than
23 whenever we were a point item previously but it is a
24 little bit less than being threshold. And it's a good
25 mix, so 24 properties are existing and then 15 properties

1 are new construction or proposed acquisition rehab, so 39
2 properties so that's about 350 units, we think, will be
3 brought to 811 from the 2018 cycle. The 39 properties,
4 there could be a deficiency, so caveat, but as we're set
5 right now, we think that the 2018 cycle will bring us 350
6 units to 811.

7 MS. BOSTON: And we like to see a variety
8 between existing and new. The benefit of existing is that
9 they're ready now and you can refer properties. The
10 drawback with existing is they're almost all occupied so
11 you have to wait for a unit to turnover, and for some of
12 the properties that are highly desirable, you may get like
13 one or two units a year to turn over. So the new, while
14 you have to wait for it, as soon as they go through lease-
15 up and they're ready, then you get all ten of your units
16 like right then when lease-up happens. So we kind of like
17 to have both.

18 MR. IRVINE: So bottom line, the statements and
19 the hope that I underscored as we took this new direction
20 have really kind of panned out.

21 MR. DURAN: Absolutely. The disability issue
22 is awesome, but also, there's 350 new units for households
23 with extremely low incomes to the tax credit program I
24 think is a major deal as well.

25 MR. IRVINE: One other thing that I want to

1 just touch on, the 811 program, when you say you'll
2 participate in the 811 program and you get your award, we
3 go through two stages of contracting: one is just a
4 general agreement that says, okay, I'm ready, send me
5 something; and the other one is when somebody actually
6 identifies, yeah, I'd like to live there, then you go into
7 having an actual rental agreement contract.

8 The development community predominantly is
9 funded with tax credits. Tax credits are not federal
10 funds, they're private funds, but when you use federal
11 funds in a property you trigger what is called
12 Davis-Bacon, and that means that you'll go through a bunch
13 of requirements to document that you're paying prevailing
14 wages to people that are going to work on your property.
15 In Texas it's frankly, in my opinion, an unneeded extra
16 because competing for crews is so hard here there's no way
17 you're not going to pay a prevailing wage.

18 But Davis-Bacon, being a federal requirement,
19 also comes with a bunch of paperwork and our developers
20 hate it, and we have sent a request to HUD to say please
21 confirm that at that first level of contract where we're
22 not actually assisting anybody under 811 with federal
23 funds, Davis-Bacon is not triggered and that it doesn't
24 come into play until and unless we actually go to that
25 rental agreement level. I'm cautiously optimistic that

1 they'll say yep, you're right, but we really are trying to
2 promote making this a program that the private sector is
3 perfectly comfortable with.

4 That's all I got on 811. All you got on 811?

5 MR. DURAN: That's all I got. Jessica,
6 everything?

7 MS. HISSAM: That's it.

8 MR. IRVINE: Moving on to the definition of
9 service-enriched housing.

10 MS. YEVICH: Well, we had spoken about it at
11 the last meeting and I think the thought was that we would
12 spend a little bit more time again, especially since we
13 have a couple of new council members, and in your packet
14 you should have the definition of service-enriched
15 housing. And as we spoke about at the last meeting,
16 Michael Wilt and Doni Green, our council members, are
17 original from when the council first started back in --

18 MS. GREEN: And Michael.

19 MS. YEVICH: I'm sorry, I'm looking at Michael
20 Wilt, I meant Michael Goodwin, I'm looking at the wrong
21 name tag. Sorry, Michael Wilt, if you're still there.

22 MR. WILT: That's all right.

23 MS. YEVICH: Mike Goodwin and Doni Green
24 remember that we spent about a year as council putting
25 together the definition, and I believe the thought was,

1 especially from Doni and Mike last time, probably not to
2 tweak it again. Part of the reason, as Brooke was talking
3 about earlier, it's a four-year rule review and it's
4 really time to just look at this rule, see if anything
5 would need to be changed, added, taken away, so that was
6 sort of the premise of the discussion of what we were
7 talking about and wanted to bring it forward.

8 Again, the plan is to go ahead and because the
9 council falls under the purview of the Texas Department of
10 Housing and Community Affairs, we would be the ones taking
11 this rule forward to our Board, and the plan is to take it
12 to our May Board meeting so I wanted to make sure that
13 everyone got a chance to comment on it and see if we're
14 okay taking it as it is, amending it, adding anything.

