

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

TEXAS STRATEGIC PLAN TO PREVENT AND
END HOMELESSNESS

PUBLIC HEARING

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Haven for Hope Volunteer Center
1 Haven for Hope Way
San Antonio, 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. McGRATH: We are going to get started. My name is Colin McGrath and I'm with the Texas Interagency Council for the Homeless, and this is Mary Dodson. She's a planner with the Texas Department of Housing and Community Affairs.

The Council is an unfunded mandate through state legislation that was created in 1989 to coordinate state agencies around homelessness issues. The Council is housed with the Texas Department of Housing and Community Affairs and receives some staff support and other resources from the Department.

We have released a plan for public comment. We call it the Texas Strategic Plan to Prevent and End Homelessness and it's not a final document and we are seeking public comment on it before we produce a finalized version.

So I'll just give a brief overview of what we have in the plan and then invite people to speak about what they think should be in the state plan or how they think the state should be addressing homelessness in general.

So if you have any comments here you'd like to --

MS. DODSON: Has anyone gotten a copy of this plan and read through it -- yes? -- a few of you?

(Audience response.)

MS. DODSON: Okay. Great. That's helpful to know sometimes if at least people have seen it. We do have a copy of the execute summary up here. It looks like some of you have taken one but it looks like there's one left. But the full plan is available on line.

MS. DODSON: Right. Yeah, and this is just the -- what we have right now in the room is a very short summary of the document.

So the plan comes in four sections in terms of the strategies that we're proposing. As a document it gives an overview of the statistics and demographics that are available right now and then we break it up into four sections, the first focusing on affordable housing and supportive services; the second, homelessness prevention; third, data research and analysis; and the fourth, state infrastructure, and by that we mean communication and coordination among state agencies as well as coordination and communication between local agencies, NGOs, nonprofits, continual care and state government, as well as coordination between state government and the federal government.

For our first goal area, affordable housing and supportive services, the goal is to increase housing options for homeless individuals and families who face multiple barriers to secure housing. Our objectives there are to identify individuals and families experiencing homelessness and prioritize their housing stability; two, 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.

Under prevention, the goal is to develop a statewide crisis-response mechanism that identifies at risk individuals and families and prevents them from becoming homeless. The objectives are to refine and promote a definition of at-risk of homelessness that fits Texas; second, to 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. The fourth one, the focus is discharge planning.

Our third goal area, data research and analysis, the goal is to strengthen Texas's capacity to gather, analyze and report precise data on homelessness. The first objective there is to evaluate the quality of homelessness-related data and find out where we can improve current data collection; the second, facilitate coordinated data collection policies and procedures for all sources of data, and, third, coordinate timely data collection, reporting and analysis.

Under state infrastructure, the goal is to increase communication and collaboration between all service providers and units of government in order to sustain TICH's -- that's the Council -- planning efforts and aid in the implementation of this plan.

The first objective 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 local, state and federal government and non-government entities; and, third, raise awareness of homelessness among state agency boards of directors, executives, and other decision-makers, and also the general public.

So that is the plan that we're proposing in a

very broad form. There are more details for each objective. If you look in the -- if you happen to have the executive summary -- actually, I don't think that document includes it. Let me look. (Perusing documents.)

Yes. So there are charts or tables at the end that show the actual strategies that we're proposing for each objective in the plan.

So do you have anything to add?

VOICE: [inaudible]

MR. McGRATH: Yeah.

MS. DODSON: And I think that's the reason --

MR. McGRATH: Yeah. So the contacts for the plan is -- I'll start, say two things. The first is that there is the United States Interagency Council for the Homeless which is a council similar to ours on the federal level that is coordinating federal agencies around homelessness issues. A little more than a year ago they released a federal plan called, *Opening Doors*, and in many ways, it is going to be sort of charting the future or guiding the future of homelessness policy, especially through HUD as well as through Health and Human Services and VA.

And our job right now is to bring the state government in line with what's happening in *Opening Doors*

and through HUG but also to make sure that what we're doing on the state level, as we try and coordinate with USICH, works for Texas's communities.

We don't want to just, you know, blindly start following Opening Doors and start trying to coordinate our state agencies around what Opening Doors is suggesting that folks do with -- while ignoring what's happening at the local level. We want to make sure that we're responsive to the needs of all of Texas's various communities.

The second piece of background is something that's been happening since about 2000. HUD -- about 60 percent of funds that HUD sent down to communities -- so 60 percent of their funds were used for supportive services; 40 percent were used for actual housing.

As of about 2008, 60 percent of their funds were used for housing; 40 percent were used for supportive services. That's largely because HUD has been emphasizing housing and it's something that Congress has really pushed HUD to do.

And housing is becoming an even greater important in all HUD's funding. Now, we were working on a CSE application for the balance of state and they were emphasizing applicant's should be using 80 percent of

their funds for housing. So it's going more and more in the housing director.

The question is, if you're using all of your money for housing -- permanent housing, transitional housing, where are the supportive services going to come from? Where is the funding going to come from?

USICH, and we would agree with this, think that supportive services, if it's not going to come from HUD, should come from mainstream services from state agencies such as the Health and Human Services Commission, from Department of State Health Services, Department of Assistive and Rehabilitative Services, Aging and Disability Services. All state agencies are on the table.

So that's the background. That's why we're talking about coordinating state agencies because they have resources that are available and that could be used and are likely underused in homelessness services, especially in transitional or permanent housing.

So did I leave anything out? Anything you would like to add?

MS. DODSON: No, that was great.

MR. McGRATH: Okay.

MS. DODSON: I think though, just to emphasize the fact that what you're saying is where the state's sort

of the middle level of government and we're working with the federal government under their plan to end homelessness, and then we know lots of local communities -- cities, counties, COCs have their own plan to end homelessness, and so we want to make sure that what we're doing fits in with all of that.

And certainly hearing --

VOICE: I'm sorry. I'm not precisely clear by what he meant by supportive services. I understand the brick and mortar part but what's supportive services that HUD spends money on.

MS. DODSON: Okay. Those supportive services would be primarily funded through HUD's Continuum of Care program and its services such as case management, job training, linkages to mental health treatment and substance abuse care.

VOICE: They can have mine; they can have mine.

MS. DODSON: So --

VOICE: If they have someone that wants to help the elderly folks in my building anytime --

MS. DODSON: So, yeah, the supportive services would be any kind of more social service or a health-related service that someone living in housing might need in order to be successful in housing.

MR. McGRATH: So at that, like I was saying in that overview, we really want to make this document as responsive to communities' needs as possible. We're trying to find ways or gather information that we can report to agencies to help them recognize ways that they're going to be able to better serve communities in Texas.

So, at that point, we invite all comment specific to any one component of the plan. So you can speak to homelessness prevention issues, rehousing data or communication. We just ask that you come up and sit right here so the court reporter can gather all of your testimony. State your name and say what you may. So the floor is open for comment.

MR. WILLIAMS: So there was a list. Are you going in order of the list or --

MR. McGRATH: It doesn't have to be that way. We can do that. I'm not sure if everyone who -- everyone who signed up on the list wants to speak. Do you have something that you want to?

MR. WILLIAMS: [inaudible]

MR. McGRATH: Okay.

MR. WILLIAMS: Okay. Now?

MR. McGRATH: Okay. Before you start, does

anyone else who's in the room have specific comments that they want to share today or that -- who wants to come up and speak?

(No response.)

MR. McGRATH: All right. It looks like you have two hours to talk, sir.

MR. WILLIAMS: That's not going to happen.

MR. McGRATH: No.

