

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOUSING AND HEALTH SERVICES
COORDINATION COUNCIL MEETING

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

July 17, 2013
10:00 a.m.

COUNCIL MEMBERS PRESENT:

TIMOTHY IRVINE, Chair
PAULA MARGESON, Vice Chair
STEVE ASHMAN for MARC GOLD
DAVID DANENFELZER
REV. KENNETH DARDEN
MIKE GOODWIN
AMY GRANBERRY
DONI GREEN
JIM HANOPHY
JAMES HILL
JEAN LANGENDORF
JONAS SCHWARTZ

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P R O C E E D I N G S

1
2 MR. IRVINE: Okay. Roll call.
3 Becky Dempsey.
4 MS. DEMPSEY: Here.
5 MR. IRVINE: Megan Cody.
6 (No response.)
7 MR. IRVINE: David Danenfelzer.
8 (No response.)
9 MR. IRVINE: Jonas Schwartz.
10 MR. SCHWARTZ: Here.
11 MR. IRVINE: Jim Hanophy.
12 MR. HANOPHY: Here.
13 MR. IRVINE: Marc Gold.
14 MR. ASHMAN: Steve Ashman, for him.
15 MR. IRVINE: Laura Vanoni.
16 MS. VANONI: Here.
17 MR. IRVINE: Doni Green.
18 MS. GREEN: Here.
19 MR. IRVINE: Mike Goodwin.
20 MR. GOODWIN: Here.
21 MR. IRVINE: Amy Granberry.
22 MS. GRANBERRY: Here.
23 MR. IRVINE: Paula Margeson.
24 MS. MARGESON: Here.
25 MR. IRVINE: Felix Briones.

1 (No response.)

2 MR. IRVINE: Kenneth Darden.

3 (No response.)

4 MR. IRVINE: Jean Langendorf.

5 MS. LANGENDORF: Here.

6 MR. IRVINE: Jean is on the phone. James Hill.

7 MR. HILL: Present.

8 MR. IRVINE: We are set. We have got a quorum.

9 The time is 10:02 on my clock and we are beginning the
10 meeting of the Housing and Health Services Coordination
11 Council. I had to look at it to get it right, because I
12 always just call it the Husky.

13 First item is the approval of the minutes from
14 April 15, 2013. Has everybody had a chance to review
15 them? Do we have a motion to approve?

16 MR. HILL: So moved.

17 MR. GOODWIN: Second.

18 MR. IRVINE: Motion and second. Discussion?

19 (No response.)

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

21 (A chorus of ayes.)

22 MR. IRVINE: Any opposed?

23 (No response.)

24 MR. IRVINE: The minutes are approved. Next
25 item is discussion and approval of the bylaws and

1 amendments. Have you all had a chance to look at those
2 proposed amendments?

3 MS. MARGESON: You know, I read them. And I
4 was wondering were they tracked changed? Because my
5 screener didn=t tell me which things were being omitted.
6 But the only thing I picked up on was changing the rule
7 representation. Was there anything else that was
8 different?

9 MR. HILL: There were some changes to the
10 standing committees. There was a strike through on this,
11 identifying the particular committees, as opposed to just
12 mentioning, you know, that we'd have standing committees.

13
14 MR. IRVINE: And that way, it=s to the
15 Council=s flexibility to establish committees.

16 MS. MARGESON: So we don=t have policy and
17 barriers and coordination anymore?

18 MS. GREEN: Well, it says they'll determine --

19 MR. IRVINE: We still have those committees, I
20 believe. The way I understood it was, we still have those
21 committees but it is our flexibility to change them. We
22 are not locked in to having only the committees --

23 MALE VOICE: Right.

24 MR. IRVINE: Specified in the bylaws.

25 MS. MARGESON: Okay. I read that. I didn=t

1 know if that was a change or not.

2 MR. IRVINE: Okay.

3 MS. MARGESON: It is.

4 MS. GREEN: I have a question on number six on
5 designated a representative from Promoting Independence.
6 And I didn't see that language in here. It is on track to
7 change. But it has no change.

8 MS. MARGESON: No. It is the first one that is
9 listed. Promoting Independence Representative's the very
10 first one.

11 MS. GREEN: Well, with these bylaws, it says
12 financial institutions, multi-family housing developers.

13 MS. MARGESON: Well, those are the appointed
14 ones, right. That is not the --

15 MS. GREEN: Interest groups, it says. One
16 representative from each of the following interest groups
17 appointed by the Governor.

18 MS. MARGESON: It seems like the language has
19 changed.

20 MR. IRVINE: Right. But right above it, is a
21 member of the Commission Promoting Independence advisory
22 committee.

23 MS. GREEN: Okay. Yes.

24 MR. IRVINE: That remains unchanged. Well, as
25 always, if it is not the way we want it, we can always

1 change it. It does require some procedural work. We
2 would entertain a motion to adopt.

3 MR. GOODWIN: So moved.

4 MR. HILL: Second.

5 MR. IRVINE: Any discussion?

6 (No response.)

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

8 (A chorus of ayes.)

9 MR. IRVINE: Any opposed?

10 (No response.)

11 MR. IRVINE: It carries unanimously. Okay. We
12 are going to have a presentation from Anna Sonenthal on
13 the rental assistance for people with mental illness.

14 MS. SONENTHAL: I guess I will just stand.

15 MR. IRVINE: Come on up and sit here at the --
16 go sit in Ken=s chair.

17 FEMALE VOICE: Because I won=t be able to see
18 you if you are back there.

19 MALE VOICE: You are such a card. You missed
20 your calling, stand-up comedy.

21 (Simultaneous discussion.)

22 MS. SONENTHAL: All right. So I am just here
23 to talk about the money that we received from the last
24 legislative session for rental and utility assistance. I
25 obviously work with DSHS. My name is Anna Sonenthal. And

1 I am in the Substance Abuse Division.

2 And so we asked for an exceptional item for
3 housing and we received it. It is 10.8. We have
4 approximately \$10.8 million after the overhead costs are
5 taken out. And so, that process right now, what we are
6 doing is, it is only allocated for the local mental health
7 authorities.

8 And so, we had them kind of apply for it. We
9 developed a needs and capacity assessment. And so, some
10 of the LMHAs -- not all of them -- applied for the money.

11 And we are in the process of determining the allocation
12 of that money right now.

13 And let me see. And so, yes, that is pretty
14 much where we are right now. The next steps are, they ask
15 for certain projects. They have all described certain
16 projects that they want to be working on, and we are going
17 to do it in the next performance contract and allocate
18 that money and give it to them. So it is only for rental
19 and utility assistance, only for the biennium.

20 They are all going to have transition plans
21 after that. They are required to have transition plans
22 for the people that they are going to give the money to.
23 And that is about it.

24 MR. HILL: How many LMHAs applied?

25 MS. SONENTHAL: I don=t know if I can give you

1 that information. I was going to tell y'all, but then my
2 boss said that is just not public yet.

3 MR. HILL: You said what?

4 MS. SONENTHAL: I don=t know if I can tell you
5 how many LMHAS applied right now, because it is not
6 public.

7 MR. HILL: Okay. How many didn=t apply?

8 (General laughter.)

9 MS. SONENTHAL: I would say 2/3 applied.

10 MS. RICHARD: And I just wanted to make sure
11 that you speak up just a bit.

12 Jean, I just wanted to make sure, did you hear
13 that? The question was, how many of the LMHAS did apply.
14 And I think the response was maybe about 2/3, ballpark.

15 MS. LANGENDORF: Thank you very much. And I do
16 have some questions, if we are at that point.

17 MS. SONENTHAL: Definitely. I am open to
18 questions. Sorry, it was pretty short, but that is what
19 is going on.

20 MS. RICHARD: Go ahead, Jean.

21 MS. LANGENDORF: Could you kind of tell us
22 about your model for this? Are you all paying the
23 landlords directly? And I am assuming you are giving a
24 grant amount to the local community centers. Is that
25 correct? Is that what I understood?

1 MS. SONENTHAL: Yes. So, we are awarding and
2 allocating based on the proposals that they -- and the
3 thing is, it looks different for every center. Every
4 center proposed a different kind of project, based on
5 their need.

6 The money is only supposed to go to rental and
7 utility. And how we are going to give it -- now we give
8 it to the center. And then the center works directly with
9 the landlords.

10 MS. LANGENDORF: Okay. Do you all have -- I
11 mean, are you providing any kind of guidance. We are
12 obviously houser, as we like to call ourselves, those of
13 us in the housing arena. And there are models that come
14 down from the federal government and that landlords that
15 are involved in a kind rental voucher are pretty familiar
16 with.

17 And so I didn=t know in -- since this is coming
18 out of a Human Services arena, if you all are utilizing
19 those models, or -- I guess, for my interests, or our
20 interests as advocates, we would like to somehow be -- to
21 understand that we are doing apples to apples. So when we
22 go before the Legislature in the future to try to see that
23 is more assistance, because we all know there is a great
24 need, that we are all talking about the same thing.

25 So is there any way that you all can share the

1 models? If you are paying a third of the -- you know
2 allowed to pay only a third of their income, or how you
3 are determining the individual assistance.

4 MS. SONENTHAL: Sure. I don=t know if you are
5 talking kind of about project-based or tenant-based rental
6 assistance. I don=t know if that was what you mean by
7 models. I can describe it just in a little bit more
8 detail for you.

9 MS. LANGENDORF: That would be wonderful.

10 MS. SONENTHAL: But it isn=t project or tenant-
11 based. It is up to the center, and they are the ones that
12 proposed their project. The money is allocated
13 specifically for rental and utility assistance. And so,
14 we have long and short term.

15 The way that we proposed this to the
16 Legislature is, there is a certain amount of money that we
17 asked for, for long term. Which -- that number was
18 developed, you know, based on research that we had done
19 for a year. And then short term would be for three
20 months.

21 And so, we asked the centers to propose
22 projects that have kind of a two to one ratio, that they
23 are serving two long term to one short term. But that is
24 basically the guidance that we gave them, with that.

25 We didn=t tell them that they had to be

1 project-based or tenant-based. It is really up to the
2 center, up to their need. And in each location, there is
3 very different resources, and very different needs. And
4 so, that is why we kind of left it like that.

5 Because, you know, someone in West Texas versus
6 someone in Fort Worth, they are going to have very
7 different resources available to them, and very different
8 projects that they could possibly do with this money. I
9 don=t really --

10 MS. LANGENDORF: So at the end of the day, you
11 all will be reporting on the number of people assisted?
12 How many number of vouchers provided, or -- you know, I
13 guess -- what is the measuring goal there?

14 MS. SONENTHAL: That is a great question. And
15 I believe that the answer is, it is the number of people.
16 That is kind of their target.

17 Let me think about that answer a little bit
18 more. I mean, yes. It is not -- it is number of people
19 served. Yes. That is what we are going to have them
20 report on.

21 MS. LANGENDORF: Okay. And then, for a number
22 of months. I mean, is there going to be some kind of
23 measure that we will all understand?

24 And primarily, obviously, we are thrilled,
25 those of us in the housing community, that there is this

1 resource. Because we all know there is a great need for
2 it.

3 But I guess, so we all understand, going
4 forward, so we can continue these kind of programs, you
5 know, what we are measuring, and how this is being
6 provided. You are saying, if it comes through your
7 center, the assumption would be then that they are getting
8 some other kind of support services.

9 MS. SONENTHAL: They have to --

10 MS. LANGENDORF: We are concerned about that,
11 where we are serving on a Housing and Health Services
12 Coordination Council. So is there a general assumption
13 that anybody receiving assistance is also receiving some
14 form of counseling?

15 MS. SONENTHAL: They all have to be receiving
16 support services from the LMHAs.

17 MS. LANGENDORF: Okay.

18 MS. SONENTHAL: And so, because the money is
19 being given to the LMHAs, it is in their performance
20 contract that the people that are receiving this rental
21 and utility assistance are receiving support services as
22 well, although this money does not pay for that. But it
23 is required in their contract, yes.

24 MR. HILL: You mentioned a transition plan. Is
25 that to transition off assistance?

1 MS. SONENTHAL: Basically, yes. We just want
2 to know that they have a plan for these people after the
3 biennium is through -- that they are continually working
4 on that.

5 MR. HILL: Does that include them going to
6 work? Is that part of the transition plan? To be able to
7 afford their rent?

8 MS. SONENTHAL: That is part of all of their
9 plans, hopefully, that they are receiving employment,
10 supportive employment, supportive housing. We require
11 that in their original performance contract, aside from
12 this. So they should be, yes. I mean, they should be
13 receiving that kind of service.

14 MR. HILL: So at some point, agencies who
15 coordinate with the LMHAs, at some point, how would we
16 know who has the contract and who doesn=t?

17 MS. SONENTHAL: Who is awarded, and who is not?

18 MR. HILL: Yes. How is that going to be -- I
19 mean, we know you are putting it in their individual
20 contracts. But how would we know which of those have
21 that?

