Housing and Health Services Coordination Council Meeting

October 16, 2024

10:00AM

at

221 E. 11th Street

Austin, Texas 78701

Doni Green (00:00):

Hey everyone. I show it's 10:02 AM, so we will call the meeting to order. Welcome everyone. Bobby has a prior commitment so he may not be able to join us. And I'm Doni Green, I'll preside in his absence. So we will do a roll call and determine if we have quorum. Hopefully we do. Let me start with the agency appointees. Veronica Neville, Brittany Hinton. Claire Irwin, this is Veronica. Claire's on the phone. Good morning, Claire, Suzanne Bernard, I'm in for Suzanne. Thank you.

(00:46):

Hi, I'm having trouble hearing you. Would you mind moving closer to the speaker? Thank you.

Bill Cranor (00:56):

I don't think that can be done,

Jeremy Stremler (00:58):

Don. Yeah, you can come over here Doni if you'd like,

Doni Green (00:59):

Can you hear me any better now?

(01:06):

Yes, I can. Thank you so much.

(01:07):

You bet. Alrighty. Michael Wilt. Dr. Blake?

Michael Wilt (01:13):

Yeah, here.

Doni Green (01:14):

Okay. Good morning, Michael. Dr. Blake Harris?

Michael Wilt (01:16):

Good morning.

Dr. Blake Harris (01:17):

Present.

Doni Green (01:18):

Excellent. Blake Berman?

Blade Berkman (01:22):

Blade.

Doni Green (01:23):

I'm sorry, Blade.

(01:25):

Is on the phone. Reverend Kenneth Darden, Mike Goodwin, Donna Klaeger, Joycesarah McCabe, Diana Delaunay.

Diana Delaunay (01:38):

Good morning.

Doni Green (01:39):

Good morning. And Barrett Reynolds. So unfortunately phone participation does not count towards quorum, so we do not have quorum. We will skip over approval of the minutes. Our next agenda item is from Bill Cranor with TDHCA with an update on Section 811 Project Rental Assistance Program trying to move closer.

Bill Cranor (02:05):

This is Bill Cranor, director of 811. So 811 Programs. We have been placed in the QAP to get new units. It's out for comment. I

don't think there's very many comments. I don't think it's going to be an issue. We got an award letter from HUD last month for $8 million in more funds, which we think is going to be about 125 additional units. So that's all good news. We are currently sitting at 491 people housed, currently housed. Of those 37 are from our new FY 19 funding that we just started this year. Then the thing that people keep asking about is rebalancing the portfolio of tenants from almost entirely serious mental illness to the other target populations which are youth and young adults exiting foster care, people exiting intermediate care facilities with developmental disabilities and people exiting nursing facilities. Historically those three have been about 8%.

(03:17):
This year we've taken steps which include a preference for those underrepresented target populations. We've started to lessen our wait list and go to a real time occupancy filling, which tends to help those target populations because they tend to have a set move out date or a set date they need to get into a unit. So given all that this year we've been running about 18%, which is over double. Last quarter it was 22%. For the current three months that we're in being August, September and October we're at 33%. Some of this is because as we bring on new FY 19

properties, we're not building wait lists like we used to in the past. So they're coming on completely clean and if you're one of those three target populations with the preference, you automatically get pushed to the front of the list. So that's the update parade of that.

Dr. Blake Harris (04:26):
This Blake Harris with Texas Veterans Commission. For those folks that may qualify for, let's say they they're foster age transitioning youth, but they're also serious with mental health clients, is that factored into the preference?

Bill Cranor (04:39):
If they tell us they are youth, yes. If they come in through the LMHA and nobody mentions that they're one of these other target populations and there's no way we're for us to really know and then, no. So we rely on our referral agent to tell us which populations they are because we can't verify that ourselves. That's part of the reason we have a closed referral system. You have to come in through those agencies and if they're not telling us, then obviously we don't know. That goes for all other eligibility stuff. They don't tell us, we don't know.

Dr. Blake Harris (05:14):

How are they screening for those or are they?

Bill Cranor (05:16):

They're pulling from their clientele, and I mean people call ask us all the time, how do I get in? Well you need to go to whatever agency; target population would be and go see them. So people can go to them and get services and start to get into the program. But most of them receive all services.

