

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

TEXAS STRATEGIC PLAN TO PREVENT AND
END HOMELESSNESS

PUBLIC HEARING

1:05 p.m.
Tuesday,
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City Council Chambers, Room 103
Lubbock Municipal Building
1625 13th Street
Lubbock, Texas

BEFORE:

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ON THE RECORD REPORTING
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P R O C E E D I N G S

MR. SAMUELS: I am just going to go ahead and introduce everybody up here. There are people walking in but, first of all, thanks for coming to the public hearing of the State Plan to end homelessness.

My name is Eric Samuels. I'm with Texas Homeless Network. So I have participated with the Texas Interagency Council in the past and we are a member of the Council. But I am going to go ahead and hand it off to Colin to kind of give a brief overview of the plan, and then we'll allow for comments.

And I want to go ahead and apologize right now. I'm going to have to leave in about an hour. So I'm sorry. I'll be leaving probably while someone's giving testimony. So I apologize to that person in advance.

But this is Colin McGrath. He is a Americorps VISTA member and he is working through the THN program but he's based at TDHCA, Texas Department of Housing and Community Affairs. And he is primarily working with the Texas Interagency Council and focusing on the plan right now. So I'll give it to him now.

MR. McGRATH: Okay. Thank you.

Well, thank you all for being here. Like Eric

said, I am Colin McGrath. And I'm going to try and not speak too much today. We want to hear from everyone who is here as much as possible. This is really about getting your input into the State Plan.

Our goal with these hearings is to make sure that we are being as responsive as possible to the needs of communities around the state. So we've been in different urban areas. We've visited Laredo as well as Plano, Texas. So we've had a mix of both more rural, suburban and urban regions of the state.

The Council was created in 1989. It's an unfunded state mandate. The purpose of this Council is to coordinate the resources of state agencies. It primarily concerns itself with state government.

The Council is housed in the Department of Housing and Community Affairs and has members that are appointed by the Directors of eleven state agencies to sit on the Council. Each one of these members has a vote, and it helps steer the direction that the Council goes.

The member agencies include the Texas Department of Housing and Community Affairs, the Texas Veteran's Commission, Health and Human Services Commission, Department of Assistive and Rehabilitative Services, Department of State Health Services -- the list

goes on but this group of state agencies has been working together over the past year to develop a State Strategic Plan.

The goal, fundamentally, of a state interagency council plan like this is to make sure that all of these state agencies that sit on the Council that have traditionally worked within their silos coordinate their resources most effectively. We want to deliver the greatest impact locally as we possibly can. And the only way we can do that is through increasing that communication among agencies and ensuring that we are finding effective and efficient ways to coordinate and pair up resources, especially locally.

So back in January the Council began developing a plan and that is what you have, what you're holding in your hand right now. That is just a summary of the plan; the full document is much longer.

And what we do in the plan -- I'll just say briefly about the development. We formed work groups. We convened in January to have a full-day meeting where we decided what our primary emphasis should be. And that's where we came up with these four priority areas, which are affordable housing and supportive services; second, homelessness prevention; third, data research and

analysis; and then, fourth, state infrastructure, which is that communication I was talking about.

So from those priority areas, we established four workgroups as well as a steering committee that come out of the Council's membership. Those committees were comprised of Council members as well as our advisory members like Eric Samuels and as well as Ken Martin, who is also with the Texas Homeless Network, and numerous other nonprofits that are largely based in Austin.

We released the plan in October and since then we have been holding these public hearings and receiving comment. I'll be rolling all of these comments into a final draft very soon. The Council will meet next week on the 18th with the plan of voting to adopt the plan or possibly waiting a little bit to make some more revisions before they formally adopt it.

But we're going to take the comments that we have been receiving in hearings, like we will hear today, and decide how we should adopt those in the final draft.

So what is actually in the Plan? We start with an overview of what we see in Texas. We describe some basic demographics and trends in homelessness that we see around the state. Obviously, the discussion is limited because we have limited sources of data. We largely focus

on what we found in point-in-time counts around the state, a single night count that happens at the end of January annually.

And we also look to some sources of research and sources of data that come from outside of Texas because Texas hasn't seen as much research historically. We just, you know, a lot of the bigger studies are happening in the East Coast and elsewhere, but we try to figure out where the research is pertinent to Texas as well.

So I mentioned there are four priority areas, and I'll go through those. Each priority area has one goal, and a set of objectives that will help us reach that goal across the state. Each objective has a set of action items, and I won't go through every single one of those, because it will just take too long but that is all in the Plan.

But what I will do, I will go over the goals and the objectives, and then also maybe just describe briefly one specific way that we think that we are -- one way that we are already working to address those goals. Like one concrete strategy.

So affordable housing and supportive services, that is the first goal area. And the goal is to increase

housing options for homeless individuals and families experiencing homelessness and prioritize -- for individuals and families experiencing homelessness, and prioritize their housing stability.

There are three objectives there. The first is to identify individuals and families experiencing homelessness and prioritize their housing stability; second, explore options for increasing the supply and availability of affordable and permanent supportive housing units in Texas; and, third, promote the strategic pairing of state agency, nonprofit and private sector resources to increase supportive services linked with affordable housing units.

Just an example -- right now there is a state agency called the Department of Assistive and Rehabilitative Services that has a vocational training program where we have -- just looking at how the agency operates, found that individuals entering who are currently experiencing homelessness have a harder time succeeding in the program.

So we are looking at pairing the vocational rehabilitation program with the new ESGP program, Emergency Solutions Grant Program at the Department of Housing and Community Affairs, to help individuals

experiencing homelessness at entry receive rehousing assistance so that they can actually enter housing as they receive the supportive services of job training. So it's a more -- we create a more targeted infrastructure, helping people actually become more self-sufficient and participants in our economy.

Under homelessness prevention, the goal is to develop a statewide crisis response mechanism that identifies at-risk individuals and families and prevents them from becoming homeless.

We have four objectives. The first, refine and promote a definition of at-risk of homelessness that fits Texas; second, increase awareness of opportunities for preventing homelessness among state agencies; third, increase the coordination of state agency services to enhance the state's preventive capacity; and fourth, increase the capacity of state institutions to prevent instances of homelessness, and shelter use upon discharge from facilities.

So that really focuses -- that last objective focuses on reentry planning. An example there comes from our discussion or dialogue with the Texas Youth Commission, which handles incarceration or corrections for youth around the state, and they are beginning to look at

the extent to which youth who enter their program or their department enter from a homeless situation, as well as evaluate how well they are doing at keeping youth from becoming homeless after release.

Traditionally, that hasn't been an emphasis of theirs. They haven't been as cognizant of how homelessness intersects with their agency. So it is a first step, just recognition for them to begin sharpening their reentry planning.