22 MS. SONENTHAL: I mean, I can ask my
23 supervisor, whenever that information becomes public. I
24 am sure it will become public and we can provide that
25 information to people interested. We just can=t do it

1 right now, because it is not public yet.

2 MR. HILL: Sure.

3 MS. SONENTHAL: We haven=t finalized the
4 allocation process or anything. But I mean, I don=t see
5 why not, why people can=t know.

6 MR. HILL: Okay.

7 MS. GREEN: Does the program establish certain
8 qualifying diagnoses, or did the centers develop --

9 MS. SONENTHAL: For housing?

10 MS. GREEN: Yes.

11 MS. SONENTHAL: That is a great question.

12 Because are you thinking, just with the whole ITRR
13 process. I don=t know. I mean, no.

14 Just as long as they are in a service package
15 one through four. So does that, I mean -- one through
16 four. I am sorry. That is not my area. That is --

17 MR. HILL: The LMHAs have that priority
18 population.

19 MS. GREEN: And it the same, the top three.

20 MS. SONENTHAL: Yes. It is the top three.

21 MS. GREEN: Yes. And one of the challenges
22 that we bump up against in several programs is working
23 with consumers who have significant mental illness. But
24 it is not one of the three qualifying diagnoses.

25 And so, it is frustrating that folks who have

1 debilitating mental illness, personality disorder, anxiety
2 disorder, OCD, they can't access any kind of services,
3 because it is not major depression, schizophrenia, or
4 bipolar. And so it sounds like the housing piece will be
5 tied to those qualifying diagnoses.

6 MS. SONENTHAL: In service package one through
7 four. Yes.

8 MS. GREEN: Yes. I wish there was a way that
9 we could just look at function instead of diagnoses.

10 MS. SONENTHAL: That is an awesome --

11 MS. GREEN: I mean, it is easier to screen.
12 You know, you have the wrong diagnosis, sorry. But you
13 know, I wish there was a better way.

14 MS. SONENTHAL: And I believe that that is
15 federal. Like, that is totally -- I mean, I don't see
16 that being changed any time soon.

17 MS. MARGESON: Is long term then, the 24 months
18 of the biennial -- three months is short term, and 24
19 months is long term?

20 MS. SONENTHAL: We are encouraging it to be one
21 year. But if they need longer, that is allowable. And in
22 their contract, we are just kind of saying, you know, it
23 is encouraged one year, no longer than 18 months, and try
24 and transition them. But that is what is considered long
25 term.

1 MR. IRVINE: Let the record reflect, Mr.
2 Danenfelzer here is joining us, at 10:16.

3 MR. DANENFELZER: It is a nice way to say you
4 are late.

5 (Simultaneous discussion.)

6 MS. SONENTHAL: Did you get your question
7 answered, Paula?

8 MS. MARGESON: I did. But I mean, I have some
9 concerns about that. Because you know, people with mental
10 illness, if they haven=t been able to fulfill their
11 transition plan, I would think you know, losing housing
12 rental assistance could throw them into a crisis
13 situation. So that is a real concern to me.

14 MS. SONENTHAL: Just after the two year mark,
15 or whatever.

16 MS. MARGESON: Yes.

17 MS. SONENTHAL: Yes. And that is a real
18 concern. And that is why we are you know, putting these
19 parameters in place of really working with them to try and
20 transition them out. And we did get this funding.

21 It is pretty exciting and pretty great that we
22 even got it, to give them a chance at, you know,
23 transitioning into something better. But this is, you
24 know, the funding is just for the biennium, as far as we
25 know right now. So that is all we can count on at this

1 point.

2 MR. GOODWIN: This is a watch for the next
3 legislative session. Because in the world of housing
4 assistance, I can=t remember a case where assistance that
5 has been given has been terminated without something else
6 coming in behind it to make it up.

7 Like the Section 8 contracts never get
8 cancelled, except through owner malfeasance. But then
9 they go in and pick up the residents with tenant based
10 vouchers, and let them go wherever they want to go. The
11 possibility is, this will create a continuous program over
12 an extended period of time.

13 MS. LANGENDORF: Well, and there's some other
14 program guidance, I guess. Maybe you all can put together
15 some answers to some of our questions.

16 But I think the other concern I would have,
17 number one, I have to assume there's some assurance that
18 this money given to the local community centers cannot be
19 used on their own properties. I would hope that we are
20 not transplanting funding, that we are not duplicating
21 funding. Because that is the last kind of thing we would
22 like to see in the newspapers. And then, for a new
23 program.

24 And then, the other is that there is an
25 agreement with the landlord. We are landlords at Easter

1 Seals and we also provide rental assistance to other
2 landlords through some of our programs. And I think
3 making sure there are those agreements because not all
4 landlords are the same. And we have had some of them you
5 know, sell the property, do things that had we not had
6 written agreements would really jeopardize the consumers
7 that we are serving.

8 So I just hope -- I understand local control.
9 But I also understand program oversight and the kind of
10 potential for landlords taking advantage. Money you know,
11 tracking that.

12 TDHCA is great, I have to say, on those kind of
13 rental assistance programs. You have all of the forms
14 that you need to assure that you are not going to
15 jeopardize the renter.

16 But that is, I guess, my only concern, in
17 having money administered through a human services agency.

18 Not that your heart is not in the right place. But there
19 are some things that happen at the tenant/landlord level
20 that, you know, are related to Fair Housing and other
21 things that we all need to make sure with this precious
22 money that all of the Is are going to be dotted and the Ts
23 are going to be crossed, in those arenas.

24 MS. SONENTHAL: Okay. Those are really, you
25 know, valid concerns. And the good news is, is that, you

1 know, a lot of the local mental health authorities, most
2 of them, I would say, that are applying for this money,
3 have extensive history in running housing programs. You
4 know, they have got really robust housing programs, where
5 they have had a past of running HUD housing programs.

6 So they all have, you know -- in their needs
7 and capacity assessment, when we are allocating the funds,
8 we look at their history, their plan, what they are going
9 to do with the landlords. Plus I will be providing
10 technical assistance to all of the centers that are
11 getting awarded the funds.

12 And just to address what you were saying about,
13 you know, we are not putting them back into the LMHAs.
14 There is only a few LMHAs I know that have like
15 development of their own, that is from HUD.

16 And honestly, in those places, there are some
17 rural centers that there is literally nowhere for them to
18 live. That there is literally no apartments that are good
19 enough for a human being to live in, or that are fair
20 market rent.

21 And so, their kind of last resort is
22 development. And so we did say that, that is -- you know,
23 it is not recommended, but it is okay, if that is the last
24 resort, if they are going to do that.

25 They also, you were asking about models

1 earlier. The model that we use is the SAMHSA supportive
2 housing toolkit.

3 And so, just for supportive housing in general,
4 for all of the centers, when I do technical assistance,
5 that is what we go by, is that toolkit. And so, they
6 recommend, you know, lots of different things. But one of
7 them is integrative housing -- integrative into the
8 community.

9 So it is not necessarily frowned upon that they
10 will use their own development. But if that is -- you
11 know, if they are being ambitious enough -- the resource
12 that they have, and there is literally no apartments in
13 their counties that people are homeless, then we are okay
14 with that.

15 MS. LANGENDORF: Okay. Well, obviously, we'll
16 all be very interested in you all's reporting out.
17 Because again, the self reporting that you all have, with
18 the request of the Legislature, we are thrilled.

19 And this is like the first time in Texas that
20 we have had general funds going into that kind of
21 activity. And obviously, we all want to see it succeed,
22 and make sure we don't have any things that are going to
23 get corrected for the future, with the Legislature.

24 MS. RICHARD: Steve, you had a question?

25 MR. ASHMAN: Yes. It sounds like the target

1 population is the same target population as the TDHCA 811
2 grant, as someone receiving services. Are you going to
3 refinance General Revenue and then let people go on, use
4 the TDHCA 811 program, and just use your money as a gap?
5 And then use the TDHCA funds?

6 MS. SONENTHAL: I think you asked me that
7 yesterday.

8 MR. ASHMAN: Yes. And I don=t think I got an
9 answer. And if you are, and I think SAMHSA probably does
10 the same thing.

11 But if you are, then you have got to meet some
12 of the HUD requirements for quality housing standards,
13 fair rents, and things like that, that you would need to
14 consider. But it would make your money go further, and
15 you would be able to serve a lot more people.

16 MS. SONENTHAL: That is a great idea. And I
17 see exactly what you are saying. And it is really up to
18 the LMHAs. Not every LMHA that applies for this money is
19 qualified for the 811 because of certain catchment areas.

20 MR. ASHMAN: Sure.

21 MS. SONENTHAL: So all of the rural LMHAs that
22 apply for this money, it is not an option for them.

23 MR. ASHMAN: Sure.

24 MS. SONENTHAL: You know, I haven=t seen the
25 transition plans, because they haven=t developed them yet.

1 Because I haven=t, you know, known if they were going to
2 be allocated. But I wouldn=t be surprised if that was
3 part of their transition plan.

4 A lot of them did mention the 811. A lot of
5 them mentioned you know, TDIA, and different things like
6 that, because they have access to it. But are you asking
7 if we are requiring them to do that?

8 MR. ASHMAN: Well, if you are going to do it,
9 it makes your money go further and you serve more people
10 that way. It is just --

11 MS. SONENTHAL: At this point, no. We are not
12 requiring that to happen.

13 MR. ASHMAN: Because it will affect our lease
14 up projections for the vouchers. And so, we will have
15 to --

16 MS. SONENTHAL: But I mean, I am still working
17 on that project, on my end too, the 811. And so, yes, the
18 local mental health authorities are real excited about
19 that.

20 MR. ASHMAN: This is the SAMHSA -- I imagine
21 you are aware, SAMHSA ties that into longer term housing.

22 MS. SONENTHAL: And like I said, it is each
23 LMHA that is going to be awarded money is going to have a
24 different looking project, based on their need. All of
25 them -- I mean, just their need in general, or the support

1 services that they have in their community just look so
2 different from center to center.

3 And so, that is why we have to provide
4 individualized TA to them, and help them in this process.

5 But that is a great transition plan.

6 MR. ASHMAN: This is great. I mean, it is
7 wonderful.

8 MS. SONENTHAL: Yes.

9 MR. ASHMAN: They have needed it for a long
10 time.

11 MS. SONENTHAL: Yes. They have.

12 MS. GREEN: And 811 is much broader, because it
13 includes people who are leaving institutions, with or
14 without mental illness.

15 MR. ASHMAN: Pardon me?

16 MS. GREEN: The 811 target population is
17 broader. Correct. It includes people who are leaving
18 institutions as well as those youth exiting foster care.

19 MR. ASHMAN: Correct.

20 MS. GREEN: So it is just that second target
21 population where there may be some overlap.

22 MR. ASHMAN: Correct.

23 MS. GREEN: Okay.

24 MS. RICHARD: Becky, do you have a question?

25 MS. DEMPSEY: I do. Thank you. Jean kind of

1 broached the subject of model. I am concerned.

2 My question concerns the model that was used in
3 putting out, I guess, an RFP or whatever model that you
4 used. How is it -- is it competitive scoring? How are
5 the awards determined?

6 MS. SONENTHAL: That is a great question. I
7 don=t know if I am at liberty to really like, talk about
8 that a whole lot.

9 MS. DEMPSEY: Well, it should be public.

10 MS. SONENTHAL: Yes. And I think it will be,
11 once the process is finalized and completed.

12 MS. DEMPSEY: So have you not -- so you have
13 not received any applications yet?

14 MS. SONENTHAL: What we did was we -- no, we
15 did. And it is not a formal RFP. It is a needs and
16 capacity assessment. We couldn=t do a formal RFP, because
17 it is not open to everyone. It is just open to the local
18 mental health authorities.

19 And so, it was written in a way of you know,
20 extensively -- it is long. We wanted them to explain
21 extensively their history, their background, their plan,
22 their need. Letters of collaboration, letters of support,
23 all of that. So I mean, it looks like an RFP. But it is
24 not considered an official RFP.

25 MS. DEMPSEY: So you are -- it sounds like you

1 are -- you will be making some subjective judgments as to
2 need, versus a score, on an objective scoring model. Is
3 that correct?

4 MS. SONENTHAL: There are a few people on the
5 review team, quality management, kids, adults -- when I
6 say kids and adults, kids program services, adult program
7 services. Just because they have a different view. And
8 so they are on the review team, looking at the
9 applications that have come in.

10 And so, I would say that most of it is
11 objective, but there is some, I mean, just some
12 subjectivity, I guess, involved in it. Because you know,
13 not everyone understands the centers and their need. And
14 yes.

15 So, I feel like it is not an official RFP. So
16 it is not scored like an official RFP, but there is an
17 objective review process.

