

THE PLAN TO END COMMUNITY HOMELESSNESS IN AUSTIN - TRAVIS COUNTY

2010



ECHO

Ending Community Homelessness Coalition

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VISION

A Community Fiercely Focused on Ending Homelessness

MISSION

To provide dynamic, proactive leadership that engages policy makers and the community to end homelessness

EXECUTIVE SUMMARY

Who is ECHO?

The Ending Community Homelessness Coalition (ECHO) is charged with providing dynamic proactive leadership that engages policy makers and the community in ending homelessness. In order to accomplish this, ECHO engages in a variety of activities including:

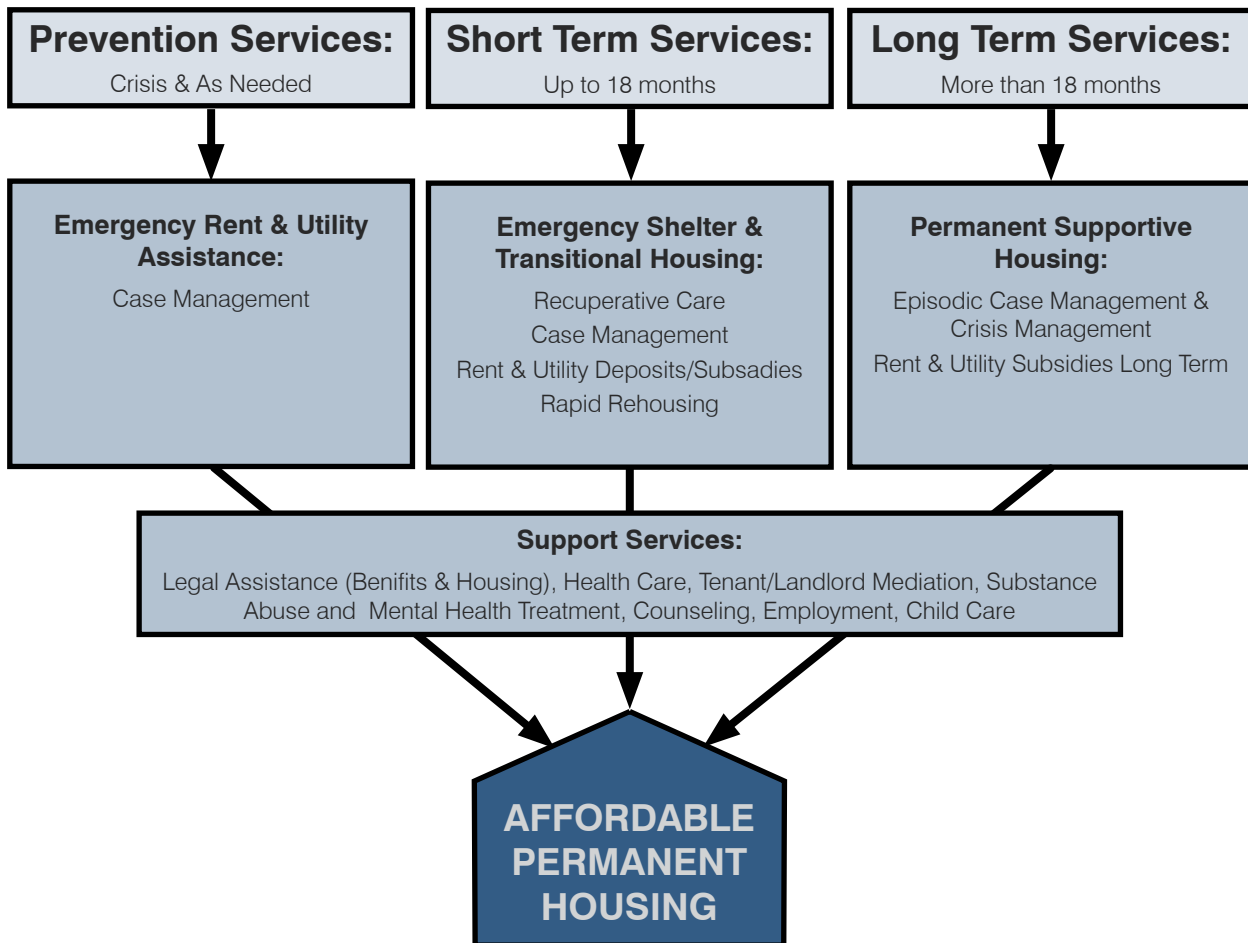
- Coordinating the annual Housing & Urban Development (HUD) Continuum of Care application;
- Conducting the annual homeless count;
- Providing outreach through the annual Homeless Fair and Women’s Homeless Fair;
- Serving as the homeless planning entity for the community; and
- Advocating for homeless issues

The Plan to End Community Homelessness 2010 updates and expands upon Austin’s 2004 Plan to End Chronic Homelessness. The 2004 plan focused on one segment of the homeless population – the chronically homeless – who has both an extended history of homelessness and significant barriers to self-sufficiency. The 2010 Plan substantially expands the scope of planning to include the entire continuum of the homeless population, from those at immediate risk of becoming homeless to the chronically homeless.

In order to address the challenges a continuum of care needs to be established that addresses:

- Prevention
- Short-term homelessness
- Long-term homelessness
- Highly effective coordination

Homeless Services Continuum



How Many Homeless are in our community?

In January of 2009 Austin's Ending Community Homelessness Coalition conducted the biennial HUD mandated physical point-in-time count of those persons sheltered and unsheltered. The result was a decrease in the numbers of unsheltered persons compared to 2007. While this is not a

perfect way to count the homeless, and there are possible external factors for the indicated decline, it does provide some point in time information and as the community increases the consistency of the count, we will be able to gauge if we are making an impact. As the Homeless Management Information System (HMIS) is enhanced, it will also be used to determine the number of homeless.

Number of Homeless in Our Community

	2007	2009	Difference
Sheltered	1,305	1,345	+40
Unsheltered	2,146	1,223	-923
Totals	3,451	2,568	-883

Key Issues:

The planning process identified increasing service demands for special need populations, including: ex-offenders, returning veterans, youth aging out of foster care, and individuals discharged from hospitals without adequate living arrangements. In addition, the following were also recognized as critical needs:

- Prevention programs to identify problems and intervene quickly to keep people in their homes;
- Affordable permanent housing linked with support services & case management
- Additional substance abuse and mental health treatment resources;
- Community education to redefine social stigmas about people who are homeless;
- Affordable healthcare;
- Legal assistance & tenant/landlord mediation
- Employment opportunities and workforce development programs to address insufficient income/wages that are specifically targeted at the homeless.

Austin has a diverse homeless population. There is not a one-size-fits-all solution for effective homeless services. Therefore, our community strategies need to be diverse so that we can successfully meet and serve as many homeless as possible with the goal of moving as many people as possible off the streets and into appropriate housing.

- Better data to accurately reflect the number of homeless persons and the needs of the subpopulations of the homeless community.
- An effective systemic approach to addressing the issues, led by a coordinating entity that welcomes all stakeholders to find lasting solutions.;
- A visible, committed leader to champion the cause and mobilize policymakers, business leaders and others with resources that have heretofore remained on the sidelines.

These challenges can be overcome through coordinated planning and action.

What Will We Do?

2010 Plan to End Community Homelessness
Focus Areas: In order to end homelessness, the community must become focused on prevention, moving persons quickly into housing, and addressing the multiple barriers faced by homeless populations. ECHO will achieve the strategic planning goals by providing leadership, coordination, information, and advocacy and creating two year action plans that include specific strategies.

Prevention: People at risk of becoming homeless will be identified early and receive the

- assistance they need to maintain appropriate housing.
- Develop community-wide strategies to prevent homelessness
- Expand on-going efforts that provide housing and financial stability for populations at-risk of homelessness
- Enhance community collaboration and partnerships to address prevention strategies
- Educate the community about homelessness and advocate for evidence-based practices and solutions

Short-term homelessness: People who become homeless will be able to move quickly back

- into housing and receive appropriate support services to maintain housing.
- Continue to improve and expand rapid re-housing strategies
- Continue to improve and expand intervention services
- Expand job training, employment, and access to mainstream services (SSI, SNAP, etc)
- Enhance community collaboration to improve and redesign current programs

Long-term homelessness: People experiencing long-term homelessness will have stable

- housing and effective supportive services, including treatment for persistent mental illness
- and substance abuse issues
- Implement pilot projects and expand effective strategies serving targeted populations
- Increase housing and services capacity to serve people who experience long-term homelessness
- Enhance community partnerships to address long-term homelessness strategies
- Expand job training, employment, and access to mainstream services (SSI, SNAP, etc)
- Expand access to and coordination with mental health, health and substance abuse services
- Expand family support services, i.e., child care

Highly Effective Coordination: Enhanced strategic planning and the federal Continuum of

- Care management, data performance, reporting, policy development, and funding
- coordination at the local level
- Establish a sustainable structure to implement community-wide strategies to end homelessness which includes incorporation of ECHO into a 501(c)3 coordinating entity with a redesigned governing structure that increases the effectiveness of the following:
 - a. Communication
 - b. Data Management & Reporting
 - c. Strategic Planning & Policy Development
 - d. Funding Coordination
- Develop a mechanism to strengthen policy development and advocacy efforts to end homelessness
- Continue to manage and improve the annual HUD Continuum of Care process
- Improve data quality and reporting

How Will We Know if we are Successful?

ECHO will use the annual Continuum of Care and data from HMIS to measure success at reaching many of our goals. Additional data will be either be established in HMIS or measured through other sources.

Prevention:

- There will be fewer homeless individuals and families (measured through annual count & HMIS)
- Decrease the number of homeless households with children from 215 to a maximum of 185 (measured through CoC)
- Increase the number of individuals and families at-risk of becoming homeless who receive prevention services by 25% (Year 2020)
- Increase the number of successful advocacy efforts and the number of community presentations and people in attendance
- Agreements in place with criminal justice, foster care, mental health, and health care systems that ensure that people will not exit into homelessness
- Integration of community planning groups that address planning activities
- Increased participation of consumers in public event, focus groups, advisory role, etc

Short-term homelessness

- Increase the number of people moving rapidly from emergency shelter to housing (will need to establish baseline)
- Maintain at least a 72% rate of homeless persons in transitional housing moving to permanent housing (measured through CoC)
- Increase the percentage of individuals who increase their income through employment or access to mainstream services (measured through CoC APR)
- Increase the percentage of individuals who access mental health, detox, and substance abuse treatment (will need to establish baseline)
- Increase collaboration and integration of services

Our goal is that within ten years homelessness will be rare, short-term and non-recurring in Austin and Travis County.

Long-term homelessness

- Increase the number of affordable permanent supportive housing units by 350 in the next four years and to 1,800 in ten years
- Increase the number of beds for the chronically homeless from 57 to 400 in ten years
- Maintain at least 92% of homeless in permanent supportive housing for at least six months – 2009 level 95% (measured through CoC)
- Maintain at least 40% of homeless persons exiting programs with employment – 2009 43% (measured through CoC)
- Increase the percentage of individuals who increase their income through access to mainstream services (measured through CoC APR)
- Increase the percentage of individuals who access mental health, detox, and substance abuse treatment (will need to establish baseline)
- Increase access to family supports, especially child care (will need to establish baseline)

Highly Effective Coordination

- ECHO established as an independent entity with a re-designed governing structure
- Funding secured for staffing and program activities to ensure implementation of the plan
- Annual CoC application surpasses threshold and increases resources available.
- Homeless Management Information System receives high customer satisfaction scores
- Data quality increases and the number of null values recorded decreases (measured through CoC)
- HMIS data is effectively used to guide policy and measure progress
- The number of agencies participating in HMIS increases

This effort will take all of the community working together. As this plan details, we believe Austin is ready to accept the challenge of systemic change necessary to prevent and end homelessness for the thousands of men, women, youth, and children in the Austin area who are unable to maintain even the most basic human need – a stable place to call home.

OVERVIEW

Who is ECHO?