15 MS. BOSTON: And I think our suggestion is to
16 re-adopt with no changes. I know at the last meeting
17 there was a little bit of a conversation about some word
18 changing, but I think from the staff site we're definitely
19 comfortable with it staying the way it is. And I think
20 from reading the transcript, Doni and Mike Goodwin, that
21 was where your interest was.

22 MS. GREEN: For me, yes.

23 MR. HINDS: It's compelling to me.

24 MR. IRVINE: All right. Thanks. And now it's
25 biennial plan and report time.

1 MS. YEVICH: I think some history on that is
2 coming too, again, for our new members.

3 MS. ADAMS: So we have some new council
4 members -- welcome again -- and so we just thought we'd go
5 ahead and review a little bit of the legislation as to the
6 background of this paper. So Section 2306 of the Texas
7 Government Code tasks the council with a biennial report
8 that should be submitted not later than August 1 of each
9 even-numbered year, and that goes to the governor and to
10 the Legislative Budget Board, LBB. This year is going to
11 be the fifth biennial plan and report, so we've been
12 working on that a bit.

13 The first three plans -- just a little bit of
14 history as well -- it's been one document. Last year with
15 the 2016 and 2017 biennial plan it was recommended that we
16 actually separate it into two different documents, into
17 the report of findings and recommendations and then just
18 the biennial plan. So this year we're doing the same,
19 it's going to be two documents. We've been working on
20 both but the report of findings is going to mirror closely
21 the research and recommendations that we find with the
22 plan, so we're waiting a little bit until the biennial
23 plan is closer to being done to really finalize the report
24 of findings.

25 So with the biennial plan, the past four have

1 focused largely on certain aspects of service-enriched
2 housing, different models, different funding sources and
3 cost savings and its overall importance. This year the
4 focus of the plan is going to be to write it more in line
5 with legislation and focus largely on what the council has
6 done and what we would like to do, so really streamlining
7 the plan.

8 So I've written up a bit of it, we still have
9 some reviewing to do, but I thought I'd go over a little
10 bit of it with you today. So in terms of an outline, we
11 have an introduction just introducing what the plan is, a
12 little bit of the history of it. Then we go into looking
13 at housing needs for populations that are served by
14 service-enriched housing which includes veterans, persons
15 with disabilities, homeless and aging adults, and just
16 looking a little bit in Texas, what does that look like,
17 how can service-enriched housing really help those people.

18 Then we move on to looking at policies to
19 coordinate and increase state efforts to offer service-
20 enriched housing, so looking at the different programs
21 that we have in Texas, Section 811 is one of them, looking
22 at the Integrated Housing Rule a little bit.

23 We then move to looking at barriers to service-
24 enriched housing, which I'm going to talk a little bit
25 about later, because we'd definitely like some input from

1 you on that.

2 We also look at the cross-education of staff to
3 increase expertise in areas of housing and health
4 combined, and the coordination of activities between those
5 two agencies, like what we do with Health and Human
6 Services. We then look at technical assistance and
7 training to local housing and health services which in the
8 past has been through our HSP academies through CSH,
9 Center for Supportive Housing.

10 MS. YEVICH: HSP was our Housing Service
11 Partnership academy that we started, I want to say, back
12 in 2013, did it again in 2015, 2016, and then did more a
13 follow through with some more education on it. That was a
14 large focus of the council in the last few years was the
15 HSP academies.

16 MS. GREEN: Back in the days when there was
17 some money.

18 MS. YEVICH: Well, Doni, you bring up a good
19 point. Yes. And that, again, is sort of why there's a
20 switch in focus and streamlining that. There was some
21 money tied to the council for its first few years, and
22 unfortunately, as things shift, that also shifted.

23 MS. ADAMS: And then one of the last things
24 we're sort of tasked with from 2306 is performance
25 measures and that's going to be something that we're going

1 to definitely look more into for this plan, as well as
2 some recommended activities for the next two years, for
3 the next biennium.

4 So as I said, a majority of the draft is done,
5 we're still working on finalizing that, but there's one
6 section that I definitely would love the engagement of the
7 council to get some insight and that's going to be
8 barriers to service-enriched housing efforts. So
9 legislation asks us to identify barriers preventing or
10 slowing service-enriched housing efforts, including
11 barriers attributed to four different things, so barriers
12 attributed to regulatory requirements and limitations, to
13 administrative limitations, limitations of funding, and
14 ineffective development and coordination.