Our third goal area is data research and analysis. The goal is to strengthen Texas capacity to gather analyze and report precise data on homelessness systematically. We have three objectives. The first is to evaluate the quality of homelessness related data; second, facilitate coordinated data collection policies and procedures for all sources of data; and, third, coordinate timely data collection, reporting and analysis.

Our main emphasis there is the development of a statewide data warehouse that will aggregate continuum of care, Homeless Management Information Systems. Consolidate that information in a single source. We are not asking for all HMIS systems to become one but rather that all of these different entities report individual-level data to a single repository.

There is one data warehouse that will aggregate all of that information and allow us to look at statewide longitudinal data. This will give us the most sophisticated information on homelessness that we have ever seen in the state, and is a very important first start or first step for us to make a strong case for what sort of strategies need to be implemented around the state, case to the directors of state agencies, to Legislature, as well as to just back up further reports that the Department makes, as well as to guide local planning.

And then finally, state infrastructure. The goal is to increase communication and collaboration between all service providers and units of government in order to sustain TICH's planning efforts and aid in the implementation of this plan. TICH, again, is the Council that I am representing today, the Texas Interagency Council for the Homeless.

There are three objectives. The first is to increase coordination and communication between state agencies through promoting a common language for communicating information on homelessness; second, increase coordination and communication between state, local, and federal government and non-government entities;

and, third, raise awareness of homelessness among state agency boards of directors, executives and other decision makers.

And as for the coordination and communication, relating to language and definitions, we have been implementing the state agency server that's looking at how various agencies define homelessness, or do they even define homelessness.

What we have been finding is that while some agencies by federal statute have to use certain federal definitions, some agencies have been using their own definition that they developed, let's say, ten years ago that have no federal grounding.

We have also found that some agencies have no definition at all, while some agencies, while not defining homelessness, ask individuals at intake whether or not they are experiencing homelessness at entry so homelessness is self-reported within that agency.

That is a starting point for us to find a way to make that communication -- make communication between agencies cleaner. So we recognize how we are defining our terms, and find common grounds for those different definitions to speak to one another and to not make our jobs more difficult because we aren't communicating

effectively.

So that's the basic structure of the Plan. Not to put you on the spot but if you have anything to add, feel free. But I am happy to provide more information about the Plan.

But at this point, I think we can invite anyone to come up and speak. Come to the podium, and make sure you speak into the mike so our kind court reporter can get your statement on the record.

We want you to state your name before you begin just so that we make sure that your name is reported accurately. And if you haven't signed in, please do so, so that we can make sure that the record accurately represents your name. I'm done.

MR. SAMUELS: So you put me on the spot. This is a very broad plan but the reason we are having public hearings is because we want your input. And we will be meeting next week, and looking at comments that are made and we will use those comments to better develop this plan.

So we definitely want your comments and want your perspective from this community, as well as what you might think about from the statewide perspective. So please come up and give your comments. And don't worry

about who is first. Just come on and get the ball rolling.

MR. MORTON: I'll be happy to come up first. I'm Major Mike Morton with the Salvation Army here in Lubbock and our address is 1111 16th Street, Lubbock, Texas.

I've read through the executive plan, the summary here, and my overwhelmed comment is, it's a good target. I like what I am seeing. I have one brief concern and that concern is that we seem to weight chronic homelessness at the same weight as we do families at risk of homelessness.

We address it; we say it but when we look at the data that you are using in the executive summary -- you use the point-in-time -- you use Fort Worth and all of that is chronic homeless. Chronic homeless in Lubbock is less than 300 people. Okay? People at risk of homelessness is close to 20,000.

So therefore, it's a disproportionate to carry chronic homeless at the same weight at those at risk of homelessness and the families that are thrust in the homeless situations and homelessness prevention and how we deal with all of those things? I see a disproportionate response to that.

And that is my greatest concern. If we are dealing with chronic homelessness, we need to focus on those causes of chronic homelessness, and when Fort Worth talks about those that are in the emergency room, et cetera, et cetera, generally we're looking at drugs, alcohol, mental-illness-related issues because of high percentages there.

When you start talking about families that are at risk of homelessness, it is usually circumstance-driven, a family that is going from two incomes to one income, et cetera. The root cause is different; therefore, the solution must be different. I think that when you address them in the same fashion, with four goals and objectives, you obscure one to the detriment of the other. You obscure it or benefit the other.

And right now I see an overburdance on chronic homeless versus family. That's my number one concern, and that's it. Thank you.

I did want to point out there seems to be an idea that we are going to eliminate shelters -- okay? -- or that's something I got from this, emergency shelters. And I think we're always going to have a need for a safety net to pull people in and get them onto a solution that may make more sense for them.

I think you're not going to get rid of those kinds of environments but this has the flavor that it might target getting rid of those. That's it.

Any questions on that?

MR. McGRATH: Yes, two -- one sort of a response to the emergency shelter, and then a short question. To be perfectly clear, we in no way envision eliminating emergency shelters. They are always going to be a vital first response to housing crisis.

But in a lot of regions of the state, and we have seen this nationwide, emergency shelters have become too much of a permanent solution to individuals to where it's not the right response. So because there isn't a good transitional unit to move on to, or there isn't a good permanent or affordable housing unit for you to move into, individuals are staying too long in emergency shelters and that's --

MR. MORTON: I agree with that sentiment --

MR. McGRATH: Right.

MR. MORTON: -- and I think you are exactly right, but as you and I spent lunch today, and we toured, we are bringing on transitional and I see that emphasis through the supportive housing programs from HUD and I see overall an effort to bring those programs to bear because

those programs make sense and they are what we need.

And I agree with you, exactly what you said. Emergency shelters we're extending too long -- it wasn't an emergency.

MR. McGRATH: Right.

MR. MORTON: It was being used as some sort of flop house.

MR. McGRATH: Yes. And you mentioned the numbers for chronically homeless individuals in Lubbock. Do you know what percentage of, say, the point-in-time population they represent would be? You said three --

MR. MORTON: I don't think there was a number, was there, Eric?

MR. SAMUELS: There wasn't a number. I don't know what the percentage is.

MR. MORTON: The percentage are coming from 10 percent that are operating at 15,000 or less.

MR. McGRATH: Okay.

MR. MORTON: That is where I brought that number in. The number that is operating at poverty level is 13.4 percent or 2 percent as reported in the Avalanche-Journal --

MR. McGRATH: Okay.

MR. MORTON: -- based on the census in 2010.

Poverty level is 23, 24,000.

MR. McGRATH: Okay.

MR. MORTON: Ten percent is the population that is operating at 15,000, which is minimum wage, and that's the number I'm bringing in. That group is at risk of homelessness. That group is being serviced through all of the agencies that are dealing with rent assistance, utility assistance, or even Christmas assistance -- Angel Tree, et cetera. That's a large portion of the population.

But they are at risk of homelessness because if we don't help in those ways they are going to find themselves on the street. That is where I came up with that.