Since 1994 the U.S. Department of Housing & Urban Development has, in effect, required each funding application to be submitted as a part of a single community-wide or regional plan. The Ending Community Homeless Coalition (ECHO) is Austin's HUD designated Continuum of Care (CoC) for Austin & Travis County. CoCs are most commonly organized around two main priorities, coordinating the housing and service systems in a community, and applying for funding from HUD's competitive McKinney-Vento Act programs. ECHO is charged with providing dynamic proactive leadership that engages policy makers and the community in ending homelessness. In order to accomplish this, ECHO engages in a variety of activities including:

- Identifying and supporting the Continuum of Care for homelessness;
- Coordinating the annual HUD Continuum of Care application;
- Conducting the annual homeless count;
- Providing outreach through the annual Homeless Resource Fair;
- Serving as the homeless planning entity for the community; and
- Advocating for homeless issues and solutions

The Plan to End Community Homelessness 2010 updates and expands upon Austin's 2004 Plan to End Chronic Homelessness. The 2004 plan focused on one segment of the homeless population – the chronically homeless. As defined by HUD, a chronically homeless person is an unaccompanied individual with a disabling condition who has been living in a place not meant for human habitation, or in an emergency shelter for at least one year, or who has had at least four episodes of homelessness in the last three years. The 2010 plan substantially expands the scope of planning to include the entire continuum of the homeless population, from those at immediate risk of becoming homeless to the chronically homeless.

Why Now?

Increased federal funding has provided an incentive for community planning. In the recent federal stimulus package, Congress increased its emphasis on addressing homelessness prevention and short-term homelessness – those who have recently become homeless (often due to economic reasons

and including entire families) and face fewer barriers to returning to self-sufficiency. Congress designated new resources to both prevent homelessness and foster rapid re-housing activities, moving people back to permanent housing as rapidly as possible. These new federal programs enhance local strategies already in place.

The Process:

In order to create a plan that reflects the needs of the community, during the fall and winter of 2008-2009 an ECHO sponsored Steering Committee guided the process, community leaders and service providers were interviewed, and community forums were held to identify the vision and create community goals and strategies. The process that developed this plan involved community members and agencies identifying problems, pointing out barriers, and suggesting solutions, and represents an important move toward coordination and systematic change.

The Challenge:

The American Community Survey reported that in 2008, 144,336 individuals, or 50,522 households, (15%), including nearly one in five (19%) children, in Travis County lived at or below the federal poverty line. These individuals are often at-risk for losing their housing. Between 2005 and 2009 the point in time Annual homeless counts identified between 1,900 and 3,500 homeless persons living either on the streets, in emergency shelters or in transitional housing in Travis County. Of these, approximately 20% are chronically homeless. However, point in time counts traditionally undercount families and children and do not include those living in marginal conditions such as on a friend's sofa or in a motel. Over the course of 2008, the community's Homeless Management Information System (HMIS) identified 6,407 unique homeless individuals. In addition, in 2008, the CSH Re-entry Initiative identified approximately 1,100 individuals who were re-entering to Travis County from a correctional institution, homeless and had a disability (including physical and/or mental illness or substance abuse).

Key Issues:

The planning process identified increasing service demands for special need populations, including: ex-offenders, veterans, youth aging out of foster

care, and individuals discharged from hospitals without adequate living arrangements. The process also recognized the following critical needs:

- **Prevention programs** to identify problems and intervene quickly to keep people in their homes;
- **Affordable permanent housing linked with support services & case management**
- Additional **substance abuse and mental health treatment** resources;
- **Community education** to redefine social stigmas about people who are homeless;
- **Affordable healthcare**;
- **Legal assistance** & tenant/landlord mediation
- **Employment opportunities and workforce development programs** to address insufficient income/wages that are specifically targeted at the homeless.
- **Better data** to accurately reflect the number of homeless persons and the needs of the subpopulations of the homeless community.

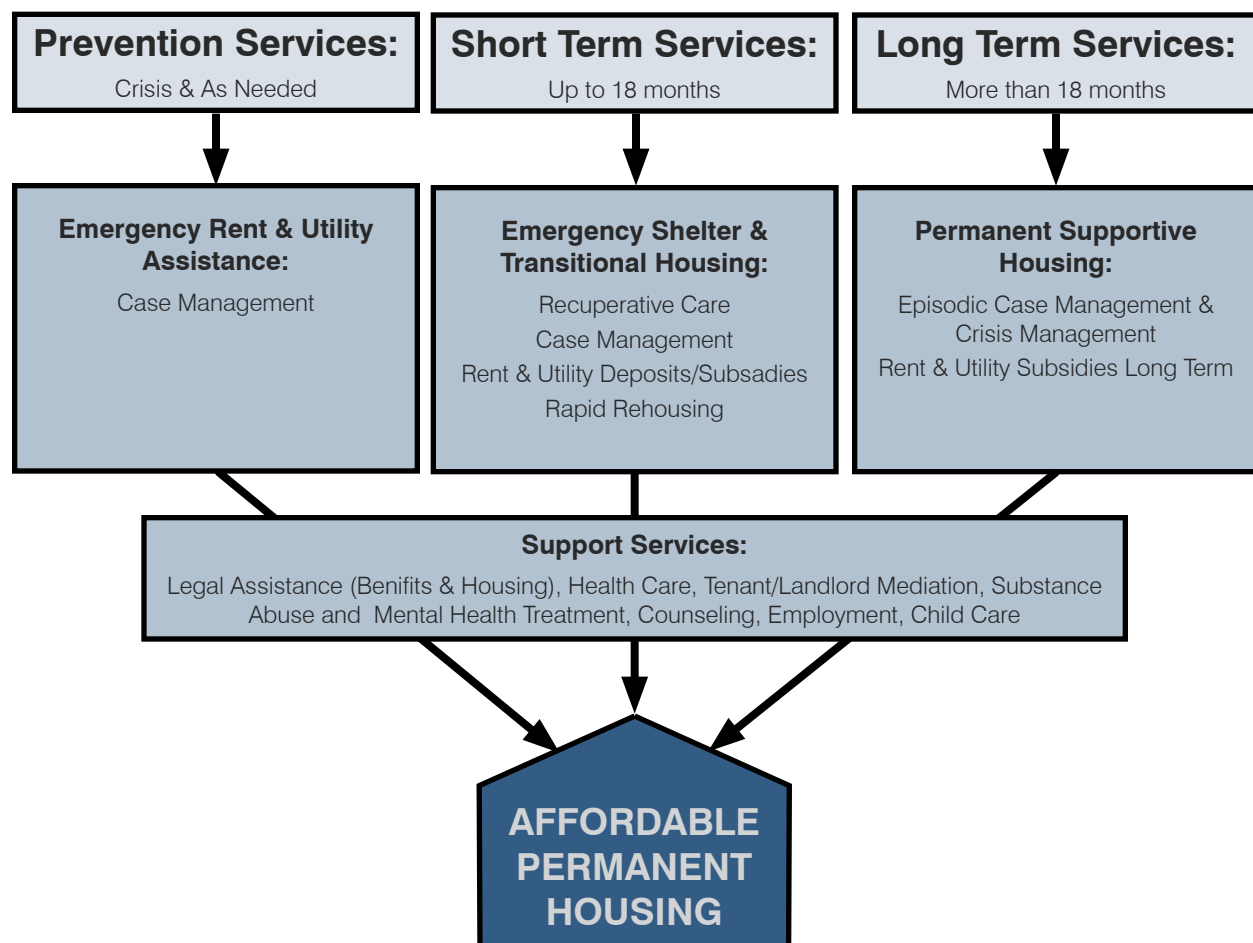
- An **effective systemic approach** to addressing the issues, led by a coordinating entity that welcomes all stakeholders to find lasting solutions;
- **A visible, committed leader to champion the cause** and mobilize policymakers, business leaders and others with resources that have heretofore remained on the sidelines.

These challenges can be overcome through coordinated planning and policies that recognize the complexity of the factors that contribute to people to losing their housing and remaining homeless, and the depth of the challenges facing many of those persons in returning to self-sufficiency.

In order to address the challenges a continuum of care needs to be established that addresses:

- Prevention
- Short-term homelessness
- Long-term homelessness
- Highly effective coordination

Homeless Services Continuum



2010 Plan to End Community Homelessness Focus Areas:

In order to end homelessness, the community must become focused on prevention. This includes moving persons quickly into housing and addressing the multiple barriers faced by homeless populations.

Prevention: People at-risk of becoming homeless will be identified early and receive the assistance they need to maintain appropriate housing.

Short-term homelessness: People who become homeless will be able to move quickly back into housing and receive the appropriate support services to maintain housing.

Long-term homelessness: People experiencing long-term homelessness will maintain stable housing and effective supportive services, including treatment for persistent mental illness and substance abuse issues.

Highly effective coordination: Focused strategic planning and the federal Continuum of Care management, data performance, reporting, policy development, and funding coordination at the local level.

Our goal is that within ten years homelessness will be rare, short-term and non-recurring in Austin and Travis County.

Strategic Planning Goals

These strategies represent a collection of ideas from a wide range of community representatives. ECHO will achieve its strategic planning goals by providing leadership, facilitating coordination, disseminating information, and promoting advocacy by creating two year action plans that include specific strategies.

Prevention: *People at risk of becoming homeless will be identified early and receive the assistance they need to maintain appropriate housing*

- Develop community-wide strategies to prevent homelessness
- Expand upon on-going efforts that provide housing and financial stability for populations at-risk of homelessness
- Enhance community collaboration and

partnerships to address prevention strategies;

- Educate the community about homelessness and advocate for evidence-based practices and solutions

Short-term homelessness: *People who become homeless will be able to move quickly back into housing and receive appropriate support services to maintain housing.*

- Continue to develop and expand rapid re-housing strategies
- Continue to improve and expand intervention services
- Expand job training, employment, and access to mainstream programs (SSI, SNAP, etc)
- Enhance community collaboration to improve and redesign current programs

Long-term homelessness: *People experiencing long-term homelessness will maintain stable housing and effective supportive services, including treatment for persistent mental illness and substance abuse issues.*

- Implement pilot projects and expand effective strategies to serve targeted populations
- Increase housing and services capacity to serve people who experience long-term homelessness
- Enhance community partnerships to address long-term homelessness strategies
- Expand job training, employment and access to mainstream programs (SSI, SNAP, etc)
- Expand access to and coordination with mental health, health and substance abuse services
- Expand family support services, i.e., child care

Highly Effective Coordination: *Enhanced strategic planning and the federal Continuum of Care management, data performance, reporting, policy development, and funding coordination at the local level.*

- Establish a sustainable structure to implement community-wide strategies to end homelessness which includes incorporation of ECHO into a 501(c)3 coordinating entity with a redesigned governing structure that increases the effectiveness of the following:
 - a. Communication
 - b. Data Management & Reporting
 - c. Strategic Planning & Policy Development
 - d. Funding Coordination
- Develop a structure that promotes policy development and advocacy efforts to end

homelessness

- Continue to manage and improve the annual HUD Continuum of Care process
- Improve data quality and reporting

How will we know if we have succeeded?

ECHO will use the annual Continuum of Care application process and data from HMIS in order to evaluate progress. Additional data will be either gathered by HMIS or measured through other sources.

Prevention:

There will be fewer homeless individuals and families

- Decrease the number of homeless households with children from 215 to a maximum of 185.
- Increase the number of individuals and families at-risk of becoming homeless who receive prevention services by 25%
- Increase the number of successful advocacy efforts and the number of community presentations and people in attendance
- Formal agreements established with criminal justice, foster care, mental health, and health care systems that ensure that people will not exit an institution into homelessness
- Integration of community planning groups that address planning activities
- Increased participation by consumers in public event, focus groups, advisory role, etc.

Short-term homelessness

- Increase the number of people moving rapidly from emergency shelter to housing
- Maintain at least a 72% rate of homeless persons in transitional housing moving to permanent housing
- Increase the percentage of individuals who increase their income through employment or by accessing mainstream services
- Increase the percentage of individuals who access mental health, detox, and substance abuse treatment programs
- Increase agency collaboration and integration of services

Long-term homelessness

- Increase the number of affordable permanent supportive housing units by 350 in the next four years and to 1,800 in 10 years
- Increase the number of beds for the chronically

homeless from 57 to 400 in 10 years

- Maintain at least 92% of homeless in permanent supportive housing for at least six months – 2009 level 95%
- Maintain at least 40% of homeless persons exiting programs with employment – 2009 43%
- Increase the percentage of individuals who increase their income through access to mainstream services
- Increase the percentage of individuals who access mental health, detox, and substance abuse treatment
- Increase access to family supports, especially child care

Highly Effective Coordination

- ECHO established as an independent entity with a re-designed governance structure
- Funding secured for staffing and program activities to ensure implementation of the plan
- Annual CoC application surpasses threshold and increases funding resources available.
- Homeless Management Information System receives high customer satisfaction scores
- Data quality increases and the number of null values recorded decreases
- HMIS data is effectively used to guide policy and measure progress
- The number of agencies participating in HMIS increases

Community-wide participation is essential for fostering effective collaboration. As this plan details, ECHO believes Austin is ready to accept the challenge of implementing the systemic change necessary to prevent and end homelessness for the thousands of men, women, youth, and children in the community who are unable to maintain even the most basic human need, a stable place to call home.

