



State of the HRS

*A Report on the State of the Homelessness
Response System in Austin/Travis County*

August 2024



DOMINGUEZ

About the Cover Image

The cover image is a work by local artist David Dominguez. David painted this work at Art from the Streets, a nonprofit studio in Austin dedicated to providing people with lived experience of homelessness space and materials to create art. Learn about the organization and support the artists at artfromthestreets.org.



Data Analysis Performed By

Akram Al-Turk | Sr. Director of Research & Public Policy

Christopher Murray | Analytics Manager

Sara Fuetter | Research & Evaluation Analyst

Report Prepared By

Akram Al-Turk | Sr. Director of Research & Public Policy

Chris Davis | Director of Communications & Public Policy

Acknowledgement

ECHO would like to acknowledge and thank our partners who serve people experiencing homelessness directly and whose service generates the data that informs the analysis included in this report. Working together, our community has increased its data completeness score from 89% in FY2021 to over 95% in FY2024. Our hope is this improvement translates to a more responsive system that can better serve our unhoused neighbors.



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The Ending Community Homelessness Coalition (ECHO) is the backbone of our community's Homelessness Response System. As the lead agency for the Austin/Travis County Continuum of Care, we lead and align a coalition responsible for planning and implementing community-wide strategies to end homelessness. We work alongside people with firsthand experience of homelessness and nonprofit, government, and philanthropic partners to build a future in which everyone in our community has housing of their choice that provides a foundation for optimal health, success, and stability. Learn more: austinecho.org.

Report Overview

This report provides an overview of the **Homelessness Response System (HRS)**, how people use the services that are available, and what else is needed to end homelessness in Austin and Travis County. The report also provides an analysis of racial and ethnic disparities in the HRS and describes the current steps that the system is taking to reach equity in homeless services.

Our goal is to make this report both comprehensive and accessible so that the Continuum of Care's (CoC) governing body, Leadership Council, may use it for CoC planning and funding priorities, service providers may use it for strategic and operational planning, and other stakeholders and the public can use it as an overview and reference guide for our local HRS.

Key Takeaways

- **The number of people seeking homelessness services for the first time has increased dramatically.**

Service providers in 2023 saw a 72% increase in the number of people seeking services from our HRS for the first time compared to 2022. The total number of people our HRS served in all program types also increased substantially year to year, signaling both a rise in need and an improved street outreach system. And for the first time, a plurality of people seeking homeless services for the first time are Hispanic/Latino.

- **The proportion of people served by the HRS who are chronically homeless continues to be high.**

Austin continues to have a high rate (30%) of people experiencing chronic homelessness. In part because the HRS does not have enough Permanent Supportive Housing (PSH) to serve those who are chronically homeless, a larger proportion of people are being served in Rapid Re-Housing (RRH) who are chronically homeless than ever before. While RRH continues to be an effective program, it is less effective at serving people who are chronically homeless and/or likely need more time and services to address health and socio-economic needs.

- **More people are moving into permanent housing than ever before.**

In 2023, providers helped more than 3,000 new people exit homelessness, a 50% increase from 2022. Rapid Re-Housing move-ins were up 50% from 2022, and more people than ever were housed using Diversion services, which generally provide one-time assistance to help resolve someone's homelessness. The time it took someone to move into housing in 2023 was also substantially less than it was in 2021 and 2022 but remains high (over 300 days from Coordinated Assessment to move-in).

- **Our community is set to create more than 1,200 site-based PSH units by the end of 2027.**

This growth is due to the dedication of significant levels of funding from the City of Austin, Travis County, the Housing Authority of the City of Austin, and the Texas Department of Housing and Community Affairs (TDHCA), among others. Housing projects like these are only possible due to the many local agencies who take on development and operations of these sites. These units will serve the comparatively high percentage of people who are experiencing chronic homelessness.

Key Takeaways

- **Our HRS capacity has grown significantly since 2019, and now new investments are needed.**

Our community has seen a 56% increase in the number of projects dedicated to serving people experiencing homelessness over the last five years. Enrollments in these projects have doubled over the last three years. An infusion of COVID-19 pandemic-related funding in our system fueled much of that growth. Part of that funding will expire in 2025 and 2026, reducing the number of projects available in our community. Based on preliminary results from system modeling work – which takes into account demand for services, current and expected capacity, and other factors – the right combination of new investments in both long-term and short-term interventions over the next 10 years can create a rehousing system that works for everyone.