MR. WILLIAMS: My name's Navarra Williams. I'm the president and CEO of SAMP Ministries. And SAMP Ministries is a homeless service provider that's been in San Antonio providing services for nearly 30 years. And we sort of have programs that touch almost every component of the continuum of care.

The majority of that time SAMP Ministries had an emergency shelter that was subsequently closed and that program was moved over to this campus to the Haven for Hope. In the old shelter we had about 350 people and in this component of the transformational campus we're taking care of about 750 at this point.

For about eleven years we've had a transitional family program that has taken care of about 65 families at any point in time between a transitional facility, as well as 25 scattered-site houses, helping them transition out

of homelessness over -- up to a two-year period.

And then, we, most recently, through funds from the state and through funds from the city, which I think all came from the federal government through the stimulus program had very, very successful homeless prevention program.

And as we worked through that we were able to keep about 6,000 people out of homelessness, including 4,000 children, at a cost that was significantly less than having people go through emergency shelters or transitional programs and made a real difference in stemming the tide of homelessness in San Antonio.

I can't imagine how many of those would have really dropped through. We're already at capacity in the family wing of the Haven for Hope campus that we operate and we would have had just hundreds and hundreds more families that would have had no place to go.

And beyond that, we all know that keeping a family in a housing situation versus going to an emergency shelter or transitional facility, no matter how nice they are, is more traumatic for the children and the family.

So SAMM Ministries would like to advocate that the plan to continue prevention in some significant way by the state is something that is considered a best practice

across the country. I think the federal statistics and all the state statistics said that it was an extremely successful program. So we would advocate that you continue that program.

The funds for prevention programs have pretty much dried up across all funders, and so how do we keep this going forward in 2012? Most of the funds will be used by the end of 2011 or early 2012, and so, consequently, I don't think that the economic situation has changed all that much that we're not going to have more people.

I think we will continue to see people that would be eligible to stay in their houses if they had an opportunity, or their apartments, to stay in those housing units if prevention funds are available. Thank you.

MR. McGRATH: Thank you. Actually, can I just ask you a question?

MR. WILLIAMS: Sure.

MR. McGRATH: And not to put you on the spot or anything. You can decline any questions if you like.

When you serve 6,000 people -- one of the problems that we have and I kind of alluded to this when I wrote you in that email that -- how do you know that those 6,000, those individuals, would have become homeless had

they not received those services?

MR. WILLIAMS: Well, yeah, that is a difficult question. Most of the them would have -- in the process of being evicted, so many of the clients were -- you know, sometimes we had to jump through hoops to get a check ready in three or four days because no one had limited resources in terms of fielding all the calls.

MR. McGRATH: Uh-huh.

MR. WILLIAMS: Once people understood that prevention programs were out there, that we were easy to find -- we got a lot of referrals, and so consequently it would take time to get through all the calls, to do the intake to make sure that people were qualified for the prevention program.

Once that happened -- in some cases they were about to be put out the door within a matter of a few days from their landlords so we had to be really responsive. So I guess my first indication is that they were going to be evicted the apartments if something didn't happen.

Then there was the same thing with the utilities. Their utilities were going to get cut off. Now, sometimes maybe they made a choice between rent versus utilities but, by the same token, if you don't have your utilities, that's going to put you in a tough

situation. But I would say the biggest indicator was that most of those folks, or many of those folks, were going to get evicted if they didn't have that one-time intervention.

And, by the way, our particular program had about an 87 percent success rate with one-time intervention so that might be paying the rent or paying the utilities, or paying both. Our average cost was about \$1100 per family, and our transitional programs between the houses and the family transitional center runs us about \$20,000 a year per family.

So the cost-benefit ratio, regardless of the trauma, just the return on investment in terms of who's going to fund this is significant, let alone then dealing with all the traumatic issues of becoming homeless.

MR. McGRATH: Thank you.

MS. DODSON: Could I comment?

MR. McGRATH: Sure.

MS. DODSON: You're speaking to exactly what the USICH has identified among many other groups, National Alliance to End Homelessness, National Coalition for the Homeless -- the idea that preventing people from becoming homeless is not on in that individual or family's best interest but it's in your community's best interest

because it's much more affordable to help people stay in housing where they're already located than to have them lose house, get an eviction on their record, have their rental history not stellar, and have them move and maybe lose all their possessions and go through the shelter system.

That's the way that homeless services has been done in prior years and HUD is really changing that now and leading the effort for all of us to change it -- to say we can do this smarter; we can be better for the individuals and the families; we can be more affordable for all of us with limited resources.

And so what you're saying is an exact example of what has been shown around the country. And that's definitely what HUG is going to be focused on in funding in the future, and I assume state agencies will follow that as well.

MR. WILLIAMS: I do have one question for you. The other -- part of the prevention program was the paying of the rent, the utilities. The other part was the rapid rehousing.

MS. DODSON: Yes.

MR. WILLIAMS: And it's my sense that maybe it was 80 or 85 percent of the funds went to prevention --

MS. DODSON: Yes.

MR. WILLIAMS: -- and only 15 percent went to rapid rehousing. Did y'all determine -- if that's true --

MS. DODSON: That is true.

MR. WILLIAMS: -- (a), is that true, and (b), why did that happen?

MR. McGRATH: You might want to speak to that a little bit more --

MS. DODSON: I can speak to that.

MR. McGRATH: -- since you work with --

MR. WILLIAMS: That is true.

MS. DODSON: I am working with the HPRP program so that's the one I'm most familiar with. We did, in the state program, have about an 80 percent rate of funding that went for homelessness prevention and at 20 percent that went for homeless assistance.

What we learned from just our agencies that we worked with was a mix of a little bit of fear of taking on a person who was already in a homeless situation if there wasn't some near end to that in sight, someone who maybe had a job lined up already or had a great job history that might lead them to get a job pretty easily.

And so I think a lot of people were very hesitant to work with people who are already in a homeless

situation and maybe much more familiar with working with people in homelessness prevention because that was something that they could see -- well, if we give one or two or three months of assistance to this person, then we can feel confident, based on their history and what we know from the assessment, that they will be self-sufficient after a very short period, which, I think, HPRP was designed to be.

So I think there was a little bit of fear of getting in over their heads with someone who would need much-longer-term assistance.

Now, we did have some pilot projects. Five of our programs were identified from the beginning of the grant as pilot projects that specifically served subpopulations with higher barriers, people who were reentering the community after incarceration, and people who had mental illness, and families that had a child with a disability or some sort of significant healthcare issue.

And those groups chose from the beginning to take on serving a population that might be a little bit harder to house, and they did have lower success rates with people getting into permanent housing. Some of those had a higher percentage of people leaving the program before the agency would have said, well, your time with us

is over.

And so there were some extra challenges there and I think a lot of the other agencies that weren't identified as serving a specific population chose to look at, again, the people maybe that were, on paper, looking like they could be self-sufficient within a three-month period.

And I think it's really hard to know that from someone maybe who's longer-term homeless or more frequently homeless, or doesn't have an extensive job history, or doesn't have a high school diploma -- things like that.

MR. McGRATH: Okay. Thank you.

MR. WILLIAMS: Thank you.

MR. McGRATH: Thank you. Just state your name and --

MS. OWUKORI: My name is Jerica Owukori and I'm a UTSA student.

THE REPORTER: Would you spell it for me.

MS. OWUKORI: Yes. J-E-R-I-C-A. Last name is O-W-U-K-O-R-I.

I am a UTSA student and I'm also an intern at the City of San Antonio Center for Working Families so I've spent the past couple of semesters working with the

HPRP program and the emergency utility assistance there at the City. And just from working with my own clients through HPRP, I definitely have seen progress in preventing homelessness.