Dr. Blake Harris (05:37):

So for the preference though, if there is somebody that has criteria, they need to be known?

Bill Cranor (05:46):

The more we know. Yes.

Dr. Blake Harris (05:47):

Got it. Okay.

Bill Cranor (05:48):

It's all about knowing.

Dr. Blake Harris (05:49):

Understood.

Doni Green (05:50):

But that's a point well taken because there are a lot of nursing home residents with severe mental illness. They're probably, I'm guessing the classified based on the program through which they're referred. So for those in nursing facilities, even with a mental illness, they fall into that category of people leaving nursing facilities. And in fact, since the program is age restricted, I would say probably a majority of those who are young enough to qualify, have severe mental illness. It's less common among those people. Age 62 and over.

Bill Cranor (06:30):

Correct.

Doni Green (06:30):

Who serves as the referral agent for youth exiting foster care? I believe it's the DFPS.

Bill Cranor (06:38):

There are other agencies that work with them, and I think they kind of all filter them through themselves. We don't require 'em to be set up that way. They are our partner and that's how they're kind of doing it.

Doni Green (06:51):
So as you look at increasing the percentage of those other populations. Do you have any information on how it breaks down among those categories? People leaving nursing facilities? I think it would be the majority. It's still the largest in terms of numbers as opposed to people leaving intermediate care facilities or fosters.

Bill Cranor (07:14):
Intermediate care facilities is definitely the lowest. I don't have the numbers off top of head, but I know that's definitely the lowest. People exiting nursing facility is probably the highest. But youth exiting in foster care have certain advantages that the other two target populations don't have, which is that they screen for credit and criminal and usually they don't have those. So they're automatically like because they're just coming out of foster care, they don't have, usually anything that happens when they use doesn't really usually stay

on them. So they definitely have advantages as far as the screening from the apartment complex system. No other target population has.

Doni Green (07:58):
Any other questions for Bill? Okay. If not, our next agenda item is an update on TSAHC, Supportive Housing Institute from Michael Wilt who is joining us by phone.

Michael Wilt (08:17):
Yeah, good morning. I'm hearing a lot of crackling. Can you all hear that over the line?

Jeremy Stremler (08:21):
Yes. I don't know if you're currently not speaking if you can mute yourself. I feel like it might be somebody's phone.

Michael Wilt (08:31):
Okay. No, I'm speaking. I just didn't know if other people could hear that. I plan not being there in person, but I'm under the weather. I didn't want to impose my germs on anybody, but thanks for giving me an opportunity to provide an update on our institute. We actually just kicked it off last week. This is the

fourth iteration of the Supportive Housing Institute that we've done. I use iteration deliberately because we keep on building upon the success of Path Institutes and providing some upgrades and modifications along the way to better suit the teams. We have six teams this year in our supportive housing institute, and we use the Corporation for Supportive Housing. That's our training partner in this. They have a model that they use across the country, and they've been doing it for the past about 18 years. The first institute that they ever had was in Indiana and they still continued to do it annually in Indiana. We were blessed by having actually the Indiana trainers they're doing our institute this year. So we've got really high caliber training partners and at CSH, so really excited about that. We had kind of identified two priority populations to serve coming into this and one was small urban markets and the other was the justice involved population. Among our six teams, most of them are hitting one of those priorities, so we feel really happy with the cohort that we have based upon what we were trying to reduce.

(10:10):

The first thing we have is the Housing authority of the City of Brownsville, and they're working on a 50-unit supportive housing

development down in Brownsville for victims of domestic violence and abuse. They've already been awarded 9% credits for that development, so they have their Capital together. The next team is Denton Affordable Housing Corporation and they're working on 130-unit CSH community that will serve veterans, single parents, transition age youth and frequent users of emergency systems. So kind of hitting a lot of different populations within that 130-unit community. Which is a pretty sizable community when it comes to supportive housing. The next team is the Housing Crisis Center in Dallas and they're working on a HUD 202 senior property, 24 units, that'll be service enriched. The next team is SAMMinistries out of San Antonio working on a 210-unit apartment complex that's part of the Brook City Base redevelopment. I'd say a massive of campus next to the Brooks Base that they're converting into kind of this mixed-use development to serve a lot of the employees that are there.