Austin has a diverse homeless population. There is not a one-size-fits-all solution for effective homeless services. Therefore, our community strategies need to be diverse so that we can successfully meet and serve as many homeless as possible with the goal of moving as many people as possible off the streets and into appropriate housing.

THE 2020 VISION FOR AUSTIN AND TRAVIS COUNTY

Appropriate housing opportunities must be available for everyone. In the future, it is our hope that persons at high risk of becoming homeless will be quickly identified and linked to resources to help stabilize them until they are fully self-sufficient. Persons with low incomes will have increased access to affordable housing, and employment opportunities or public assistance to support them and homelessness will be essentially nonexistent.

Those that have become homeless will have access to housing and support services enabling them to become stable and self-sufficient. Individuals with serious health and behavioral health problems, including mental illness and chemical dependencies, will have permanent supportive housing and effective treatment services.

Case management resources will enable people to transition rapidly from shelters to safe and stable housing with specialized support services. Austin will have sufficient affordable and supportive housing to address the needs of people experiencing short and long-term homelessness.

The community will join with and support the coordinated effort to end homelessness. Students will engage in state of the art practicum and internship experiences, faculty and graduate students will find a research-friendly environment for conducting small and large-scale research, business leaders will support employment training and job opportunities, policy makers will guide proactive policy changes, community members will engage in volunteer opportunities, and philanthropists will recognize community investments.



Sam Cole, "Lost Maple Star Trails"

Austin will pride itself on expanding its tradition of collaborative progress. Leaders from the business, philanthropic, public and nonprofit sectors will have a forum in which innovative approaches, informed by evidence-based models, will be designed, funded, and initiated. Austin will be seen as a leader nationally in developing creative solutions that produce results: the end of community homelessness as we know it.

The Ending Community Homelessness Coalition will help achieve this vision through strong organizational leadership and coordination of talents and resources that are critical to making a lasting positive impact on community homelessness. While there are no simple solutions, the complexity of homelessness underscores the need for all sectors – social and private, government, businesses and consumers, neighborhoods, and churches, to work together toward solutions.

BACKGROUND: Local Planning on Homelessness

Homelessness is an issue of national significance – one with economic, social, philosophical, and spiritual implications. Homelessness is a concern that unpleasantly reminds us that in a comparatively affluent nation, many of our citizens' most basic needs are not being met. Homelessness was not recognized as a critical social problem until the 1980's. During that decade several economic and social issues converged including a decrease the amount of affordable housing, and the sharp decreases in funding for social mental health and substance abuse institutions. Austin's nonprofit organizations took early leadership in addressing homelessness. The first collaboration among service providers started in 1989 when Legal Aid for the Homeless joined Helping Our Brothers Out (HOBO) to begin the first homeless resource center in Austin. As awareness about homelessness grew, the need for a more coordinated system of care was recognized by community leaders. As part of local initiatives to strategically address overall health and human service needs, the Community Action Network (CAN) was established in 1992 as the central coordinating body in Austin and Travis County.

The Stewart B. McKinney Homeless Assistance Act of 1987, later renamed the McKinney-Vento Homeless Assistance Act, provides federal financial support for homeless assistance programs. Following this first piece of major legislation on homelessness, the federal government began providing financial incentives for communities to overcome local service gaps. Established by the Austin City Council in 1996, the Homeless Task Force (HTF) became the official planning entity to comply with federal grant programs such as the HUD's Continuum of Care Grant, and to develop a strategic plan to address and prioritize needs for

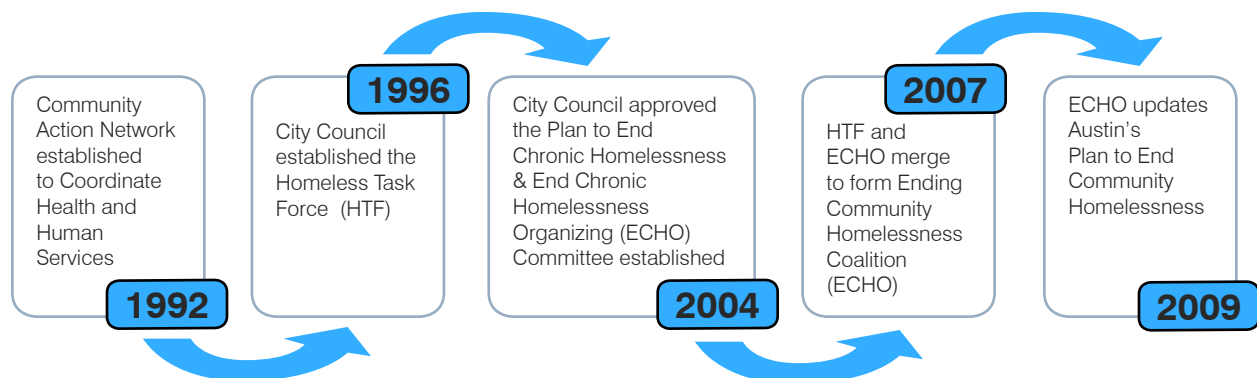
homeless populations. From 1996 to 2007, the HTF made substantial progress in building infrastructure and developing resources.

Since the federal initiatives to end chronic homelessness were announced in 2001, Austin has committed to a ten-year planning process that focuses on developing strategies towards ending, rather than managing, chronic homelessness. This resulted in the Plan to End Chronic Homelessness in Austin/Travis County in 2004. The initial plan helped form a more specialized planning entity, bring momentum to engage the broader community, expedite information sharing with other planning entities, increase resources for housing and support services, and lay the groundwork for addressing systemic problems such as discharge planning.

End Chronic Homelessness Organizing Coalition (ECHO) was established as a planning entity in 2005. ECHO engaged broad community stakeholders, including business leaders and interested citizens. Meanwhile, HTF was also carrying out its mission, which overlapped with that of ECHO, until the two entities decided to merge in 2007. The members chose Ending Community Homelessness Coalition (ECHO) as the new organization's name.

The merger of the two organizations has successfully drawn upon a wide network of community organizations and individuals to create solutions unique to the Austin community. The merger also allows our community to have a well-coordinated approach not only to address chronic homelessness, but to develop solutions for other groups of people who are homeless such as families, veterans, and youth who are aging out of foster care.

Timeline



2010 PLAN TO END HOMELESSNESS

During the fall and winter of 2008-2009, Steve McKee, an ECHO consultant, conducted research that included a review of previous needs assessments, conducted face-to-face interviews with representative community leaders, held structured focus groups with local stakeholders, and surveyed homeless individuals.

How Many Homeless are in our community?

In January 2009, Ending Community Homelessness Coalition conducted the biennial count of those persons sheltered and unsheltered. The count is a physical count of the unsheltered homeless who could be located and “counted” in a four-hour period in January. This figure was then added to the number of homeless staying in emergency shelters of transitional housing on the same night. The results showed a decrease in the numbers of unsheltered persons compared to the 2007 count.

Has Travis County made significant headway in reducing the number of unsheltered homeless? Some sources (Austin Police, EMS, service providers and park managers) suggest that the number of unsheltered homeless may have remained stable or slightly decreased over the two-year period. Factors that likely accounted for the difference between these count numbers include:

- Very cold weather and a limited number of volunteers to perform the 2009 count;
- The use of a detailed survey that volunteers

administered to unsheltered homeless persons thus reducing the number of people they were actually able to reach in the limited time span;

- The “clearing out” by the Austin Police Department of several large camps, a day or two before the 2009 count

Another measurement of the homeless population in our community is the number of unduplicated clients entered into the HMIS in a given year.

The Voices of the Homeless report noted several challenges to on-going HMIS data gathering including two that were cited often during key informant interviews and stakeholder focus groups: (1) the overtaxing of service providers who are required to enter data into multiple client data systems, resulting in duplication of data entry, and (2) lesser interest and incentive to participate among non-HUD funded agencies. In May of 2009 there was an initial plan to allocate some of the American Recovery & Reinvestment Act funds contracted to the City Health & Human Services to strengthen HMIS.

Good planning relies on good information about supply and demand. As HUD increases its emphasis on the use of HMIS as the primary tool for data collection, it will be important that Austin/Travis County has a system that is user-friendly and able to produce essential reports without causing an unnecessary data entry burden. The HMIS Subcommittee of the ECHO Planning and Evaluation Committee is charged with overseeing HMIS implementation.

Number of Homeless in Our Community

	2007	2009	Difference
Sheltered	1,305	1,345	+40
Unsheltered	2,146	1,223	-923
Totals	3,451	2,568	-883

Number of Unduplicated Clients in HMIS

Calendar Year	2004	2005	2006	2007	2008
Number of unduplicated clients entered in HMIS for Continuum of Care	6,118	8,140	5,818	6,947	6,407



Lupe Galvez

Greatest Needs: Across all stakeholders, the following critical needs identified were:

- **Prevention programs to identify problems and intervene quickly to keep people in their homes;** In 2008, the United Way Capital Area's 2-1-1 centralized information and referral system reported a 40% increase in calls for basic needs assistance in Central Texas. The increase in demand was most significant for food (+34%) and housing assistance (+25%). In 2008, Austin Energy received 8,578 requests for utility assistance, a 41% increase from 2007. In 2008, Austin Energy averaged 4,100 disconnections per month for non-payment of utility services (<http://www.caction.org/basicneeds/documents/2010PovertyFactsheet.pdf>).
- **Affordable housing linked with case management** that meets the needs of the homeless, including the chronically homeless. In 2009, the HUD Continuum of Care reported that Travis County has 722 emergency shelter beds, 562 transitional housing beds, 16 beds at the SafeHaven for people who are homeless and mentally ill, but only 453 permanent supportive housing beds, of which only 57 are designated for the chronically homeless. The Corporation for Supportive Housing in a review of Austin's needs, recommends an additional 1,889 units of permanent supportive

housing for the homeless over the next 10 years, including 350 of those to be built in the next four years. The CSH Texas Re-entry Initiative recommends that 100 of these units be designated for people who are re-entering society from the criminal justice system, and are homeless and with a disability. A 2009 published ECHO whitepaper also recommended that some units be set aside for the homeless who are chronic alcoholics.

- **Additional substance abuse and mental health treatment resources;** According to SAMHSA up to 50% of the homeless have co-occurring mental illness and substance use disorders;
- **Community education to redefine social stigmas** about people who are homeless;
- **Affordable healthcare;**
- **Legal assistance** & tenant/landlord mediation
- **Employment opportunities and workforce development programs** to address insufficient income/wages specifically targeted toward the homeless. While there are workforce development programs in the community, very few of them specifically target the homeless.
- **Better data to accurately reflect the number of homeless persons** and the needs of the subpopulations of the homeless community. While there has been an increase in the number of organizations participating in the Homeless Management Information System (HMIS) there is poor data quality in several categories indicating the need for increased training of data entry personnel;
- **An effective systemic approach to addressing the issues,** led by a coordinating entity that welcomes all stakeholders to find lasting solutions. The volunteer based ECHO structure has made great progress but is challenged to meet increasing expectations with its current structure;
- **A visible, committed leader to champion the cause** and mobilize policymakers, business leaders and others with resources that have heretofore remained on the sidelines.

The process led ECHO to focus on four critical areas:

- Prevention,
- Short-term Homelessness,
- Long-term Homelessness, and
- Highly Effective Coordination.

Prevention:

People at risk of becoming homeless receive the assistance they need to maintain appropriate housing.

In the last 3 years, our nation has witnessed profound change. Unemployment has sharply increased; as have the number of foreclosures and the number of families in financial crisis. Prevention is the most cost-effective, efficient and compassionate way to reduce homelessness. Closing the “front door” to homelessness starts with identifying people at high risk of losing their housing. An effective prevention approach quickly links those at-risk to available community resources so they can remain in their current housing. Prevention strategies require community outreach, focused targeting, and adequate resources to ensure that the system identifies and reaches people who are at risk of becoming homeless and without additional assistance.