The gentleman that just spoke, I definitely agree with him as far as we looked at clients that potentially would be homeless, that came in with an eviction notice. Some of them maybe had been homeless and then were in the process of becoming again so HPRP definitely prevented the cycle from continuing.

I had a couple of questions, I guess, on the Strategic Plan that I'm not overly familiar with but one thing that y'all mentioned was the plan had kind of gathered data on homelessness, and I feel like it's something that -- it's rather hard to track because of the nomadic movement that they have. What exactly is y'all's plan on that?

MR. McGRATH: You're absolutely right about how difficult it is. And in creating the plan, it was extraordinarily difficult to try and give some sort of quantitative or empirical grounding to what we had to say because it is so sketchy. So the two sources of data that we have right now are primarily the Point in Time, which happens at the end of every January.

MS. OWUKORI: That is the Count the Homeless, what it's called?

MR. McGRATH: Exactly, yeah. And the second is the Homeless Management Information System which you probably became familiar with --

MS. OWUKORI: Yeah.

MR. McGRATH: -- through HPRP.

MS. OWUKORI: Yeah.

MR. McGRATH: Both have extreme limitations. The Point in Time count, it's only once a year. It's easy to miss a lot of people. You can only get a snapshot of the condition or the state of things. Homeless Management Information System is limited because you only see people who receive services who entered shelters.

Between the two, though, you can still get a strong sense of what's going on and what are the issues. Who are we talking about when we speak about people experiencing homelessness?

Our plan largely centers around gather statewide HMIS data. We think that the HMIS system is a very strong tool despite some of the limitations but right now we do not have statewide data that comes from the HMIS system.

There are 16 jurisdictions in the state. They

each operate their own system. The systems do not speak to one another. They all report their data straight to HUD and we never aggregate it and see it on a statewide level.

We think that if we can use that, and use that data in context with, say, what we find through the Point in Time count, we can learn a lot more. So the plan is to create a data warehouse that all COCs -- continuum of care -- report data to that would aggregate and then allow us to use it that way.

Did that answer your question sufficiently?

MS. OWUKORI: Yes.

MR. McGRATH: Okay.

MS. DODSON: I would like to add to that. I think, in addition to the data warehousing, some ideas that have been talked about are once a data warehouse is up and running and it will incorporate HMIS data from the COCs around the state.

At some point in time we would like to incorporate state agency data, or cross-reference state agency data, for example, the SNAP program or the TANF program, some of those mainstream benefits, perhaps even things like hospital admissions or jail and prison admissions, just so that we can better see what is working

for some people to keep them out of homelessness long term, what works to get them out of homelessness short term, and it's very difficult to do that if you don't have a large body of data and some data that follows people longitudinally. So that's kind of the idea of where we're going with that.

In addition to continuing to reinforce the idea in the local COCs, going beyond just looking at data with your own agency, but looking at data across the continuum and how does the data indicate that your service delivery system could be better enhanced to become more user-friendly, to become more effective in preventing and ending homelessness -- and so that's just another aspect of the whole data issue that we're looking at.

MS. OWUKORI: And I have one more question which you kind of touched on with talking about SNAP and other like programs, but has there been like kind of a starting model identified for long-term or case management for people who have avoided homelessness but continue to support them towards stability or self-sufficiency, long-term -- like what programs have y'all identified other than like SNAP?

MR. McGRATH: So we're talking about kind of moving --

MS. OWUKORI: Kind of keep them going rather than --

MR. McGRATH: -- of this -- away from homelessness, per se, to extreme poverty and case management.

MS. OWUKORI: Well, keeping them from being homeless because, you know, if we -- with HPRP, I just had to finally exit the program. And, let's say, client's able to manage on his or her own for a certain amount of time but, then, six months later, you know, you don't want them to relapse and be back in the same state.

So what factors have y'all identified to keep them going on that?

MR. McGRATH: Yeah. And I admit that that hasn't been a conversation that we've had in depth from the Council, unless I'm missing something.

MS. DODSON: No. I think HUD primarily has been focused on encouraging the development of permanent supportive housing, a little bit more intensive maybe than what -- for the population you were describing, and I think that's why Colin was suggesting that for people who are in poverty, people who have very low incomes -- would there be some sort of ongoing support?

That might not be as intensive as permanent

supportive housing --

MS. OWUKORI: Okay.

MS. DODSON: -- but would still help people if and when they needed it to maintain and not fall into homelessness. And actually, I don't believe we have talked about that, again --

MR. McGRATH: But --

MS. DODSON: -- beyond permanent supportive housing.

MR. McGRATH: So can I turn the question around at you and ask, from your experience, say, working with clients through HPRP, is there something that we should be thinking about? Is there an approach to, say, case management for people who -- yes, they're housed but it's very precarious housing. They're, you know, constantly kind of on the brink of homelessness perhaps.

MS. OWUKORI: Well, I think that there is very little data followed, at least from my perspective, of HPRP clients once they exit the program, so I really think that that's something that, you know, maybe there should be some type of form to follow their progress, at least maybe over six months or a year, to see the effects of HPRP because it was something that started three years ago, so this is the end of the cycle but data from people

who exited the program in the beginning -- I don't know where they are. I don't know if they have ended up here at Haven for Hope, if they've been able to get a better job and --

MR. McGRATH: Right.

MS. OWUKORI: -- manage their family. So I mean I definitely think that that would be something to consider. It is really data collection on that end.

MR. McGRATH: Okay.

MS. OWUKORI: But also I think it ties to things like education and -- we're providing for their basic needs and keeping them from being homeless, but I mean, I think there's other things like education and getting better jobs and skills that they can learn long-term that would help them.

And I hope I answered your question.

MR. McGRATH: Yeah, you did.

MS. DODSON: Well, I would speak to the followup aspect of HPRP, HUD certainly encouraged communities to do followup with HPRP clients but --

MS. OWUKORI: It's not mandatory.

MS. DODSON: -- there was no money. And it wasn't mandatory --

MS. OWUKORI: Yeah, yeah. That's true.

MS. DODSON: -- and there were many other things that were mandatory.

MS. OWUKORI: Yeah, of course.

MS. DODSON: And so I think a lot of agencies really felt quite overwhelmed with the program and perhaps chose not to do followup. We do have a few that are doing some followup.

MS. OWUKORI: Okay.

MS. DODSON: I think, though, too, what could happen is within a local COC, people could be tracked in the HMIS system so if they were served with HPRP, they're already in HMIS --

MS. OWUKORI: Yes.

MS. DODSON: -- and then six months from now, that person's records could be looked at again, and if they're in HMIS again as receiving services, then, you can get an idea of what happened to them.

If they don't have a record in HMIS, hopefully that means they didn't fall into a homeless situation --

MS. OWUKORI: Yeah.

MS. DODSON: -- but it could mean they fell into a homeless situation and didn't seek services anywhere.

MS. OWUKORI: That's true.

MS. DODSON: So -- but you're right. That kind of followup is critical to knowing, how did the program work long-term?

MS. OWUKORI: Yeah.

MS. DODSON: And I think HPRP in general may not have been designed to do that, but I think other prevention and rapid rehousing programs around the country have, in fact, done that and that's why we have research that shows that these programs really do work for the majority of the people that get served in them.

MS. OWUKORI: And it sounds like, if we could prevent the cycle, then, eventually homelessness can end. It, of course, would take time but --

MS. DODSON: Sure.

MS. OWUKORI: -- if you can prevent that cycle, then you're seeing less and less people homeless.