(11:32):
There are more than 5,000 employees at that base, and so included in that will be the department community with set aside units of supportive housing. The next team is Tracy Andrus Foundation out of Marshall. We're really excited about having East Texas representation, especially for a smaller market like

Marshall. They're working on 50 scattered sites, supportive housing units for a lot of different populations in that community. And then lastly is Family Eldercare care in Austin. They've teamed up with the Vecino Group. The Vecino Group is actually represented on two teams. They've been a high caliber partner that first started working in the Austin market several years ago. Caritas and is now working with other teams in Austin and in San Antonio. And they're working on a 150 units senior community, 65 units of which will be set aside for supportive housing. So that's kind of a rundown of the team's representation.

(12:34):
We have good geographic representation. Kickoff institute last week in person. Had some good property tours out at Esperanza Community and Terrace at Oak Springs and Sparrow at Rutland. We'll have sessions monthly virtual and then we'll wrap things up with the big finale presentations end of February or early March. So all told these teams are looking to produce about 580 units to date through this institute. Teams have constructed or are currently constructing about 1100 units, so I'll bring our unit count with four cohorts up to about 1600 units across the

state. So excited about the progress and happy to answer any questions.

Doni Green (13:23):
Yeah. Can you tell me a little bit more about the Denton community? You mentioned that it will serve veterans, victims of domestic violence and those with, I think you said emergency utilization. Can you talk a little bit more about that emergency piece? Are you talking about people going to the emergency department or people with severe mental illness who've been hospitalized? What population is that?

Michael Wilt (13:52):
Yeah, the frequent users of emergency departments is typically how that population is referred to. And those are, you hear about these, “million-dollar Mike's”, I think that's what they call them, that rack up a million dollars and cost to the healthcare system whenever you're using an emergency department as your primary care. So it's meant to provide cost savings to communities. When you're diverting people from frequently using the emergency room or whatever emergency system they're using as an intervention and providing stable housing, you know that the evidence has been, whenever they're stably housed, their use of

these emergency interventions drops dramatically. So that's the population it's intended to serve.

Doni Green (14:46):
And then is this short-term housing or long-term housing? And a lot of times people are utilizing the emergency departments because they're uninsured or underinsured. So what kind of do they have to meet the traditional income requirements?

Michael Wilt (15:07):
The income requirements vary among property, but typically most of these units are capped at 30% median family income and then rent is capped at 30% of your take home. Terrace and Oak Springs as an example. There are some tenants there who pay $50 a month for their rent. So it's on a sliding scale based upon your income. And yeah, this is not transitional housing. We don't allow applicants that are doing transitional housing to apply to this institute. This is designed to be permanent housing for the tenant.

Doni Green (15:44):
Thank you. Yeah, we got a lot of calls from people who are about to be homeless in Denton County.

Michael Wilt (15:56):

To my knowledge, the Denton team is working on the first freestanding supportive housing development. I think they may be doing two separate properties. I need to go back and look, but 130 units all told. So it should be a pretty significant impact for the community, for the unsheltered and sheltered homeless population.

Doni Green (16:18):

Thank you. Any other questions for Michael? Thank you, Michael.

Michael Wilt (16:25):

Yep.

Doni Green (16:27):

Our next agenda item is Texas Veterans Commission, Homeless Veteran Program overview, and Dr. Blake Harris will provide an overview of the program.

Dr. Blake Harris (16:46):

Alright, well thank you everyone. I appreciate the opportunity to address the rest of the council here, Blake Harris. I'm a

clinical forensic psychologist and the director of Veterans Mental Health Department for the Texas Veterans Commission. One thing I always start with in any public conversation is reiterating we are not the VA. We get a lot of their hate mail from time to time, particularly from their mental health customers, the more colorful ones. We are state government. We do work closely with the VA and many other state agencies to include Texas Department of Criminal Justice, certainly Texas Department of Housing and Community Affairs, Texas Commission on Law Enforcement, Texas Commission on Jail Standards. I'm also co-chair of our statewide Behavioral Health Coordinating Council of which TDHCA is also a very active member and probably three to four other intersections between mental health and the homeless risk population.