Some of Austin’s prevention strategies have been in place even before the adoption of the original Plan to End Chronic Homelessness. At the program level, the “Best Single Source” project (BSS) was created in 2003 as a cost-efficient, effective, and client-friendly model of referring those in need to a source of assistance. Leaders of local non-profits were instrumental in developing this program to help families maintain housing stability through the partner agency best able to meet their specific needs. In this collaborative program, clients can access both comprehensive case management and basic needs services (rent, mortgage, and utility assistance). Caritas of Austin is the fiscal agent and collaboration’s administrator.

Travis County Family Support Services is an organization that provides basic needs emergency assistance to low income individuals and families in Travis County. Services such as utility, rent, and mortgage assistance are available in seven community centers, including the Palm Square Community Center. Caritas of Austin also provides emergency rent and utility assistance, as do many faith based organizations in our community.

In addition, local planning groups such as ECHO, Re-entry Roundtable, and the Mayor’s Mental Health Task Force Monitoring Committee (MMHTFMC) have been working together to implement discharge procedures in the areas of health care, foster care, mental health, and corrections. The Basic Needs Coalitions of Central Texas (BNC) also plays a major role in promoting

housing stability and homeless prevention by offering coordination and communication forums for agencies and groups, and providing assistance to mediate immediate crisis situations for individuals and families with children.

On February 17, 2009, President Obama signed the American Recovery & Reinvestment Act which includes \$1.5 billion for the Homeless Prevention & Rapid Re-housing Program (HPRP). HPRP and Emergency Solutions Grants (ESG) provide funding and tremendous opportunities for our community to focus on prevention strategies and to bring systemic change in the homeless and housing services arena.

Austin has a long tradition of community collaboration in prevention. Moving forward, we will further strengthen and expand our coordinated prevention strategies.

Prevention Goals and Achievable Outcomes

- **Goal 1:** Develop community-wide outreach strategies to prevent homelessness.
 - a. Coordinate outreach points in schools, courts, public housing, health care providers, churches, social services providers, jails and other locations to identify and engage individuals and families at risk of homelessness before a crisis occurs;
 - b. Use HPRP pilot projects to build broad community-wide outreach to educate the public and potential clients about prevention services;
 - c. Learn from HPRP pilot projects best practices for prioritizing populations and utilizing screening and evaluation tools in order to make prevention efforts successful.
- **Goal 2:** Expand on-going efforts that provide housing and financial stability for populations at risk of homelessness.
 - a. Continue to build on successful prevention models, such as the Best Single Source program;
 - b. Use HMIS to help improve client outcomes through community-wide assessment and coordinated service delivery;
 - c. Implement a client-driven, community-wide pilot project, to address financial stability that includes other social services such as employment, education, child care, and transportation;

- **Goal 3:** Enhance community collaboration and partnerships to address prevention strategies.
 - a. Implement discharge policies and procedures in areas of health care, foster care, mental health, and corrections that are consistent with the Continuum of Care application.
 - b. Streamline communication and activities among planning groups such as ECHO, BNC, and other planning entities;
 - c. Develop a system to effectively coordinate funding and resources to support prevention services;
 - d. Capitalize on the opportunity to engage community partners, both traditional and non-traditional institutions, to assist youth, adults and families reentering the community from incarceration, foster care, and the medical system.
- **Goal 4:** Educate the community about homelessness and advocate for evidence-based practices and solutions
 - a. Support community efforts to increase permanent affordable housing
 - b. Disseminate HMIS and other data about the state of homelessness
 - c. Advocate for policies that reflect evidence-based practices
 - d. Educate community and policy makers about the cost savings of prevention services

and physical health problems will be neglected, and drug and alcohol problems will be exacerbated by living on the streets. Therefore, being able to help someone soon after they have become homeless is a much more cost-efficient and successful way of returning them to self sufficiency. Effective programs rapidly move individuals and families entering shelters, or who are homeless due to emergency or economic events, back into permanent affordable housing. With housing and timely, appropriate services, people will be able to regain their self-sufficiency more quickly and avoid potential long-term barriers. This approach requires communities to build a streamlined service delivery system, develop strong connections with mainstream services, and shift from a reactive to proactive paradigm in responding to clients' crisis.

Local agencies have taken the initiative to build strong collaborative programs such as the Passages Program through the HUD Continuum of Care homeless assistance grant. The Passages Program was designed to help families who have become homeless because of an emergency situation. The program cultivates service coordination among partner agencies. Coordinated services occur at outreach, intake, assessment, case management, and all the way through transitional housing with long-term support services. In addition, many other agencies address short-term or temporary homelessness. LifeWorks and SafePlace, for example, operate transitional supportive housing programs designed to address the needs of special populations such as youth and victims of domestic violence respectively.

In addition, Austin paved a pathway to rapid re-housing even before the federal HPRP funding became available. Caritas of Austin was awarded City funding to serve as the lead agency for a collaborative program called "Rapid Re-Housing Pilot Project" in 2008. The pilot project was designed to find permanent housing and to provide financial assistance to people who are homeless or at-risk of homelessness. A Housing Specialist identifies new housing units and potential partnership opportunities, allowing case managers

Short-term Homelessness:

People who become homeless move quickly to housing and receive appropriate support services.

Institutions such as jails, hospitals, and mental health clinics often lack referral services with access to housing. This pattern is also evident in the foster care system as young adults are discharged at 18 and at high risk of becoming homeless. The longer a person remains without housing, the greater their barriers to returning to stable housing will become – limited resources and support will run out, mental

2009 Short-term Capacity in Travis County (from CoC application)

	Emergency Shelter	Traditional Housing
Individuals	440	188
Households with children	279	374
Totals	719	562

to focus on their clients' other barriers to self-sufficiency. The program is based on a nationally recognized model to enhance efficiency and quickly move people into housing.

As the federal government encouraged focus on early intervention, new funding opportunities for rapid re-housing became available to Austin. The Salvation Army was awarded a Continuum of Care grant in 2009 to launch a pilot project called the Passages Rapid Re-Housing Initiative. The initiative is one of 23 pilot projects, across the country, which HUD funded. This demonstration project uses the existing Passages framework of coordinated services but provides housing placement that will help move "fast-track" families with children to sustainable permanent housing.

Austin is ahead of the curve in implementing early intervention programs to address short-term homelessness. As we learn the challenges and benefits of those programs, we will build on our successes and continue to look for even better solutions.

Short-Term Homelessness Goals and Achievable Outcomes

- **Goal 1:** Continue to develop and expand rapid re-housing strategies.
 - a. Employ housing locators to identify and develop units for people who are homeless, including special needs populations such as re-entry, youth, and veterans;
 - b. Continue to build on successful rapid re-housing models such as the Passages Rapid Re-Housing Initiative for families and make adjustments if necessary;
 - c. Explore availability of parcels of land



John Curran

held by public entities, faith communities and nonprofits, and redevelop them into housing with an allocation of units for people who are homeless;

- d. Explore development opportunities utilizing existing structures such as older hotels, condos, and apartment complexes to expand the stock of transitional housing units.
- **Goal 2:** Continue to improve and expand intervention services for short-term homelessness.
 - a. Expand the availability of mainstream resources targeted to homeless individuals and families such as child care and transportation;
 - b. Ensure the continuation of needed transitional support services to assist the recently homeless in gaining stability through Community Voice Mail, case management, counseling, financial assistance, job readiness programs, and other services;
 - c. Explore innovative strategies such as a program to train the previously homeless to be associate case managers.
 - **Goal 3:** Expand job training, employment, and access to mainstream services
 - a. Identify & support opportunities to increase job training and employment opportunities
 - b. Expand access to mainstream services, i.e., SSI, SSDI, Veteran's benefits, etc.
 - c. Expand employment opportunities and workforce development programs to address insufficient income/wages that are specifically targeted at the homeless
 - **Goal 4:** Enhance community collaboration to improve and redesign current programs.
 - a. Educate the public about different levels of intervention strategies;
 - b. Conduct outreach efforts to bring new resources;
 - c. Form alliances with community development corporations, neighborhood associations, and other neighborhood coalitions with shared interests (to lay groundwork for placement of permanent affordable housing), including the Austin Neighborhoods Council, the Downtown Austin Alliance, the Downtown Austin Neighborhood Association, et al.

2009 Long-term Housing for the Homeless Capacity in Travis County (from CoC application)

	Permanent Supportive Housing (PSH)
Individuals	335
Chronically homeless Ind.	57
Households with children	61
Totals	453

Long-term Homelessness:

People experiencing long-term homelessness have stable housing and effective supportive services, including treatment for persistent mental illness and substance abuse.

Austin's vision to end community homelessness cannot be accomplished without addressing long-term homelessness. Individuals and families who have been homeless for long periods of time face multiple barriers to housing stability. Substantial reductions in homelessness can occur only when long-term solutions such as permanent housing and appropriate support services are available. A systemic approach is, therefore, required to tackle the multiplicity of problems. Those problems frequently include extreme poverty, lack of affordable housing, mental and physical illnesses, substance abuse, criminal history, low earning power, and unemployment. When a small part of a population places exceedingly high stress on the service systems, it negatively impacts the ability of those systems to serve others who face incidental homelessness.

Even before the federal drive to end chronic homelessness was announced in 2001, several programs and local initiatives were put in place to address long-term homelessness. For example, Project Recovery provides substance abuse and mental health treatment services for homeless individuals who are repeatedly arrested for public intoxication as an alternative to jail. Without these critical services, participants are at high risk of long-term homelessness.

The federal government's recent emphasis on chronic homelessness facilitated and expedited local partnerships to develop permanent supportive housing programs. Fifty seven permanent supportive housing units in Austin have been created and designated for chronically homeless persons since 2005. Programs such as Safe Haven, Representative Payee, and the Housing Authority's

Shelter Plus Care programs are also critical part of our continuum to serve people with multiple barriers.

Long-term homelessness is not a term specific to individuals with multiple barriers; it also includes youth, families, and children who have been homeless for a long period of time. The Austin community has been fortunate to have local governments, non-profits, business partners, and community leaders with a strong commitment to fighting the battle against homelessness. Those partners were instrumental in establishing support services and housing programs targeting these populations, including families with children, youth, survivors of domestic violence, individuals with mental illness and/or HIV/AIDS, and families with disabilities. Community initiatives such as the Homeless Resource Fair, Austin Stand Down and the Women's Resource Fair also provide homeless individuals and families with linkages to mainstream services.

In 2010 ECHO partnered with the Mayor's Mental Health Task Force Monitoring Committee, and the Austin Travis County Reentry Roundtable to retain the Corporation for Supportive Housing (CSH) to provide a need and resource analysis on permanent supportive housing for Austin/Travis County. As defined by CSH, permanent supportive housing (PSH) is permanent, affordable housing linked to an array of support services that enables vulnerable tenants, especially the long-term homeless population, to live independently and participate in community life.

Components of Permanent Supportive

Housing: According to CSH, PSH can be offered in diverse housing settings, but usually consists of apartment units that are:

- **Targeted to the most vulnerable:** typically households earning under 30% of Area Median Income that, given multiple barriers to housing stability, would be homeless 'but for' the intervention of PSH.

- **Deeply affordable:** Rents are subsidized so that the tenant ideally pays no more than 30% of household income towards rent, even where tenants have extremely limited income.
- **Lease-based:** Tenancy is based on a legally-enforceable lease or similar form of occupancy agreement, and there are not limits on a person's length of tenancy so long as they abide by the terms of the lease or agreement.
- **Supported by comprehensive services, with voluntary participation.** The tenant has access to a flexible array of services, including case management, medical mental health, substance use treatment, employment, life skills, and tenant advocacy, but a lease will not be terminated solely because a tenant chooses not to participate; and
- **Managed through essential partnerships.** There is a working partnership that includes ongoing communication between services providers, property owners/manager, and subsidy programs.

The results of the CSH study indicated that over the course of the next ten years, Austin/Travis County needs 1,889 new PSH units to meet the existing need of the chronically homelessness in the community. The report recommended that 350 of these units be completed in the next four years. A separate report by the Austin Travis County Reentry Roundtable recommends that 100 of these units be set aside for homeless individuals with a disability who are re-entering the community from incarceration.

With an increasing level of commitment and new resources, Austin began to develop strategies to end, rather than just manage, long-term homelessness. The rationale for focusing on long-term homelessness has been well documented, especially the finding that shows that the chronically homeless use a disproportionate amount of available resources. Recognizing that these individuals tend to have multiple barriers to housing stability, our 2020 vision will shift our focus toward creating permanent housing solutions.