MR. SAMUELS: Yes. I think we are talking about slightly different definitions of chronically homeless.

MR. McGRATH: Okay. Yes.

MR. MORTON: It is different in chronic homeless but I see as addressing both things with the same weight. And, yet, I can tell you that here in Lubbock, you have got a whole host of agencies dealing with the issue of families at risk to a much larger scale than we're dealing with chronic homeless.

Chronic homeless is a whole another animal. And I think we need to divert those two, separate them in what we are targeting on the strategic plan.

MR. McGRATH: Okay.

MR. SAMUELS: So more of this is on prevention.

MR. MORTON: I think prevention comes into it but you have really got to look at all of that. And I think that boils down to poverty and education and how do you get them out of that situation. What is the at-risk indicators?

I did notice that we were talking about being proactive, yet we talked about identifying folks that are at-risk. Well, we already know what those factors are -- poverty, education, those are all of those at-risk indicators.

So we already have that. What are we doing with it? That is the whole point. Are we funding the programs that are dealing with those issues that prevent the at-risk?

MR. McGRATH: Okay. Great.

MR. MORTON: Thank you for the tour.

MR. SAMUELS: Thank you so much.

MS. POPE: Hi. I'm Cathy Pope. I'm the Chief Executive Officer of Lubbock Regional Mental Health and

Retardation Center. I reckon that Mike and I are speaking together so I'm going to flip a coin.

Currently, we have at the Center, identified, 169 people who are currently homeless and have a major mental illness. There are no services specific for those individuals in Lubbock. We talk much about the need for permanent supportive housing with specialized services.

We see a number who are now leaving the state hospital who really cannot live alone in the community and so I think that is probably the greatest need we have, in terms of that portion of the people who are homeless.

In addition to that, you know, the other 2,000 people we serve a year are at risk of homelessness. Almost all people with mental illness have a high risk and so we have to address all of those issues.

There was a time in Lubbock when the Center ran an emergency -- ran a shelter-plus program but it was lost because we really were providing permanent supportive housing and the program wasn't designed that way. So we also ran a hundred-apartment complex program for people who were homeless or who had a serious mental illness. But the state changed the use of that money and we are no longer able to provide those kind of services.

I also would like to speak about those

individuals who are going in for a county jail. Lubbock Regional MHMR will provide services out there, does the screening at the front door, and over the last year, actually 50 bunks.

We have identified, and I am not sure we have identified all of them, but we have identified 115 people who have been arrested and admitted into the county jail who have either serious mental illness or substance abuse issues, approximately half of those for serious mental illness.

Again, you know, we have major issues in terms of alternatives for housing. They were homeless when they went in; they are not likely to have housing when they come out which, again, really adds for recidivism, re-arrest rate here in Lubbock.

I think it interesting again that, you know, in comparison to the numbers that we collected last year, you know, we can account for half of those folks who were identified as homeless at that time.

And then the third area, you know, that probably is of great concern to us, we run a program for the aged, aging. And we were also seeing people there who were forced into nursing homes because they have no alternative housing, especially people who are not highly

compliant.

And we're seeing that with a population of people with mental illness, with intellectual and developmental disabilities, certainly people who've been incarcerated. And so, again, I think we have to also look at this aging population and people who don't fit into nursing homes, and who nursing homes do not tolerate.

And so we constantly are looking for housing for people who no nursing home will accept. And I think, if you look at the state hospitals, talk to the state hospitals across the state, you will find the same issue, that there are many people now who need permanent supportive housing and maybe some of that with additional supportive services, who there are not facilities for.

I think it takes a specialized trained staff and tolerance for people who are not highly compliant with perhaps what others think they might should be doing. So I think we have a number of issues.

And in Lubbock, Salvation Army, I cannot pat them on the back enough, or talk about what the great things they are doing, particularly in terms of both the services for families and for those people who, as Mike said, through situational issues, have become homeless, and who have a high likelihood, if they receive services,

of being able to reestablish themselves. The population I speak for will not probably reestablish themselves.

And yet there are no specific services in Lubbock for them, and they're -- Mike can probably point out -- they're not always compliant, and so they are more challenging. They don't do well at Tent City; they don't do well at Salvation Army.

And so many of the people that we have are more inclined to live on the street or, at best, be partially homeless, hopping from house to house or alley, or whatever. So again, I support Mike's idea that perhaps that should be divided into kind of a two-tier approach, or a two-pathway approach because it is not the same solutions for both of those populations.

They're very different, and so I support Mike's idea that perhaps that should be more clearly divided, or lined out so that we can more accurately plan for the two different -- probably more than two, but let's just say two different types of populations. I appreciate the time.

MR. McGRATH: Thank you so much. I just have one question. You were mentioning working with both individuals with mental illness, who are currently homeless, as well as individuals who are at risk but both

groups are experiencing the same disability.

MS. POPE: Right.

MR. McGRATH: What would you say is the largest, if you have noticed anything? Is there some sort of factor that separates one situation from the other? -- you know, one characteristic that sticks out like, you know, you are way more likely to end up becoming homeless if X?

MS. POPE: Yes. Well, are you from Texas?

MR. McGRATH: No. I mean, I live in Texas now. I came from here.

MS. POPE: Well, let me go ahead. All right. Well, first of all, we are not the most generous state that ever was created and the people that we serve who have severe persistent mental illness, and when I say that, I am talking about schizophrenia, bipolar, major depression, psychosis -- only 39 percent have Social -- have benefits.

So the major problem that we run into in this state is that people who are very sick have no income, and so the reason that some are more likely to be on the streets than others is that if you have zero income --

I know I can go to the North and talk to people who are in the same business we are in and they will tell

me, the people get nothing? And so, yes, that is how it works here in Texas.

And so 61 percent of the people we serve basically have zero income so if they can get a part-time job, or hold a job for a while, or whatever, but only 39 percent get benefits. And that's the number one reason; there is no money for even modest accommodations.

MR. McGRATH: Okay.

MR. SAMUELS: I think I asked this yesterday, but do you still have a PATH program?

MS. POPE: Yes, we do have a PATH program.

MR. SAMUELS: Sorry. Is that person here?

MS. POPE: Yes.

MR. SAMUELS: Okay.

MS. POPE: Well, my last person is --

MR. SAMUELS: Okay. Well, I just thought it might be interesting to hear from the PATH point of view too.

MS. POPE: Yes. And we can actually have Roy talk and we can also get --

MR. SAMUELS: Okay. Great. That is fine.

MR. McGRATH: Okay. Thank you.

MS. POPE: Thank you all very much.

MR. McGRATH: Who would like to speak next?

(No response.)

MR. SAMUELS: And I am not going to mention where Colin is from, just so I can spare him.

MR. McGRATH: Do you mean California, or Chicago?