(17:43):
I did print out a couple flyers for folks and if anybody out there in Radio Land would like 'em, we can make sure they're available as well. Texas Veterans Commission with the Veterans Mental Health Department. In a nutshell, we are intending to be the other guys. We don't want to duplicate services that are being provided by the VA or community organizations. So we really try and be mindful and intentional in what we provide. We

are not providing direct mental health services to anyone in Texas, so our focus is more the statewide mental health infrastructure, building up, making sure that the unique needs of veterans are factored into legislation. So we work closely with the legislators, particularly as we get into the legislative cycle. Also with all the state agencies that are big players in the mental health arena and so forth. We have the broadest definition of veteran and that is one of the things where we fill in.

(18:38):
So whether someone has a good discharge or what we may call it bad discharge or if they don't qualify for certain services through the VA. We try and find those services that they do qualify for. So we work closely with the local mental health authorities, also community providers. Many of the nonprofits in the area that may be receiving grant funding from us at Texas Veterans Commission through the Fund for Veterans Assistance. Or through partners like Health and Human Services and their Texas Family Veteran Alliance grants and so forth. We're very fortunate that we can work with someone one time a hundred times a thousand times. We can also work with folks anonymously. So us having the ability to do that really helps eliminate any

barriers for someone accessing mental health services. We currently have six programs within our department. Our main priority is veteran suicide prevention.

(19:36):

We know that the veteran population, particularly in Texas, is overrepresented in deaths by suicide. So we do a lot of community outreach, a lot of screening, a lot of training on how to recognize signs and symptoms of someone that may be struggling. A lot of the training that we provide, it's always open to everyone. It is not necessarily veteran and specific. So we work with all sorts of community partners where we can raise awareness. We also do a lot of training on lethal means safety as that's very relevant to veteran population, first responders and other folks that have readily access to lethal means. We also do a lot of training on military cultural competency and out of this last legislative session, anyone who's receiving state dollars to provide mental health or peer-based services to veterans has to demonstrate that they've had some kind of military cultural competency training.

(20:28):

So we do that as well through coordination of organizations like this, HHSCC, TICH, SBHCC, and Reentry Task Force and five others. We really try and make sure that people are aware of the unique needs of Texas veterans and their families, and particularly in the mental health space, and also educate folks about the resources there. It comes up quite a bit. I think certainly we're working with folks that are at risk for homelessness and certainly those that are in the mental health field, it's a workforce shortage. So we really try and close that gap. We also try and support all the efforts that are stewarded by TDHCA and our friends at the Texas Homeless Network to include the balance of state initiatives. Anytime there's an opportunity to pitch in on some of the report writing that gets handed into the governor's office and the legislature so that we really try and be key players there. One of the things with that broadest definition, of veteran, we also had the ability to work with service members. So we do know that people who are active duty may not look for services in the mental health space for fear how that would impact their military career, stigma, all sorts of reasons. So we are able to get them connected with services outside of that,

(21:45):

Outside of our suicide prevention, we also have our justice involved veteran program. So through that we do work with all of the intercepts. We're part of the National Justice Involved Veteran Network. We know that people who are justice involved are at advanced risk for homelessness. So this will tie in, we'll get to the homeless part, I promise. We do work with all of the 254 counties in Texas, just about that many, I think 252 sheriffs or jails in Texas. So we want to make sure that each one of them can identify veterans that may need services. So we self-select to send out these prepaid, what we call jail cards at the very least. So if they're not screening for veteran status that they have that there. One of the things that we also try and track and we have access to is what are the veterans who are in jail who are self-identifying as being at risk for homelessness and what kind of services they need.