Long-Term Homelessness Goals and Achievable Outcomes

- **Goal 1:** Implement pilot projects and expand effective strategies serving targeted populations.
 - a. Determine applicability of different housing models to different populations, such as scattered site housing with off-site services versus single site housing with on-site

services, et al.

- b. Expand treatment programs, including the availability of detox beds, that provide substance abuse and mental health services to chronically homeless individuals;
 - c. Increase program capacity to help homeless people access public benefits and/or increase income.
- **Goal 2:** Expand housing and services capacity to serve people who experience long-term homelessness.
 - a. Support the CSH recommendation for 1,889 new units of permanent supportive housing over the next 10 years and 350 units in the next four years.
 - b. Promote and support additional opportunities to expand permanent supportive housing
 - c. Identify and adopt evidence-based supportive housing models serving the most vulnerable and hard to serve populations such as Housing First/Harm Reduction programs;
 - d. Set aside a specific number of units for designated subpopulations (i.e. youth aging out of foster care, people with criminal backgrounds, veterans, and people with HIV/AIDS) who experience long-term homelessness.
 - **Goal 3:** Enhance community partnerships to address long-term homelessness strategies.
 - a. Study local cost-savings achieved by providing permanent supportive housing to chronically homeless persons;
 - b. Coordinate with community planning groups representing special needs populations to ensure coordinated strategies are developed and implemented;
 - c. Enhance partnership with local law enforcement agencies such as APD, to prevent crime against homelessness;
 - d. Support on-going outreach activities to foster volunteerism;
 - e. Engage more members of business community, neighborhood associations, and other partners to provide resources and to support programs serving long-term homelessness;
 - f. Improve consumer participation to address long-term homelessness.

- **Goal 4:** Expand job training, employment and access to mainstream programs (SSI, SNAP, etc)
 - a. Identify & support opportunities to increase job training and employment opportunities
 - b. Expand access to mainstream services, i.e., SSI, SSDI, Veterans benefits, etc
 - c. Expand employment opportunities and workforce development programs to address insufficient income/wages that are specifically targeted at the homeless
- **Goal 5:** Expand access and coordination with mental health, health, and substance abuse services
 - a. Identify ways to expand detox and psychiatric bed availability
 - b. Advocate for increased availability of mental health and substance abuse services
- **Goal 6:** Increase access to family supports, especially child care
 - a. Identify additional resources for child care

Highly Effective Coordination:

Enhance strategic planning, federal Continuum of Care management, data performance, reporting, policy development, and funding coordination at the local level.

Since homelessness is a community problem, leadership is the starting place for preventing and solving homelessness. The most successful efforts for ending homelessness have broad support and participation from the public, private, and non-profit sectors. Additionally, effective coordination brings systemic change. As a planning entity, ECHO engages a wide range of community stakeholders. ECHO also serves as an entity to lead shared decision-making and strategic planning, to develop collaborative funding applications, and to support various community events and educational campaigns on homelessness. Continued collaboration and cooperation will lead to more efficient services and perhaps more importantly, allow for meeting currently unmet services needs. During the strategic planning process for the Plan, ECHO has identified ways to make further progress in the following areas:

- **Communication:** Service providers in Austin are well informed about the services their colleagues provide, and the resources they have available, and the types of services they can offer. Communication between front-line staff, middle-level workers, and agency

leadership happens frequently. Government agencies have on-going interactions with community planning groups such as CAN, ECHO, and BNC, but it is even more important that these groups work and plan together. Talking to each other and sharing information is only the first, necessary step towards effective coordination among various entities. ECHO should provide a platform for strong local partnerships that address a multitude of homeless issues.

- **Data Management and Reporting:**

Data management and reporting are key components for effective policy decisions and public education. A Homeless Management Information System (HMIS) has been established to capture characteristics and patterns of homeless clients who are using services in Austin. The Austin community, however, hasn't generated the level of comprehensive and accurate local data to influence policy or support systemic change. When HMIS can show clear success, we can use it as the starting point for expanding programs and moving forward with more system-wide changes. With ECHO's leadership and strong commitments from service providers and other community partners, Austin will be able to accomplish this. As data quality improves, accountability can be increased and resources allocated more effectively.

- **Strategic Planning and Policy**

Development: A more coordinated communication system and credible data will support better strategic planning and policy development. Although ECHO has been instrumental in organizing planning activities, it hasn't gone far enough to make policy-level changes affecting homeless individuals and families, service providers, and in particular, with other stakeholders. Maintaining momentum in activities driven by volunteers whose time and commitment are limited and increasing the involvement of the local business community has become an on-going challenge. One of the key recommendations is to foster future ECHO leadership and engage a community champion who can advocate, assess progress, and influence policy directions.

- **Funding Coordination:** The strategic coordination of resources is the most effective way to influence system change. Setting priorities through funding coordination

can expedite that process. The Austin community has recently started to explore ways to mirror other communities in making integrated and informed decisions on funding priorities. Federal programs such as HUD Continuum of Care and HPRP also provide local communities with strong incentives to work toward creating services and systems integration among various partners. Currently, ECHO serves as a Collaborative Applicant for the HUD Continuum of Care funding but is not an incorporated legal entity, and thus may not serve as a fiscal agent. If ECHO agrees to become a Unified Funding Agency and take on certain fiscal responsibilities, the percentage of the total Continuum of Care grant that Austin receives can increase from 3 percent to 6 percent.

Austin has laid the solid groundwork for effective coordination. Moving forward, we will increase our level of collaboration, leadership, and commitment to bringing systemic change to end community homelessness.

Coordination Goals and Achievable Outcomes

- **Goal 1:** Establish a sustainable structure to implement community-wide strategies to end homelessness.
 - a. Incorporate ECHO as a 501(c)3 coordinating entity with a re-designed governance structure;
 - b. Secure funding for staffing and program activities to ensure implementation of the Plan;
 - c. Move Homeless Management Information System (HMIS) management and lead applicant status for the HUD Continuum of Care grant to ECHO;
 - d. Continue to evaluate organizational efficiency and effectiveness.
- **Goal 2:** Develop a mechanism to strengthen policy development and advocacy efforts to end homelessness.
 - a. Advocate for funding and policies to support homeless services and affordable housing units at the federal, state, and local level;
- **Goal 3:** Continue to manage and improve the annual HUD Continuum of Care (CoC) process.
 - a. Secure adequate resources to ensure continuous compliance with year-round, HUD-required activities for data improvement, local community planning, and program performance;
 - b. Streamline communication and coordination for CoC programs,
 - c. Strengthen planning and coordination activities with other federally funded programs such as HPRP, CDBG, NSP, HUD-VASH, Tax Credit Assistance, and ARRA funds;
 - d. Continue to improve HMIS data quality and to engage non-HUD funded agencies in the system;
 - e. Use HPRP funded projects to examine data sharing capacity among service providers and to streamline data management and reporting process;
 - f. Continue to explore ways of leveraging local resources to increase CoC funding;
 - g. Provide technical assistance to CoC grantees and potential applicants;
 - h. Conduct the point-in-time homeless count and survey annually;
 - i. Ensure data accountability, through HMIS and other sources, to broad community partnership to strengthen community-wide data on homelessness.

How will we know if we have succeeded?

ECHO will use the annual Continuum of Care process and data from HMIS in order to evaluate progress. Additional data will be either be gathered by HMIS or measured through other sources.

Prevention:

- There will be fewer homeless individuals and families
- Decrease the number of homeless households with children from 215 to a maximum of 185
- Increase the number of individuals and families at-risk of becoming homeless who receive prevention services by 25%
- Increase the number of successful advocacy efforts and the number of community presentations and people in attendance
- Formal agreements established with criminal justice, foster care, mental health, and health care systems that ensure that people will not exit an institution into homelessness
- Integration of community planning groups that address planning activities
- Increased participation by consumers in public event, focus groups, advisory role, etc

Short-term homelessness

- Increase the number of people moving rapidly from emergency shelter to housing
- Maintain at least a 72% rate of homeless persons in transitional housing moving to permanent housing
- Increase the percentage of individuals who increase their income through employment or access to mainstream services
- Increase the percentage of individuals who access mental health, detox, and substance abuse treatment
- Increase agency collaboration and integration of services

Long-term homelessness

- Increase the number of affordable permanent supportive housing units by 350 in the next four years and to 1,889 in 10 years

- Increase the number of beds for the chronically homeless from 57 to 400 in 10 years
- Maintain at least 92% of homeless in permanent supportive housing for at least six months – 2009 level 95%
- Maintain at least 40% of homeless persons exiting support programs with employment – 2009 43%
- Increase the percentage of individuals who increase their income through access to mainstream services
- Increase the percentage of individuals who access mental health, detox, and substance abuse treatment
- Increase access to family supports, especially child care

Highly Effective Coordination

- ECHO established as an independent entity with a re-designed governance structure
- Funding secured for staffing and program activities to ensure implementation of the plan
- Annual CoC application surpasses threshold and increases funding resources available.
- Homeless Management Information System receives high customer satisfaction scores
- Data quality increases and the number of null values recorded decreases HMIS data is effectively used to guide policy and measure progress
- The number of agencies participating in HMIS increases

Community-wide participation is essential for fostering effective collaboration. As this plan details, ECHO believes Austin is ready to accept the challenge of implementing the systemic change necessary to prevent and end homelessness for the thousands of men, women, youth, and children in the community who are unable to maintain even the most basic human need, a stable place to call home.

THE ROAD FORWARD

Although these are critical next steps, it will take more than plans and committees to prevent and end homelessness as we know it in Austin and Travis County. These efforts require shifting priorities from treating, to preventing and ending homelessness. In some cases we have and may continue to reallocate resources, altering the operation of mainstream and targeted programs. In this regard, our local providers of services and housing for homeless persons have shown an exceptional ability to collaborate and share resources.

Our efforts have led to many accomplishments both prior to and following the adoption of the Plan to End Chronic Homelessness in 2004. Much of that planning, research, and strategy remains relevant today. Beyond what we knew then, we've learned that with the involvement of neighborhood leaders and grass roots support, affordable housing for homeless individuals can be created and successfully integrated into existing neighborhoods.

Our goal of increasing permanent supportive housing with appropriate service levels require that we must further increase the participation of business leaders, policy makers, public and private funders, and elected leaders. The planning process has facilitated that engagement and, to reach fruition, must continue to involve these stakeholders.

The focus on prevention, and the knowledge that permanent supportive housing strategies are proven effective and do work here, will fundamentally change the way services, programs, and systems operate. To be successful, these efforts must include increased resources for both targeted and mainstream programs, research-based knowledge on what works for whom and in what settings, and building political will to bring about lasting, systemic change.

We have improved our data systems, yet the scope of participation and the degree of coordination can be strengthened. We are learning from our data, but



Dennis Williams

know we have even more to learn as participation increases and leadership improves.