- **Racial disparities remain in the HRS, but outcomes for people of color have improved.**

A Black Austinite is still much more likely to experience homelessness than a white or Hispanic/Latino Austinite. But the system has increasingly narrowed racial and ethnic disparities, especially related to permanent housing outcomes. Black and Hispanic/Latino Austinites now score relatively higher on the Coordinated Assessment than they had before the implementation of the new Austin Prioritization Assessment Tool (APAT). They also move into permanent housing programs more quickly than white clients and exit HRS programs to permanent housing at higher rates than do white clients. Despite these outcomes, Black people are still significantly over-represented in the population experiencing homelessness.

System Overview

- **Homeless services have expanded considerably in recent years.**

The total number of projects available to unhoused people seeking services across all intervention types has grown by 56% in the last five years. The number of Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) projects has grown 54% in that time. Federal COVID-19 response dollars helped fuel this expansion, particularly in RRH projects. While some projects have since or are preparing to sunset due to a lack of sustained funding, there are 12 additional RRH projects in our HRS that did not exist before the infusion of federal pandemic aid. Additionally, the number of Diversion projects (captured under “Other” in the chart to the right) has increased through community funding opportunities like the [Austin Street Outreach Collaborative \(ASOC\)](#) and [WoodNext Foundation microgrants](#).

Number of **Projects** in HRS, by Program Type

Project Type	2019	2020	2021	2022	2023	Over Time
Other	28	34	37	51	64	
PH - Rapid Re-Housing	29	34	46	56	46	
Services Only	22	29	32	36	35	
PH - Permanent Supportive Housing	19	18	24	25	28	
Emergency Shelter	26	27	23	23	25	
Homelessness Prevention	12	14	15	14	21	
Street Outreach	9	11	12	17	17	
Transitional Housing	10	10	10	10	11	
PH - Hsg w/ Services (no disability req.)	8	8	9	9	8	
Day Shelter	2	2	2	2	2	
PH - Housing Only	1	1	2	2	2	
Safe Haven	1	1	1	1	1	
Total	167	189	213	246	260	

- **The HRS serves a diverse population with needs ranging from short-term assistance to permanent housing programs like RRH and PSH.**

The number of enrollments in HRS projects is rising quickly post-pandemic, particularly among program types that are most interactive. Street Outreach (SO) projects in 2023 enrolled nearly three times the participants they did in 2019, the last full calendar year before COVID-19 restrictions. Similarly, day shelters enrolled one-third more people last year than they did five years ago - and 20 times the number of people they enrolled at the height of the pandemic.

Due in part to efforts to grow SO capacity, people are also completing a record number of Coordinated Assessments (CAs). Assessors completed more than twice the number of CAs last year than in 2019, and 52% more than 2022.

Number of **Enrollments** in HRS, by Program Type

Project Type	2019	2020	2021	2022	2023	Over Time
Coordinated Assessment	6,163	6,020	6,397	8,758	13,317	
Other	2,306	3,038	3,989	4,202	9,445	
Street Outreach	3,136	4,135	1,818	3,918	9,204	
Day Shelter	5,778	1,973	378	3,185	7,685	
Emergency Shelter - Entry Exit	6,945	3,881	3,026	3,521	3,794	
Services Only	8,888	2,700	1,741	1,716	3,530	
PH - Rapid Re-Housing	2,301	2,709	3,314	3,177	3,382	
PH - Permanent Supportive Housing	1,509	1,429	1,609	1,705	1,768	
Homelessness Prevention	2,237	2,168	1,883	1,580	1,604	
PH - Housing Only	216	226	324	419	464	
PH - Hsg w/ Services (no disability req.)	428	449	483	488	440	
Transitional Housing	660	441	422	445	295	
Safe Haven	62	49	49	44	35	
Total	40,629	29,218	25,433	33,158	54,963	

Note: Enrollments are not the number of unique individuals served. One person can have multiple enrollments in the same program type and/or across several program types within a calendar year.