(22:38):

So through that, we also tie in all the COCs across the state and make sure that we do our best to promote stable housing for those folks who are at risk there. We also do a lot of provider training, so we want to make sure that those who are serving veterans, whether that be in the mental health space or in the homeless assistance space, have access to training on military cultural competency training, knowing what are some of the risk

factors for veterans, dispelling some of the myths. Most folks assume that if you're a veteran, the VA is just going to cover you. We know that that's not the case depending on employment status, time in the service, discharge status, and many other factors as well. Because Texas is so big, and we can't be everywhere with the limited means. We have dedicated tours. We also have a rural community and faith-based partnership program, and that's where we try and interface with any faith community organization, certainly the veteran affinity groups like the BFW, the American Legion Rotary and so forth, but also any congregation and so that they can identify veterans, they may be struggling.

(23:44):
We also know when we get into the far-flung areas of Texas, a lot of the resources for homeless prevention, food, getting folks connected with things are also maybe done at those congregational levels. So we want to make sure that they have access to the support and are aware of all the services that our state agencies are collectively serving. One of the key multipliers across all of these is our military veteran peer network. So those are folks that are certified through our office. They are embedded in the local mental health

authorities. Some are embedded in veteran treatment courts. So those are folks that is set forth in Texas Administrative Code. We train them to provide individual group-based peer support, but also getting these folks connected to the services through the VA if they qualify or through the local mental health authority or community partners based on access issues, transportation, things like that.

(24:34):
They also do a great role in force multiplying and helping our homeless prevention work and getting those folks in to local services that they may qualify for. Food pantries, opportunities for employment, working with partners like TWC and certainly all the things that are done by TDHCA. Sometime in FY 22. We had started talking with TDHCA and had some great conversations about how we could collaborate to stand up a homeless veteran program. I really fought to have a couch within our veteran's mental health department and luckily, I won out. We know that those folks who are experiencing mental health issues, those who are justice involved, those who are dealing with long-term trauma, which we know the veteran population is definitely in the deep end of that pool, that they have access to services

through those ERA-1 funds. TDHCA helped us stand up our homeless veteran program.

(25:27):
So through that, a lot of coordination getting with those folks that we get referrals from constituents, from local legislators, from other state agencies, from the local mental health authorities, from other partners about that. So we want to make sure that we have program there. We were able to get two dedicated staff with the assistance of TDHCA. One of them was actually Amber Morrison here was the first Homeless Veteran Program Manager that we had. Since then, luckily, I was able to trick her into being our operations manager. So she's actually the number two overall, the programs. Gary Medina, I think some of you folks may have met in the last meeting. He is our current Homeless Veteran Program Manager, comes with a lot of experience and happy to work with anyone here. With the ERA-2 funds. We were able to continue to benefit from TDHCA's guidance and assistance. Kudos to Bobby and to Brooke for being such great partners there.

(26:24):

Along with Kate and Meg, you've got a great team of folks that have really helped support us and stand this program up. Starting in FY 23, we were, I'm sorry, this current fiscal year. Now, this program is under our general revenue and we're going to continue to grow it. We have plants in our exceptional items. The second priority for TVC is to expand the Veterans Mental Health Department to include bringing more folks on to this homeless veteran program. Some of the highlights that you may see on one of the flyers is just some of the work that's been done. So with their work there is the direct interface with those veterans who are experiencing homelessness or at risk. We're very intentionally there that we took the broadest definition of at risk for homelessness. We do know across state and federal serving organizations, definitions of homeless, definitions of at-risk definitions of veteran can all vary. So we wanted to make sure that we were the catchall so nobody could fall through a crack. So through coordination with all the partners that we've referenced, we were able to assist in the FY 23, 336 veteran households across Texas. When we looked in this last year of FY 24, that number went up to 657 direct households and veteran’s families that were at risk.

(27:44):

Very proud of that. The work our team did there as well. Also with the outreach and technical assistance that can include providing education about what services they're funneling folks to, the coordinated entries and working with the other partners. In FY 23, we didn't include the data from FY 22 as we were really just kind of ramping up the program and trying to get the staff on board. But those services 498 in FY 23 and in FY 24 it jumped to 1,010. So across both of those things we did or dang near doubled our impact there. We also do a lot of training, so a lot of training on the veteran mental health needs and then also educating folks about why veterans may be advanced risk for experiencing homelessness and that their efforts into our work with the justice involved work as well.