MS. DODSON: Right. And I think that's exactly the idea that HUD is going with -- National Alliance to End Homelessness is going with, to say, hey, we're not going to do homeless services the way we've been doing it for the past 20 years. We're going to focus on prevention and then we're going to take emergency shelters back to what they were designed to be which is very short-term

emergency housing. But otherwise people are in permanent housing that they can afford for the long term, with services available if they want them.

MS. OWUKORI: Okay.

MS. DODSON: So it really is a deep philosophical shift in homeless services from the way things have been done literally the past 20 years so it's a good move, I think, and it's based on data that shows these are the services that really work to keep people out of homelessness, and so --

MR. McGRATH: Yeah.

MS. OWUKORI: Any chance of HPRP coming back, that you're aware of at some point in the future --

MS. DODSON: No. Let me say that HPRP -- the housing mode -- the program was designed to be homelessness prevention and rapid rehousing, which, again, there have been some demonstration projects that showed that that really worked.

That coincided with Recovery Act funding --

MS. OWUKORI: Yeah, the ARRA.

MS. DODSON: -- that was provided by the federal government for all kinds of services, not just housing, not just homelessness, not supportive services, but across the entire federal government, massive amount

of stimulus money designed to stem the downturn in the economy and hopefully have people not fall any lower economically than they already were at all income levels.

I think those two came together in HPRP in a way that may not have been the best but that's how it happened, and so the model is a good one and can stand alone with other funding but the funding is now ending.

MS. OWUKORI: Yeah.

MS. DODSON: And the Emergency Shelter Grants Program that HUD has administered for, I don't know, 30 years or so --

MS. OWUKORI: 1987, about.

MS. DODSON: '87, yeah. That program is also changing to become the Emergency Solutions Grants, and it will have many more aspects of HPRP than its old iteration of Emergency Shelter Grants, again, moving away from the focus on funding shelters to funding prevention and rapid rehousing, that are longer-term, more stable services for people.

And so -- but that money -- if, for example just in our state program, we got \$42 million for HPRP for two years -- and our ESG allocation this year, we're getting \$8 million. So that's dramatically different from \$42 million, and not all of that will go to prevention and

rapid rehousing. Some of it will, in fact, go to providing and operating shelters.

Other sources of funding -- some groups have used community development block grant, CDBG; local funds; foundation funds -- there hasn't been another large dedicated pool of funding from the federal level for HPRP-type programs.

I'm hoping we'll get there. I think maybe Continuum of Care might be heading that direction. ESG will, a little bit, but it's a very much smaller pool of money --

MS. OWUKORI: Okay.

MS. DODSON: -- for sure.

MR. McGRATH: Well, do you have any more questions or comments?

MS. OWUKORI: No.

MR. McGRATH: Okay. I'd like to invite the next person.

MR. ACKERSON: Scott Ackerson, A-C-K-E-R-S-O-N, and I'm the Vice President of Transformational Services with Haven for Hope. Do I do a plea now, not guilty?

(Laughter.)

MR. ACKERSON: First, I would reiterate what Navarro Williams said. I was with SAMM Ministries when

the homeless prevention program started prior to the infusion of the HPRP dollars and that's the direction we need to go.

And the HEARTH Act, the switching of ESG dollars, is going to be very slow in coming to make that happen. It's going to be, I think, a percentage every year, but that's not going to infuse the kind of dollars that are needed for to run a robust prevention program.

Secondly, I think -- you know, we've talked about HUD and the 20 years and 30 years, where emergency shelters have been our solution to homelessness, and what I've learned in a relatively short amount of time in homeless services is you define your solutions by how you define the problem.

So if we're defining homeless as the problem and we're defining housing as the solution, that's only a partial solution. Oftentimes homelessness is the symptom of many other underlying issues, and what we're doing is attacking the symptom through housing and we're not looking at some of the evidence-based models on really helping people to achieve their maximum potential to include housing.

So if we're not looking at trauma-informed practice; if we're not looking at some of the human change

models; motivational interviewing, and those types of interventions, all we're doing is treating a symptom by putting people in housing.

And then the housing-first model, and I think the jury is still out on that, but certainly HUD is going to a housing-first philosophy that we put people into housing and then provide the supports in a housing-based system. And I think they're talking about the stay in traditional shelters being less than 30 days, which is great.

And we're also simultaneously saying that we're not going to fund the supportive services. In order for housing, permanent supportive housing, to be effective, you've got to have also the infusion of all those other things that I was talking about, and if all the money is just going to housing, you're not going to have those services, which is going to just continue to perpetuate the cycle of people losing that housing.

And with that, the state plan of the Interagency's contribution, DHHS, HHS Council on Aging -- no offense, but those are huge state bureaucracies that are pains in the ass to navigate, and if you've got those multiple systems that you have to report to, that you have to do grant-writing for, you've just increased your

administrative overhead which decreases the actual programmatic funding that you have. The reporting requirements are huge and you're not going to get the bang for the buck.

So a suggestion for that is it's great to have the interagency collaboration, but can you create an interagency pot of money that's one source, one reporting pool, rather than having to go through the multiple chains of government bureaucracy to access those. I think that's it.

MR. McGRATH: Okay. Thank you. I was wondering if you could maybe speak a little bit more about the evidence-based models that you mentioned at the beginning of when you were talking. You specifically mentioned trauma-informed practice and a few others, and I wonder if you could elaborate a little bit about those, maybe experiences that you've had working with those sort of services and how they've worked in the past, or how they succeeded.

MR. ACKERSON: Absolutely. A lot of my experience prior to homeless services was working in child welfare. I've worked a number of years in residential treatment for children. Historically, programming in those types of settings, treatment is behavioral-based.

And behavioral-based treatment is great. You'll change behaviors in a short amount of time but you never impact the reason that the children are acting out and having the issues that they're exhibiting. Again, it's the symptoms -- we're treating the symptoms, not the problem.

Similarly, you look at statistics for homelessness, 66 to 88 percent, depending on your statistics, females were sexually abused before their fifth birthday, which create trauma, which the evidence is now saying that there's a biological shift in a human being's makeup through these multiple traumatic events that happen throughout somebody's life.

And so if we can put somebody in housing but we haven't impacted that biological shift, the behavioral shift, the traumatic influence of that, and so chances are they're going to continue to exhibit the same symptomology that led to the new symptom of homelessness if we don't address those core issues and help to provide healing in those areas.

MR. McGRATH: Thank you. I wonder -- so I say, to be a little bit of a devil's advocate, someone who is a proponent of housing first would say that, yes, that's important but really the first step is to get someone in a

stable house. Right? So you can't necessarily treat those symptoms unless they have a stable place to live. Is that -- would you agree with that or do you think that there needs to be more of a transition to housing?

MR. ACKERSON: I would absolutely agree with that. The optimal setting for somebody is a community-based setting in as much of a home-like environment as possible. I don't like institutionalization for children, individuals or families.

That being said, it costs a hell of a lot of money to provide wraparound services in a community-based setting so what we end up doing is we say, yes, that's a great practice, that we have a housing-first philosophy and we're going to put a lot of money into housing, and then we have caseloads of 80 to 90 to one that don't give wraparound services and support that someone really needs to be successful in that housing.

So we're kind of shooting ourselves in the foot with that as a strategy if we don't provide those support services that are necessary to make it work.

MS. DODSON: Right. I think you're right on target that the housing and the services are both very necessary. Unfortunately, I think, when it comes to funding housing for people who can't who can't afford

market-rate housing and providing support services to people who often don't have money or health insurance to pay for them, then it does sometimes become a struggle between, okay, well, you need both but we only have this much money, so which one are you going to choose?