MR. SAMUELS: Yeah, well, I didn't say --

MS. GUETERSLOH: Well, I thought Laura was going to appear.

MR. SAMUELS: I didn't mean to put you on the spot. Sorry.

MS. GUETERSLOH: That is okay. She is very knowledgeable. My name is Mary Guetersloh and I am representing the South Plains Homeless Consortium as their president.

But please, let me note that I have not been able to get out to our membership for approval of what I am going to say, and if it is okay, I will send you a note as soon as I do and have their approval to submit it in writing to you. If that would be okay.

MR. SAMUELS: Sure.

MS. GUETERSLOH: I am so sorry. Although you have got it out in plenty of time, due to lots of circumstances, I didn't get it accomplished. We applaud what you all are doing. This is good. It is a starter

and the initiative that you are undertaking is bold.

And this is a good quick response to the Opening Doors that is coming down from the federal government. I wasn't aware of it until this came out and we do see this as a good first step in confronting the homelessness for our clients.

There are some things that we like, and then there are some concerns. And we could be here all day, but I'll really sum it up. We do like the increased emphasis on heightening awareness and educating people about homelessness just like you have heard from the two former speakers.

We have a tendency as citizens to paint homelessness with a broad brush and that is a serious mistake. Not only do we paint them with a broad brush, we look at homeless issues through our lens, not through their lens.

So very often, what I am saying is, what I would naively project as a good plan would say, now if I were a chronic homeless person, I would want this and this. Well, it is not anywhere in the park for a chronic homeless person. They don't see the world in the same way. They see it as survival time. Okay.

And so if you think that you are going to put a

homeless person, a chronic homeless person in a housing place, and expect anything different than what they are already doing, you are in trouble because they don't see the same thing.

If I were homeless, and I received housing, I would take care of it. I would be so excited and so grateful. No, that is not the way it works.

And then the other issue as you both of them had talked about is the homeless, the situational homeless in the families. Their attitude is totally different. You might well look at that in the same way. So I just caution you on -- when you are thinking of a plan, a broad plan, to keep those things in mind.

I love the increased emphasis on prevention. I had ten years experience in working with adult offenders, adult probation offenders. And a colleague of mine once said when we were pondering, just visiting after a conference -- he said, you know, we spend so much money on what is going on and trying to keep those folks from going over the waterfall, or the cliff. We don't go upstream to figure out who threw them in the first place. So prevention is important.

But we are always trying, it seems like we try to get ahead of the curve, and we don't manage that, and I

think a lot of the issue is the funding issue. Lack of awareness that there is some preventive measures. So I think that I am really pleased to see that aspect of prevention.

And the other thing that we like is that you do seem to see the need or longitudinal follow up. Just the other day on TV there was some building homes for the heroes, our people that was coming back from the wars and their state of mind and their physical conditions and their mental conditions.

They would give them a home mortgage-free, with the understanding they would follow them for three years and give them help and assistance, whatever it was they needed, so that they could maintain that.

What I see as the six-month followup is not good. It's just getting into it. So if you are going to do anything about homelessness, you're going to have to get to the root causes. Six months won't cut it. Okay? But at least, I think you recognize that.

And then another one is that the stated attempt for collaboration at all levels, especially folks between state governments and other agencies is good. In fact, we believe this plan proposes an unprecedented level of collaboration among agencies, which has been a major

barrier to progress at the state and local levels. I also am personally very excited to see how you have looked to the non-government faith-based people that have a heart for this, but would like to have a little bit more of an understanding of what their role can be.

And we are busy in our community and I am thrilled about this, a new collaboration between our agencies that are represented in citizens that go to the Consortium.

There is a faith-based initiative in gathering of local churches that is most affected by homelessness and those that are interested, and then we also have a homeless oversight committee, which I am thrilled about too. So the three of us, the three-cord strand, are working together.

You know, two churches working together is sometimes a task -- two agencies, two anything. But I am really pleased and hopeful to see what is going on in Lubbock, in this area, in this arena, which I think is particularly unique for us.

Now there are some concerns. There is not quite enough emphasis, although I think your heart is there, for rural areas, and the needs for the rural area. We do have lip-service, and I will share some of that

lip-service I heard over ten years, working in Terry and Yoakum County.

When I tried to find somebody that was wanting some help, that was ready for help, primed and would do maximum benefit from the help, I tried to get them to local help. When I called the state for where is that in this area -- guess what? It was Lubbock.

So I called the Lubbock agencies. They had a waiting list. So it is very important to help collaborate with the local, the rural areas, and I see you all's attempt to doing that, though.

There is some question about the study results at Duke, and you mentioned that, comparing the metropolitan areas, both in state and out of state with areas such as Lubbock. And it works in different -- it might not, is it going to work around the South Plains.

And I think you probably, as I think you pointed out, where is the data? Where is your model? And there may not be enough. So maybe we can help create some of those models.

Your ability to build the infrastructure -- what we noticed is there was a lack of benchmarks, the measurable goals and objectives to provide reference points for the local communities so that is a concern.

And another thing is the lack of clarity for the recipients to put into the skin in the game on taking on their own personal responsibility and their expectations of that recipient? What am I saying? Just like what I mentioned a while ago.

What I discovered in ten years in probation is there is one common thing is they would not take personal responsibility for their actions, and nobody ever expected anything but bad to happen. So I think there needs to be some emphasis on when they talk about housing first, if they -- through our eyes, that is what I would like.

But when you put somebody in housing and they don't understand what the expectation is, and understand about how to take personal responsibility, it' like you placing a three-year-old in front of a candy jar and saying, hey, make this last all month. What's going to happen? Are they going to portion it out? No. They are going to go back to what a three-year-old would do, eat the entire stuff until it is gone and then expect some help.

But whenever you have -- as an adult that's very much a child in an adult body, and you are working with that person, you do have to recognize their inability. And you can't say, just straighten up; you

have got to do this. They don't know how and we don't show them how to do that. That is an important thing for any program.

Now we are excited about the broadening definition of homelessness in the HEARTH Act which does allow for expanded services to be delivered to folks who are at risk and they start spiraling down to the depths of homelessness. We are pleased about seeing that.

And I think as you always will hear and see, funding, funding. Where is the money? Now, that is where I think that the inclusion of your local people that have a heart for it, your local benefactors, your local foundations, can be very effective in coming up with the funds.

We do have a mentality of always looking to you guys and to the state, and to the federal government for the solutions and the funding. That is not going to happen. In fact, I see a reduction of that happening.

Oh, the chronic homeless, I found that interesting in your Executive Summary about while chronic homeless on the broad scheme of things is a small percentage of the homeless that we deal with, they suck up half of the resources, i.e., going to the emergency rooms and going into and asking time and time again for

assistance. And so that is why I think the focus is on the chronically homeless.