(28:37):
So across those two years, 39 trainings, a lot of that we've been able to present every year at THN's conference and really some good work there. A couple of things I wanted to highlight is the veteran serving community organizations to also supply them with support from the veteran angle. So those numbers went in one year from 162 instances to 353. So the need of the program and as soon as word got out about it, it really took off like wildfire. But in a good way. Referrals that we have

generated, and when we say we generate referrals, those really are warm handoffs. We leverage those military veteran peer networks that our peer service coordinators. So those are folks that we definitely say, hey, this is a veteran. Whether that be something that we received from those screening cards from the jails across Texas. Or somebody that's going through the reentry process through the prison system, or they're exiting a treatment facility, or this is someone that's been interfacing with the local mental health authority.

(29:46):
We really want to make sure that they're connected with the housing prevention services there. That has included a lot of work with getting folks the voucher work that was available over the last two fiscal years. Those instances and FY 23, 939 and went up to 1,267. Also, the referrals that we have received directly, and a lot of those do come from constituent inquiries. So as folks write out to their congressmen or their congressional office or their local senate office, we've been getting a lot of those and that went up from 319 to 636. So across these two years, we were able to provide over 6,216 direct services to households and veterans that were experiencing or at risk of homelessness or those organizations

that serve them. One of the things that we're also tracking is just what we're looking at, where we're at now at the beginning of this fiscal year compared to others. We're on track, I think to further exceed all of these numbers as well. That's really our services in a nutshell. Again, I do want to really give all props to Bobby and his team because they have been very supportive in standing up this program. We didn't really know what we didn't know, but we knew we had skin in the game. So very excited to take this on and to watch this program grow. That's all I've got, but happy to answer any questions if anyone has any.

(31:27):
One last shameless plug. We were, as part of this last legislative session, we were mandated to stand up a suicide prevention website. So we have veteransmentalhealth.texas.gov. There's a QR code on one of those flyers that also has access to all six of the programs that we have there to include our homeless prevention work. So that if there's someone that you need to get ahold of, we got Gary's beautiful face and his phone number and email up there. So that we want to make sure that anybody, particularly those that may struggle with mental health or have problems getting on the internet can find two clicks and

there's at least a face and a name of somebody that you can call. We never turn anybody down, so if there's anything that we can do, we're happy to help. We also try and share resources from our state partners and federal services, and anything related to the homeless prevention landscape. We want to put that on there as an additional, all the various reports that get published as well. If there's something that we can help do for you or promote your services on that site, as long as it's tied to some kind of governmental work, we are happy to oblige.

Doni Green (32:36):
Thank you, Dr. Harris. Okay, item number five, Jeremy will present on the state of Texas 2025 through 2029 consolidated plan.

Jeremy Stremler (32:52):
Yes. So Jeremy Stremler with TDHCA. This is the opportunity we give every year. We're going to start working on, normally it's a one-year action plan, but for this next year, it's our five-year consolidated plan that we submit to HUD. That oversees our five CPD programs, HOME, ESG, National Housing Trust Fund, HOPWA and CDBG. This plan is a little bit larger. It includes a One Year Action Plan for 2025, but it also includes five-year

strategic plan and then a needs assessment and market analysis of the general housing and needs landscape in the state of Texas. Those first two parts. The needs assessment, market analysis, they aren't updated as we go through the five years. It's a one-time look to see where we're at to determine how our programs need to address those needs in the state over the next five years. This is the opportunity, if there's anything that anybody thinks any of those programs should take a renewed focus on or pivot towards or look at in a new way.

(34:05):
We want to offer this opportunity here for anybody to provide any suggestions, but also to feel free to send any suggestions my way if you think of anything at a later date. And then of course the entire document in the spring will go out for public comment. Everyone will be able to make any comment that they want and see the work we've done and how the money is intended to be spent over the next five years and what activities will be placed on that. So if anybody has any suggestions now, more than happy to hear them. If not, again, you can send those my way,

Dr. Blake Harris (34:47):

I know it's only one subpopulation, but TVC contracted with Texas A and M to provide a needs assessment for veterans across Texas. They had I think maybe 5,000 to 8,000 responders and actually housing services was identified as one of the top needs across different regions. I'd be more than happy to share that report as well.