And so I think what we're trying to do with this plan and with the Interagency Council is what you described a minute ago: how can we best use what's at all the agencies' disposal in the most coordinated way that works for the local communities? So, yes, joint funding, joint NOFAs where, say, TDHCA pairs housing with HHSC's -- another pool of funding for, say, case management that would be released as a pot of money together to local communities so that we would do more coordination on the state level so that you could have less administrative burden but you would still be getting the funding for both kinds of services.

I think, unfortunately, too, what's happening is there's a political climate right now that's not very willing to address the needs of people who are not completely self-sufficient and so we're seeing just very little funding and we're all kind of trying to scrape by and, yes, it's very frustrating to know what's working and not have the resources to put it in place fully, so you're

just kind of being able to chip at the real issues and not address them fully.

But that certainly would be the goal is to look at how can we get to addressing that most fully.

MR. McGRATH: Can I play interrogator for one more question?

MR. ACKERSON: Absolutely.

MR. McGRATH: You mentioned, and I think it's a terrific idea, pulling -- if you've got some sort of a joint-funding application for agencies. I'm wondering first have you worked with any agencies applying for grants before, or pulling together multiple pots of money, and maybe you possible can speak to that experience, and second, in other words, if that hasn't been experienced -- but the second is if there were agencies or certain funding pools that should be pulled together into some sort of a joint application, what would be sort of the priority items in there?

MR. ACKERSON: Well, if you look at the models that I talked about -- I mean, you're looking at systems of recovery so you would be looking at the prevalence of mental health, addiction, homelessness, so look at the funding streams that support those; combine those. That would be a key component.

The other suggestion and I'm sure the government is as good at nonprofits at collaboration because we all collaborate in that we right letters of support for one another when it's grant time, but at the end of the day we're all competing for the same pots of money, and it's finite pots of money.

So you've got to tie in the mental health, the addiction, homelessness, as well as trauma, and that's one area that we're really neglecting because too often we're focused on those two areas but trauma, in many ways, has a greater impact than even the addiction and the mental health, and the trauma leads to mental health issues.

And another suggestion for that is when you're looking a funding initiatives for the state and federally that you start looking at what are the evidence-based models, not "best practice" because somebody says it's best practice but what is an evidence-based model that's showing longitudinal change, and the literature is starting to come out on the three that I've talked about.

And so you start to make funding decisions based on those types of models rather than continuing to fund the emergency shelter model which we've known for 20 years doesn't work but we keep doing it.

MS. DODSON: And I think HUD is right there now

in switching the philosophy of the funding, for ESG particularly and getting away from that shelter model.

But I wonder -- I don't know if it's an appropriate time to this because I don't know if you're done but I think I would like to hear from anyone else in the audience on this idea of coordinated pools of state funding coming down, like, what are some of the most frequent pools of funding that your clients may have -- you know, lots of people are getting both this fund and this fund, and it would be great if the state brought those together for us so it was a little bit easier.

MR. ACKERSON: Should I step off the mike?

MR. McGRATH: If you have any last comments, feel free and then --

MR. ACKERSON: That's all I have.

MR. McGRATH: -- we can take more.

MR. ACKERSON: Thank you.

MR. McGRATH: Okay. Thank you so much.

Yeah, so along those lines of Mary's question, if anyone has any comments or suggestions about that, please -- and if not, then we just invite any other comments from folks.

VOICE: I would speak for my colleague in front of me in the school district. There's -- is there still a

separation?

MS. DODSON: Yes, come up.

MR. McGRATH: Yes, come up. Anyone is invited to come up. Please do.

VOICE: That's definitely an area of coordination with --

MS. DODSON: Yes.

VOICE: -- with the schools and the --

MS. GARZA: My name is Estella Garza and I work at the San Antonio Independent School District. That's inner city, here in San Antonio. In Bexar County we have over 17 different school districts and so it's quite a little melting pot. I've been working with families in homeless situations now for several years.

And one of the things that we've learned through the years is that we have large -- very large core group of chronic homeless families and I know that chronic homelessness and families don't match very well sometimes with HUD. Okay?

But there are a lot of families that we service that year after year after year, they are in a homeless situation. They go into shelters; they make the rounds with their families all over the city, and the next year they continue to do the same thing.

When the HPRP came out, I thought, oh, gosh, how can we try and see if there's a way that we can fit some of our families into that model, or into that service. It was very challenging and almost impossible. Okay? I'll tell you that much.

And so the families still remain with us. Because the chronicity is there, then you have issues that are learned -- it's a learned, cultural way of life, and from that culture, a new generation is coming from, of which that is the only means, the only opportunity of life and housing that they've learned.

And so, consequently, the issue of ending it is not there. It'll never end, as far I'm concerned, the issue of homelessness. So, again, to go back to what Scott was saying is that, okay, how do we begin to provide the kind of services, support services, that these families need? Some of these families don't even want to go into the shelter at times. They don't go there -- I don't go there; I don't do the shelter scene anymore; forget it. Okay?

And so if they don't go into the shelter, then there's no supportive services. And with the direction of HUD more toward permanent housing again, like Scott was saying, which comes first, the chicken or the egg? How

are you going to be able to help these families undo the culture that they've created for themselves and their families to be able to help them come to a level of self-sufficiency that hopefully their kids might be able to survive then. Okay?

And so the supportive services are so, so crucial but our families don't get it. They're not eligible for such services. Okay? So while the issue of your HPRP, the issue of supportive housing, the issue of -- you're trying to get them all in there.

This whole population turns from generation to generation and it stays here. While this is going on, this one over here doesn't come over here and overlap to carry them forward. It stays two separate entities.

And so the idea of trying to end homelessness, for me and what I see, where I come from, my perspective -- it's not going to happen. It's not going to happen.

The issue of our kids. Yes, we're trying to keep them in school. Yes, we're trying to -- you know, the McKinney-Vento and the ESEA level, the school of origin, transportation, trying to get them enrolled, documents -- forget it. All this kind of stuff, yes, we're doing it in the school system and we're still

striving to get to the level where everybody's happy and knows what they need to do with McKinney-Vento in the schools.

But we're pushing in that direction, trying to keep the kids in school because we all know that education is a key. It's part of the success that we're all in here trying to get to. Okay? But there are challenges only the way. There are challenges along the way.

And if Mom -- I have to say the majority of our families are single-parent Moms. Okay, If Mom doesn't get to the support that they need, then what kind of support or what kind of outcome is expected, is anticipated for that child growing up to be an adult. All right?

Example: I had a family that we've been working with for like four or five years. They've been doubled up. They've been here; they've been there; they've been all over the place. They've been in their car; they've been all over. Okay?

Just recently, Mom says, hey, you know what, the housing authority finally called me and -- but I missed the deadline. It was -- the deadline is today at four o'clock, and it's three o'clock, and I'm like, no, you can't miss it; you've got to get there. But I need money. I need this; I need that.

I said call them and tell them, look, you only got your notice in -- because they're only given a window of opportunity. And when you're homeless, what address are you going to send it to? And, oh, yeah, I was there like ten houses ago. Okay?

And the mail doesn't catch up with me. It's not -- it's no way. So opportunities like those are sometimes lost. In this particular situation, I was very adamant. Call and let them know, hey, you know what, this is when you got -- you just got it a few days ago; you've been moving a lot.

And so she called and she got an extension till 8:30 tomorrow morning. She needed \$40. I said, honey, I'm just going to give it her and say it came from wherever. So the next morning she gets her \$40. She goes in and she goes through the process; they're giving her the opportunity, and I was so excited -- she's going to get a house.