15 So whether it's today or you think of it later,
16 we're definitely interested in hearing the experiences
17 that you've had in terms of barriers that you've seen in
18 terms of getting service enriched housing out to the
19 community.

20 MR. IRVINE: And could you send an email to the
21 council specifically on that?

22 MS. ADAMS: Yes, I can definitely send an
23 email.

24 MR. IRVINE: You don't have to write it all
25 down.

1 MS. ADAMS: I'll write out everything that I
2 just said so you'll have a copy of it and can think about
3 it and get it back to me, but does anyone have anything
4 that they'd like to say today?

5 MR. IRVINE: I do.

6 MS. ADAMS: You do.

7 MR. IRVINE: Actually, recently we were asked
8 to testify at a legislative hearing in an area that didn't
9 really directly impact us and it was opioid issues, and
10 Brooke provided testimony. And although it doesn't
11 directly impact us, I think that it was a really useful
12 glimpse into an emerging and shifting way that the world
13 is looking at persons with disabilities. I think that the
14 historic approach of treating this as sort of a back
15 burner out of sight issue is over and I think that the
16 legislative committee and the legislature in general and
17 the governor are mindful of the fact that people have got
18 a lot of challenges in their lives, they may range from
19 more clinical disabilities to substance abuse issues,
20 people have domestic violence issues, people have got a
21 ton of different issues.

22 And frankly, as a society there is a cost to
23 having people who are struggling with these issues and
24 it's a cost that will largely be ineffectively addressed
25 unless these people have stable housing and I think that

1 the centerpiece of stable housing -- for example, homeless
2 veterans have tremendous vulnerability. A lot of them
3 have got historic physical injuries, mental challenges,
4 substance abuse issues and so forth, they're a
5 tremendously at risk group of Texans, and unless we can
6 get them in some stable housing, they're not going to
7 succeed.

8 So I really think that we're at a kind of
9 important turning point as we prepare to go into another
10 legislative cycle to be kind of leaning forward, promoting
11 housing first.

12 MS. DOUGHERTY: Thank you for that.

13 This is Carissa from HHSC. I wonder if the
14 recommendations are solely from this group, or is there an
15 opportunity to include other stakeholder input.

16 MR. IRVINE: I think that anybody in the public
17 is welcome to provide input to this council and the
18 council can consider whether it wants to include that
19 input in its documents and in its reports and
20 recommendations, and I think that it should always be
21 underscored that the majority of us are with state
22 government and we are constrained in our ability to lobby
23 and advocate but those who are not in state government are
24 not so constrained.

25 MS. GREEN: Or political subdivisions.

1 (General laughter.)

2 MR. IRVINE: And I also want everybody to
3 understand that the Department of Housing and Community
4 Affairs has historically taken a fairly steady, non-
5 aggressive approach with regard to its legislative asks.
6 We tend to just ask for our base budget and get on down
7 the road and keep administering what we've got, and that
8 has actually served us really well because it doesn't put
9 us in a firefight legislatively but it enables us to
10 continue to be a really good resource when members are
11 approached by folks who are advocates and they say, you
12 know, we'd really like you to put some more money into
13 this, that, or the other, and we can be good effective
14 resources to help members to understand how that will
15 impact their constituents and the state's bottom line.

16 I don't want to preempt my Board's addressing
17 of our legislative appropriations request or strategic
18 plan, but at the staff level we will probably continue to
19 take that approach.

20 MS. DOUGHERTY: This is Carissa. I thank you
21 for that.

22 I just want to let this group know that at HHSC
23 there are several advisory committees also talking heavily
24 about the need for housing, safety and affordable housing
25 for persons with disabilities. And what was just

1 mentioned in terms of the report in terms of this group's
2 identification of administrative limitations and
3 limitations on funding and other things, if it's okay, I
4 would like to talk with someone more in detail about maybe
5 requesting those advisory committees submit
6 recommendations to this group for consideration.

7 MR. IRVINE: Good deal.

8 MS. YEVICH: I think that's sort of a nice
9 segue into the next -- if I may -- agenda item which was
10 sort of a briefing on the Statewide Behavioral Health
11 Coordinating Council. And I believe, Carissa, that's
12 probably one of the groups you're referencing over at
13 HHSC. Correct?