ECHO and the Community Plan to End Homelessness have been catalysts for bringing the interests of many stakeholders to the table. The plan for effective coordination of future outcome evaluation, planning, funding coordination and data management will bring new energy to work on solvable problems. The engagement of leaders heretofore uninvolved in addressing homelessness issues, from across many important sectors of the Austin-Travis County community, bodes well for the future, and for achieving the vision:

A Community Fiercely Focused on Ending Homelessness: By 2020, homelessness in Austin and Travis County will be rare, short-term and non-recurring

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Ending Community Homelessness Coalition Executive Committee

Ed McHorse, Chair, Graves Dougherty Hearon and Moody
Rick Rivera, Vice Chair, Community Member
Angela Atwood, Family ElderCare
Donna Carter, Carter Design Associates
Helen Eisert, St, Louise House
Katie Falgoust, Goodwill
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Helen Varty, Front Steps

Community Plan to End Homelessness Steering Committee

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Bill McLellan, Treaty Oak Bank
John Rosato, Southwest Strategies

Barbara Rush, Policy Advisor, Councilmember Laura Morrison
Tom Spencer, Austin Interreligious Ministries
Susan Stone, Mayor's Mental Health Task Force Monitoring Committee
Pat Wong, LBJ School of Public Affairs

Key Informants, Strategy Session Participants and Others Contributing to the Planning Process

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Susan McDowell, LifeWorks
Terry Mitchell, MoMark Properties
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Katie Navine, Basic Needs Coalition, Goodwill
Kelly Nichols, City of Austin Neighborhood Housing & Community Development
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Cathy Requejo, Project Help Student Support Services, Austin Independent School District
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Mel Waxler, Austin Independent School District
Mitch Weynand, LifeWorks
Sam Woollard, Knox-Woollard Professional Management
Paula Wood, Central Texas Veterans Health Care System

**EXHIBIT A -
GOALS, STRATEGY OPTIONS AND
MEASUREMENT**

Focus	Goals	Strategy Options	Measurement
<p>Prevention:</p> <ul style="list-style-type: none"> • People at risk of becoming homeless will be identified early and receive the assistance they need to maintain appropriate housing. 	<ul style="list-style-type: none"> • Develop community-wide strategies to prevent homelessness • Expand on-going efforts that provide housing and financial stability for populations at-risk of homelessness • Enhance community collaboration and partnerships to address prevention strategies • Educate the community about homelessness & advocate for evidence-based practices and solutions 	<ul style="list-style-type: none"> • Streamline communication and activities among planning groups such as ECHO, BNC, and other planning entities; • Coordinate outreach points in schools, courts, public housing, health care providers, churches, social services providers, jails and other locations to identify and engage individuals and families at risk of homelessness before a crisis occurs; • Use HPRP pilot projects to build broad community-wide outreach to educate the public and potential clients about prevention services and homelessness; • Learn from HPRP pilot projects how to prioritize populations and utilize screening and evaluation tools in order to make prevention successful. • Continue to build on successful prevention models, such as the Best Single Source; • Use HMIS to help improve client outcomes through community-wide assessment and coordinated service delivery; • Implement a client-driven, community-wide pilot project, to address financial stability that includes other social services such as employment, education, child care, and transportation; • Implement discharge policies and procedures in areas of health care, foster care, mental health, and corrections, which are consistent with the Continuum of Care application. • Develop a system to effectively coordinate funding and resources to support prevention services; • Capitalize on the opportunity to engage community partners, both traditional and non-traditional institutions, to assist youth, adults and families reentering the community from incarceration, foster care, and the medical system; • Support community efforts to increase permanent affordable housing • Disseminate HMIS and other data about the state of homelessness • Advocate for policies that reflect evidence-based practices 	<ul style="list-style-type: none"> • There will be fewer homeless individuals and families • Decrease the number of homeless households with children from 215 to a maximum of 185 (CoC) • Increase the number of individuals and families at-risk of becoming homeless who receive prevention services by 25% (Year 2020) • Increase the number of successful advocacy efforts and the number of community presentations and people in attendance • Formal agreements established with criminal justice, foster care, mental health, and health care systems that ensure that people will not exit into homelessness • Integration of community planning groups that address planning activities • Increased participation of consumers in public event, focus groups, advisory role, etc.

Focus	Goals	Strategy Options	Measurement
<p>Short-term homelessness:</p> <ul style="list-style-type: none"> • People who become homeless will be able to move quickly back into housing and receive appropriate support services to maintain housing. 	<ul style="list-style-type: none"> • Continue to improve and expand rapid re-housing strategies • Continue to improve and expand intervention services • Expand job training, employment, and access to mainstream services • Enhance community collaboration to improve and redesign current programs 	<ul style="list-style-type: none"> • Provide housing locators to identify and develop units for people who are homeless, including special needs populations such as re-entry, youth, and veterans; • Continue to build on successful rapid re-housing models such as the Passages Rapid Re-Housing Initiative for families and make adjustments if necessary; • Explore availability of parcels of land held by public entities, faith communities and nonprofits, and redevelop them into supportive housing with a carve-out for people who are homeless; • Explore development opportunities utilizing existing structures such as older hotels, condos, and apartment complexes • Expand the availability of mainstream services targeted to homeless families such child care, and transportation; • Expand access to mainstream services, i.e., SSI, SSDI, Veteran's benefits, etc • Expand employment opportunities and workforce development programs to address insufficient income/wages that are specifically targeted at the homeless • Ensure the continuation of needed transitional support services to assist the recently homeless in gaining stability through Community Voice Mail, case management, counseling, financial assistance, job readiness programs, and other services; • Develop innovative strategies such as a program to train the previously homeless to be associate case managers. • Educate the public about different levels of intervention strategies; • Improve outreach efforts to bring new resources; • Form alliances with community development corporations, neighborhood associations, and other neighborhood coalitions around shared interests (to lay groundwork for placement of permanent affordable housing), including the Austin Neighborhoods Council, the Downtown Austin Alliance, the Downtown Austin Neighborhood Association, and others. 	<ul style="list-style-type: none"> • Establish data to track and then increase the number of people moving rapidly from emergency shelter to housing. • Maintain at least a 72% rate of homeless persons in transitional housing moving to permanent housing (through CoC) • Increase the percentage of individuals who increase their income through employment or access to mainstream services (through CoC APR) • Increased collaboration and integration of intervention services

Focus	Goals	Strategy Options	Measurement
<p>Long-term Homelessness:</p> <ul style="list-style-type: none"> • People experiencing long-term homelessness will have stable housing and effective supportive services, including treatment for persistent mental illness and substance abuse issues. 	<ul style="list-style-type: none"> • Implement pilot projects and expand effective strategies serving targeted populations • Increase housing and services capacity to serve people who experience long-term homelessness • Enhance community partnerships to address long-term homelessness strategies • Expand job training, employment and access to mainstream programs (SSI, SNAP, etc) • Expand access to and coordination with mental health, health and substance abuse services • Expand family support services, i.e., child care 	<ul style="list-style-type: none"> • Support the CSH recommendation for 1,889 new units of permanent supportive housing over the next 10 years. • Identify and support opportunities to expend local, state, and national resources on permanent supportive housing • Identify and adopt evidence-based supportive housing models serving the most vulnerable/hard to serve populations such as Housing First/Harm Reduction programs; • Determine applicability of different housing models to different situations such as scattered site housing with off-site services versus single site housing with on-site services versus other combinations; • Set aside a specific number of units for designated subpopulations (i.e. youth aging out of foster care, people with criminal backgrounds, veterans, people with HIV/AIDS) who experience long-term homelessness. • Expand treatment programs, including the provision for detox beds, that provide substance abuse and mental health services to chronically homeless individuals & expand psychiatric services; • Expand program capacity to help homeless people access public benefits and/or increase income. • Advocate for more mental health and substance abuse treatment • Study local cost-savings achieved by providing permanent supportive housing to chronically homeless persons; • Engage the community planning groups representing special needs populations to ensure coordinated strategies are developed and implemented; • Enhance partnership with local law enforcement such as APD to prevent crime against homelessness; • Support on-going outreach activities to foster volunteerism; • Engage more members of business community, neighborhood associations, and other partners to provide resources and to support programs serving long-term homelessness; • Improve consumer participation to address long-term homelessness • Expand access to mainstream services, i.e., SSI, SSDI, Veteran's benefits, etc • Expand employment opportunities and workforce development programs to address insufficient income/wages that are specifically targeted at the homeless • Identify additional sources for child care support 	<ul style="list-style-type: none"> • Increase the number of affordable permanent supportive housing units by 350 in the next four years and to 1,800 in ten years • Increase the number of beds for the chronically homeless from 57 to 400 in ten years • Maintain at least 92% of homeless in permanent supportive housing for at least six months – 2009 level 95% • Maintain at least 40% of homeless persons exiting homeless persons employed at exit – 2009 43% • Increase the percentage of individuals who increase their income through access to mainstream services (measured through CoC APR) • Increase the percentage of individuals who access mental health, detox, and substance abuse treatment (will need to establish baseline) • Increase access to family supports, especially child care (will need to establish baseline)

Focus	Goals	Strategy Options	Measurement
<p>Highly effective coordination:</p> <ul style="list-style-type: none"> Enhanced strategic planning and the federal Continuum of Care management, data performance, reporting, policy development, and funding coordination at the local level 	<ul style="list-style-type: none"> Establish a sustainable structure to implement community-wide strategies to end homelessness Continue to manage and improve the annual HUD Continuum of Care process Improve data quality and reporting 	<ul style="list-style-type: none"> Incorporate ECHO as a 501(c)3 coordinating entity with a re-designed governing structure; Secure funding for staffing and program activities to ensure implementation of the Plan; Move Homeless Management Information System (HMIS) management and lead applicant status for the HUD Continuum of Care grant to ECHO; Advocate for funding and policies to support homeless services and affordable housing units at the federal, state, and local level; Provide funding recommendations to public entities and others based on local data; Engage active partnership with the City, County, State, AISD, and Healthcare District to develop policies to end homelessness; Continue to engage and educate the public on homelessness; Generate community progress reports, with policy recommendations, on a regular basis. Secure adequate resources to ensure continuous compliance with year-round, HUD-required activities for data improvement, local community planning, and program performance; Streamline communication and coordination for CoC programs, Strengthen planning and coordination activities with other federally funded programs such as HPRP, CDBG, NSP, HUD-VASH, Tax Credit Assistance, and ARRA funds; Continue to improve HMIS data quality and to engage non-HUD funded agencies in the system; Use HPRP funded projects to examine data sharing capacity among service providers and to streamline data management and reporting process; Continue to explore ways of leveraging local resources to increase CoC funding; Provide technical assistance to CoC grantees and potential applicants; Conduct point-in-time homeless count and survey annually; Ensure data accountability, through HMIS and other sources, to broad community partnership to strengthen community-wide data on homelessness. 	<ul style="list-style-type: none"> ECHO established as an independent entity with a re-designed governing structure Funding secured for staffing and program activities to ensure implementation of the plan Annual CoC application surpasses threshold and increases resources available. Homeless Management Information System receives high customer satisfaction scores Data quality increases and the number of null values recorded decreases HMIS data is effectively used to guide policy and measure programs The number of agencies participating in HMIS increases

APPENDICES

APPENDIX 1: Homeless Definitions

CENTRAL INTAKE: An assessment hotline, a single point of entry, a central intake facility or a centralized group of people that is standardized across the CoC and has the responsibility of assessing homeless and near homeless people as a method for screening homeless individuals and families into appropriate housing placements and service needs

CHRONICALLY HOMELESS: Chronically Homeless is a HUD designation. This is HUD's Definition:

- A person who is "chronically homeless" is an
- unaccompanied homeless individual with a disabling condition
- who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter of safehaven.

A DISABLING CONDITION is defined as:

- a disability as defined in section 223 of the Social Security Act,
- a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual's ability to live independently, and of such a nature that the disability could be improved by more suitable conditions,
- a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act
- AIDS or any conditions arising from the etiological agency for AIDS
- a diagnosable substance use disorder,
- A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

An **EPISODE OF HOMELESSNESS** is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.

CONTINUUM OF CARE An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons at the point in time that they need them. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social. Designed to encourage localities to develop a coordinated and comprehensive long-term approach to homelessness, the Continuum of Care consolidates the planning, application, and reporting documents for the U.S. Department of Housing and Urban Development's Shelter Plus Care, Section 8 Moderate Rehabilitation Single-Room Occupancy Dwellings (SRO) Program, and Supportive Housing Program

COMPONENTS OF THE CONTINUUM OF CARE: (from Coalition for the Homeless of Houston/Harris County)

The fundamental components of a Continuum of Care system are:

- Outreach and assessment to identify an individual's or family's needs and make connections to facilities;
- Immediate (emergency) shelter and safe, decent alternatives to the streets;
- Transitional housing with the appropriate supportive services to help people reach independent living. Such services include job training and placement, substance abuse treatment, mental health services, and independent living skills training; and
- Permanent housing or permanent supportive housing arrangements.

The HUD Continuum of Care grant provides funding for these services through the following programs:

SUPPORTIVE HOUSING PROGRAM (SHP):

Promotes development of supportive housing and services that help homeless persons transition from homelessness to permanent housing and self-sufficiency. Provides funding for the development and/or operation of transitional housing, permanent supportive housing, safe Havens, and services that help homeless persons transition from homelessness to living independently as possible.

Eligible Projects:

- Transitional Housing
- Permanent Housing for Persons with Disabilities
- Supportive Services Only (SSO)
- Safe Haven
- Innovative Supportive Housing

Eligible Activities:

- Acquisition and Rehabilitation
- New Construction (except for SSO projects)
- Leasing
- Supportive Services
- Operating Costs (except for SSO projects)
- Project Administrative Costs

SHELTER PLUS CARE PROGRAM (S+C):

Rental assistance for homeless persons with disabilities. Requires 100% match in services for every dollar of rental assistance received. If the application is for a new project you must partner with a unit of local government.