She calls me back. She says that she didn't qualify because her husband is in a situation right now where his identify was stolen and all this stuff if tagged on with him, and forget it, out the window -- that opportunity's totally gone.

So her housing opportunity -- I mean, it was

right there. I mean, she could touch it. But because of issues that go beyond the family, then it's totally gone.

And I'm like, okay? I guess you're going to back to waiting another two years for a possibility of getting in.

So you see this -- I see this time after time after time after time and it's like you trying and keep the optimism there for the family with the possible understanding that it's not going to work. But you try and keep things going as much as you can.

So there is a population, and I want to make it very, very clear. There are families that exist that they are chronically homeless. It's not just a single man or a single person. There are persons that are growing up -- these kids are growing up continuously homeless for five, six, seven, eight years, that I'm aware of, and I can go to my files right now and pull them out -- okay? -- just by how thick the file is.

And it's -- what is there for them? And we're not just talking about housing; we're talking about the future of another generation of people. So I'm like where does it go over there; where does it go from there?

MR. McGRATH: I was wondering -- I have three short little questions. The first is you were mentioning HPRP and not being able to serve these families that

you're talking about, the chronically homeless families through that program. I was wondering if you could speak to some of the barriers that you encountered.

MS. GARZA: Where are they going to live? How am I going to rent an apartment? I don't have good credit. They're not going to take my application. I don't even know where to go to go look for a house. These are some of the things that I -- parents were telling me.

MS. DODSON: Sure.

MR. McGRATH: Okay.

MS. DODSON: I will say to that specific point HPRP did pay for a service called Housing Search and Placement so some of our agencies that we contracted with actually hired a staff member whose sole job was to find landlords and apartment complexes that would work with the agency to shelter, or house, some of their people that are in their HPRP program.

And so that was a -- a huge emphasis in HPRP was to say, you've got to find landlords in your community and help them understand the benefits of the program and find some that will take you up on your offer.

MS. GARZA: Correct.

MS. DODSON: So that is a critical piece. You're right. Because lots of people don't know where do

I find housing or housing that I can afford, and so there is a specific service that is available. In some communities it's call Housing Search and Placement that -- like basically hands it to you on a platter and says, here are several that you can choose from.

MS. GARZA: True.

MS. DODSON: I doubt that that was happening everywhere but --

MS. GARZA: And true -- also what happens with some of our families, a lot of our families, is that the issue of, I've been like this for eight years and if you put me in a different mode of living, I'm not going to feel comfortable. Okay?

MS. DODSON: Yeah.

MS. GARZA: This is the way I live my life. It's a culture. So how do you break a culture and create a different -- or go in a different direction to go into a different cultural setting that's --

VOICE: Supportive services.

MS. GARZA: -- difficult. Supportive services?
But --

MR. McGRATH: And that sort of leads me to the second question that I was happening is you mentioned families are not eligible for the services; you mentioned

it's hard to provide those services if they're not actually staying in a shelter or accessing the housing --

MS. GARZA: I'm sorry. There's no chronic homeless families that are served by HUD and so how do we connect them to get the services and if there are services available, again, how do we connect -- we tell them, go to a shelter and there you can open the door for some additional services.

We're telling them to go to the shelter. Okay? Where now the move is not -- I mean, permanent housing is the move -- okay. But if there's no room at the shelter they're not going to get in, and that's where we're telling them to go to get the supportive services that they could possibly use in order to hopefully begin to look at a different way of living. Okay?

Because if they don't go in, they don't get in.

MR. McGRATH: Yeah. And one thing is that I think there's new attention being brought to chronically homeless families. I think HUD is starting to recognize -- and I believe it was through HEARTH Act that they actually finally defined the possibility of that they have chronically homeless families.

MS. GARZA: Oh, yeah. It's going to be fun. It's going to be fun.

MR. McGRATH: But, yeah, there's some progress being made in that front.

VOICE: But actually the emphasis is not really there anymore from --

THE REPORTER: Excuse me. If you need to speak, would you come up here, please.

MS. DODSON: So the court reporter can here you.

MR. McGRATH: Sorry, yes. And if you're not done you can stay up here, but --

MS. GARZA: I guess I'm finished.

MR. McGRATH: Are you? Okay.

MS. GONGORA: And it's just a quick comment but -- Adriana Gongora with Family Violence Prevention Services.

THE REPORTER: Spell your last name.

MS. GONGORA: G-O-N-G-O-R-A. If you see in the new HUD APRs the shift is not really identifying the chronically homeless anymore. So although they are bringing together the priority of the children and the families and identifying that, it's not something that they're really even capturing anymore.

MR. McGRATH: And you're [indiscernible] specific through the APR?

(Pause.)

MS. GONGORA: The annual progress report. Where before, identifying chronically homeless and providing numbers for the chronically homeless was something that was important, that's something -- in just doing the APR not too long ago, it's something that's been removed.

MR. McGRATH: Yeah, I was not aware of that.

VOICE: That's a significant part of the USICH plan --

MR. McGRATH: Because it is a huge priority still, at least they speak about it that way, so --

MS. DODSON: Within the USICH's Opening Doors Federal Plan and Homelessness, that is still one of the groups that has this very short five-year time frame: we want to end chronic homelessness in five years and veteran homelessness?

MR. McGRATH: Veteran is five years also, yeah.

MS. GONGORA: The veteran question is till there. If you look at the annual progress report, but there used to be an actual question that said how many chronically homeless were served and on every column you would have to indicate the people and then how many of those were chronic homeless. All of that's been removed

and the specific question of how many people are actually chronically homeless has been removed as well.

So that was interesting to me because I do see that in the HEARTH Act, identifying chronically homeless families is not something that's important; however, it's been removed from the reporting process.

MR. McGRATH: That's interesting.

MS. DODSON: Clay, do you know anything about that -- why that happened -- HMIS guy?

MR. McGRATH: Or anyone for that matter?

MS. DODSON: Or anyone. I just know he works with HMIS and sometimes they know it from a doc --

MR. McGRATH: Thank you. And if you want to come speak more, feel free to come back up.

State your name.

MR. LEWIS: Thank you very much. My name is Clay Lewis with Haven for Hope. I'm not exactly sure why those questions were removed but I do know that the data standards are going to be coming out and changed here in the next couple of months. So maybe the new technical data standards will include some information about chronic homelessness.

And more than likely the APR's going to go through another iteration because of the new data

standards and because a lot more money is being -- or a lot more programs are being funneled through HMIS ESG. PATH is coming up, SSVF.

So it's going to be really interesting to see what the next iteration, next APR's going to look like because it's going to have to encompass a lot more agencies, a lot more organizations.

MS. DODSON: Yeah, I don't know why either. I wonder if perhaps if they're trying to go along with this philosophical shift of -- okay. We can identify people who have already been chronically homeless but we don't want that to continue so we're going to focus on getting them into more permanent situations.

I think what you guys are talking about with families is -- and even to Scott's point about mental health, and that sort of thing -- with families sometimes the set of circumstances they're coming from can be significantly different and may not have as much of an emphasis on mental health or substance abuse treatment but really poverty and education, employment, life skills.

And I don't know that anybody -- those kinds of situations might be more worked on in, say, antipoverty programs or family-support-type programs that aren't necessarily calling themselves homelessness prevention but

could.

And I think you're right. It's incumbent upon all of us to see how can we better align services that are available that will make the biggest impact in a positive way for the families.

MR. McGRATH: Can we take just a two-minute break.

(Off the record.)

MR. McGRATH: You can state your name.