14 MS. DOUGHERTY: It is.

15 MS. YEVICH: Yes. And from the last meeting,
16 if you remember, we were informing you about the Statewide
17 Behavioral Health Coordinating Council, which is a council
18 similar to this also started by legislation from Senator
19 Nelson, but I believe, Spencer, your words were more that
20 they have some clouded energy going right now. And TDHCA
21 by legislation was named to be a representative at the
22 start of this fiscal year, last September, and Brooke
23 Boston, who is sitting right next to me, is actually our
24 named representative, although I was fortunate enough to
25 have gone to their last meeting which is why my name is on

1 this, so we're sort of tag-teaming doing this.

2 And the thought was because they've got some
3 energy and a lot of participation that our council here
4 would sort of serve as an informal committee to that, and
5 everyone agreed on this council last time to do that, and
6 I think the thought was more that we would be more
7 informing of them, reporting in, sort of like Carissa was
8 saying in some respects -- perhaps if I'm understanding
9 you, Carissa -- that your thought was more that those
10 councils would be informing this one, and I think we were
11 more looking at it the other way.

12 Am I correct, Brooke?

13 MS. BOSTON: You are, Elizabeth. Trina, who
14 runs the Statewide Behavioral Health Coordinating Council,
15 Trina Ita, her direction to me was -- so that group has
16 all these different goals and tasks and a pretty detailed
17 plan of what they're trying to accomplish, and they could
18 either create subcommittees or there was concern from some
19 of us who are members that she's creating subcommittees of
20 groups that already exist.

21 So the Veterans was one of them and when they
22 talked at that group about the Veterans creating a
23 subcommittee, the TVC representative to that group said,
24 you know, well, why don't we use our coordinating council
25 for that because you already have a really robust Veterans

1 Coordinating Council. And we had said the same thing of
2 housing, that this group exists, and so if we already have
3 a group who's dealing with service and housing together,
4 why kind of recreate the wheel.

5 And so that council embraced the idea of using
6 some of these existing external coordinated councils as
7 almost their subcommittees. Doesn't mean they might still
8 not come up with additional things relating to those
9 subjects, and she and I had even clarified that, that if
10 this council, for instance, doesn't have certain
11 recommendations within housing and someone else on that
12 larger committee does, that doesn't keep them from
13 potentially still wanting to do something else with
14 housing, and that's okay that it doesn't germinate here,
15 but this would be a place for things to germinate relating
16 to housing and services and go from this council up to
17 this broader Behavioral Health Coordinating Council.

18 They also clarified for me -- and I think this
19 has happened maybe since you guys last met -- I think
20 Elizabeth and I thought this was something where there was
21 going to be an expectation in the pretty near term about
22 us coming up with feedback or input or suggestions, but
23 the housing goals within the Statewide Behavioral Health
24 Coordinating Council's plan are 2020 and 2021 goals, and
25 so when we talked about it they were like, oh, we don't

1 need anything from you guys yet.

2 So I think the way they're planning on doing it
3 is each time they meet there's a housing committee item
4 and we will report out whatever this group has been
5 working on and just share it with them, but there's not
6 much of an expectation yet that we're feeding them
7 anything more other than just what our natural occurring
8 work is, and then over time that will evolve into
9 potentially being a little bit more. Right?

10 MS. YEVICH: That is correct. And that's what
11 I spoke with them about a couple of weeks ago when I
12 attended, letting them know about the biennial plan and
13 report. And I was telling Doni, just sort of as an aside
14 here, I feel like somebody on the phone was saying we
15 haven't been able to meet quorum, and we were talking
16 about the transformation and there was a vacancy or two,
17 and I believe they're going to try to make sure that our
18 vacancies are no longer vacant.

19 So we're going to work with them on that
20 because it would only help out because if we're not truly
21 having a formal meeting and having quorum, then whatever
22 we decide here technically may or may not be.

23 MR. IRVINE: It's not a decision.

24 MS. YEVICH: Exactly. So I think that's really
25 going to be step one is working on making sure that this

1 council is fully in quorum with representatives.