System Map

Understanding our HRS can be a challenge. There are a lot of organizations working in different ways to provide care and pathways to housing for people living outside. It can be complicated to navigate, even for people who've worked in the system for years. ECHO partnered with Candace McGary, a community advocate and member of our CoC board, Leadership Council, to develop a map of our system that aims to provide everyone impacted by our local housing crisis access to the

knowledge and resources they need. Click the link in the yellow star below or visit austinecho.org/systemmap to view, share, or download the system map in its entirety.

ECHO would like to thank Candace McGary for making this map a reality. Candace's vision and expert guidance drove the development of this map into a tool for everyone involved in our Continuum of Care. **Our community thanks you!**

Map of the Austin/Travis County Homelessness Response System (HRS)
Picture our local Homelessness Response System (HRS) like a neighborhood. Each house is filled with organizations that work in similar ways to serve people experiencing homelessness. People can pick one or many of the options in different houses depending on their needs and wants.

ACCESS
There are many pathways that lead to resources in our HRS. The quickest and easiest to navigate for most people is through one of the options on the **ACCESS** page.
Help people access the help they need.
Our HRS exists to do three main things. Click each house to learn more.
Support people in their current circumstances.
House people with rental assistance and supports.

PREVENT
Find rent and utility aid, legal help, and more resources in the **Eviction Solidarity Network's Resource Guide**.

SUPPORT

HOUSE
No two people's journeys into and out of homelessness are exactly the same. This map is intended to provide a basic explanation of the ways our HRS functions and some of the pathways people commonly use to get back into housing.

BACK TO MAIN MAP

MAIN MAP

DROP-IN CENTERS / DAY SHELTERS
Stop for many types of resources. These often include food, clothing, hygiene items, coordinated vital documents, healthcare resources, job training, and more. If you're not sure where to start, a drop-in center can help. Because services vary by location, the best way to find a drop-in center is to call austinecho.org and search for your specific needs.
Call 211 (Mobile link only)

STREET OUTREACH
Teams that go into camps and other places where people are living outside and offer help with immediate needs, like food and water, first aid, and connections to longer-term help. Outreach teams can also do your CA (see left). Request outreach teams under the tab labeled "In Person (they come to you)" at this link:
Request Outreach

EMERGENCY SHELTER
Shelters
Short-term lifeline for many people experiencing homelessness. Can be either (bunk-style) or non-congregate (individual rooms). Often leads to other housing and can lead to long-term housing.

HARM REDUCTION
Supplies, support, and education to reduce risks associated with substance use.
Resources

MENTAL HEALTH SERVICES
Paid work for folks with a state-issued license or other barriers.
Work

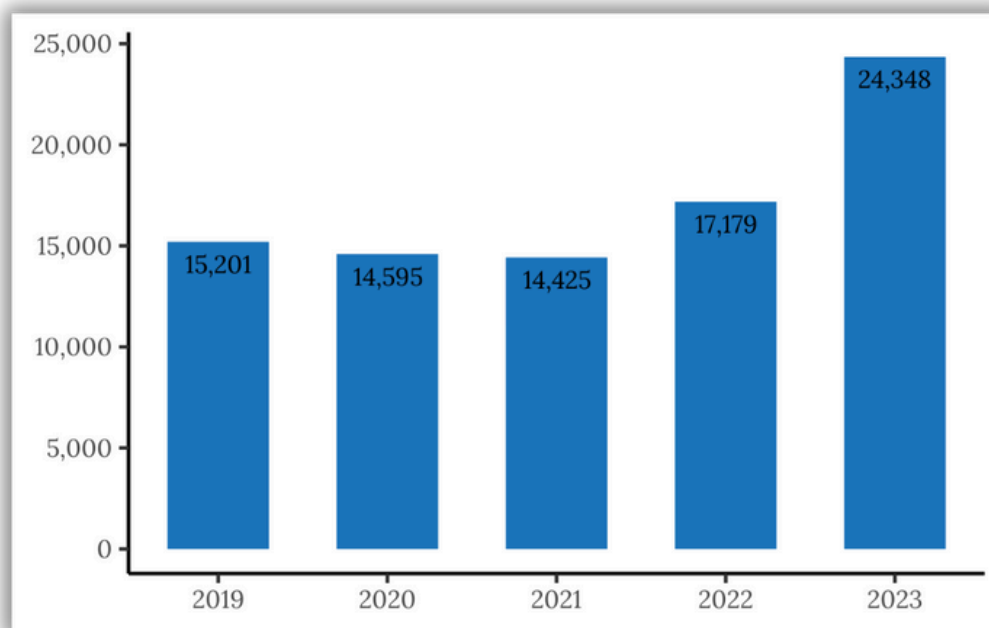
HOUSING ASSISTANCE
part of specific housing or other assistance. This is support to help meet goals and needs through the HRS.
ROLLMENT
fits
programs like SNAP, Medicaid, and more.