18 MS. GREEN: So was that made public prior to
19 notifying these LMHAS that they were eligible to apply?

20 MS. SONENTHAL: Was what made public?

21 MS. GREEN: The methodology that will be used
22 to make the determination as to who gets the award.

23 MS. SONENTHAL: I mean, I believe so. When we
24 sent out the needs and capacity assessment in a broadcast,
25 we explained to them that they would, you know, fill this

1 out and be ranked, you know, according to how well they
2 filled out the proposal.

3 MR. ASHMAN: When -- at least at DADS, when we
4 have gone out for a limited solicitation, we would go to
5 all of the existing aging and disability resource centers
6 or local authorities. And no, it wouldn't be published on
7 Government, GOFF, Government or whatever it is. Because
8 it was targeted to a specific group that we already had
9 contracts with.

10 MR. SCHWARTZ: But it sounds like what we are
11 saying is, there is -- and you did lay out specific
12 criteria --

13 MS. SONENTHAL: Yes.

14 MR. SCHWARTZ: -- in the proposal, by which the
15 proposal would be judged against.

16 MS. SONENTHAL: Yes. Very specific.

17 MS. DEMPSEY: That is really what I am looking
18 for.

19 MR. SCHWARTZ: Yes. For rights.

20 MS. SONENTHAL: Yes. Everything was specific.
21 Everything was outlined.

22 MR. SCHWARTZ: Okay. So you did develop
23 specific criteria that the review committee then is using.

24 MS. SONENTHAL: Yes.

25 MR. SCHWARTZ: To evaluate the applications.

1 MS. SONENTHAL: Yes.

2 MR. SCHWARTZ: Okay.

3 MS. SONENTHAL: Yes.

4 MR. SCHWARTZ: Now, will you be sharing with us
5 at some point in time, you know -- since you said that
6 they have to do an assessment. I think that that would
7 provide some really probably beneficial information for
8 this Council to use, as we move forward, in doing our
9 work. So would it be possible for you to provide us with
10 some kind of a summary or some kind of a document showing
11 the assessment data that you collected.

12 MS. SONENTHAL: So like, the different projects
13 that were proposed?

14 MR. SCHWARTZ: Yes. And probably, I guess,
15 some of the --

16 MS. SONENTHAL: Or their need? Their
17 demonstrated need?

18 MR. SCHWARTZ: All of the above.

19 MS. SONENTHAL: Yes.

20 MR. SCHWARTZ: I mean, you may have to, you
21 know, change the names to protect the innocent. But yes.

22

23 MS. SONENTHAL: I can ask. Definitely.

24 MR. SCHWARTZ: I think that that -- I think
25 that information would be very beneficial to the Council.

1 So I would love to see some information of your
2 assessment.

3 MS. SONENTHAL: Yes. I will ask.

4 MR. ASHMAN: And the other suggestion I might
5 have is, TDHCA is working with HHSC right now on modifying
6 the 2-1-1 system. And these units should probably be
7 posted on there, so the people that are looking for
8 housing and fit that criteria know who to contact.

9 MS. SONENTHAL: These units?

10 MR. ASHMAN: This program. These vouchers.
11 This rental subsidies.

12 MS. SONENTHAL: On 2-1-1?

13 MR. ASHMAN: Uh-huh.

14 MS. SONENTHAL: But this isn't -- this is only
15 for clients of the LMHAs.

16 MR. ASHMAN: But it is housing -- I mean, it is
17 a housing subsidy. And I know we are trying to capture
18 all of the different types of housing that is available in
19 the state for all of the clients that we work with. And
20 that would be a good place to put it, if somebody was
21 looking. Then they would go --

22 (Simultaneous discussion.)

23 MR. ASHMAN: Then they would go to the local --

24 MR. IRVINE: The way I look at sort of the
25 overarching concept here, we are a coordinating body.

1 MS. SONENTHAL: Uh-huh.

2 MR. IRVINE: And to the extent that we can all
3 do everything we do as similarly and as transparently as
4 possible, the easier it is to make sure that you can take
5 advantage of things like, you know, the thing that Steve
6 mentioned, about transitioning to 811. If it's all out
7 there, and it is all transparent, then you know exactly
8 how things line up.

9 It helps us each assess and share with our
10 communities what the opportunities are. And you know,
11 even though they may be only eligible for the LMHA-served
12 populations, I mean, promoting awareness of these kinds of
13 issues is a really pretty powerful thing.

14 I mean, and I think there is nothing more
15 effective than, you know, telling a legislator or a
16 legislative committee, yes. Here it is and it is right
17 off of our website.

18 But the document that you have described that
19 you used in this process sounds a lot like what we would
20 call a competitive NOFA, a Notice of Funds Availability.
21 And you know, we -- just as a matter of practice, I think
22 it is really a good procedure, every time you do a
23 competitive NOFA or something like that, have a single
24 place on your website, where everybody knows, look, there
25 it is.

1 And you may not be eligible to compete for it.
2 But you know what's out there, what's the universe. And
3 you know, it lets the world know how the State is using
4 its funds.

5 MS. SONENTHAL: Yes. I don=t know what the --
6 I mean, I think that everything you are saying sounds
7 great. I just, I am not sure what -- because it isn=t a
8 NOFA, because it isn=t an official RFP --

9 MR. IRVINE: Sure.

10 MS. SONENTHAL: -- if we are, in fact, actually
11 supposed to do that. And I just, I don=t know. But I can
12 ask about that, and I can ask about 2-1-1. So are you
13 saying that, so it would go on there, and then if someone
14 saw it, it would just say that the criteria is that you
15 have be --

16 MS. GREEN: Yes. So 2-1-1 can capture some of
17 the eligibility criteria. So you could even list the name
18 of the participating authorities. Yes.

19 MS. SONENTHAL: Okay. You have to be, you
20 know, the client of a local mental health authority and a
21 service package one through four kind of thing.

22 MR. IRVINE: And please understand, I am not
23 telling you what you have to do.

24 MS. SONENTHAL: No. That is great.

25 MR. IRVINE: Just saying that I think that

1 conceptually, the more we can all do business the same
2 way, the better it is.

3 MS. SONENTHAL: This stuff -- and if there is
4 anything I don=t know the answer to, and that I haven=t
5 answered well, that I need to talk with my supervisor
6 about, I am more than happy to do that, and then get back
7 with you.

8 MR. IRVINE: Sure.

9 MS. SONENTHAL: Because there is just some
10 things that I just don=t feel at liberty to say, you know,
11 yes or no or something. Because I just don=t know. And I
12 would have to ask my supervisor.

13 MR. GOODWIN: That was a comment that I was
14 going to make. It sort of feeds into the next one on the
15 811 project, and the 2-1-1.

16 Having just reviewed the potential site, if we
17 could have the ability on a program like this, when you
18 first go in, that has a home screen, that this is a flash,
19 if you will, or a bubble that says, new program, blah blah
20 blah. And it has a little blurb on it that would lead
21 people to say, hey, there is potentially new housing
22 available and there is potentially new services available.

23 It would probably stay there a month. But
24 just, that is the newest hottest thing in the
25 affordability for housing and services combined, for

1 persons with disabilities. That might be a way to get it
2 out there, too.

3 MS. LANGENDORF: This is Jean. Is our DSHS
4 representative not there today?

5 MS. RICHARD: I am here.

6 MS. LANGENDORF: Oh, okay. I guess in the
7 future, at least as far as serving on this Coordinating
8 Council, maybe we need to have more communication on this.
9 I don=t know.

10 I am trying to -- I am disappointed that there
11 wasn=t the opportunity for any kind of input or -- just to
12 make sure that we're going forward as all of our
13 coordinating agencies together, so that we're sort of on
14 the same page. I don=t know. Maybe I am missing
15 something, but it seems like this is something that we
16 might have been able to have some impact on, or have some
17 input on.

18 MS. RICHARD: I mean, it seems to me like, I
19 know there was great interest at the last meeting of the
20 Council, which is why we have this agenda item. It seems
21 like there is a consensus that inquiring minds want to
22 know.

23 And so, you know, I think it seems like there
24 are a number of people that would just like to know more
25 details. And so, I think in the future, just being able

1 to present again, send updates through me.

2 But it seems like there are people that have a
3 lot of questions, and would like to know more about what
4 the program is going to look like and how it is going to
5 work, and those kinds of things. And so, did I kind of
6 restate kind of what the consensus of the group is? So
7 that maybe we can just work with you all in the future to
8 ensure that that happens?

9 MS. MARGESON: Well, and that is part of our
10 mandate, actually. Isn't that true?

11 That you know, one of our functions as a
12 council is to make sure that all of the agencies that are
13 involved in some phase of housing knows what the other is
14 doing, and that we as a council have some kind of input
15 into that. Isn't that what that coordination between
16 state agencies is all about, in our mandate?

17 MS. SONENTHAL: Well, this is the first time I
18 have heard of this meeting. And supportive housing is
19 kind of my project, over in adult mental health program
20 services.

21 And I know that housing is just a big animal,
22 and lots of people have lots of rules in it. But like I
23 said, this is the first time I have heard of it. And I am
24 more than happy to share, you know.

25 I know that -- I mean, I didn't -- I haven't

1 worked for the agency long enough to -- this exceptional
2 item was started a long time ago. It was being written a
3 long time ago. You know, probably two years ago, they
4 started thinking about it.

5 And so, are you just saying that you would have
6 liked to have more like input in us writing the
7 exceptional item, or just like having your opinion being
8 heard about that? Is that what I am hearing?

9 MR. IRVINE: My sentiment is, we are where we
10 are. Welcome to the club. And you have got a bunch of
11 resources here.

12 And I hope you will draw on each of us, not
13 only in formal committee meetings, but outside of council
14 meetings. And you know, I think that clearly, this is a
15 group that is very engaged on this issue and would like to
16 know as much as possible, and give you candid feedback of
17 ways that you can make it even better.

18 MS. SONENTHAL: Yes. That is great.

19 MR. ASHMAN: It is going to be a great program.
20 We appreciate it.

21 MS. LANGENDORF: And I would like to add, I
22 mean, along with Paula and probably some of the other
23 governor appointees, we sort of have been appointed to
24 this, and using our time. And we were more under the
25 impression from the state agency side that we were all --

1 that we were working on this as a larger group.

2 And, I guess, yes, welcome aboard, but we
3 really do want to look at the state overall. And I think
4 Steve Ashman=s comments -- this program impacts other
5 programs.

6 And that is the whole nature of why this
7 committee was created oh so many years ago, was that we do
8 coordinate these things. And I just feel like this was a
9 pretty good example of lack of coordination.

10 MS. RICHARD: We will work on that. Now you
11 are here, and you kind of heard. Okay. So we will work
12 on that. Any other pressing questions?

13 I would like to maybe move us along on the
14 agenda. Kate is anxiously awaiting to give an update on
15 811 Real Choices. Everyone okay with that? Okay.

16 MR. IRVINE: While Kate is making her way to
17 the table, I obviously missed the announcement that
18 anybody here that is here from the public is always
19 welcome to make comment. All we ask, is that if you are
20 going to make comment, you come to the table so that the
21 mics can pick you up. And you can make it onto the
22 transcript, and that you announce who you are and who you
23 are representing.

24 MS. MOORE: Well, good morning. For those of
25 you that don=t know me, I am Kate Moore. I=m with the

1 Texas Department of Housing and Community Affairs. My
2 general item is an update on 811. And I don=t really have
3 much of an update.

4 So, I thought what I would do is give you a
5 recap for those of you that may not be familiar with 811.

6 I know some of you are very familiar with 811
7 application. But just to give you a brief update and then
8 tell you where we are.

9 So, we applied last summer. There was a
10 competitive NOFA from HUD for first time where State
11 housing finance agencies were eligible to apply for
12 Section 811. Section 811 is HUD=s historic program that
13 serves people with disabilities. But they did some
14 changes to them at the federal level, through the Melville
15 Act back in 2010.

16 And so, we applied for this competitive NOFA.
17 We did a lot of coordinating through what we call the 811
18 Team, which was actually a group of folks that were put
19 together to give us advice for the Real Choice Systems
20 grant, which I am going to talk a little bit more about,
21 after I talk about 811.

22 We did a large public process. We did
23 roundtables throughout the state, to talk about -- to get
24 input on how we would get, put together an application.
25 We went to this Council. We went to the Promoting

1 Independence Advisory Committee.

2 We worked through our internal Advisory
3 Committee called the Disability Advisory Workgroup, to put
4 together an application. It required a lot of work by all
5 of the state agencies involved, which is the HHSC, DADS,
6 DSHS, DARS, DFDS. All of the alphabets were involved.

7 So, everybody put in a lot of work. We
8 determined what our target populations would be, which was
9 one of the requirements of the competitive NOFA. And this
10 was a great part of it.

11 We got a lot of input on it. So there were
12 persons with disabilities that live in institutions, which
13 for our application was people exiting nursing facilities
14 and people exiting ICFIDs, intermediate care facilities.