2 MS. BOSTON: And all that said, Carissa, that
3 doesn't negate at all what Tim had said about if people
4 want to provide input to this council and this council
5 talk about that and those happen to feed from, for
6 instance, your Behavioral Health Advisory Committee --
7 which is their committee of advocates -- that's fine. I'm
8 not implying that we still don't want to hear that, but I
9 do think the vision from the Statewide Behavioral Health
10 Coordinating Council was an information flow mostly from
11 us to them.

12 MR. IRVINE: You know, one thing that might be
13 helpful if you could email everybody on the council the
14 membership, the current membership in the Behavioral
15 Health Coordinating Council and also on the Veterans
16 Coordinating Council, and that way if anybody on this
17 council knows one or more of those other folks and you
18 want to go have a cup of coffee with them or just call
19 them up and get input or ideas, that would be a way to
20 pull in more information.

21 MR. SAUM: And I can provide who's on the
22 housing subcommittee for TVC.

23 MR. IRVINE: We know that one.

24 MR. SAUM: And also, we have more group
25 meetings coming up the week of June 12 so I can let you

1 know when the housing one is.

2 MR. IRVINE: Excellent.

3 And our last agenda item, Michael, did you want
4 to update us on the CMS Innovation Accelerator Program?

5 MR. WILT: Yes. Can you all hear me?

6 MR. IRVINE: Hear you well.

7 MR. WILT: Okay, great. We provided an update
8 on this like maybe once or twice at past meetings. As a
9 reminder, we entered into what the CMS IAP program, it's
10 the Federal Center for Medicaid Services Innovation
11 Accelerator Program, and it's designed to empower states
12 with figuring out how to take people out of institutional
13 settings and bring them into community-based housing, so
14 I'm very interested in how the definition of integrated
15 housing, how that conversation continues, because that
16 will help us in some of the work we're doing.

17 Our IAP program began in August of last year
18 and it actually culminates on May 16, and the culmination
19 of our work is an action plan that we've been creating.
20 We've spent the last several months ironing out the
21 details and we are now seeking approval from HHSC
22 leadership on the components of that action plan. We are
23 waiting for them to approve it before we go over some of
24 the specifics, so I anticipate that we'll be able to delve
25 more into the specifics of the plan at our next quarterly

1 meeting.

2 What's also exciting is that as that work was
3 wrapping up, we were also awarded an opportunity through
4 NASHP, which is the National Academy of State Health
5 Policies, and they're helping us on a housing institute of
6 sustainable financing cross-agency housing and health
7 initiatives. That's a long way of saying that they're
8 going to provide ongoing technical assistance to help us
9 with implementing a lot of the action plan, and more
10 specifically, on how we can create more permanent
11 supportive housing units, how we can use data better
12 whenever it comes to addressing social determinants of
13 health, and also exploring some alternative financing
14 models so that we can actually either integrate people
15 into existing housing or create some new units. So that
16 technical assistance that NASHP is providing will last for
17 about 2-1/2 years and it will extend well beyond this work
18 that we've done through the IAP, so we're very excited
19 about that.

20 Carissa Dougherty is kind of the lead on the
21 NASHP effort ongoing and we'll continue to be involved as
22 the housing partner, and I'll leave it at that and see if
23 anybody has any questions. Carissa, I assume, is still on
24 the phone and she can probably answer questions better
25 than I can.

1 MS. YEVICH: Thank you, Michael.

2 MR. WILT: Sure.

3 MS. BOSTON: Do you want to add anything,
4 Carissa?

5 MS. DOUGHERTY: I don't. Michael, you did a
6 good job. We're just excited to keep the momentum going.
7 And I was thinking about the IAP group, and now in its
8 iteration with NASHP, might also have some ideas that
9 might could be bubbled up through the group in terms of
10 informing your plan. They've done a lot of work in terms
11 of identifying barriers

12 MS. YEVICH: Great. Thanks, Carissa. That's a
13 good tip.

14 MS. BOSTON: Under public comment and updates,
15 the one thing I just wanted to share is TDHCA has decided
16 to apply for a NOFA that HUD released that is for the
17 Mainstream Voucher Program. Even though it's called
18 Mainstream, it's specific to a pretty narrow population
19 which is people with disabilities with an emphasis on
20 exiting institutions. We currently run a program like
21 that in partnership with Texas HHS, and so right now we
22 have more than 200 people on that waiting list just kind
23 of waiting to exit. We currently fund those with our
24 existing Section 8 program that TDHCA operates as a small
25 housing authority, and so that list has been growing and

1 we haven't been able to get people off of it as fast as we
2 would like, so we're going to go after these vouchers
3 under this NOFA from HUD to try and basically serve the
4 reset of that waiting list. So we're excited about that.