Click to explore the full map

MAP
of our housing system in 2023.
this type of intervention is more than one program, and includes programs like RRI and RRI and RRI.
SH, PSH, diversion, community. Each number of people it can
of at one time by all represent housing units system-wide capacity
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Population Experiencing Homelessness

Number of **People Served** by all HRS Programs



- **Homelessness service agencies in Austin and Travis County provided resources to more than 24,300 unique individuals in calendar year 2023, a 60% jump from 2019.***

This is the total number of people who received any kind of service from our HRS at any point during the year. This total includes, among many possible situations:

- People who stayed at a shelter for a night
- People who were housed the entire year through an HRS program
- People who got housed in 2023
- People who were homeless for all of 2023
- People who were at risk of homelessness but were able to keep their housing

Note: This is different from the number of people likely to be experiencing homelessness on a single day, estimated to be 6,317 people in July 2024. Find more data at austinecho.org/dashboard.

Factors internal to our HRS that likely contributed to the significant increase in the number of people served include:

- **Increased outreach and CA capacity:** Our community's capacity to connect people to resources has grown substantially through coordinated, targeted funding opportunities (see [page 6](#)). In addition, ECHO has now trained more than 75 people at 23 agencies to do Coordinated Assessments (CAs).
- **Diversifying system:** ECHO and HRS partners intentionally targeted Black- and Brown-led organizations for outreach and capacity building funding opportunities in an effort to bring new agencies into our system. Many were already serving people who couldn't access or didn't trust our formal response system.

*Note: A previous version of this report misidentified the years being compared.

Population Experiencing Homelessness

Race/Ethnicity

- **Black Austinites are far more likely to experience homelessness than their white neighbors.**

Black people continue to be disproportionately represented in our HRS. Less than 1 in 10 people in Travis County is Black (7.9%), compared to nearly 1 in 3 in the population of people served by our HRS (31.8%) in 2023. By contrast, non-Hispanic white people represent 47.7% of Travis County's population, but 26.1% of people served, meaning white people are underrepresented in our population. This means a Black Austinite is six times more likely to experience homelessness than a white Austinite. A third of people in Travis County identify as Hispanic/Latino (33.3%), slightly higher than the percentage of people served by our HRS (28.9%).

The disproportionality in who is served by our HRS is a result of sustained institutional racism that pervades our public and private systems. White people are more likely to remain housed than their Black neighbors because of advantages in housing, education, healthcare, employment, policing, and the criminal legal system, to name a few, afforded them by their race. These systems all impact who experiences homelessness in our community, and across all of them, white people have advantages in access, treatment, and outcomes. As evidenced in ECHO's 2022 qualitative research project [The Art of the Heart](#), our HRS is another such system that perpetuates institutional racism. Our community must bolster and expand efforts to reduce and eliminate racial disparities in our HRS (see "Ongoing HRS Initiatives").