Eligible Activity: Rental Assistance

- Tenant-based: rental assistance for participants to choose their own housing.
- Sponsor-based: rental assistance through contract(s) between grant recipient and sponsor organization(s).
- Project-based: rental assistance through a contract with a building owner.
- SRO-based: rental assistance in single room occupancy setting.

SINGLE ROOM OCCUPANCY PROGRAM

(SRO): Provides rental assistance on behalf of homeless single individuals in connection with moderate rehabilitation of SRO dwellings. An organization must partner with a local Public Housing Authority (PHA), and the PHA must administer the rental assistance. There are no match requirements

CONTINUUM OF CARE ORGANIZATIONS

A consortium of homeless providers, governmental agencies, funders and other representatives which have joined to plan for and implement activities for the homeless.

EMERGENCY SHELTER: Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons. The length of stay can range from one night up to as much as three months.

HOMELESS: According to HUD's 2009 definition, a person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter or Safe Haven.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
 - a. For example, a person being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the person does not have money, family or friends to provide housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

The following do NOT meet the HUD definition of Homeless or what we define as "Near Homeless":

- Persons living in housing, even though they are paying an excessive amount for their housing, the housing is
 - substandard and in need of repair, or the housing is crowded.
- Persons living with relatives or friends.
- Persons staying in a motel, including a pay-by-the-week motels
- Persons living in a Board and Care, Adult Congregate Living Facility, or similar place.
- Persons being discharged from an institution that is required to provide or arrange housing upon release.

- Wards of the State, although youth in foster care may receive needed supportive services which supplements, but
- does not substitute for, the state's assistance.

PERMANENT HOUSING: Housing which is intended to be the tenant's home for as long as they choose. In the supportive housing model, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

PERMANENT SUPPORTIVE HOUSING: Long-term community-based housing and supportive services for homeless persons with disabilities. The intent of this type of supportive housing is to enable this special needs population to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies. There is no definite length of stay.

PREVENTION SERVICES: Activities or programs designed to prevent the incidence of homelessness, including, but not limited to:

- Short-term subsidies to defray rent and utility arrearages for families who have received eviction or utility termination notices
- Security deposits or first month's rent to permit a homeless family to move into its own apartment
- Mediation programs for landlord-tenant disputes
- Legal services programs for the representation of indigent tenants in eviction proceedings
- Payments to prevent foreclosure on a home
- Case management based on the unique needs of each client to facilitate and strengthen housing stability
- Other innovative programs and activities designed to prevent the incidence of homelessness

TRANSITIONAL HOUSING: HUD defines transitional housing as a project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months.

APPENDIX 2: Community Accomplishments

ECHO membership has demonstrated leadership in efforts to address homeless issues since the development of Austin's Plan to End Chronic Homelessness including the following:

Plan for Outcomes: Improve/Manage Data

- Oversees community performance data, including the Homeless Management Information System, and participates efforts to improve data quality;
- Annually engages and trains over 150 community volunteers to collect information on homelessness;
- Improved point-in-time homeless count and survey processes (since 2007);
- Completed the first community-wide homeless data report (2008);
- Updated the CAN FAQ on Homelessness (2007); and
- Published Progress Reports on the 2004 Plan (2006 and 2007).

Close the Front Door: Prevent Homelessness

- Supports Let's Get to Work Forum and Initiative;
- Helped initiate and implement local pilot projects such as Recuperative Care Pilot Program and Best Single Source;
- Enhanced coordination and formed coalition with community planning entities such as the Re-entry Roundtable, Foster Care discharge planning groups, Mental Health Jail Diversion Task Force, and Mayor's Mental Health Task Force Monitoring Committee (on-going);
- Co-sponsored the Forum on Serving Ex-Offenders (2006).



Hugh Miles

Open the Back Door: Help People Exit Homelessness

- Successfully manages the annual HUD Continuum of Care application process;
- Significantly increased capacity for housing and services through the 2008 federal Continuum of Care funding that increased from \$4.2 million (2004) to \$5.1 million (2009);
- Increased Permanent Supportive Housing beds from 174 (2004) to 453 (2009), designating 57 new beds for the chronically homeless;
- Supported local initiatives such as the Austin's Resource Center for the Homeless (ARCH) in 2004, Project Recovery in 2006, Caritas's Rapid Re-Housing Pilot Project in 2008, and the Passages Rapid Re-Housing Initiative in 2009;
- Organized local funders roundtable and created additional funding opportunities for support programs from private partners in 2008;
- In 2008, ECHO supported the Religious Coalition for the Homeless to increase the number of participating congregations in the Comprehensive Drainage Fees from 113 to 130 to increase distributions to over \$.5 million;
- Expanded Representative Payee Program for chronically homeless persons through Emergency Shelter Grant funding;

Build the Infrastructure: Engage the Community

- Adopted a new and dynamic organizational structure for addressing community homelessness by merging the Homeless Task Force and the End Chronic Homelessness Organizing Committee into ECHO
- Launched the ECHO website and Integrated the CTOSH Archives into the website;
- Initiated and expanded Stand Down Austin, a one-day event linking over 700 homeless people to resources;
- Organized the annual Homeless Memorial Service;
- In 2008 ECHO completed a Homeless-Myth-Buster Video and Inventory of Volunteer Opportunities with homeless services agencies;
- Sponsored the first community-wide National Hunger and Homelessness Awareness Week activities in 2008, including Media Outreach, Proclamations by the Austin City Council and Travis County, Blanket Drive for the Homeless, Stand Down, the Movies at Alamo Draffhouse South, Signs of Homelessness Campaign, and Community Forum on Homelessness;
- Made presentations showcasing Austin's 10 Year Plan model at the Texas Homeless Network Conferences in 2006 and 2008; and
- Held annual Community Outreach/Educational Forum on homelessness from 2004 to 2008.

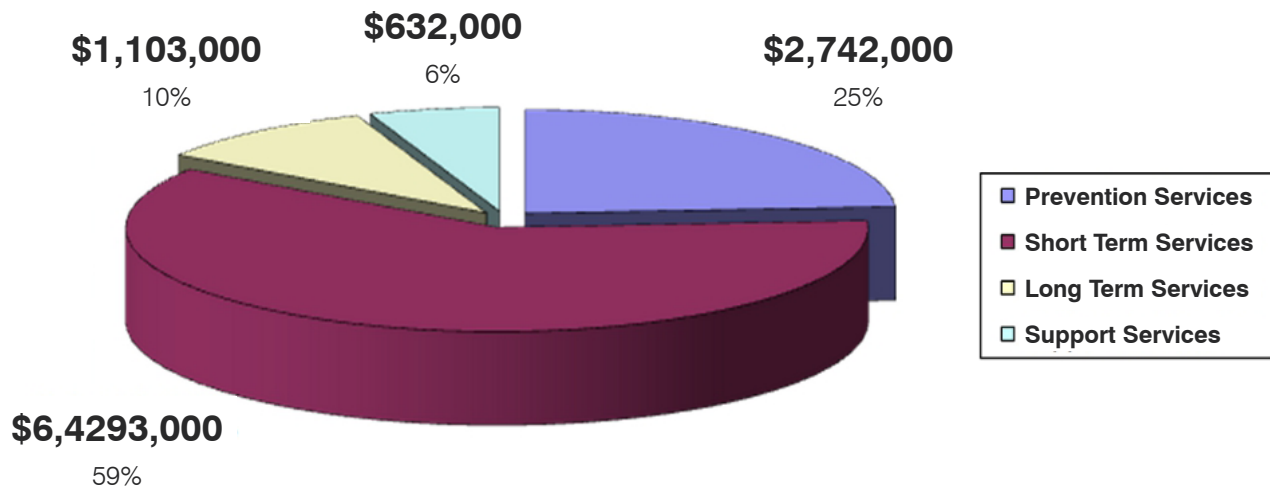
A major reason for these accomplishments is the continued involvement and dedication of numerous partners such as community leaders, homeless services providers, government agencies, advocates, business partners, and countless volunteers who have contributed thousands of hours and resources to improve the lives of people who are homeless.

The 2004 Plan put Austin on its current track in dealing with chronic homelessness. Now that ECHO is embracing the broader challenge of community homelessness, an expanded vision is necessary.

APPENDIX 3: Current Investments

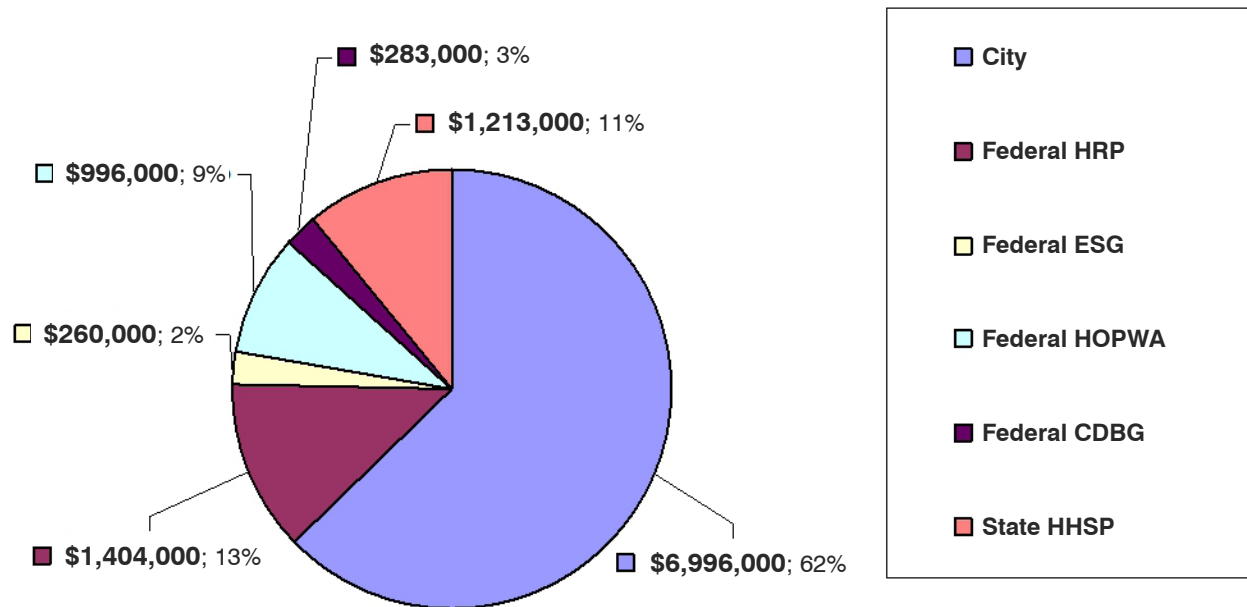
Homeless Services Continuum Funding \$11,152,000

Funds Managed by the City of Austin Health & Human Services Dept.



Total Investment – by Source \$11,152,000

Funds Managed by the City of Austin Health & Human Services Dept.



APPENDIX 4:

Why No Single Solution Works for Austin

A holistic approach...

It's little wonder that in a city with such diversity as Austin there would be multiple pathways to ending homelessness. Indeed, "one size fits all" solutions to social problems invariably overlook a significant percentage of persons whose needs fall outside the scope of what is available. In fact, all it takes to understand why varied solutions are needed is to look at the people in our community who are dealing with homelessness. There is no single definitive "face" of homelessness.

Prevention:

A case in point: Jacob and his wife Sheri are college educated, lost their family business, had their home foreclosed on, and have been on a revolving tour of family and friends' couches for six months. They need short-term rental assistance to stabilize their housing while they find new employment.

Others, like Archie G. have been "near homeless" for years. When employed, Archie has been able to afford cheap apartments and extended stay motels. Other times he lives in boarding houses and occasionally in a shelter or on the streets. He would benefit from participation in a job-training program while having a roof over his head. For Archie, longer-term rental assistance or single room occupancy housing in a facility with others with similar needs would prevent him from lapsing into chronic homelessness.

Short-term homelessness:

Maria and her two daughters ages two and five have been living in a downtown shelter while they await word on permanent supportive housing. Maria, a survivor of childhood sexual abuse, has also struggled with alcoholism until recently when she got into Project Recovery and gained the support to remain sober. Now she hopes to continue outpatient substance abuse counseling, get job training and get her children into subsidized child care while she gets back on her feet. Maria and her children need supportive housing for up to two years while she is supported in maintaining sobriety and becomes stable and self-sufficient.