5 MS. YEVICH: Any questions?

6 MS. GREEN: Elizabeth and I were talking before
7 the meeting, and that NOFA was shared broadly and has been
8 forwarded to a couple of distribution lists that I'm on.
9 One is for relocation contractors, primarily centers for
10 independent living, and the other is the Aging and
11 Disability Resource Center housing navigators, so there
12 was a lot of interest and excitement in that opportunity,
13 and so there's going to be an informational call this
14 afternoon. One of the MCOs is kind of taking the lead on
15 bringing together those two groups to kind of talk through
16 the possibility.

17 I wasn't aware that TDHCA had interest in that,
18 and certainly if the group doesn't decide to kind of
19 organize that effort on its own, might there be some
20 opportunities for partnership? For example, I know that
21 it's encouraging community-based organizations to partner.

22 Might letters of support be helpful?

23 MS. BOSTON: I'm sure letters of support
24 wouldn't hurt at all. We're kind of cautious about
25 partnering -- and I had someone else ask me this within

1 the first few days -- the dilemma for us with partnering
2 is our program is already statewide, our project access
3 program, and so we'd be applying statewide, and if I were
4 to try and single out any PHA or LMHA to work with me, I
5 would need to come up with a model by which I pick who
6 we're going to partner with. So for instance, a
7 submission where anyone who thinks they want to partner
8 with us could turn it in, we'd need to evaluate that,
9 decide who we want to partner with, and then do our app,
10 and because the time on this is tight, which is June, the
11 June 16 deadline --

12 MS. YEVICH: 18th.

13 MS. BOSTON: -- maybe 18th, I don't think
14 there's the luxury of time for that this time. Otherwise,
15 we'd be being partial, because if I picked to work with
16 you but not with the Travis County PHA who called me, then
17 I've been pretty arbitrary with who I'm going to work
18 with. So from the perspective of being fair, we can't
19 just randomly partner with whoever seeks us out, we would
20 have to have a fair and equitable method to do that. So
21 what I have told the other party is that we can't partner,
22 although that doesn't mean in the future we aren't open to
23 the ideas of collaboration if, in fact, the time frames
24 were longer.

25 So right now because on our current project

1 access program we have the relationships with the referral
2 agents already, so we're planning on representing that in
3 the application because through our project access we're
4 already getting those, so the infrastructure that they're
5 hoping to see people show they have is an infrastructure
6 we already have. Do you see what I'm saying?

7 MS. GREEN: Kind of, sort of.

8 MR. IRVINE: So basically, not enough time to
9 do a procurement to find another partner, and even if we
10 had the time, how do you find a local partner when you're
11 doing something statewide.

12 MS. GREEN: Well, I was just thinking that it
13 might be helpful to show support from existing partners if
14 you're expanding Project Access to have relocation
15 contractors and CPS and LMHAs who are currently making
16 referrals, and MCOs who have members in institutions, it
17 wouldn't be establishing preferential treatment. And I'm
18 not necessarily advocating for that, but I understand your
19 requirement to be fair and impartial, and I wasn't really
20 envisioning that there would be exclusive referral
21 relationships, but again, just kind of demonstrating
22 support from the existing partners who are part of the
23 current Project Access program.

24 MS. BOSTON: Sure. Yes, that would be good.

25 MS. YEVICH: And if you just want to stay in

1 touch with us as we're moving forward, it's a really quick
2 expedited timeline.

3 MR. IRVINE: Surely June is not till next
4 month.

5 MS. YEVICH: We're going to get it through
6 executive to look at this. Right?

7 MR. IRVINE: I'm quick.

8 MS. YEVICH: He is.

9 (General talking and laughter.)

10 MR. IRVINE: Okay. We're coming down the home
11 stretch. Since we're not formally meeting, we still want
12 to know what you guys want us to do in terms of the next
13 meeting scheduled, I believe, for July 11, and if you've
14 got any suggestions, questions, comments, rather than
15 making you come up with them on the spot, just feel free
16 to email them in or call us if you want to kick something
17 around.