Race/Ethnicity of People Served by HRS

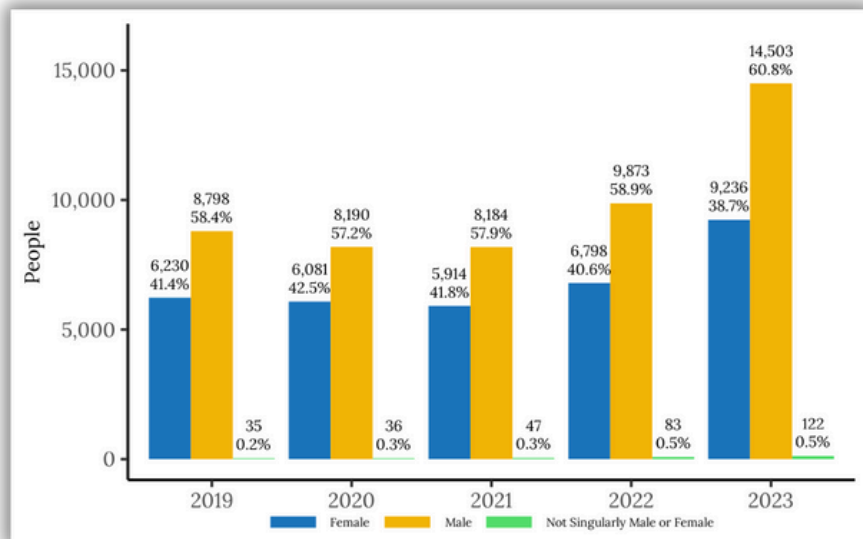
	2019	2020	2021	2022	2023
American Indian	85 0.6%	76 0.5%	80 0.6%	85 0.5%	127 0.5%
Asian	131 0.9%	151 1.0%	170 1.2%	182 1.1%	302 1.2%
Black	5,507 36.2%	4,954 33.9%	4,645 32.2%	5,464 31.8%	7,747 31.8%
Hispanic/Latino	3,794 25.0%	4,089 28.0%	4,045 28.0%	4,828 28.1%	7,043 28.9%
Middle Eastern / North African	1 0.0%		1 0.0%	5 0.0%	39 0.2%
Pacific Islander	30 0.2%	16 0.1%	18 0.1%	31 0.2%	53 0.2%
White	4,168 27.4%	3,757 25.7%	3,842 26.6%	4,640 27.0%	6,361 26.1%
Two or more races	1,050 6.9%	960 6.6%	1,011 7.0%	1,100 6.4%	1,242 5.1%
Data not collected	435 2.9%	592 4.1%	613 4.2%	844 4.9%	1,434 5.9%

Note: Racial and ethnic groups are mutually exclusive.

Population Experiencing Homelessness

Household Size

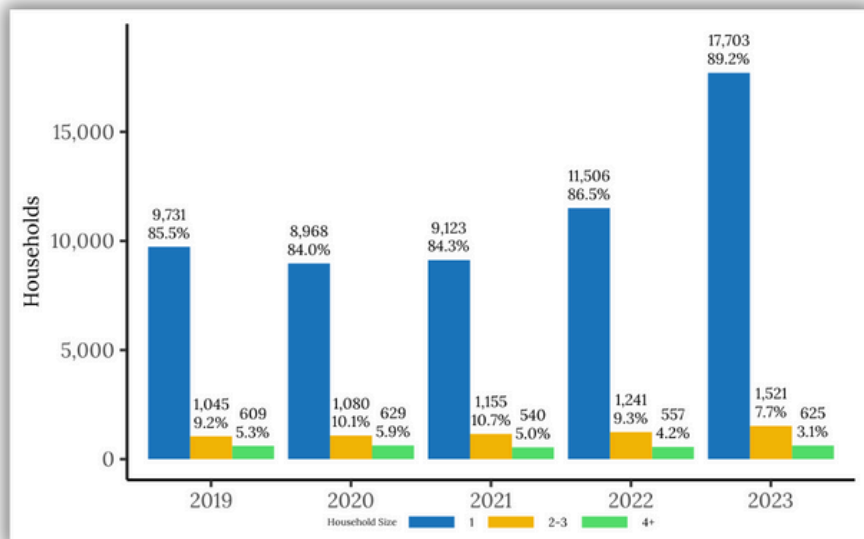
Gender Identity of People Served by HRS



- **The majority of people served by our HRS are single men, but more multi-person households are seeking services.**

Six-in-ten people served by our HRS (60.8%) identify as male, while 38.7% identify as female. Our HRS served 122 people (0.5%) who openly identify as transgender or nonbinary. It should be noted that transgender and nonbinary people experiencing homelessness face violence and discrimination at higher rates than their cisgender neighbors, meaning people may not share their gender identity with service providers.

Size of Households in HRS



Nearly 9-in-10 people (89.2%) served by our HRS in 2023 were the sole members of their households. While the share of multi-person households served by our HRS is declining, providers are seeing more families overall. Our HRS served 280 more people in households of two to three people in 2023 compared to 2022, an increase of 22.6%. Providers also served an additional 68 people in households with four or more members, a 12.2% bump. The fact that the relative percentages of these two groups declined year to year is evidence not of a decreasing need, but rather a much larger increase (53.9%) in single adults served.