15 Our second target population was people with
16 serious mental illness and we have talked a little about
17 what that means. And my understanding of what that means
18 is folks that are eligible for Medicaid that are receiving
19 services at a local mental health authority.

20 And the next target population is youth with
21 disabilities exiting foster care. So it has to serve
22 persons with disabilities. And it -- on the NOFA it has
23 to serve 62 and under so it is not for seniors.

24 We also tried to narrow the universe of where
25 we would put this program. Because it takes a lot of

1 coordination, since we are coordinating with a lot of the
2 state agencies. So we proposed seven pilot areas. And
3 they are based on MSA.

4 So Austin, Round Rock, San Marcos, Brownsville,
5 Harlingen, Dallas, Fort Worth, Arlington, El Paso,
6 Houston, Sugar Land, Baytown, McAllen, Edinburgh, Mission,
7 and also in San Antonio and New Braunfels. So these are
8 all things that we proposed in our application.

9 We did receive some guidance from HUD in the
10 NOFA itself. For instance, it talked about some
11 environmental requirements, some other things that gave us
12 some parameters around the program.

13 However, HUD has let -- I would say that there
14 is a caveat that they could sort of change things.
15 Really, everything would be determined in the cooperative
16 agreement. There are no rules, no regulations yet, as
17 delivered by HUD, because this is all -- this is a brand
18 new program, and it is a demonstration program by HUD.

19 So what we are waiting for -- we found out in
20 February that we were awarded the full amount which was
21 \$12 million, which is what we applied for. And so, we are
22 now waiting for the cooperative agreement.

23 And our understanding is, everything will be
24 laid out in that cooperative agreement, and perhaps some
25 program guidelines that go with that. We were told last

1 that we would hear in July about this cooperative
2 agreement, and perhaps receive it in July. And so, it is
3 July. I haven=t seen it yet but I am hopeful.

4 The only other clue that I really have that I
5 will share with you guys is that they announced there is
6 going to be a national conference for those awardees in
7 August, in D.C. So August 20th. So, I wouldn=t think
8 that they would schedule a conference if they don=t have a
9 lot of funds to share. But so I would think that --

10 (Simultaneous discussion.)

11 MS. MOORE: So I am thinking that that is
12 another clue. That is a good date that perhaps we should
13 have it by. So that is really what I know.

14 I know what was in the NOFA. I know what we
15 applied for. But I haven=t received a lot officially from
16 HUD.

17 They have had a couple of webinars. One on
18 TRAC, which is a popular system that we are going to have
19 to use. One on environmental regulation. But not a whole
20 lot of detailed guidance yet coming from HUD. So any
21 questions on 811?

22 MS. GREEN: Yes. You talked about the seven
23 target -- you said SMSA --

24 MS. RICHARD: MSAs. Metropolitan Statistical
25 Area.

1 MS. GREEN: MSAs. Okay. But you are looking
2 at going beyond the urban core to --

3 MS. MOORE: Well, the MSAs -- it is actually
4 determined by OMB and it is a county designation. Yes.
5 So it will include some, if it is part of a rural county,
6 it could possibly be. And I can share that with you. I
7 can share what those geographic areas are. Yes.

8 Okay. I wanted to use this opportunity, too,
9 to give you an update on the Real Choice Systems grant.
10 So, for those of you that aren=t familiar with that grant,
11 I will give you just a real brief background.

12 So, TDHCA partnered with DADS on an application
13 to CMS. We received \$330,000. This was back in 2011, to
14 do some planning around, to help us get ready for Section
15 11, essentially. That was one of the things that you were
16 able to apply for.

17 And we also applied for some related
18 activities. So one of the things we did, the activities,
19 which was completed, and we were successful, was to have a
20 supply for 811. So we worked on our interagency
21 agreements, and we worked on our applications. So that
22 part is done for the Real Choice Systems grant.

23 Our other two activities that we proposed in
24 the grant, one of them is the Housing and Services
25 Partnership Academy. This, we modeled off -- Department

1 of State Health Services had a policy academy, a housing
2 policy academy that we participated in, that we thought
3 was very practical and we modeled off of that.

4 And we created a Housing and Services
5 Partnership Academy and we had that in May, in Dallas. We
6 had 16 communities that participated, over 70 people. We
7 took two days. We got together. We had twelve break-out
8 groups. We had a lot of people come and speak. June
9 came, Jonas was there, Steve was there.

10 There was a lot of folks there, presenting
11 about service funding and presenting about housing funding
12 as well. And helping these local communities that were
13 interested in creating affordable housing, that is
14 community-based with people with disabilities in their
15 community, learn about some resources, but also have some
16 technical assistance for their team about how they can do
17 that in their community.

18 To back up a little bit, in order to apply to
19 participate in the community, our team had to put together
20 a group that included a housing representative, a service
21 representative and a consumer of services and they could
22 have two additional folks, up to five. And so that team
23 was who they sent to the Academy to learn more about how
24 to create more affordable housing for people with
25 disabilities.

1 We had a real diverse, geographically, and also
2 diverse in the types of populations people were interested
3 in serving. It was -- I thought it was a very dynamic
4 couple of days. People were very engaged.

5 People were very interested. I thought it went
6 really well. I really appreciated -- a lot of people
7 spent a lot of time helping us put that together, and put
8 that on. We did a survey afterwards, and received a lot
9 of positive feedback.

10 People thought it was a very valuable use of
11 their time. They think that it is really going to help
12 them create permanent supportive housing -- not supportive
13 housing, permanent affordable housing for people with
14 disabilities in their community. So, we are really
15 pleased so far.

16 The next steps for that, is that two -- our
17 contractors for the Real Choice Systems grant is the UT
18 Center for Disability Studies. And they have
19 subcontracted with Mandi De Mayo.

20 And they are working, providing additional
21 technical assistance to those groups, and making sure they
22 are following up with the goals that they set during the
23 Academy; if they need any additional information and what
24 that could be. So that is still ongoing right now.

25 We are going to have a couple of additional

1 webinars. One is how to use -- we created these things
2 called resource guides, which is this really thick book
3 about different affordable housing and service resources
4 available throughout the state. We are going to have
5 another webinar to really explore that further, and make
6 sure that they know how to use that.

7 And we are going to have another one about
8 innovative practices. So that -- some innovative people
9 are doing throughout the state, to better -- that might be
10 inspirational for them, and helpful for them when they are
11 creating their community plans and goals.

12 So we are really excited that that happened,
13 and went well. The next activity is the Housing and
14 Services Partnership Clearing House. And so, I think all
15 of you should have seen an email that went out on Friday.

16 So we are really pleased that the draft has been
17 released.

18 And there is an online survey. We have had 82
19 respondents to the survey so far. So, we are really
20 pleased. We are going to have a public comment period,
21 August 12th.

22 And at that time, we are going to close the
23 survey, analyze the results, get the 2-1-1 to see if there
24 is any changes that need to be made to the website based
25 on all of that feedback. And release that website out to

1 the public.

2 So that was a recommendation of this Council,
3 and that was the reason it was put into the Real Choice
4 Systems grant. And so, we are real pleased that that is
5 progressing so well.

6 MR. SCHWARTZ: Kate, have those two just --
7 have the webinars been scheduled?

8 MS. MOORE: They haven=t. We are thinking
9 there is probably going to be one in August and one in
10 early September.

11 MR. SCHWARTZ: Okay. And has the resource
12 guide been finalized?

13 MS. MOORE: No. It is supposed to be
14 finalized, I am hoping this week. So, it is not.

15 MR. SCHWARTZ: Okay.

16 MS. MOORE: Yes.

17 MR. GOODWIN: What will be the distribution on
18 the resource guide? In fact, what will be the
19 availability of it?

20 MS. MOORE: Sure. That is a great question.
21 So we are going to put all of the resources that were from
22 the Academy on our website, so that they are available for
23 everybody.

24 And so, that will include a video of all of
25 the -- or a lot of the sessions, for instance. So that

1 folks that weren=t able to participate in the Academy can
2 actually listen to the training that was available, and
3 look at all of the written material that was available, as
4 well.

5 MS. RICHARD: Okay. Any questions?

6 (No response.)

7 MS. RICHARD: Thank you, Kate. Appreciate
8 that.

9 MS. MOORE: Thank you.

10 MR. IRVINE: Before you jump into facilitating
11 the planning and recommendation issues, I just want
12 everybody to know. We do try to follow a clock and wrap
13 up before noon.

14 So, do you have a -- we do still have the
15 legislative update to go. Is your presentation really
16 long and open ended?

17 MS. RICHARD: Yes. It=s not really long. It
18 was just to kind of get a discussion going. And so, I had
19 kind of allocated about 30 minutes or so.

20 MR. IRVINE: Okay. Great.

21 MS. RICHARD: But it may not take that long.

22 MR. IRVINE: Cool. Rock and roll.

23 MS. RICHARD: Just -- it is on the group.
24 Okay. Well, we will move right in, then. I took the
25 liberty -- since I am new and Ashley has moved on to

1 Seattle, I took the liberty of looking at all of the
2 recommendations from both of the plans that have already
3 been produced by this group. And then kind of generally
4 just based on the comment you made at the last meeting,
5 the technical assistance collaborative from their report,
6 their recommendations.

7 And so what I did, is the first document. It
8 says, HSCC and TAC recommendations. I basically took all
9 of the recommendations from all of those, and just listed
10 them out.

11 So you just sort of have an at-a-glance one
12 document where you can kind of quickly scan through and
13 just revisit all of the recommendations that have been
14 made to date. But I have to put my hands on, anyway. So
15 I hope I captured all of those.

16 And I just thought this was a good time to just
17 sort of step back and see where you have been and where
18 you want to go. So you know, we have another plan that
19 would be needing to be drafted and submitted August of
20 2014. So I am just trying to look way ahead.

21 And I just thought this might be something that
22 would be helpful, or not. It is okay, if it is not
23 helpful. But just something for everyone to kind of go
24 back and refresh our memories about the recommendations
25 that have been made to date.

1 So those of you, if you have had a chance to
2 look at it, any comments, feedback, helpful, not helpful,
3 I am open. I don=t know what we might want to do with it.

4 I know we are going to need to be drafting a
5 plan. And so I thought this just might be helpful, to
6 kind of go back and look at what recommendations have been
7 made so far. Does anybody have any thoughts or comments,
8 or suggestions related to that?

9 MR. SCHWARTZ: I find it to be very helpful.
10 Because I mean, it lays out very clearly the need, the two
11 biennial reports that we have done, which are the
12 recommendations which we are required to do.

13 And then, I mean, we spent a lot of, you know,
14 quite a bit of resources to have the technical assistance
15 project review the two reports and studies for us. And it
16 was very good.

17 So it is nice to see all of this stuff side by
18 side. Because it is easier to see where there is
19 commonality and that sort of thing. So I applaud this
20 design.

21 MS. RICHARD: Well, that does kind of lead
22 right into the second part of that document, which starts
23 on page 4. As I was going through all of the
24 recommendations, and putting them down, there were themes.
25 And so I put them in those themed projects.

1 And that was just from kind of an outside
2 perspective, looking at the recommendations. And they
3 seem to fall in five different areas.

4 You know, you all have really made a lot of
5 recommendations related to education and training. There
6 were a number of recommendations around incentives for the
7 Department to look at, and consider -- policies and
8 procedures, recommendations; obviously, additional
9 resources that we could tap or that could be utilized to
10 increase the efforts to expand the service-enriched
11 housing, and then outreach and partnerships.

12 And so, they seem to kind of all fall into
13 those. And that was just my thinking as I went through
14 this. So I did try to kind of put them in those
15 categories which then led into then what work has been
16 done. And kind of -- or is in progress.

17 So after I kind of laid them all out, and sort
18 of categorized them, then I started trying to look at, so
19 where are we with these recommendations. And that is the
20 next document that says, HHSC TAC recommendations
21 completed or in progress.

22 And so, it was just an attempt to sort of kind
23 of step back and just kind of feedback to you all where I
24 think we've been. And just some really -- just sort of
25 lay a foundation for then, where we might want to go for

1 our planning for the next plan that is due in August.

2

3 MR. DANENFELZER: I do have one question.

4 MS. RICHARD: Sure.

5 MR. DANENFELZER: As I was looking through
6 this, I did have a little bit of trouble understanding
7 exactly how and where the TAC recommendations overlapped,
8 whether they did or didn=t overlap with the
9 recommendations we have already in the biennial plans.

10 MS. RICHARD: Okay.

11 MR. DANENFELZER: It looked to me like they all
12 overlapped. But it wasn=t exactly clear to me. Is that
13 true that they all overlap, or not.

14 MS. RICHARD: Not all of them, they don=t. In
15 my opinion, having looked at them.

16 MR. DANENFELZER: Okay.

17 MS. RICHARD: So, I went straight to TAC
18 recommendation number nine. Designate ADRCs as local lead
19 agencies. I could not see in any of the previous biennial
20 plans where that recommendation had been made.