And if you can somehow impact that through what we are doing here in Lubbock in the Major's Salvation Army in having a place for them to go, and like what Cathy was talking about, is, you know, having some supportive housing. Having places for them to go to get what they need. And I think we are just beginning, here in Lubbock to really scratch the surface.

But I am really excited about what we are doing. It is going to take a while but it is a beginning and that is basically what I have for today.

MR. McGRATH: Great. Well, thank you.

MS. GUETERSLOH: You are welcome.

MR. McGRATH: And I have a few questions.

MS. GUETERSLOH: Sure.

MR. McGRATH: My first question is you mentioned lack of benchmarks or reference points within the plan and that is one of the comments that has been very consistent that we have been getting from different participants in these hearings.

Do you have any recommendations of benchmarks that we should be considering? You know, say, next week when we meet as a Council, I should say, well, here are

some proposed benchmarks that we should consider. What do you think?

MS. GUETERSLOH: Right. Now I am not going to be able to tell you right bang, bang. But that is where you have your strategic planning in place. And you do go through those at that time. And the reason I'm seeing this as a good general, broad, comprehensive ideas. But when it comes down to the specifics, you have got to -- in any organization, you have got to have those specifics.

When you have your goal and your objectives laid out, what is the other thing? How are you going to evaluate the success of that program? I don't see that.

You don't have that in a way to say, okay, how are we going to see that this has been an effective program? So everything that you have is going to be contingent upon what your Strategic Plan was, your goals and objectives, how measured. How can you measure that?

And probation, which I always had a fuss about -- one idea was, I said, okay, Mary, what are you going to do? What program are we going to put in place for probationers to reduce the recidivism? Every one of the programs that I had put in place was not going to reduce it. It would probably, in fact, track them more, and they would increase the recidivism because you had

that punishment part.

So that is not -- that wasn't an effective way to work probation but that is just an example of it. You have got to have some measure. They wanted me to find a program that would reduce recidivism. And my way of working wasn't going to help that, help them at all. Okay? So I wish I could be there with you, and help you talk about that.

MR. McGRATH: Yes.

MS. GUETERSLOH: Okay. Anything else?

MR. SAMUELS: Well actually, I will follow up with that.

MR. McGRATH: Okay.

MR. SAMUELS: So if matters were created, what role do you think communities like Lubbock should claim in developing those measures?

MS. GUETERSLOH: That is a really good question. Come up here and work with us and we will sit down. We are a great community. I am really excited about it. We can ask for something happening, bring them in. We will sit down and help you with that.

Yes, we would be happy to add some input.

MR. SAMUELS: Okay.

MS. GUETERSLOH: Because we have got a lot of

good expertise in the community. Okay.

MR. McGRATH: Okay. Great. And then the other thing was about responsibility and I was wondering if you had any thoughts about how the state government would approach this because that sounds like something, in my mind, that would be addressed locally, like within a local service provider but is there something that we should be thinking about on a state level that would address this, the personal responsibility for --

MS. GUETERSLOH: At a state level. Okay. We have to think --

MR. McGRATH: That might be too hard of a question to --

MS. GUETERSLOH: No. Let me tell you where I'm coming from with that because I have watched over the years, seeing programs, great programs, great initiatives to come out, and then it failed.

The first thing I can think of, is these housing projects. What is the most notable in your mind about the housing project, years ago? After a period of time, it was roach-infested, drug-infested, dangerous, violent, everything. What do they do? It didn't work.

That is because they were giving a place to go ahead and continue whatever that lifestyle that they do.

They were never expected to have that personal responsibility and that is whenever you have, any time you have to answer a more direct question.

Any time you enter into an agreement with whoever is wanting to sign up for your service or your program, there ought to be an initial agreement. Because you are not going to sit there and say, hey, I, as your person that is standing between you and what you want, you have got to do this and this. That doesn't work.

Say, okay. I can tell you, are you willing to do this and this, accepting that personal responsibility for getting a job, getting, reaching those marks that you have. Then, okay, that is great. If you are not, then, you know, we will see you when you are ready to work for yourself.

I can't be the one to take care of you. You have got to work with a screening process of what are you willing to do to get what we have to offer you?

Does that help?

MR. McGRATH: Yes. Okay.

MS. GUETERSLOH: That attitude. Okay.

MR. McGRATH: Okay. Yes.

MS. GUETERSLOH: All right.

MR. McGRATH: Thank you so much.

MS. GUETERSLOH: Thank you so much for being in Lubbock, and including us.

MR. McGRATH: Hi.

MS. FORD: I'm Laura Ford, and I was actually the PATH director up until May or June of 2011, and so I am very familiar with chronic persistent individuals who have the severe mental illness but also, very much the at-risk.

The number that Cathy our CEO brought to your attention of 169, I gathered that information for her because that's active consumers of our agency who relate at the time of screening or throughout their service that they have encountered an incident of being homeless.

And so when we looked at things like the point-in-time survey, and if I remember the number correctly, it is like 302, 305. And you look at 169, that is a little bit more than half of the folks that the captain, and it is kind of like the same thing you are hearing over and over only because it's very much a reflection of the collaboration that is occurring now in Lubbock between all the agencies who are the places where people seek services for a variety of reasons but particularly because of the poverty level, and all of that. The current PATH program serves about 90 folks every year.

And part of the reason why, for me, the executive summary was interesting is because I didn't know out of these four goals which one takes higher. We can talk about infrastructure, research, collecting data, prevention, and services. All of that.

If you don't identify which one takes the precedence over the other, to me you are just spinning your wheels. If you can't say to me, I don't have the ability to control what our state legislators, those decision makers, do when it comes to allocating say, \$20 million for the entire State of Texas to end homelessness, then I don't know necessarily which one is more important in the focus of things.

I can tell you, as being the PATH director, that I have to follow guidelines, as set by the PATH program. I participate in a variety of trainings and opportunities where you get to visit with other communities that have been in the business a little bit longer than maybe Lubbock has had a PATH program. Or the focus hasn't been as strong as it is now.

Part of all of that, you have to come back to your community and I have had success with the folks that we have served in Lubbock, because I have had to be very creative and think outside the box and reach out to my

local community for all of those things that are not at an agency.

You know, churches, Walmart, Sam's -- I can tell you -- I'm probably one of the few people that for a very long time, got a monthly donation from the Walmart across the street from here because I literally said to them, tell me what your problem is and they pointed out a couple of folks that come in and steal and sit at the McDonald's all day and were just pretty much a nuisance to them.

And I said, those are my people. I can help you see less and less of them if you will help me with donation items with things that we can use money for. I got \$1,000 on the spot one year just because someone else didn't bother to return a phone call, that kind of thing.

So, I once again say to you, which one of these objectives is number one, because the only way I have found success is to deviate from all of the guidelines and go back to my community, have a bleeding heart or whatever, because I could give you story from every angle to get someone that is not part of the array of services that is funded in some kind of way out there.