Jeremy Stremler (35:10):
Please, yeah.

Dr. Blake Harris (35:10):
If you wanted to dovetail that in, I mean Gary can email that to you today. I will definitely forget,

Bobby Wilkinson (35:22):
Jeremy, have we had anything specific to veterans in the comp plan in the past?

Jeremy Stremler (35:25):
So veterans are in the comp plan identified as a special population for I believe all of our programs that are in the consolidated plan. But again, going through the needs assessment and the market analysis, if we identify an area where maybe the

last time, we did this in 2020, we didn't specifically identify veterans. We can definitely do that in this iteration to just identify that.

Bobby Wilkinson (35:56):
I should know this, but I don is CDBG DR in this plan or?

Jeremy Stremler (36:01):
Yes and no. So there are mentions of it, right? We got a little paragraph that says that CDBG DR exists, but you need to go to the GLO'S website if you want to learn more about it. While it's CDBG funds and they are a CPD program, it's special.

Bobby Wilkinson (36:19):
Sure,

Jeremy Stremler (36:20):
Right? It's kind of like how they did the CARES Act CDBG fund, right? It comes only when they will it to be right.

Bobby Wilkinson (36:28):
TDAs, regular CDBG is part of the this.

Jeremy Stremler (36:31):

Yes, yes.

Bobby Wilkinson (36:31):

That makes sense. Community Development Block Grant.

Jeremy Stremler (36:35):

Yeah. And then there's regular annual where they do TDA focuses primarily on a lot of its infrastructure related developments. They do have some cool programs where small rural communities can buy fire trucks, ambulances, things like that they might need for emergency services. There are some housing components that are available if anybody wants to do that. It is a less utilized portion of that just because there's a lot of paperwork that goes along with CDBG funds and for housing it can stack up pretty good. Whereas for infrastructure it doesn't as much. The disaster recovery funds, Congress just specifically allocates them via CDBG rules for disaster recovery funds. If there's a hurricane, when there's a presidentially declared disaster area, CDBG DR funds are issued to that area.

Bobby Wilkinson (37:22):

We got 10 civilians after Harvey, and then I don't know what we're going to get for these latest. The GLO funds. That might happen.

Jeremy Stremler (37:31):
GLO manages them and that's also why there's always issues, right? Because local participating jurisdictions also get allocated CDBG DR funds. GLO gets allocated CDBG DR funds, and they both get to use them in essentially the same area, which its own problem. But yeah, so there are separate ones. And then of course, so whenever there's a presidential declared disaster, congress issues those CDBG DR funds through the same rule set as CDBG, which is one, they include them with that terminology, but there is a mention of it in the consolidated plan. But it points to them. They have to create their own plans every time they get a new allocation of CDBG DR funds, which are on their website. Those plans are in and of themselves as long as our entire five-year consolidated plan, just because there's a lot to do and a lot of money that they get for that kind of thing. That's it.

Doni Green (38:35):
Let the record reflect that Bobby Wilkinson,

Bobby Wilkinson (38:39):

Oh yeah, he showed up.

Doni Green (38:42):

So I can pass the gavel back to you.

Bobby Wilkinson (38:49):

Next item on the list is public comment. If there's anyone in the room or on the phone would like to make a public comment, I'd be happy to hear it. Okay, next up, general updates, next step staff assignments. Jeremy, I don't have it here. When is the next?

Jeremy Stremler (39:13):

It'll be in January.

Bobby Wilkinson (39:15):

We don't have a date.

Jeremy Stremler (39:16):

We don't have a specific date yet. Of course, the session starts in January. So we'll have to look at calendars, make sure everyone can be here. Right? Many people are,

Bobby Wilkinson (39:27):

in January. It's still all, it's still counting days.

Jeremy Stremler (39:30):

Yeah, it's pretty relaxed, but we'll find a date. It'll probably be second half of January. Obviously, we'll be coming off of holidays and stuff like that, so don't want to force anyone to be here at the beginning of January, but yeah.

Bobby Wilkinson (39:47):

Alright. Good seeing y'all sorry to be late and we're adjourned.