MR. KING: My name is Cecil King. That's C-E-C-I-L K-I-N-G. I work for the Center for Healthcare Services and I oversee their housing program for consumers that serve, mental disabled. And I just wanted to comment on just about everything everyone says. I'm totally in agreement with the services and the support services and everything. Scott, he really hit it on the nail in terms of everything that's going on.

It's real easily to put individual in apartments. Get him and put him in an apartment, it's real easy to do that. Okay? The hard part is keeping that apartment. And that's where the supportive services comes in at. Okay?

I can sit here and talk about a lot of success stories since I've been doing this for the past 15 years.

It's been directly in housing working with the mentally disabled -- get them out of homelessness, getting into apartments and keeping it. But there was one that came across my desk last week. It was an individual that was -- mother's diagnosed with schizophrenic, never been treated. They've been homeless since she was 13 years old. We met her about eight years ago.

When I met her she had a mental illness, as well, but was never diagnosed, wasn't being treated for it or anything. She was very paranoid, didn't trust anyone at all. And we got to the point where we kept on engaging, kept on engaging -- got her into service, got her diagnosed, got her on the right medication and everything. And we got her through housing, Shelter-Plus Care program and got her through Shelter-Plus Care and put that wraparound service around here, gave her everything she need, and today she is a teacher. Okay?

She went to school, got her degree, got her certification and she is a teacher and also getting ready to get her own house through SAHA Family Self-Sufficiency program. Now there's an article on her in the newspaper that came out last week. And pretty much at stake -- if it hadn't been for the support that I receive, I would not have been able to have done this.

So my point is, yes, continue to fund the housing program to get people into housing and get them out of homelessness, but if you don't put that supportive services around them to help them to keep it, you're going to be doing that again later on, putting them into housing again.

When I started at the Center for Healthcare Services in 2004 we were Texas Department of Mental Health and Mental Retardation and there was a program called Supported Housing. Okay? The supported housing program was designed to help these individuals locate and obtain suitable housing that they can afford to pay for based on their income.

It was also designed to help these individuals develop life skills that would prevent them from become homeless again. And that program worked; it really, really worked. Now, the supported housing model went away in 2004 and since that model went away, I've seen so many individuals that were benefitting from that supported housing program are now coming back to homelessness.

Now had that program still been around, we wouldn't have that many people out there in homelessness.

So as we continue to dialogue and put this plan together, keep that in mind that supportive services does help. It

makes a world of difference when you have the support around you. Thank you.

MR. McGRATH: Thank you.

MS. DODSON: I do want to clarify. We were saying that HUD is not funding supportive services because they're the Department of Housing and Urban Development. What they're trying to do, and particularly in their efforts with the US Interagency Council on Homelessness is bring their federal partners to the table and say, hey, Health and Human Services, we need you to provide these support services for the housing that we're paying for.

And, hey, Department of Education, we need you to pay for these supportive services. Department of Labor -- that has all the workforce programs -- we need you to pay for these supportive services that go along with the housing we're paying for.

And so I don't want to leave the impression that we were saying HUD is not in favor of supportive services. They're just trying to get other federal agencies to fund some of the services and not say, oh, homelessness? -- that's a HUD problem; HUD needs to pay for all of that.

So -- but I absolutely agree with you that

supportive services are essential --

MR. KING: Yes, it is.

MS. DODSON: -- for a lot of people -- and being successful in housing.

MR. McGRATH: Yeah. In light of your anecdote, I was wondering -- so I've heard this numerous occasions, there are certain people you're just never going to help; they don't want to be served. And I'm wondering if you could kind of speak to that through your experiences.

Obviously, you found someone who is extremely hard to serve and yet here she is now on her way to her own home. Can you sort of --

MR. KING: Well, for us, especially on the mental health side, you know, sometimes you'll find individuals who are ready to go into housing. Okay? And those individuals are the easy part. The hard part are the individuals that's untreated, who wants to have an apartment and wants to get in but they're so difficult and hard to engage.

So with us, continuous engagement -- re-engaging, re-engaging, re-engaging gradually, then, yeah, you'll be able to get those individuals to the point where they're stable enough to sit down and be able to tell you exactly what is it that they want in terms of

housing. And our job is to help them to achieve those goals.

So, yeah, we've had some that it was difficult and we've had some that it was pretty easy to get in because they knew exactly what they wanted.

MR. McGRATH: Thank you. Any further comments or --

MR. KING: No, that's it.

MR. McGRATH: Okay. Wonderful. Thank you so much. The floor is open for anyone else.

MS. CHEYNEY: I think --

MR. McGRATH: Please come up and --

MS. CHEYNEY: If I'm on the -- I'm not on the list is what I'm trying to say.

MR. McGRATH: Oh, that's fine.

MS. DODSON: That's okay.

MR. McGRATH: You can --

MS. CHEYNEY: If there's somebody else who is on the list ahead of me, that's --

MR. McGRATH: No.

MS. CHEYNEY: -- I understand perfectly. My name is Patsy Cheyney and it's spelled funny. It's C-H-E-Y-N-E-Y, and I have done various things in the community in the past. At the present time I'm here because I'm

with a little volunteer nonprofit called Home Comforts. It works with mentally ill people in independent housing, primarily providing small items of physical support.

One item that I particularly wanted to address king of toward the end of your plan was the one that called for more state beds for the mentally ill, which comprise a higher percentage of the homeless population, I believe, than do other groups.

Bexar County is feeling the impact of that particularly. We have a local State Hospital which serves all the Rio Grande Valley and in 1991 they had 2500 beds and now they've got, I think, 350, or something like that.

The county budget is being impacted at this time very severely because people come out and they get stopped -- there is a crisis unit and supposedly they are taken to the crisis unit which they do when they can. If the crisis unit is overfull, the cops will sometimes bill them into jail and the psychiatrist at the jail is complaining that they will -- says that they can stay there as long as nine days before they get into an outpatient treatment bed in this county.

And it's a burden on the county, of course. Also, the use of emergency rooms -- I have clients; I hear people say, oh, I went to the emergency room last -- oh,

there's nothing the matter with me. I just needed a place to stay warm. And the county had to pay the bill for that.

And a lot of this argument over mental illness revolves around who pays the budget. When they go in the State Hospital, the state has to pay the budget and the Medicaid is cut off for the maintenance purposes. It's cut off in the State Hospital. When they come out, it impacts the local county hospital emergency room.

And the tendency of all [indiscernible] has been to put the financial burden off on Medicaid when they can. But that does not necessarily solve the problem of mentally ill, and, of course, I quite agree the best solution is if they stop being mentally ill; if you found a good pill for them, it would certainly help matters.

But I do observe that part of your plan addresses the need for more state hospitals and, also, I would remark, more group homes, more and better group homes for the mentally ill.

And back in 1991 I was a -- my official title was consultant to the court monitor in the RAJ lawsuit which, if you were not born at that time, was the lawsuit that closed out the state hospitals and got all the mentally ill people out in the streets.

MS. DODSON: The deinstitutionalization?

MS. CHEYNEY: The deinstitutionalization that took place in Texas, yes. And one of my duties at that time was to go around and interview people in the State Hospital and also read the medical records. And there were quite a lot of them that didn't in the least want to be deinstitutionalized. They were perfectly happy where they were; they'd been there for years.

And nobody expects the state necessarily to pay for their support in the state hospital, whether they like it or not, but the current shortage of beds is just totally irrelevant to the need in the public community. And basically I am speaking in favor of that part of your plan which advocates more beds in public hospitals for mentally ill people. They don't belong in homeless shelters; they belong in a hospital, getting treatment,

And I thank you for your attention.