21 MR. DANENFELZER: Okay.

22 MS. RICHARD: That was the first one. Now,
23 modify state plan and waiver services to include service-
24 enriched housing. There were some similar
25 recommendations, you know, in the biennial plan that is to

1 work with HHSC enterprise to -- when plans or waivers are
2 renewed.

3 So I think there is some overlap there. Sorry.

4 I kind of started right in the middle there. So I think
5 there is some overlap, but there were a couple that I
6 thought were not.

7 MS. LANGENDORF: This is Jean. And I guess I
8 am the only one talking. But I mean, I am on the phone.
9 But I really, I think one of the things that I really saw
10 come out of the TAC was on the things that had previously
11 been reported, is that we had some validation.

12 Hopefully, more cases behind what we were
13 recommending. So what I would like to see come out of --
14 I am assuming this means they are doing another report.
15 That we home in on those that we have strong validation
16 and strong background on, to try to move something
17 forward.

18 I mean, I know we have moved something forward.

19 I am not -- as many of you all know, I am hardly ever
20 satisfied. What we do, I want the big steps, not
21 necessarily all the tiny steps.

22 So I mean, is that what we are discussing now,
23 is our next step in the biennial, in doing yet another
24 plan? Or is that another year away?

25 MR. SCHWARTZ: Well, I think, Jean, I think

1 what -- I think we are beginning to lay the groundwork for
2 what that next plan will be. And certainly, my
3 recommendation would be that we will need to look very
4 closely at the TAC recommendations and come up with an
5 implementation plan for as many of those as we can, just
6 in terms of, this is what needs to happen to implement
7 these. And then, work to try to lay the groundwork to get
8 that done.

9 And then, that would comprise the biennial plan
10 for the next time. There is a lot of work that has been
11 recommended through the TAC report. And I think it was my
12 understanding that is why we did it, so that we would
13 begin to have a roadmap of how to begin to move forward in
14 implementing some of this stuff.

15 So I think ultimately, yes it should wind up in
16 our biennial report. But I think our work over the next
17 two years is to really look at these recommendations and
18 then make a real effort to move them forward.

19 MS. RICHARD: Other thoughts?

20 MS. MARGESON: I really love that approach.
21 Because it -- you know, it justifies the money that was
22 spent for the TAC study, and that it is not just something
23 that is going to be on a shelf, but that we are saying
24 okay. Now we have a guideline, or we have a direction.
25 And we can start to flesh that out in our own plan.

1 MR. SCHWARTZ: I mean, that is what -- that is
2 why we did the TAC report. Because we felt like you
3 needed -- we needed the structure of the TAC study, and
4 the information that came out of that to sort of move us
5 forward.

6 And I mean, I myself am very pleased that you
7 know, we had one of the best, I think, organizations to do
8 this particular type of study for us. And so, the
9 information is here. We have got to just use it.

10 MR. IRVINE: Yes. I would just offer an idea.

11 While we have got to do big biennial planning documents
12 and so forth, I would really like to see something a
13 little more nimble and concrete.

14 I would suggest that we take this back. Study
15 it. Talk about it with our peers and management and so
16 forth and then email back to Terri what are your one or
17 two top priorities. And who would be the three or four
18 people that you would propose be a working group to pull
19 together some concrete details as to how that priority
20 would get addressed.

21 And bring those recommendations back to us, so
22 we have got some real specifics to go on. And don't limit
23 yourself in recommending the working groups to members of
24 the Council. Bring in other resources.

25 MS. MARGESON: Spoken like a true

1 administrator.

2 MR. IRVINE: Everybody's mortified.

3 MR. SCHWARTZ: You know, I think the report
4 lays out what we need to do. We just need to now use it.
5 So I think that -- I mean, I think that is an excellent
6 idea.

7 And Terri, I am happy to work with you in
8 trying to put some of this stuff together. Because this
9 is something we have needed for a long time.

10 MS. RICHARD: And since it is online, okay.
11 Great.

12 MR. GOODWIN: Since she is not here, we can
13 nominate Jean, too.

14 MS. RICHARD: Oh, she is here.

15 (Simultaneous discussion.)

16 MS. LANGENDORF: I was muted. And no, I am
17 not.

18 (Simultaneous discussion.)

19 MR. SCHWARTZ: Terri, I did ask you --

20 MS. LANGENDORF: I am going to say I will work
21 on anything that impact -- tries to impact housing --

22 MS. RICHARD: Okay. So you are volunteering to
23 be on a work group. Right, Jean?

24 MR. IRVINE: Perfect timing. We are working on
25 the next QAP already.

1 MS. LANGENDORF: If we write one more
2 recommendation that we don=t get any movement on, I am
3 going to go screaming into the night. But yes. I mean,
4 we have got to create more housing.

5 MS. RICHARD: Yes. Okay. Thank you. Jonas?

6 MR. SCHWARTZ: Terri, after the last meeting, I
7 asked you if -- and I also talked to Kevin. I mean, did
8 they have like a sample work plan?

9 MS. RICHARD: They had --

10 MR. SCHWARTZ: I mean, you know, we didn=t ask
11 them to create that as part of the RFP. But I know they
12 have done a lot of other work in other places. Something
13 that we could just use as a guide.

14 MS. RICHARD: Thank you, Jonas. Yes. That was
15 something I was going to mention. You did ask for that.
16 And yes, they did share one with us.

17 MR. SCHWARTZ: Okay.

18 MS. RICHARD: And so, I will make sure to have
19 that available. And it is something that we could kind of
20 use as a template. I have just briefly glanced at it, but
21 it is an implementation plan.

22 MR. SCHWARTZ: Good.

23 MR. ASHMAN: And then, part of it should be
24 what we have already done. Because I see a lot of things
25 that we have already accomplished in here. I mean -- I

1 don=t think we formally told anybody about.

2 MS. RICHARD: Yes. And so each biennial plan,
3 both of them that I have looked at, they start with what
4 we have accomplished on the previous recommendations.

5 So, I think I hear your suggestion is keep that
6 in. But then, focus on the TAC recommendations, the
7 committable more concrete recommendations, and then how we
8 would propose to address those TAC recommendations. That
9 is it. Anyone?

10 (No response.)

11 MS. RICHARD: Okay.

12 MS. GRANBERRY: And I think the only thing that
13 I would add to that, and I know that Jean will probably
14 agree with me is, I would rather us put three things in
15 there and actually do them, than put 15 in there, and talk
16 about them for the next two years.

17 (Simultaneous discussion.)

18 MS. LANGENDORF: Yes.

19 MS. GRANBERRY: Hi, Jean. It is Amy.

20 MS. LANGENDORF: Yes. I knew it.

21 MR. SCHWARTZ: You know, I think our first two
22 biennial reports were sort of painting the landscape. And
23 now we need to get down to the brass tacks, and prioritize
24 these recommendations.

25 And then pick them off, one by one, that we can

1 actually do. And it is going to take us more than one
2 biennium to do that. So, once we prioritize, we will have
3 a list that we can just keep going back to.

4 MS. MARGESON: Right.

5 MS. MARGESON: So, are we going to then move
6 forward in the way that Tim mentioned, where we each pick
7 our two highest priorities, and then see if there is
8 consensus on say, three of them, or whatever. Or how do
9 we go from here?

10 MS. GRANBERRY: That is probably good. I mean,
11 I think that is the easiest thing to start with, is, if we
12 each send Terri our top three, then she can quickly see a
13 consensus between them, and let us know how we prioritized
14 them.

15 MR. SCHWARTZ: So -- and then you know the work
16 about meeting in September will be to come to a consensus
17 about what the three or four top, you know. And then
18 field them through -- yes.

19 MS. GRANBERRY: Right. Then start developing
20 the implementation plans.

21 MR. SCHWARTZ: Yes.

22 MR. GOODWIN: I would rather see the list and
23 the ranking, if you will. If five people said this, four
24 people said this, three people said that.

25 And then, leave it for discussion, and weed

1 them out. Rather than only see three -- these are the
2 ones that everybody agreed on.

3 MS. GRANBERRY: Right. Okay.

4 MS. RICHARD: Sounds great. I can send out an
5 email and I will give all of you a time period to get it
6 back to me. And then I can get that. And then I can
7 share the implementation plan, so you can look at that.

8 And then, perhaps you would like to see what
9 those are, before we then go out and decide who is going
10 to be in the workgroup. Does that make sense?

11 MR. GOODWIN: Yes.

12 MS. MARGESON: Right. Great.

13 MS. RICHARD: Okay. That sounds good. Sounds
14 like a plan. I am way under 30 minutes, then. Great.
15 Anybody else have any other thing? Are we ready to move
16 on?

17 (No response.)

18 MS. RICHARD: Okay. Great.

19 MR. IRVINE: No action. That is a consensus
20 item. Okay. A quick legislative update. The 83rd
21 Legislature met. And I will give you the TDHCA report.
22 We got through Sunset successfully.

23 We were continued for twelve more years. And
24 anybody who believes that any agency who is continued for
25 twelve years doesn't follow the legislative process

1 closely. Two years is the most anybody ever has.

2 We did receive some significant increased
3 funding. We got the Trust Fund back up to \$11 million.
4 Our Housing Trust Fund is focused on two programs.

5 Our Bootstrap, which is a self help home
6 construction, home ownership program, and the Amy Young
7 Barrier Removal program, which is just what it sounds
8 like. It is to make housing accessible. And we really
9 think that by focusing on just two programs, we can do a
10 more effective job.

11 And one of the things we are really stressing
12 on Amy Young this year is, trying to get the dispersion a
13 little broader. Hopefully, to find some people in rural
14 areas who can access these funds. And pretty
15 consistently, every place we find excess funds that we can
16 put back into the Trust Fund, we are trying to move it to
17 the Barrier Removal program.

18 MR. SCHWARTZ: So Tim, let me ask you, for the
19 folks that apply for the Amy Young funds, do they have to
20 demonstrate that they know something about doing
21 accessibility modifications and have some history --

22 MR. IRVINE: They do not have to have history.
23 You apply for approval of the reservation system
24 participant. And we will make funds available to you,
25 subject of course, to their availability, as soon as you

1 have identified qualified persons or households.

2 And we provide the necessary technical
3 assistance. We help you find -- help you understand the
4 accessibility requirements, and to use the program
5 correctly. We help with questions about procurement and
6 stuff.

7 But what we are really hoping is that as more
8 and more of our local recipients develop a broader arsenal
9 of our program, they will be getting enough work, not only
10 through barrier removal, but through home rehab and
11 through other types of, you know, federally and state
12 funded activities -- that they will be able to keep some
13 qualified contractors engaged on a regular business. But
14 no, they don=t specifically have to have background to get
15 into it.

16 MR. SCHWARTZ: Well, so then is there -- is
17 there any inspection that is done on the back end to make
18 sure that the accessibility modifications that were done
19 meet the homeowners needs?

20 MR. IRVINE: Yes. We have follow up procedures
21 too.

22 MR. SCHWARTZ: It has been my personal
23 experience that there are a lot of people that say they
24 know how to do accessibility modification, and don=t have
25 a clue, and can really do some very, you know, poor and

1 inappropriate work.

2 MR. IRVINE: Right. I have seen some of that
3 myself.

4 MR. DANENFELZER: I also have a question. One
5 thing that someone had asked me about on that program was
6 related to a change where, if they get the money, they
7 also need to make all other like code improvements to the
8 home that are required.

9 MR. IRVINE: No. It is not a code compliance
10 program. However, if a provider goes into a home, and
11 identifies a condition that they believe constitutes an
12 immediate threat to health and safety, then they are
13 permitted to use funds to address that. We don't think it
14 is appropriate for a state program to go into a home and
15 provide improvements and leave, knowing that there is
16 something that is dangerous.

17 MR. DANENFELZER: Is that clearly defined,
18 then, in the NOFA application, of what you determined as
19 how often --

20 MR. IRVINE: We actually use a fair amount of
21 discretion in just local on-the-ground observation. And
22 we track pretty carefully the amount of the funding that
23 is being used for health and safety issues. And so far,
24 it's stayed relatively constant and small.

25 MS. MARGESON: It has been a while since I read

1 the guidelines. But just remind me. Does -- are the
2 rehab grants only available to people who own their
3 property, not --

4 MR. IRVINE: No. It is available to any
5 residential unit. Like if you have got an apartment or a
6 rental property, you could get accessibility features
7 provided through this program.

8 MS. MARGESON: And does the -- are there income
9 guidelines?

10 MR. IRVINE: There are income guidelines. But
11 overwhelmingly, the program serves people at the fairly
12 low end of our income guidelines.