It is going to come from people being very

committed and having a very open mind about people, because we are not going to end homelessness. I mean, I think you can go back in history, and I am a history buff, that there has always been folks who choose to live outdoors. I believe there still are.

I think they are called gypsies and all kinds of people, and nomads, and so there is different structures within those cultures but it's there. And so, I don't have the answer to anything because I don't know who is calling the shots, and which one of these is more important and which one controls the other. I think they are all very important.

But if you were to tell me that state infrastructure is not going to change and it is going to remain this way for the next ten years, then I have to work with that and to be able to focus on that, instead of -- so not knowing. That is where I am.

And I currently work with about 50 case workers for folks have the funding source because they have their primary diagnoses as IDD but it is the same people, the same problems. They just look different. So it doesn't matter what the diagnosis of the folks are.

When I was out and about doing PATH and myself. Because for a few months, I was the PATH program. The

veterans coming out, you know, there is this, send them to the VA. You are looking at someone straight in the eye who just served our country, maybe missing a body part.

And our answer is you have got to go through the VA first because that is how the infrastructure says that is how the money is being channeled out. So once again, I say to you, who is calling the shots in these objectives.

MR. McGRATH: Along those lines, and you said you don't have all of the answers, so maybe you wouldn't have one that you would pick out as the objectives to put at the top of the hierarchy but do you have any suggestions or thoughts, in regards --

MS. FORD: Do you want the god-honest truth? Or do you want what I think is going to happen?

MR. McGRATH: I want the god-honest truth. That is what we are here for.

MS. FORD: The god-honest truth is that the state infrastructure, based upon the data, research and analysis, will dictate what is going on, and prevention will be at the very last of things, just because we are bound to react, once it is blown up in our face.

We are not really good at seeing it down the road. The people who are out there every day, seeing

things, can see things coming down. They are about to see the train derailed but the guidelines say you can't stop it. Or you don't have enough time in the day to stop it, whatever.

And so I think what ends up being the Band-Aid to a lot of things is the supportive services. You end up finding someone who will look outside the box to say all you need to make it is the fact that you had to pay for medications this month that you never had to. And you can't pay your electric bill, which is going to, through the domino effect.

And I can find a generous donor somewhere to do that. And so I have worked for Lubbock Regional for 15 years. I started at the very bottom, you know, being the person that picked up folks from their home and gave baths, all of that, and worked my way up.

I have served at the state level through the RDM committee, which designs the assessment for the track for folks. I can tell you that the thing that matters most to changing lives is support systems, people taking care of people, and people knowing that there is people to take care of people.

So if, within our system, you relapse many times, and you can't come to us because you have had

another relapse, where do you go? So the answer is, in my opinion, affordable housing and supportive services.

But it is hard to have a picture for what that looks like, unless you had a public hearing every day, and this room was filled with first-hand accounts of how you helping me impacted me in not doing that thing I was doing over and over, which is the definition of insanity. And so --

MR. McGRATH: Okay.

MR. SAMUELS: I was just going to ask, when you said, you talked about 96. Was it 96 people?

MS. FORD: Through the PATH program? About 90, 90 to 100.

MR. SAMUELS: So that is unduplicated --

MS. FORD: Unduplicated, throughout the year, which is a very low number, but it only is what we can do, based upon our guideline that we cannot exceed a certain number of expended money per person and so we actually used to serve more within the 40 to \$50 range, and we probably did more with those 50 folks that we are doing with 90.

But if you give me \$3, and I have got to serve 100 people, everybody gets three cents, and I would rather

that someone get a little of something than nothing. And so that is where I say that the Sam's of the world, the Walmart, and thank goodness that I found someone that I connected with as a person because if I didn't have that little something that said, I want to help her, then my folks wouldn't get help either and it is not about me blowing my own horn.

It's about pretty much knocking on that door over and over until someone said, what do you want, and me saying this is what I want. And this is why, if you help me, which is us, you will benefit from something because just human nature is I give, and I get what out of it. There's not this line, a waiting list of folks that are willing to give for nothing in return and we have found those folks that do exist among our service system but they are not on this list.

You won't find them on any -- you know, they don't have a door that says this is where you come when you ask for something, and we ask for nothing in return. That is what we do. That is what we put our neck out for, when we go to churches and Walmart and Sam's and all of these places and promise nothing in return.

I just promise to minimize the incidence of folks coming in to steal and hang out and that sort of

thing, and a number to call because a lot of folks say, I don't want to call the police. I know these people need help. I can see they need help. I don't know who to call. Here is my number. You call me. And I will find someone to go over there.

And it is very -- it speaks very highly to the reality of I think, every community. Not just Lubbock -- that Walmart is literally two blocks away, and they didn't know the MHMR existed.

But it is how much focus you put in your own community, and you establish which folks, you know, are the squeaky wheel, and you add oil to it, and I don't have the money for oil. Our agency doesn't but Walmart does; Sam's does. Some of the church groups do. And we all just -- it speaks very highly to the collaboration that is occurring now that wasn't a year ago.

MR. SAMUELS: I just want to say thank you for the work, because I know it is tough work.

MS. FORD: It is.

MR. SAMUELS: Thank you for going above and beyond.

MS. FORD: Not a problem.

MR. McGRATH: Thank you.

MS. GUETERSLOH: P.S., I meant to mention this,

but Laura has got a lot of passion. And you have seen how, when you take your own, you think outside of the box and get something done. That is what is going on here in Lubbock, you know.

So the other thing I wanted to stress is when I started in probation in '83, in the state's wonderful wisdom, they decided to, I thought, Cathy Pope did it very kind -- they decided to stop spending money on permanent supportive housing and they decided to we'll just close all of those residential people.

And you have heard the results of that. What I saw in probation. In fact, that is what learned about. I saw a lot of people coming in with serious mental disabilities and I started tracking it back, and that's what happened. Those folks were dumped on the street, expected to maintain, when in the permanent supportive housing they could function, and function well.

Without that support they were at the will and whims of whatever was on the street, and I saw in the criminal justice system, and that -- we ought to be ashamed of that. So don't --

But nonetheless, don't forget that that permanent supportive housing is a very important part, and I forgot to mention that. I'm finished.

MR. McGRATH: All right. Thank you.

MR. MORRISON: My name is Frank Morrison and I am here as a private citizen who is very involved in this for about 15 years through my volunteer and charitable activities.

I'm really pleased to have heard what the Major and Mary and MHMR had to say because I was afraid I was going to be the only one up here speaking pretty critical of your plan and of what you are doing. But several of the points that have been made are points that I would echo.

I watched a local charity burn through \$200,000 of stimulus money, which was supposed to be for HPRP, Homelessness Prevention and Rapid Rehousing and it wasn't even putting a band-aid on the problem. It was simply wiping the blood off of a scar and allowing it to continue. Almost 100 percent of the funds that were spent could have been as effective if you had taken them out in a 30 mile an hour wind and thrown \$100 bills up in the air.