Sonya M. is 18 years old and has been living on the streets for a couple of years. She recently came into Austin because she heard that the winters are mild and the city has an accepting attitude toward

people living her nomadic lifestyle. Sonya has enjoyed drinking with some of the groups she has been hanging with near the UT campus, but last night she was nearly raped by a stranger who joined her group. Sonya and others like her need a safe place to sleep and to sober up with an option to receive counseling for substance abuse and other issues.

Long-term homelessness:

Gilbert V. has been homeless for twenty years. At age 37 he appears much older. Gilbert grew up in an abusive family, left home at age 17, and has lived on the streets ever since. For several years he has lived in makeshift encampments with other homeless persons in and around Austin. He feels safer in the camps, and prefers them to living in the more structured environments of shelters and transitional housing. In addition, Frank has poor self-esteem and marginal social skills, and feels more comfortable with people he meets in the camps. Frank might become a contributing member of the community, but the road to that is not likely to be a traditional one in any sense. Gilbert might well benefit from a continuum of housing that begins with clustered, supervised tent-cabins similar to the residential therapeutic camping programs that serve youth.

Not only do the unique needs and circumstances of the homeless dictate the types of approaches that will work to ending their homelessness, but environmental realities present constraints and opportunities as well:

- The reality of inadequate public and private funding resources available for creating needed housing.
- The willingness of neighborhoods to consider scattered site housing for previously homeless persons
- The availability of parcels of land and/or units suitable for rehabilitation
- Access to transportation networks, jobs, healthcare and other social services

Austin must move to a continuum of choices that addresses the following:

- Different types of housing
- Varying levels of housing density,
- Different levels of associated support services.

APPENDIX 5:

Understanding Austin's Housing Challenge

The compelling need in Austin Travis County, echoed by informants across all stakeholder interest groups, is for affordable housing options for individuals that have become homeless and that have no place to go but to overcrowded shelters and the streets, camps, and greenbelts of Austin and surrounding areas.

Moreover, respondents to telephone and online surveys conducted in late 2008 by Austin's Neighborhood Housing and Community Development agency rated creation of affordable rental housing as highest of 14 needed programs and services in Austin.

The total number of transitional and permanent supportive housing units needed varies from year to year and depending on the informant source. The 2009 COC application estimates that Austin/Travis County currently has 1,015 units available for homeless individuals and families. The recent homeless count conducted in January of 2009 indicated that the current homeless population (sheltered plus unsheltered) totaled 2,568, leaving an unmet need of 1,200 units for homeless individuals and families. This number is widely considered low, an underestimate of actual need.

The Housing Affordability Gap:

In the spring of 2009 the City of Austin Neighborhood Housing and Community Development Department contracted a housing market study. Among a number of significant findings:

- Nearly 17,000 children, or 28% of Austin residents under the age of 5, lived in poverty in 2008.
- Just 1 in 6 renters earning less than \$20,000 can find affordable housing in Austin.
- About one-fourth of survey respondents said they or someone in their household had been homeless or near homeless at some point in their lives. In almost half of the cases, the reason was due to a lack of affordable housing.

Moreover, By 2020, Austin will need to develop 12,000 rental units (1,000 per year) priced at \$425 and less to meet the growing needs of low-income renters. To only modestly lower the current low-income rental gap and meet growing housing needs, as many as 16,500 units (1,370 per year)

should be constructed. (*Austin Comprehensive Housing Market Study, March 2009*)

A disturbing trend in the community, one mentioned by key informants and supported by data from the above market analysis, is that an increasing number of people are at risk of homelessness. These "near homeless" are persons in low paying jobs that that are committing a staggeringly high percentage of their incomes to housing, and for whom a health emergency or unexpected large expense, or worse, loss of employment, could result in homelessness.

- The 2008 median home price in Austin is \$240,000, up 85% from \$129,900 in 1998.
- The 2008 average rent in Austin is \$843/month – the highest in Texas.
- Austin is 54% renters and 46% owners - Rental property will continue to play a large part in housing Austin's residents.
- About one-fourth of survey respondents said they or someone in their household had been homeless or near homeless at some point in their lives. In almost half of the cases, the reason was due to a lack of affordable housing. (*Austin Comprehensive Housing Market Study, March 2009*)

In 2008, the city's renters earning less than \$20,000 per year—44,700 renters—had just 7,150 affordable units in the market from which to choose. This means that there are 37,600 more renters earning less than \$20,000 per year than units in the market affordable to them, even after accounting for subsidized units and vouchers.

According to key informants, these groups are further at-risk due to trends in the environment:

- The economic turndown and possible decrease in employment opportunities;
- Tax credit equity – the closure of Fannie Mae makes financing projects more difficult;
- Foreclosures;
- Lack of rent control;
- The gentrification of East Austin, limiting and reducing affordable housing in that sector;
- The continued isolation of affordable housing from public transportation
- The increase of immigrant and veterans populations

APPENDIX 6: Findings from Review Stage

Key Informant Interviews

- Greatest needs perceived as affordable housing, substance abuse and mental health treatment, wrap around services
- Community assets perceived as progressive neighborhood groups, housing bonds, strong community-based nonprofits, property and development opportunities, funding
- Challenges seen as attitudes toward the homeless, access to MH services, funding, NIMBY, leadership/advocacy, weak community court

Promising strategies identified:

- Creating partnerships: City/developers/nonprofits;
- Providing incentives for affordable housing development;
- Housing First model;
- Identifying specific housing production goals;
- Local voucher programs;
- Community education to reduce stigma;
- Prevention programs to quickly move people into housing;
- Case management linking to accessible treatment for mental health/substance abuse service

Focus Groups with Community Stakeholders

Desired outcomes:

- Stable and sufficient funding streams for:
 - a. Affordable housing
 - b. Childcare
 - c. Mental health/substance abuse services
 - d. Changed attitudes-homelessness embraced as an important local, state and national issue
 - e. An empowered homeless youth community



Ute Dittermer

Suggested actions:

- Work on prevention – policies that support this...perhaps a public health approach
- Policy makers as champions
- Lowering risk for foster care youth
- A sustainable public awareness campaign perhaps along lines of “Raise Me Up”...
- No wrong door for families in crisis
- Support for those recently released from incarceration, to increase employment – prevent homelessness
- Increase resources for mental health substance abuse services

“Art From the Streets attracts a hundred or more different people to the studio classes every year – Most come in, make a picture or two and the go on their ways.”

Perspectives from the Homeless (Survey)

Reasons for becoming homeless:

- Loss of job
- Barriers due to reentry from incarceration
- Mental health and substance use issues
- Divorce
- Health problems

Most pressing needs:

- Housing
- Employment
- Clothing/sleeping bag
- Identification
- Health care
- Transportation

Results from Strategy Sessions with Community Stakeholders (4)

During the winter 2009 the consultant conducted a series of four strategy sessions with different groups of up to twelve individuals including elected officials, health care leaders, community organizers, nonprofit executives, private foundation representatives, affordable housing developers and faith based organization leaders. The purpose of these sessions was to share findings from current and previous research of homelessness in Austin Travis County and to surface overarching goals and strategies that could work here to address the problem.

Presentation of information from research phase

Prioritization of outcomes

Development of strategies

Additional facilitated sessions were with the general membership of ECHO and the Executive Committee.

Key priorities:

- Housing with services for vulnerable populations
- Affordable housing options for those at risk for homeless and short-term homeless
- Credible data
- Increased private sector involvement in proposing/funding solutions
- Access to employment at a livable wage

APPENDIX 7: Understanding Prevention

Closing the “front door” to homelessness by identifying people at high risk, and linking them quickly to available resources is essential if Austin –Travis County is to significantly reduce homelessness.



ARCH: Austin Resource Center for the Homeless

The old saying, “just one paycheck away from living on the street” is sadly descriptive of the vulnerability that many of our areas citizen’s face. The Texas unemployment rate rose from 5.3% to 7.5% between April 2005 and June 2009. More people are at risk of losing employment, facing foreclosure, or simply being unable to achieve any type of housing. Among these groups we find families with dependent children, single adult women with children and persons reentering the community from incarceration. As well, veterans returning from Iraq and Afghanistan are increasingly showing up in shelters and at the entry portals of basic needs services throughout Austin.

Facts:

- The Austin Independent School District reported that 1,970 of their students were impacted by homelessness in 2007, a 27% increase over 2006.
- In a recent University of Texas survey of people who solicit on Austin’s streets, 45% reported working in the last year. Sixty-four % of those interviewed for the survey desired a regular full-time job, even if it only paid minimum wage.
- Moreover, one in three people who ask donations on the street have served in the U.S. military, but less than 10 percent have access to veterans’ benefits.

A sound prevention strategy will offer effective prevention activities and do so efficiently. Effective activities must be capable of stopping someone from becoming homeless (primary prevention) or ending their homelessness quickly (secondary prevention). An efficient system must target well, delivering its effective activities to people who are very likely to become homeless unless helped. (Burt, et al., 2008).

With regard to the latter, the goal in Austin should not be to assume that a prevention strategy will eliminate all risk factors, but rather, to use them

in screening persons for high homelessness risk and to target resources accordingly. Screening should identify the number of factors, and triage should proceed accordingly. Antecedents to homelessness that appear in the literature

include factors such as race and ethnicity, childhood poverty, being pregnant or having an infant, and four housing factors—overcrowding, doubling up, not having a housing subsidy, and frequent moves, as more or less predictive of a potential homeless episode.

In Austin-Travis County, additional significant risk factors include:

- Loss of employment or under employment;
- Discharge from an institution without a plan for housing and employment. This applies to persons released from incarceration, from State hospitals and schools, youth emancipating from foster care, and homeless individuals discharged from hospitals;
- Domestic violence;
- Untreated mental illness and/or substance dependency;
- Eviction from rental housing due to failure to pay rent or utilities;
- Divorce or separation;
- Early or unwanted pregnancy, teen-parenting responsibility.

An effective system for managing and interpreting data, addressed earlier, will allow for ongoing research into risk factors and constellations of such factors that lead to homelessness in this community. According to Burt, et al. (2008), two overall strategies for organizing a community for prevention include:

- 1) Screening for short-term problems that constitute crises for particular families, and applying short-term solutions, and
- 2) Seeking people whose disabilities or other circumstances indicate chronic problems, and applying the long-term solutions of housing with supportive services.

When these solutions are made available before homelessness occurs, they have a stabilizing and preventive effect.

APPENDIX 8: Understanding Long-term Homelessness

Although it is customary to think of panhandlers and persons clustering near downtown shelters as the “face” of homelessness, many of our city’s chronically homeless individuals and families are hidden. According to interviews with Austin Police Department and EMS officials, a large number of our homeless live on the streets, under bridges and in camps along greenbelts, and undeveloped lands hidden from public view. These camps are well organized, embodying many of the characteristics of communities including systems for mutual support, behavior regulation, and access to basic resources including food and shelter. But don’t be mistaken: persons living in these conditions represent some of our most vulnerable and needy citizens. It is widely documented that these individuals, though they represent about 10% of the overall homeless population, are at high risk for chronic disease, exploitation by drug dealers and sexual predators, and death. Indeed, Austin’s Mayor Will Wynn, interviewed for an article following the death of Jennifer Gale, a homeless woman and outspoken voice in Austin political arenas, estimated that 136 persons died homeless on Austin’s streets in 2008.

It is well documented that Austin’s chronically homeless consume a disproportionate share

of resources. The over utilization of healthcare facilities, police intervention, emergency and basic needs assistance, and emergency shelter creates a burden on our public health and safety systems. According to a recent Austin American Statesman article: “In the past six years, eight people from Austin and one from Luling racked up 2,678 emergency room visits in Central Texas, costing hospitals, taxpayers and others \$3 million, according to a report from a nonprofit made up of hospitals and other providers that care for the uninsured and low-income Central Texans. ... All nine speak English; three are homeless; five are women whose average age is 40, and four are men whose average age is 50. Seven have a mental health diagnosis and eight have a drug abuse diagnosis. Mary Ann Roser, American-Statesman, Wednesday, April 1, 2009

On a cold blustery Sunday morning in November 2008 a group of about 100 citizens, elected officials, family members of homeless, youth, and representatives of faith communities gathered to memorialize those who had died homeless on the streets of Austin during the past year. This marked the 17th consecutive year that the gathering had taken place.



The homeless memorial service, 2008, House the Homeless, Inc.