13 MS. MARGESON: And I was looking at it from an
14 applicant point of view, as far as an administrator. But
15 because -- my agency does a lot of, you know,
16 modifications in the Fort Worth area. But I think you
17 already have a provider over there, so --

18 MR. IRVINE: Correct.

19 MS. MARGESON: I wasn't looking at it from the
20 consumer point of view, I guess.

21 MR. GOODWIN: I was just going to comment. You
22 know, when the weatherization program was run, people came
23 out of the woodwork as contractors to identify needs. And
24 then go apply the funds to correct the needs.

25 And you are correct, they did have inspections

1 behind them. In fact, in many cases, we would get a city
2 inspector to certify the quality of the work that was
3 done, and that it met standards.

4 And in this case, for example, I know there are
5 architects out there who specialize in accessibility. And
6 if somehow they could tie in with the local -- I'll say
7 the local agency that go out and identify people who need
8 these things and get the word out. I think that may be
9 one of the hard parts, is getting the word out.

10 We do apartments that use accessibility. But
11 we are not eligible, because we are owners. And our
12 residents, the answer to them, if you want an
13 accessibility modification, fine. Pay for it.

14 So this would serve a huge -- in the tax credit
15 program, for example, where you are required to have
16 accessibility, but the owner only funds so many units.
17 But there may be more people that need it. It would be a
18 huge advantage.

19 MR. ASHMAN: And maybe I should piggyback on
20 that. Because I just got authorized -- one of our Aging
21 and Disability Resource Centers housing navigators, we
22 authorized them to expend some funds to put together a
23 video on accessibility.

24 And they hired an architect. They have got two
25 private developers and then somebody that is certified in

1 accessibility modifications.

2 And they are putting together a video of a
3 home, where they are walking through a digital home on
4 environment modifications -- and not only what it looks
5 like, but why they did it. That type of thing. So they
6 are just starting that now. So that ought to be useful.

7 MS. MARGESON: Are you talking about a smart
8 home with computerized stuff?

9 MR. ASHMAN: No.

10 MS. MARGESON: Okay.

11 MR. ASHMAN: It is simply new -- and actually,
12 it is new construction and it is going to be broken down
13 by chapter. So if somebody wanted to do an environmental
14 modification on existing structure in a bathroom, they can
15 see what has been done in the bathroom.

16 So it will be kind of like, when you rent a
17 video, and you go to Chapter 1 through 6, you pick which
18 chapter you want, or you watch the whole 15 minute video.

19 But it will be -- the house will be a computer house.

20 It won't be a real home. The architect with
21 the software they have, you know, they have got somebody
22 walking around in a camera in a home that is a
23 computerized -- virtual.

24 MS. VANONI: It is basically giving a guideline
25 to the reason that you are lowering the window -- the

1 mirror, or the reason that you have wheelchair
2 accessibilities underneath the sink. Things like that.

3 MR. ASHMAN: And they are also going to talk
4 about, I say ANSI 117, but whatever the uniform
5 accessibility standard is. So we would be talking about
6 those standards, as far as rise to runs, height endorse,
7 which is heights on toilets, things like that.

8 MS. LANGENDORF: Hey Steve, this is Jean. We
9 might want to get together. Fannie Mae funded a home
10 modification manual that we put together several years
11 ago, within a company consumer guide that we use. Kind of
12 stuff already done, but already in place. You might want
13 to peruse.

14 MR. ASHMAN: Okay. And I will Google that. If
15 I can=t get it by Googling it, I will get a hold of you,
16 and I will send that out to him.

17 MS. LANGENDORF: Yes. No. They funded -- we
18 don=t necessarily have it up on the web.

19 MR. ASHMAN: Yes, I know, I'll --

20 MS. LANGENDORF: It was many years ago. But we
21 did a lot of work with Fannie Mae funding. But they
22 didn=t, like, put it on their website or claim it.

23 MR. ASHMAN: Okay. Well, I will see if I can
24 find it. But it is kind of exciting that they are doing
25 something. And it is to educate their local builders on

1 accessibility in new construction. Do it right the first
2 time.

3 MR. GOODWIN: There is a manual out there --

4 MR. ASHMAN: And they will also be identifying
5 the cost differential between building the home or the
6 apartment complex without these features, versus with the
7 features in them.

8 MR. GOODWIN: There is a HUD manual out there,
9 accessible, new construction accessibility manual.

10 MR. ASHMAN: Sure.

11 MR. GOODWIN: It has pictures, all of that.

12 MR. ASHMAN: Sure.

13 MR. GOODWIN: It is about this thick. And --

14 MR. ASHMAN: Sure. Yes.

15 MR. GOODWIN: -- on the website. This would be
16 a tremendous resource if we could educate them that even
17 the housing providers have an example. Visiting nurses
18 down in the Kingsville area used to have funding for this.
19 So when we had a property where we needed, a resident
20 needed something, we would direct them to visiting nurses.

21

22 And the visiting nurses would see if they fell
23 within their program. And if so, they would help them get
24 the modifications. And so that is a resource that the
25 housing provider could use to help the residents identify

1 the source of funding.

2 MS. MARGESON: And I am just curious. Is the
3 Amy grant flexible enough that -- let=s just say, I had a
4 consumer one time who had Tourette's. And she came in and
5 wanted soundproofing, because she would howl when the moon
6 was full, and it bothered neighbors.

7 I am serious. And so she was asking for a
8 grant to have that done. So is there flexibility to that
9 extent, within the Amy grant? Would you consider
10 something like that?

11 MR. IRVINE: The Amy Young program, because
12 it's funding --

13 MS. MARGESON: Grant. Sorry about that.

14 MR. IRVINE: It is a grant program. It is
15 okay.

16 (Simultaneous discussion.)

17 MR. IRVINE: Because it is funded through the
18 Housing Trust Fund, you know, we would have to look at the
19 statute to see if that would be a permitted use. But it
20 actually seems perfectly reasonable to me.

21 MALE VOICE: And it may help keep somebody in
22 their own home and keep them out of eviction.

23 MR. IRVINE: I mean, it is something that makes
24 that home livable for that person. Yes.

25 MS. MARGESON: Cool.

1 MR. IRVINE: So, I am not promising. But I
2 would absolutely be willing to look at it, and consider
3 it. Yes, as a parent of a person with a Tourette's-like
4 syndrome, I can fully appreciate that.

5 MS. MARGESON: Yes.

6 MR. IRVINE: So, okay.

7 MS. MARGESON: Awesome.

8 MR. IRVINE: Just kicking off the rest of the
9 legislative update, Liz. We had two definitions in our
10 statute.

11 Mr. Darden, how are you, sir? We had two
12 definitions of rural in our statute. And now, we just
13 have one. So that is good. That was a consistency issue.

14 We have added the ability for public housing
15 authorities to compete in our at-risk set-asides for tax
16 credits. We have some amendments to our reporting
17 requirements on our State low income housing plan.

18 And also to get rid of, frankly, a kind of
19 expensive and not particularly useful process we were
20 going through in foreclosure data collection. We have
21 created cure periods for non-compliance issues identified
22 on tax credit properties.

23 We have had TDHCA added as a member of the
24 State=s Coordinating Council for Veterans Services. And
25 we have also had the Texas Veterans Commission given

1 representation on this body. So I think that is important
2 to know that we are incorporating greater dialogue with
3 veterans issues.

4 So that is what happened to us this session.
5 Anybody else want to talk about what happened to them?

6 MR. HANOPHY: I will talk very briefly about
7 DAR. Fairly uneventful, but in our VR program, which is
8 mostly federally funded, we got a modest increase in GR
9 through some various mechanisms that we were able to
10 increase our federal match a little bit.

11 Sequestration really did not impact the VR
12 program. In fact, we came out 1.2 percent to the good,
13 because we are formula funded and we had a COLA, a cost of
14 living adjustment, built into our formula. We hadn=t
15 matched the full amount, anyway.

16 So you know, COLA brought us up here
17 (indicating). Sequestration brought us back to where we
18 were. So that was good news for us. So we are able to
19 move some dollars around, that we are going to put out to
20 expand some of our projects.

21 Our comprehensive rehab program, which is post
22 acute brain injury and spinal cord, will also have a
23 modest increase during the biennium. Last biennium, we
24 had a greater share of the 107 fund, which is the felony
25 fund, so we expect to see some additional dollars there.

1 The same thing for blind services, when it comes to the VR
2 program.

3 The deaf and hard of hearing services -- there
4 was a push, and a bill introduced to require interpreters
5 in Texas to be licensed. The bill met with a little bit
6 of resistance when it got down to the end. It didn't
7 pass. Right now, you can be certified. The only thing
8 that requires certification is court -- being a court
9 interpreter.

10 But in addition to that, the Department got, or
11 we got additional dollars to increase the level of
12 training to help people become certified interpreters.
13 There is parts of the state where there is literally no
14 one certified to interpret. And so, we got additional
15 training dollars and additional resource specialist
16 dollars to beef that up, and I think it will probably
17 happen next session.

18 There was a little run at that. Centers for
19 Independent Living, we did put forth exceptional items for
20 more centers. But the Legislature kind of balked a little
21 bit at that because they had some concerns.

22 They know the Centers provide valuable
23 services, but they just weren't quite sure how we measured
24 that. So there was a rider added that requires us to come
25 up with a plan that will demonstrate, in addition to all

1 of the reporting we do on Alphabet measures, outcomes.

2 And so that is already in process. So that is
3 just very briefly what happened with us.

4 MR. ASHMAN: Didn't they fully fund the
5 existing centers?

6 MR. HANOPHY: Yes. Everything was fine.
7 Again, we were looking for additional centers.

8 MR. ASHMAN: Yes.

9 MR. HANOPHY: Because the State, the SPIL, the
10 State Plan for Independent Living says we have 27 right
11 now. In order to meet the needs of the State, we need
12 somewhere around 43.

13 MS. MARGESON: Jim. What happened to the
14 excess funding? I think it was a rider that Zaffirini had
15 authored that put additional AT money into DARS?

16 MR. HANOPHY: That is still in there.

17 MS. MARGESON: It is still -- okay.

18 MR. HANOPHY: It is still used for independent
19 living services.

20 MS. MARGESON: Yes.

21 MR. HANOPHY: No, additional AT dollars, it is
22 just technology dollars. We spend every penny of those,
23 every year.

24 MS. MARGESON: Yes. I know.

25 MR. HANOPHY: The AT dollars, that stayed.

1 MR. IRVINE: Okay. Please let the record
2 reflect that Council member Darden has joined the meeting,
3 and is in attendance. You have got to give him credit for
4 making it through the rain. Okay.

5 MR. ASHMAN: I will go. DADS, attendant care
6 wages -- and this is one of our recommendations, attendant
7 care wages increase to \$7.50 an hour, for fiscal year >14,
8 and up to \$7.86 the following year. Nursing facilities
9 got an increase. Taking cuts in the past.

10 With respect to Promoting Independence, we have
11 400 slots for Promoting Independence slots for individuals
12 with intellectual disabilities. This is new. We have 300
13 waiver slots for individuals at risk of placement in an
14 intermediate care facility. So that is new, that we have
15 diversion slots there.

16 We have 192 slots for children aging out of
17 Family Protective Services foster care. We have -- this
18 is a new one also. We have 360 waiver slots for
19 individuals in nursing facilities that have intellectual
20 disabilities. Currently, if you are in a nursing facility
21 and have IDD, that is not a priority population, and you
22 don't have expedited access to the waiver.

23 So that is good. And we also have 100
24 diversion slots for individuals physically disabled and
25 elderly, to keep them out of nursing facilities. And

1 then, we -- let=s see.

2 Waiver slots increased also. Legislature used
3 some balance incentive fund programs to increase the
4 number of slots available for all of our waiver programs.

5 And I have the specific numbers. I will give this to you
6 when I leave.

7 MS. RICHARD: Thank you, sir.

8 MR. ASHMAN: The PACE program, we don=t talk
9 about PACE very often. The Program of All-inclusive Care
10 for the Elderly. There is only four sites. And it is a
11 capitated program, unlike managed care, where we have Star
12 Plus all over it.

13 The PACE program is -- the payment method is
14 both Medicare and Medicaid and it is a capitated rate. I
15 think we have got five sites. The Legislature increased
16 the slots for that.

17 There was increases for pay for some of the
18 direct services professionals at the State supportive
19 living centers. And I guess, that is where I will stop.

20 MS. GREEN: Steve, can you go back to the
21 IDD's -- that the nursing home residents with IDD will have
22 expedited access? So does that mean that people who are
23 in nursing homes and have nursing home Medicaid adults
24 will now be able to access HCS services?

25 MR. ASHMAN: That is right. Currently, they

1 can only access CLASS.