It put money into the economy, into the local economy, but it did not help the people that it was intended to. To remedy that, and to get some of the answers, you asked about what responsibility.

I am not completely sure of the prohibition part of what I am fixing to say but there certainly was no encouragement for those people who were receiving assistance to go through any type of training, and I believe that the providers of the funds were actually prohibited from requiring them to do anything.

There has got to be some additional support service. You can't just provide it; you can't just offer it. It has to be insisted upon.

You are dealing with problems that have been in the making for generations. The Government has been helping cause this problem since FDR started his New Deal.

It is not solving anything. It has promulgated. It is continuing to cause the problem because you are just giving people something.

And when you have been giving them something for generations, it is like Mary said about the kid in front of the candy jar. They have no self control. They have no capacity for understanding what they need to do to budget their money, irrespective of whether they want a flat screen TV or a new pair of Michael Jordan shoes.

They don't know how to prepare for something that they absolutely need, which is a roof over their head. I think you are reaching for a pie in the sky when

you even talk about ending homelessness.

Several speakers before have mentioned that it is always going to be here. We are always going to have someone who loses a job, makes a decision, has a fight, gets split up, gets divorced, something is going to happen that is going to cause one person at a point in time to be homeless.

We need to be dealing with it as Laura said, upstream. We need to be dealing with it before it happens. The prevention. Most of what I saw, as I read your draft of the plan, is creating another bureaucracy.

All you're doing is collecting data from Lubbock, and Fort Worth and Laredo and Houston and trying to paint a picture with it is going to be like Picasso. It might be a painting. It might be a picture. But it is not going to look like reality.

I don't believe that collecting a bunch of data and trying to compile it into a specific report is worth anything. Because Lubbock is different than Fort Worth; it is different from Houston; it is different from Laredo.

We have to deal with, just like Laura said, on the local basis. We don't need to identify who the potential homeless people are. I can take you out to 65th Drive down here, where there is a half mile of apartments,

and I can tell you that everyone that is living in that half-mile strip is potentially homeless next week.

Now they are not all going to be but I can just about guarantee you that one on the block is going to be.

We know who they are. We don't have to spend a bunch of time and effort identifying them.

The point-in-time survey, I haven't been involved with that before. There may be some benefit to it but as far as having statewide statistics, I don't think there is any benefit to that at all. It is not solving a problem at the local level.

What would benefit is if we had a standard for communicating with each other about the clients that we're serving, an HMIS that is standardized. Maybe somebody from Lubbock will go to Fort Worth and will take up services, and they will need to know what services they got here. Maybe someone from Houston will come up here. That might be of some benefit.

But when across the street ministries is dealing with somebody that just graduated out of Tent City, they need to know what we were doing with them, how we were helping them. Or if someone at Tent City has been receiving services, if we know that they are a client of MHMR. It helps us to report back where and give that

individual better service. That is the kind of coordination we need.

From here to Austin, I don't think there is much benefit. The plan seems to emphasize -- well, I refer to it as data collection and homeless identification throughout the plan, words like monitor, assist, study, develop, encourage, identify, publish, dialogue, plan are words I saw. We need action words. We need subsidized rent; we need tax credit. If you were to give -- and I realize this is not a state issue, it would be a federal tax issue but if doctors received tax credits for each patient that they saw on a volunteer or charitable basis.

If a company that owns apartment complexes received tax credits for each apartment that they provide to someone who is below 30 percent of the poverty level, or something to that effect. Those types of actions or activities make a difference to the people we are trying to help. Collecting data and writing another plan doesn't do much good.

But I do appreciate you coming up here and listening to us, because even though we are way out here, we are just as important and our people are just as important as the people in Austin, Houston and Dallas.

Thank you very much for that.

MR. McGRATH: Absolutely. Thank you so much.

MR. SAMUELS: I'm sorry. I have to leave. It was great meeting you yesterday, and great to see everybody. Thank you. My card is up here, in case --

MR. McGRATH: Thank you. Yes, you are going to be late.

(Simultaneous discussion.)

MR. SAMUELS: Yes. All right. Thanks. I'll see you back in Austin.

MR. BURRUS: My name is Les Burrus. I'm the Executive Director of Link Ministries, who host the Tent City here in town which we started as a result of a lot of people last year. We've been existence almost a year come March 14.

And as I was reading through this Plan to prevent and end homelessness, my first thought was, how in the world are you going to end or prevent homelessness? I think the presupposition there, of being able to end or prevent it, like everybody else has said, is a little drastic. We will always have the homeless with us. We will always have them with us. That is a given.

In any society, I have lived throughout the world, on mission field, and visited many different

places. There is not one society that has ended homelessness, even in the Socialist countries that offer services. In France they have the SDF, without the homeless -- fixed homeless place, and so it is with us wherever we go.

One of the biggest things I see that I don't see addressed, and I guess I'm a West Texas home boy. I like to see as one of the commercials, the proof in the pudding, goes. How is it going to affect the people that are living in those tents out here, or the people at Salvation Army who are needing jobs, who are needing, like Cathy Pope said, and Laura Ford, the mental health help?

How are these objectives of research and analysis going to filter down? And is the money actually going to be there for them? That is, I guess, my biggest concern. I don't see it.

A lot of it -- I read through the whole 74 page summary and numerous times it said we will do this if we get the funding, which the funding is not there. We will do this if we get the funding from the Government.

And right now the Government funding is drying up and a lot of that is because of what Frank said, is our entitlement programs that we have put in place. Because there has not been a strong enough or strict enough

accountability system. Because there are people who need that.

And there is a whole host of people, I have met at Tent City who have -- are on entitlement programs and that is exactly what they look for. There is no incentive for them to get up and get out, and move on with their life. So they are always going to have a mentality of homelessness.

And how do you change that? That is not even addressed in here, the mind set of a person. It takes a long time to transform a person back into a productive citizen. The philosophy major, I have studied this for years. To change a society takes a generation. It takes a full generation for it to gain a new idea.

And so to get people away from a give-me mentality. I am waiting and sitting back for the state to come in and take hold. At Tent City, some of the little things that we are doing for prevention, we also run a skate park and sports park, and some athletic events.

The kids from the lower income housing comes in and they ask, can you give us food; we're hungry. We want to do this. I go, well, we can let you in free. We can do that but to have food, it costs someone something.

And so, if you are willing to work for it, you

can have some food and so it wasn't long before the young kids, twelve and 13-year-olds maybe sweep floor, take out trash, help us out in the park, started to ask, do you have a job for me? To me, that was huge.

That was the beginning of the transformation of a mentality. And if there is not anything in place, like some of them have addressed some specific, some accountability programs for these affordable housing or renting, to make the people themselves accountable for what they have, and give them a piece of dignity, then this is just another bureaucratic intervention that is going to bring on more entitlement programs, people waiting line.