MS. DODSON: Thank you.

MR. McGRATH: Thank you.

Well, yes --

MR. LEWIS: Just a quick question, and it's a selfish one. Clay Lewis, Haven for Hope. What do you see HMIS's role with this plan, with the state's plan?

MR. McGRATH: I think it's foundational to the

whole plan because making any case to people who are making decisions, who are available to decide priorities for funding in the state, need hard, solid data to look at, to support any sort of case.

Nationwide we've seen that the homeless programs have actually received increases in funding despite cutbacks across the board in Congress for all of their federal programs. I think that's largely due to the fact that HMIS is able to demonstrate impact and demonstrate effectiveness and accountability for the funds.

So have statewide HMIS data will let us articulate through, say, annual reports to our state agencies as well as to the governor's office, lieutenant governor's office, speaker of the house, what's working in Texas, to also demonstrate the scope of the problem that's out there -- how many people are homeless, who is homeless, to give more nuanced and solid information as well as to show the extent to which other agencies have intersections with homelessness.

So if we can use HMIS data, possibly in the long run, in communication -- or conversation with other agency's data sets to show the extent to which they are dealing with people who experience homelessness as well.

MR. LEWIS: Do you think that the end goal is basically a statewide APR?

MR. McGRATH: Yeah. I think that would be appropriate to say, yes.

MR. LEWIS: Okay. And --

MR. McGRATH: Not necessarily that this is something that you would have to report into --

MR. LEWIS: Yeah.

MR. McGRATH: -- but I'm looking -- I'm thinking of like a statewide AHAR, like --

MR. LEWIS: Some more on the demographic and less on the program-specific -- some more universal data.

MR. McGRATH: Exactly. Yeah. You know, a lot of the plan is really about increasing the amount of communication and knowledge just about homelessness in the state. A lot of agencies operate within [indiscernible] not necessarily recognizing that this is an issue that they need to consider. I think HMIS data will help them recognize that and that's for the starting point.

Is that sufficient?

MR. LEWIS: That's sufficient.

MR. McGRATH: Okay.

MS. DODSON: I would like to comment on -- just as a followup to what you just said, I think one thing

that the Texas Interagency Council for the Homeless is trying to accomplish right now is helping -- like HUD is working with their federal agency to say, hey, we all have a role to play in preventing and ending homelessness. It's not just HUD; it's all federal agencies.

And similarly, the Texas Interagency Council is doing the same thing -- hey, it's not just Texas Department of Housing. We need all state agencies to come together, and even if you think you're serving people experiencing homelessness, you probably are. And if you're not capturing that within your intake and you don't know their housing status, we want to encourage you to do so so that you have a better understanding of your clients' housing situation so that we can all work together on housing stability for everyone because your workforce program and your mental health program and your -- you know, whatever program, your client is going to be much more successful with that if they are stable in housing.

So, again, creating awareness in the state agencies to say, the people you're already working with may be homeless or may be very much at risk of homelessness and that's a big issue that we all need to be addressing.

MR. McGRATH: Any -- we have only two people left now.

MS. DODSON: Three.

MR. McGRATH: Three? Any further comments?

(No response.)

MR. McGRATH: No? Okay. Well, then, at that point -- unless Clay, do you -- I was going to say if you wanted to speak about how you see the role of HMIS taking place within this plan, feel free, but, if not, then -- I have to put you on the spot.

MR. LEWIS: Thanks. Colin. You're a great friend.

MR. McGRATH: And you have to sit in the hot seat.

MS. DODSON: Yes, do come up here.

MR. LEWIS: I wholeheartedly agree that HMIS I going to be a pivotal player in all of this. It's coordination of a lot of different -- like VA can't enter into HMIS; well, that hampers some programs that we have.

Domestic violence providers aren't able to enter into HMIS. So, you know, FEPS, though, as Adriana was speaking earlier -- she has to do her APR in a separate system. And it would just -- having a larger

pool of people who can by law enter into HMIS wouldn't be great help.

And to Scott's point, having a one -- a clearing house, one set of reporting requirements, rather than, I have this report for the DOJ; I have this report for the DOL. I mean, again, selfishly, from the HMIS standpoint that's a lot of administrative time and programming time that we have to put into all these different federal reports and it's not just for Haven, which is the HMIS lead; it's for --

The city has all the ESG money and they have a scorecard that's gigantic that goes to San Antonio Food Bank. That's SAMM; that's Haven -- that's across multiple organizations and having just one reporting requirement would make it so much easier for us.

Kind of like an APR -- I mean, an APR, one reporting requirement for anyone who receives SHP funding.

If we could set up that kind of a standard across multiple funding sources, it would be of great help to any HMIS.

MR. McGRATH: So you -- okay. So I was almost thinking, oh, my goodness, universal APR, like would that be a daunting issue? But you're saying that that would actually make things incredibly easy.

MR. LEWIS: Yeah, because you can standardize reporting requirements.

MR. McGRATH: Okay.

MR. LEWIS: I need to know income at entry and exit -- and really, I mean, the APR as it stands right now -- who knows what it's going to look like in a year with the new data standards but the APR right now is a fairly decent judge of how effective a program is. Did you increase income while within this program? Did you increase your non-cash benefit sources?

MS. DODSON: Are you talking specifically the COC APR or all the versions of APRs that had had that now?

MR. LEWIS: The SHP APR, not like the HUD one.

MS. DODSON: Okay.

MR. LEWIS: Or I don't even know what the ESG APR's going to look like.

MS. DODSON: Right.

MR. LEWIS: The SHP APR is really a decent --

MS. DODSON: Okay.

MR. LEWIS: HPRP's not bad either.

MR. McGRATH: I'm not sure. I'm not familiar with ship. What is -- SHIP?

MS. DODSON: SHP.

MR. LEWIS: Oh, SHP. You guys actually call it

SHP; I've not hear that before.

MS. DODSON: I've not heard it called SHP either but it's one of the categories of COC. Right?

MR. McGRATH: Yeah.

MS. DODSON: And I guess soon will be just COC because they will not be breaking it out by SHP --

MR. McGRATH: All of that will be under one umbrella.

MS. DODSON: That's a very concrete recommendation. I wonder -- we might can get some traction on that one --

MR. McGRATH: Yeah.

MS. DODSON: -- similar to where the data warehouse is already going. And again, that one -- I think one of the beauties of the data warehouse is that each local COC can continue to use the system it's already using.

MR. McGRATH: Absolutely.

MS. DODSON: And we're not asking people to change their system but it will allow us to use their data even from DV providers.

MR. LEWIS: The think that also is interesting with Texas in the data warehousing process is you have how many different HMIS software?

MR. McGRATH: Oh, software.

MS. DODSON: Five.

MR. LEWIS: So you wouldn't have to worry about matching table structures between the five different softwares which would be a nightmare -- I have to map up to Houston; I have to map up to Dallas; I have to map up to Balance Estates. You already have it; it's already there. Every HMIS should be able to generate an APR.

MR. McGRATH: That's great. Well, any further comments?

MR. LEWIS: That's all.

MR. McGRATH: Okay. All right. Thank you. We can close then.

(Whereupon, at 11:24 a.m., the public hearing was concluded)

C E R T I F I C A T E

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

ON THE RECORD REPORTING
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I do hereby certify that the foregoing pages, numbers 1 through 72, inclusive, are the true, accurate, and complete transcript prepared from the verbal recording made by electronic recording by Joseph Schafer before the Texas Department of Housing & Community Affairs.

(Transcriber) 11/29/2011
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