18 MR. HINDS: Can I just come completely out of
19 left field?

20 MR. IRVINE: Sure.

21 MR. HINDS: So being in CDBG statewide, most of
22 our emphasis is going to be on rural communities, and so
23 I'm hearing a lot of discussions about these programs that
24 seem to be tailored more towards like larger cities where
25 there's a lot of other infrastructure and things for

1 support, because even the definition of service-enriched
2 housing, there are a lot of rural communities where that's
3 not even an option for anybody. So I'm just kind of
4 struck by that in terms of the barriers for service-
5 enriched housing being geographic in rural kind of
6 communities. So that's just kind of what struck me with
7 my background sitting here listening to all this very
8 interesting stuff.

9 MS. BOSTON: That's great input. Thank you.

10 MS. YEVICH: It definitely is. Thanks, Chad.

11 MR. IRVINE: It's also very much our view that
12 we don't want to turn the people who develop and
13 administer affordable housing into service providers, but
14 we want them to as much as possible configure their
15 business model so that it accommodates and links well with
16 service providers. And you know, in rural areas as well
17 as urban areas there are people out there who do help
18 address those issues. Always looking for more ideas.

19 MS. GREEN: One of the neat things about the
20 academy is there was representation from some rural
21 communities, and they were really strong.

22 MS. YEVICH: It certainly was. They were
23 strong.

24 MS. GREEN: They came up with some really
25 innovative solutions. I mean, Longview had a tiny house

1 initiative.

2 MS. YEVICH: Especially Longview.

3 Mr. SAUM: In regard to the reports, so the
4 July meeting will be the last time we meet prior to it
5 being done?

6 MS. YEVICH: And that's an excellent question.
7 Yes, it would be great if we could have a quorum and vote
8 on it.

9 MR. IRVINE: If you see something in it as the
10 drafts begin to circulate that you say, oh, my god, that's
11 so significant that we need to meet, then say why don't
12 you pull together a meeting.

13 MR. SAUM: Is there a draft that's been
14 circulated already?

15 MS. ADAMS: Not yet.

16 MS. YEVICH: Not yet, no.

17 MS. BOSTON: But it will be before the next
18 meeting.

19 MS. YEVICH: Definitely pretty soon.

20 MR. SAUM: One thing I had as far as when you
21 went through the items, is there a resource section that
22 just kind of overviews what the agencies that are involved
23 here have involving housing?

24 MS. YEVICH: That's another great idea.

25 MS. ADAMS: I have last year's.

1 MS. YEVICH: And those were really robust but I
2 don't think we had a section like that.

3 MS. ADAMS: We have some where it talks about
4 the different programs that are offered, but I think we
5 could definitely dive deeper into what each of these
6 agencies are doing. That's a great idea.

7 MR. SAUM: That's an opportunity for any time a
8 report is touching the legislature it gives an agency a
9 chance to put your programs out there.

10 MS. YEVICH: We'll definitely give that wording
11 back to everybody to do for their agencies, and for our
12 council appointees, because each governor appointee on the
13 council is by legislation.

14 Although technically yours was an advisory
15 group, Promoting Independence Advisory Committee which was
16 out there for like 15-20 years, but by legislation it went
17 away last August 31. But we certainly didn't want Doni to
18 ever go away from here.

19 There's more than likely some cleanup that we
20 would assume that Senator Nelson's staff or perhaps we
21 would be doing or recommending for name changes,
22 especially with the transformation. I mean, all those
23 agencies, DARS and DADS, they're still listed and who our
24 appointees are supposed to be, but as we all know, DARS
25 and DADS are no longer there, PISC is not there, and so

1 that's another reason right now we're a little bit slender
2 with our council members is it's due to transformations.

3 (General talking and laughter.)

4 MR. IRVINE: May the 4th be with you, and get
5 out there and celebrate.

6 (Whereupon, at 11:23 a.m., the meeting was
7 concluded.)

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C E R T I F I C A T E

MEETING OF: Housing & Health Services Coordination
 Council

LOCATION: Austin, Texas

DATE: May 4, 2018

I do hereby certify that the foregoing pages,
numbers 1 through 58, inclusive, are the true, accurate,
and complete transcript prepared from the verbal recording
made by electronic recording by Nancy H. King before the
Texas Department of Housing and Community Affairs.

DATE: May 9, 2018

(Transcriber)

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