And it is just going to explode the problem. And that is some of the issues that I face daily out of Tent City. Is they are always sitting back and wanting somebody to come and bring them something, bring them more clothes, bring them more food.

And we are trying to get them developed to where they can find jobs and the biggest problem we see with jobs is, a lot of them are felons. They have come out of the penitentiary system, the judicial system. They have been thrown into society, which there is no transitional period for them.

Fortunately, we are working with a couple of groups who have it from a faith based transitional housing. Come out of the penitentiary. They are helped for a year or two to transition back into lifestyle.

Because I was out in France for several years. Come back to the States, it was a culture shock, because of the change in technology and everything. The way people do things here totally changed and it took us a while to get back adapted to that. It is the thing same thing for people in prison.

I think the transitional programs out of prison, the probation type efforts, are awesome but I would also like to see this whole group worked with. Because a lot of these people that we deal with are felons. Homeless when they come out of prison, most of them are homeless. They don't have a place to go.

When it is said that they have to stay on the good path for their future, if they can never get rid of a felony conviction. They've paid the price.

But if they had an incentive to stay, whether it is five, ten years without a violation, that could possibly be dropped from their record, and they could move on, that would give them some dignity. It would give them some hope and an incentive to move forward.

I sat across from a 50-year-old man. He is a family man. He had a felony on him, on his record for about 25 years, and he was crying. He said Les -- he said, do you have any jobs for me? He said, I'm looking for something, just to make more than minimum wage. Because everything I go to, I have to put that I was a felon and I can't get a job. I've got a family to feed. I'm barely scraping by.

He goes, I know how to make money. I can make two runs to Amarillo a month, and have more cash in my pocket than I know what to do with. He said, I don't want to live that lifestyle again but he was being forced, because of the system, the way we have got it set up. And he was a changed man; he was a transformed man.

It is those kind of people that we have got to help. Some of it is the mental issues. Some of it is just the records and being incentives for companies to hire. Give them a second chance for those felons that have been out five years, whatever it is.

There's numerous possibilities. Some of these are going to have to be addressed for us to actually help us, I think, in our community because the recidivism rate is astronomical because that is all they know. They want to go back to a safe place. Even though it is not safe,

that is what they think is safe.

It is a mentality issue that they have, that they are going to go back to something that is the norm. And what we are finding, if there is no stability, the people on the street, the chronic homeless that we deal with, the norm is to withdraw within.

And soon you have all kinds of mental issues, because there is no stability. When we started Tent City, the first thing we noticed is that within a month or two, there was stability in their lives once again. They had their little place, their little corner of the world. An eleven by eleven tent.

Stability was a huge issue, and then they began to come out of a lot of their problems, their introvert ideas that they had, and began to open up a lot and so they began to make headway.

But none of those kind of issues I see are being addressed, except for supportive services, which I think is one of the strongest issues that needs to be made in this whole objective. The infrastructure, I think needs to come down to the local level, as many have said.

It is the local people with the passions of the workforce. The Mary Guetersloh, the Majors. Those people

that deal with these people daily that are going to make the impact and change homelessness.

It is not going to be some Congressman sitting in office. Yes, they can pass all kinds of, you know, laws and rights and services. It is going to be these people that need to be encouraged and need to have the resources, the help available when it is necessary.

The communication among themselves at a local level, on a community level for things to take place. So that is sort of my two cents for this thing and I appreciate you coming out.

MR. McGRATH: Great. Thank you so much. And just two little bits of clarification for my perspective, or from the Council, I guess I should say.

When we say prevent and end homelessness -- you know, this has happened a few times where that phrase gets interpreted as her saying we are going to end all homelessness for all time for the entire state which is, by any measure, absurd to make that claim.

MR. BURRUS: And that is what I am reading in the Executive Summary.

MR. McGRATH: Exactly, yes.

MR. BURRUS: That is what it was all about.

MR. McGRATH: Right.

MR. BURRUS: And that is where I think it was just a pretty subjective idea.

MR. McGRATH: Yes. Well, what we are more saying is, ending episodes of homelessness, not for everyone, but as many people as we can reach, that is the objective. And the other thing is, in terms of accountability, and supportive services, that is really -- the supportive services I think are the crux of the plan, as it stands.

You know, so we have, let's say Texas Workforce Commission for instance. They, through their -- a few the job training programs that they have, or job services, they reach about 13,000 individuals over the course of a year, who experience homelessness. We don't know when those individuals are accessing housing at all.

But like you were talking about, in terms of stability, that is a lost opportunity. If someone is coming in the front door to TWC or like a workforce center and receiving some sort of service, at the same time they don't have the stability to actually make the most of that. That is a squandered opportunity.

So we are trying to bring, tighten the connection between these agencies that provide supportive services, but also that provide actual housing or

stability like you are providing. That is, I think, a good start and it addresses some issues of accountability so that we are ensuring that someone who enters housing receives something that is going to actually make this something that is enduring, that they actually have a stable place to live but also have an opportunity towards, you know, a greater income in maintaining their own home.

MR. BURRUS: And that is, you know, the goals are admirable. And I really hope that we can see some fruitfulness of that. We were working right now in Tent City with the Homelessness Coalition, working also with the church coalition here in town to educate and facilitate local monies coming in to build the homeless shelter on a larger basis, that addresses a step-up program of incentives to get people in and out, and address their needs if it is to get the mental health issues to work with MHMR, to work with the different entities and agencies that can actually help these people.

And that is one of the great things about Lubbock, is that we have come together this year and I think, you know, it is a long time in coming, but it has finally arrived. It is our momentum to move forward.

And people are finally coming together and

working in collaborative efforts and applaud Lubbock and the community in the supportive services and the churches for being able to do that, to lay down some of their guards and come together and work on this issue.

MR. McGRATH: All right. Thank you so much. Anybody else who would like to speak?

(No response.)

MR. McGRATH: Okay. We have three more minutes. There is time to talk but if no one else who is present wants to talk, then we can wrap this up.

(No response.)

MR. McGRATH: Going once.

(No response.)

MR. McGRATH: Going twice. Anyone who has already talked, you can talk more if you like.

Otherwise --

(Simultaneous discussion.)

MR. McGRATH: Otherwise, we can wrap this up. Okay. It looks like we are done. All right. Thank you all so much for being here, and taking your time.

(Whereupon, the hearing was concluded at 2:30 p.m.)

C E R T I F I C A T E

IN RE: Texas Strategic Plan to Prevent & End
Homelessness Public Hearing

LOCATION: Lubbock, Texas

DATE: January 10, 2012

I do hereby certify that the foregoing pages, numbers 1 through 65, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Penny Bynum before the Texas Department of Housing & Community Affairs.

(Transcriber) 1/16/2012
(Date)

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