2 MS. GREEN: Right, which doesn't have the
3 residential component.

4 MR. ASHMAN: Right. It doesn't have the depth
5 of --

6 MS. GREEN: Because we have got some people who
7 would be able to take advantage of that. That is
8 wonderful. That had just kind of gotten stalled. Because
9 CLASS cannot meet their needs, and they can receive Star
10 Plus and assisted living. But that is not really --

11 MR. ASHMAN: Right. And we realize that. I
12 don't mean to --

13 MS. GREEN: So when will that become available?
14 September 1?

15 MR. ASHMAN: I am assuming it will roll out.
16 We are pretty good about rolling these programs out on the
17 effective date of the deal. So it should be September
18 1st.

19 MS. GREEN: Okay. So, you said how many slots
20 have been --

21 MR. ASHMAN: It was 400, I think.

22 MS. GREEN: Four hundred.

23 MR. SCHWARTZ: So, and that was for HCS, right?

24 MR. ASHMAN: For HCS.

25 MR. SCHWARTZ: Okay. So Doni, I was in a

1 meeting the other day and the 360 that -- apparently, we
2 are losing so many slots each month.

3 MS. GREEN: It will be a controlled release.

4 MR. SCHWARTZ: And so, it is a controlled
5 release, like they usually do.

6 MS. GREEN: Is it first come, first served, or
7 are there a certain number of slots that are designated
8 for different regions?

9 MR. SCHWARTZ: My understanding from what she
10 said was, it will be a controlled release. And it is
11 where you are on the interests list, or if you fall into
12 one of the target groups.

13 And what Steve was talking about is considered
14 a target group. They will also release so many of those
15 slots each month.

16 MS. GREEN: So the coordination needs to take
17 place with the Local Authority to determine where the
18 consumer is on the HSC interest list?

19 MR. SCHWARTZ: I believe so. And I know that
20 you can call access and intake here in Austin at DADS.
21 And they can tell you exactly where the individual is on
22 the interest list.

23 MS. GREEN: That is great news.

24 MS. MARGESON: And what services and supports
25 does that waiver cover?

1 MR. ASHMAN: Go ahead, Jonas.

2 MR. SCHWARTZ: That waiver is the most
3 comprehensive waiver we have for individuals with
4 intellectual and or developmental disabilities. And it
5 does have a residential service option, as well as all of
6 the additional community based services and supports.

7 So the individual can choose to utilize the
8 residential option or they can receive the ATS services in
9 their own home, or family home. And it is -- they can get
10 supported home living, different types of therapies.
11 Rehabilitation, home modifications. Assistive technology,
12 that kind of thing.

13 MR. ASHMAN: About 97 percent go into HSC
14 residential small group homes.

15 MR. SCHWARTZ: So, we are talking about three
16 or four bed all --

17 MS. GREEN: You know, it is a little surprising
18 to me how often we encounter people in nursing homes with
19 IDD who have never applied for waivers, because their
20 parents have been their caregivers, and have assumed all
21 of the burden of their care, are not familiar with the
22 Medicaid waiver programs. And then the parents die,
23 become disabled, have to enter nursing homes, and so the
24 children are left without any care.

25 So it sounds like this would not be readily

1 accessible to folks who are kind of outside the system.

2 Is that correct?

3 MR. ASHMAN: I am not sure that I would agree
4 with that. And I think that is what we need to look at.
5 Because it is more like regular money. I mean, it is more
6 like, if there are -- in an ICF, you can go into an ICF,
7 and if you are in a community ICF, you have expedited
8 access to a waiver within twelve months of request, or six
9 months if you are in a State supportive living center.

10 So I think it is going to run the same way. So
11 you don=t necessarily have to be on that interest list for
12 twelve years.

13 MR. SCHWARTZ: No. If you fall into the target
14 group, the whole purpose of having the target group is so
15 that you have expedited access to a waiver slot.

16 MR. ASHMAN: So it will run just like -- right
17 now, a nursing facility isn=t an institution authorized
18 for expedited access. It is being authorized with these
19 slots.

20 MS. GREEN: Yes. I was just reflecting on the
21 controlled release and the priority based on the position
22 on the interest list. So if somebody is not on the list,
23 that suggests that that person would have much lesser
24 priority --

25 MR. ASHMAN: I agree.

1 MS. GREEN: And probably less ready access.

2 MR. ASHMAN: I agree. And that is what kind of
3 confused me, too. Because that would -- I mean, that
4 almost eliminates the concept of expedited access.

5 But we always do a scheduled release for a
6 couple of reasons. One is funding. You know, we stage
7 our funding over the years. And the other one is, our
8 local authorities may not be prepared for all of these
9 releases, all at one time. And that is all I have.

10 MS. MARGESON: So assisted living wouldn't
11 qualify though, at the residential --

12 MS. GREEN: Well, that option is available
13 under Star Plus.

14 MR. ASHMAN: Not under the -- and it is not
15 available under HCS, home community-based services, the
16 IDD waiver.

17 MS. MARGESON: Okay.

18 MR. SCHWARTZ: It is available under the
19 nursing facility waiver and/or the Star Plus, community
20 based services provided by Star Plus.

21 MR. ASHMAN: But somebody with an intellectual
22 disability typically needs more and different services
23 than somebody on a nursing facility waiver.

24 MR. SCHWARTZ: So typically, someone with an
25 intellectual and developmental disability would need the

1 nursing home level of care. So assisted living would not
2 be --

3 MR. ASHMAN: I was trying to avoid that topic
4 altogether. Because they are in a nursing facility. So
5 you would think they met level of care, if they are in a
6 NF, a nursing facility. But you are right.

7 MS. GREEN: With Downs, you experience
8 accelerated aging.

9 MR. ASHMAN: Yes.

10 MS. GREEN: And one who was really having a
11 tough time at the nursing home, because he never met a
12 stranger, and hugged everyone, and was getting punched by
13 residents. It was like, this is not good.

14 MR. ASHMAN: So that is a good one. That is a
15 new one for us. So that is good.

16 MS. RICHARD: Thank you. Thank you, Steve. I
17 appreciate it. Jonas, do you want to go next?

18 MR. SCHWARTZ: So from the age adjusted
19 perspective, I will say, there were three pieces of
20 legislation that had quite an impact on the Health and
21 Human Services overall. And those were Senate Bill 7 and
22 Senate Bill 8 and Senate Bill 58.

23 Senate Bill 7 is a very comprehensive piece of
24 legislation. It is 96 pages. It basically calls for the
25 redesign of the services for individuals with intellectual

1 and developmental disabilities. It calls for the
2 establishment of four advisory committees. The
3 applications for those advisory committees will be out
4 today or tomorrow.

5 The advisory committees are as follows. An
6 advisory committee for redesign of the IDD system. A Star
7 Plus quality council. A Star Kids advisory council.
8 Right now, kids are a voluntary population related to
9 managed care. Beginning September 1, they will not longer
10 be voluntary.

11 And so, there is a Star Kids advisory council.

12 There is a Star Plus managed care advisory council. And
13 did I say quality council? Okay. So those were the four
14 councils under Senate Bill 7.

15 And then, Senate Bill 58, which is a redesign
16 of the behavior health system calls for an advisory
17 council as well. So all five of those applications will
18 be available today or tomorrow. And we are looking for a
19 broad spectrum of people to participate on those various
20 advisory committees.

21 And applications will be due back to the
22 Commission or DSHS by August 14th, once they are released.

23 So, we will -- if many of you are on the gov.docs
24 delivery system that many of the agencies use, I am sure
25 that you will get a link to the advisory committee

1 application. If you can=t find it, or want one, just call
2 me, and I am happy to --

3 MS. GREEN: It is not a Governor appointed
4 position, now?

5 MR. SCHWARTZ: It is not. They are to be
6 appointed, depending on the committee, either by the
7 Executive Commissioner, or jointly between the Executive
8 Commissioner, the Commissioner of the Department of Aging
9 and Disability Services, or the Commissioner of the
10 Department of State Health Services. That is correct.

11 There is one Governor-appointed committee that
12 is not in the list of five that I named, that is
13 legislatively driven, that talks about the nursing
14 facility carve in. That is also part of Senate Bill 7,
15 which requires that in an individual who is on Medicaid
16 managed care involved in Star Plus, if they go into a
17 nursing facility, then beginning September 1, that managed
18 care organization will be responsible for that
19 individual=s care continuously.

20 Now, what happens is, if an individual who is
21 on a managed care plan goes into a nursing facility after
22 four months, the managed care organization is no longer
23 responsible. Now, nursing facilities services are being
24 permanently carved in to managed care.

25 So and then, Senate Bill 8 looks at kind of

1 redesigning or updating, if you will, how medical
2 transportation services under Medicaid will be delivered.

3 So, that is seven, eight, and 58, there will be a series
4 of pilots that were called for in Senate Bill 7. And
5 there is a lot in Senate Bill 7.

6 So, those were the three pieces of legislation
7 that encompassed most of what happened to the Health and
8 Human Services arena this time around. I will say that
9 one of the things that DSHS got was funding to begin the
10 development of a transition program for individuals who
11 are long term residents in State mental health hospitals,
12 to begin to transition to the community.

13 And they will be using a 1950(I) to make that
14 happen. And that is a Medicaid, a new Medicaid program
15 that provides home and community-based services as a State
16 planned service and not as a waiver. So, they will be
17 using that mechanism.

18 That is a result of a study they did a couple
19 of years ago. And now, they will be able to implement, as
20 they have funding to do so.

21 MS. MARGESON: Is the overall intent of SB 7 to
22 move the State away from a state school methodology?

23 MR. SCHWARTZ: No. The State supported living
24 system will remain in place. The point of Senate Bill 7
25 is to streamline the services that are available in the

1 community to make it easier for people.

2 And also, to begin to provide those services in
3 a capitated format, rather than the way it is done now,
4 which is fee for service. Steve, would you agree with
5 that statement?

6 MR. ASHMAN: Uh-huh.

7 MR. SCHWARTZ: So that is really the focus of
8 that. There is a lot in there. So these advisory
9 committees are going to be critically important, because
10 they are going to help the guide the work that is done.

11 MS. MARGESON: Thank you, Jonas.

12 MR. IRVINE: Becky.

13 MS. DEMPSEY: Very briefly, we were just over
14 at the Department of Agriculture, trying to do our part to
15 help protect the nation=s food supply. But particularly
16 for this body, the Texans Feeding Texans programs, we have
17 two home delivery meals -- still \$18 million. That did
18 not change. That is the program that benefits non-profits
19 and government agencies, like Meals on Wheels, you know,
20 for home bound individuals.

21 And then a surplus Ag grant program. You saw a
22 slight increase in that for the biennium. A little over a
23 million dollars; it went from 1.8 to 2.9. So, the
24 Retiring Texas program is kind of the membership-driven,
25 fee-based program. So no change in that.

1 CDBG, which is not GR, of course, we were not
2 affected by sequester. In fact, we went up 5 percent, so
3 we are very pleased with that.

4 MS. GREEN: How did you manage that?

5 MR. SCHWARTZ: The formula.

6 MS. DEMPSEY: Pardon me? The formula, the
7 population of Texas grew. So we got an increase. Some
8 states received a decrease.

9 MS. MARGESON: Good job, Texas.

10 MS. DEMPSEY: Okay.

11 MR. IRVINE: Plans for the next meeting?

12 MS. RICHARD: Yes. I have Monday, October --

13 MR. IRVINE: Oh, I am sorry.

14 (Simultaneous discussion.)

15 MALE VOICE: You said you were going to be
16 brief.

17 MS. VANONI: I know. Well, there is a lot to
18 go over. So I will just kind of give a briefing on all of
19 the different things that came down this year, which was
20 quite a few.

21 As some of you know, there was a waitlist, or
22 is a waitlist currently for the LMHAs, State received
23 services, the consumers. There is just a waiting list.
24 There is not enough resources.

25 So this year, for the first time, we are

1 actually awarded \$48 million to take care of that wait
2 list. And with that, there was another predicted surge.
3 Because those people that were on the waitlist, the other
4 ones haven=t tried to get services.

5 So we are predicting a surge of now the people
6 that just didn=t want to get services or didn=t even
7 bother. So there is a \$20 million award for that. I say
8 award; it is not.

9 We have, besides the supportive housing, we
10 covered that, there is -- let=s see, in the 1950(I), you
11 covered that. The public awareness campaign. This is one
12 of the first times we are doing anything on informing the
13 public through DSHS.

14 There is prevention, early interventions, \$5
15 million for that. There is an increased expansion for
16 alternatives to hospitalization and emergency rooms. That
17 is a \$25 million part.

18 What I wanted to tell you too, the PATH, which
19 is federally funded, that did get reduced. But so far,
20 all that has come out of the budget is some staffing. But
21 it is mainly a hold off for travel for some of the
22 providers of the PATH program. So we are not --

23 MS. MARGESON: Go back to that emergency room
24 one. Explain that a little bit.

25 MS. VANONI: Well, okay. You want me to --

1 okay. It is to expand and enhance services so that, to
2 try and eliminate -- in other words, in a crisis
3 situation, instead of going to hospitals or in the
4 emergency rooms or even you know, having them through the
5 jails, that it is an emergency service project.

6 MS. MARGESON: Uh-huh.

7 MS. VANONI: I am not sure of all of the
8 details on that. I can find out a little bit more of it
9 later. But it is all of the LMHAS in North Star that is
10 participating in that. It is a 25 page -- here we go.

11 It is local support for the project, and a 25
12 percent match. And I am not sure if it is going to be all
13 of them or if it is a pilot that is just one. I can find
14 out that.

15 MR. ASHMAN: But it relates to individuals with
16 serious mental illness?

17 MS. VANONI: Yes.

18 MR. ASHMAN: Yes.

19 MS. VANONI: Yes. And it is competitive. It
20 says we will compete with these project dollars, based on
21 demonstrated local need, cost effectiveness, and
22 collaboration. And I don=t know where we are on that.

23 MS. MARGESON: So you would see less people
24 being on the 72 hour hold, or whatever, like --

25 MS. VANONI: Well, you could do it in like in a

1 48 hour crisis unit, but it would take that place. So it
2 could be like a 23 hour ops or a 48 hour ops through the
3 LMHA, rather than you know, being -- it would be a
4 diversion from the emergency room or from the jails, you
5 know, if they have a collaboration with the police
6 department. Instead of booking them, that they could
7 actually put them on a 23 hour op. So we have those
8 services, but they are very limited, because it is such a
9 high crisis need.

10 MS. MARGESON: Yes.

11 MS. VANONI: So, and the same with -- you know,
12 rather than going to ASH or SASH or anything like that,
13 that you know, the idea is to -- yes, they are in crisis,
14 but they can be watched for 23 hours. And usually, you
15 could reduce that level of crisis within that time. So
16 that is what this is going to be for.

17 What else. Oh, there is a collaborative
18 project. This is kind of a neat one. It is a \$25 million
19 competitive RFP process. And basically, I don=t know if
20 you have ever heard about the payment for HOPE, which is a
21 big project, or The Bridge, that is in Dallas, and it is
22 basically a collaboration with the community.

23 So you have the homeless services. You have
24 SSI that helps you get -- it is all for the homeless. But
25 it is, in this case, it is homeless with mental illness.

1 And so, it is kind of a -- we are putting it
2 out to the State. And different communities might do
3 different things in regard to this. So it is very
4 widespread as to what this might look like.

5 But it is basically, how can you have kind of a
6 one stop shop for services if you are in crisis. So, it
7 could include health care. It could include substance
8 abuse treatment, mental health treatment, attorneys to
9 help with legal problems, just a variety of resources.
10 But we don=t know exactly what that is going to look like
11 yet, because we are kind of leaving that up to the
12 community to do their --

13 MS. MARGESON: Short term housing could be part
14 of that?

15 MS. VANONI: Yes.

16 MS. MARGESON: Okay.

17 MS. VANONI: Yes, exactly. So it is like a
18 wrap-around services for people in mental health crisis.
19 There is a mental health program for vets. It is a \$4
20 million program. There is the Harris County Jail
21 diversion, which is a \$10 million project that, half of it
22 is a match by Harris County. And it is a four year jail
23 diversion project.

24 Then we have the Jail Based Competency
25 Restoration project. And that is a \$3 million. And right

1 now, it is a workshop that is convening.

2 They are actually still getting people, members
3 on the workshop. So if anybody is interested in that,
4 there is quite a few that has an interest in it. And it
5 is a pilot for those that are incompetent to stand trial
6 in the jail system. So there is that.

7 Let=s see, what else. Substance abuse, we have
8 an increase of \$1.1 million for substance abuse and things
9 like a psychiatric nurse assistant=s pay increase. And I
10 mean, there is just a variety of other smaller things. So
11 if anybody is interested --

12 MR. SCHWARTZ: Were those General Revenue or
13 rural funds, those dollars? Do you know?

14 MS. VANONI: These were all GR except for the
15 Path.

16 MR. SCHWARTZ: They are all GR? Good.

17 MS. VANONI: They are.

18 MS. GRANBERRY: And substance abuse was
19 considerably more than that. Because I worked on
20 substance abuse. It was spread out over several different
21 ways. But it was considerably -- it was the first time
22 substance abuse increased in 20 years.

23 MS. VANONI: Right. But didn=t the mental
24 health block grant get decreased this year, because it is
25 federal funding?

1 MS. GRANBERRY: Well, but we come through the
2 substance abuse block grant.

3 MS. VANONI: Right.

4 MS. GRANBERRY: Yes. There was a small
5 decrease there.

6 MS. VANONI: Right.

7 MS. GRANBERRY: But we just got the first
8 increase we have seen out of GR in the 20 years I have
9 worked in the field. So it was a significant increase for
10 that.

11 MR. SCHWARTZ: Affordable Care Act.

12 MS. GRANBERRY: We were excited.

13 MS. RICHARD: Okay. Thank you, Laura. We
14 appreciate that.

15 MS. GREEN: I did have a question for Tim
16 about -- I am not sure that it is a legislative issue.
17 But is there any possibility of restoration of funding for
18 Project Access? Because that has been such a wonderful
19 successful program and there hasn=t been any movement for
20 a while, because of funding issues.

21 MS. MOORE: Right. And so Project Access, for
22 those of you that don=t know what that is, that is a part
23 of our Section 8 housing voucher program that has
24 essentially Section 8 vouchers that are specifically for
25 people transitioning out of institutions. And there is

1 140 vouchers designated right now for that program.

2 It serves people coming out of nursing
3 facilities, ICFIDs, and State psychiatric hospitals. The
4 pilot started back in 2012 with that. So our Section 8
5 Division, like all public housing authorities have had a
6 large number of budget constraints. And so it has really
7 limited our ability to issue project access vouchers.

8 So right now, I think the last I heard, we had
9 75 issued. And the consequence also has been -- is the
10 waiting list has increased. So it definitely has impacted
11 that program.

12 We have started working on a technical
13 assistance around an idea of helping interested TBRA
14 administrators that want to serve people on the Project
15 Access waiting list. And so that would allow somebody to
16 exit the nursing facility with HOME tenant-based rental
17 assistance, which is a program that we fund, but we rely
18 on local administrators for it.

19 We don't administer it ourselves. And so they
20 could exit the facility with that assistance, and maintain
21 their status on the Project Access waiting list. So
22 essentially, they could exit while they are waiting,
23 because we know that wait times are increasing.

24 But that is a program that is dependent on
25 local tenant-based rental assistance providers to do that.

1 So, there is -- it is not -- so Section 8 isn't a funding
2 source that comes through General Revenue for instance.
3 It is a funding source from HUD. Does that sort of help
4 explain where we are?

5 MS. GREEN: Yes. That answers my question. It
6 has just, it has been rough. We have seen a lot of people
7 who become discouraged, who got into assisted living and
8 that is not what they want.

9 We have had people go into -- enter into leases
10 with landlords who probably shouldn't have leased to them
11 in the first place, for rent at 80, 90 percent of their
12 income. And we know that that is not going to work. So
13 it has really affected the number of really successful
14 relocations.

15 MR. IRVINE: Well, as Kate said, you know, TBRA
16 is sort of a transitional program that can provide these
17 people with immediate assistance.

18 MS. GREEN: Yes. We just don't have any
19 temporary providers.

20 MR. SCHWARTZ: If we can get the providers.

21 MR. IRVINE: Well, you know, I would say, reach
22 out to your community action agencies or other larger
23 regional providers, and say, we would really like for you
24 to just go. Call Tim, call Jennifer Molinari. Ask them
25 about getting into our reservations system. We will give

1 them all of the TA, and help them ride it out.

2 MR. SCHWARTZ: See, Doni, that is that
3 frustrating thing. They have HOME dollars that are
4 available for this. They just can=t find administrators.

5 MS. GREEN: Yes. And we have been trying to
6 encourage them for a couple of years. And just haven=t
7 had much luck.

8 MR. SCHWARTZ: This isn=t a fair question,
9 Kate, but I am going to ask it anyway.

10 MR. ASHMAN: Sounds familiar.

11 MR. SCHWARTZ: Do you have any idea what HUD=s
12 budget is going to look like? Not yet?

13 MS. MOORE: I don=t know. Tim, if you --

14 MR. SCHWARTZ: I was just wondering whether you
15 guys have had any discussion. I am not even sure they
16 have ever approved their >13 budget yet.

17 MR. IRVINE: I mean, it has got lots of
18 uncertainty.

19 MS. RICHARD: All right. So, the last thing on
20 the agenda was just next step or next meeting. And we
21 already talked about, I will just save that back. I will
22 send you all an email.

23 And you can give me the priorities for TAC
24 recommendations. I will put it together, send that back
25 out. Then you can give me names for workgroups and we can

1 get that moving along.

2 That is the only next steps I have. I think
3 then, we also wanted to have more discussion from DSHS
4 about your project that you are working on. So the next
5 meeting dates, I had October 7th or October 14th, both
6 Mondays.

7 (Simultaneous discussion.)

8 MS. RICHARD: The 7th, October 7th?

9 MR. ASHMAN: I don=t have Marc=s calendar. So
10 either one works for Marc.

11 MS. RICHARD: Okay.

12 MS. MARGESON: The 14th is probably Columbus
13 Day.

14 MS. RICHARD: Okay. Yes. Thank you.

15 MS. MARGESON: Are we totally just wedded to
16 Mondays? Because like if -- for those who are flying in,
17 Mondays are such a high volume travel day. It is hard,
18 harder to get through the airport and get -- I mean,
19 Wednesday worked better. If anybody -- I mean, if you all
20 would consider that. I am just --

21 MS. GREEN: Wednesdays. Does anybody have
22 issues with Wednesdays?

23 FEMALE VOICE: Wednesdays. Well, if I am going
24 to continue to come, Wednesdays, I -- the first Wednesday
25 of the month, I have something pretty much the entire

1 morning.

2 MR. ASHMAN: It works for Marc.

3 MR. SCHWARTZ: Wednesdays are fine with me.

4 MS. RICHARD: But not the -- I am sorry, you
5 said --

6 FEMALE VOICE: The first Wednesday of every
7 month.

8 MS. RICHARD: Just not the first Wednesday.
9 Okay. Well, I was going to say some second Wednesday. We
10 should pull up the calendar. Is that the 9th or the 16th.
11 The 16th. Okay.

12 MS. MARGESON: Yes. Thank you.

13 MS. RICHARD: The 9th or 16th.

14 MR. SCHWARTZ: I thought the 9th was the first
15 Wednesday.

16 MR. IRVINE: I can=t count this high.

17 MS. MARGESON: Or is that the second Wednesday.
18 (Simultaneous discussion.)

19 MR. IRVINE: The 16th is the third Wednesday.

20 MS. MARGESON: So we could do the 9th.

21 MS. RICHARD: Okay. October 9th, second
22 Wednesday of October.

23 MS. MARGESON: Awesome. Thank you.

24 MS. RICHARD: Okay.

25 MR. IRVINE: The only other item I have got is,

1 I understand that Jim is not coming back to this wonderful
2 body.

3 MR. HANOPHY: That is right. This will be my
4 last meeting. I am leaving DARS.

5 MR. IRVINE: Well, thank you so much. And all
6 of the best, and congratulations.

7 MR. HANOPHY: Thank you much.

8 MR. IRVINE: Next steps. Have they got your
9 replacement?

10 MR. HANOPHY: Well, they are waiting for the
11 Commissioner to decide that part.

12 MR. IRVINE: Right. Stay in touch.

13 MS. MARGESON: It is our loss.

14 MR. IRVINE: Yes. It is.

15 MR. HANOPHY: Thank you.

16 MS. YEVICH: I wanted to say one brief thing.

17 I recognize everybody worked so well with Ashley
18 Schweickart. She did an outstanding job for the past four
19 years. But I just want to congratulate Terri Richard on
20 such a superb job on your first meeting.

21 MR. IRVINE: Thank you.

22 MS. RICHARD: Thank you all. It is a great
23 group. Thank you.

24 MR. GOODWIN: Could I ask for one staff item?

25 MR. IRVINE: Sure.

1 MR. GOODWIN: Can we have a new program?

2 MS. RICHARD: A new what?

3 MR. GOODWIN: Who represents what?

4 MR. SCHWARTZ: A new roster.

5 MS. RICHARD: A new list of members. Okay. A
6 contact list.

7 MR. GOODWIN: It is a contact list.

8 MS. RICHARD: Yes.

9 MR. GOODWIN: We have had a significant change
10 over the last year.

11 MS. RICHARD: I can do that.

12 MR. GOODWIN: My retentive brain cells are
13 attached to the end of my hair.

14 MS. RICHARD: Oh, I can understand. Thanks
15 very much.

16 MR. IRVINE: All right. We are adjourned.

17 (Whereupon, at 12:00 noon, the meeting was
18 adjourned.)