Population Experiencing Homelessness

Age

- **The majority of people served by our HRS (54.1%) are between the ages of 25 and 54, a share that’s grown since 2019.**

Five years ago, 47% of people fell into this age range. While the total number of people served in all but one age group has grown in that time, the percentage of older adults (age 55+) has declined as a total share of the population. Our HRS served fewer overall people aged 65+ in 2023 compared to 2019.

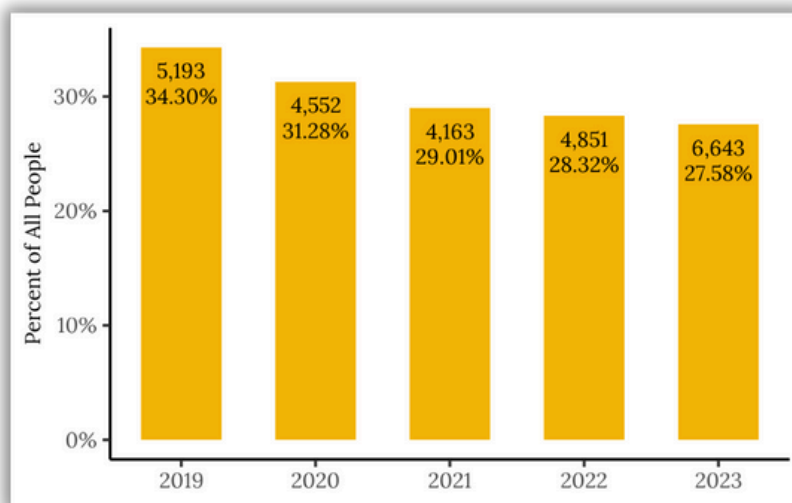
- **More than a quarter of people (27.6%) are over the age of 50, now considered “advanced age” by our HRS.**

Homelessness reduces someone’s life expectancy by [as much as 30 years](#). Daily trauma, exposure to the elements, and lack of access to preventative healthcare make unhoused people more susceptible to illness and injury. Medical conditions are also significantly harder to treat for people experiencing homelessness. Something as fundamental as safely storing necessary medications can be challenging, if not impossible. Unhoused people over the age of 50 tend to present as much older medically. In November 2024, the Austin Prioritization Assessment Tool (APAT), our community’s housing needs evaluation tool, will be updated to lower the threshold for “advanced age” from 65 to 50 to account for the increased medical vulnerability people over 50 face. While this group has declined as an overall share of the population as our HRS grows, providers in 2023 served nearly 1,500 more people age 50+ than five years ago.

Age Groups of People Served by HRS

Age Group	2019	2020	2021	2022	2023
0-17	2,824 18.7%	3,068 21.1%	2,963 20.6%	3,357 19.6%	3,972 16.5%
18-24	1,222 8.1%	1,231 8.5%	1,396 9.7%	1,629 9.5%	2,348 9.7%
25-34	2,130 14.1%	2,226 15.3%	2,468 17.2%	3,016 17.6%	4,556 18.9%
35-44	2,728 18.0%	2,487 17.1%	2,427 16.9%	3,048 17.8%	4,744 19.7%
45-54	2,256 14.9%	2,103 14.5%	1,953 13.6%	2,493 14.6%	3,737 15.5%
55-64	2,570 17.0%	2,259 15.5%	2,098 14.6%	2,441 14.2%	3,404 14.1%
65+	1,412 9.3%	1,177 8.1%	1,047 7.3%	1,146 6.7%	1,325 5.5%

People Older Than 50 in the HRS



ECHO’s Systems Advancement Team is collecting quantitative and qualitative data in 2024 for Austin/Travis County’s first Homeless Mortality Report. This report will inform service delivery and quality improvement initiatives and foster collaboration among stakeholders to reduce deaths and improve health outcomes for our unhoused community.

Population Experiencing Homelessness

Subpopulations

Subpopulations of People Served by the HRS

	2019	2020	2021	2022	2023
Chronically Homeless	3,914 25.7%	3,992 27.4%	4,186 29.0%	5,254 30.6%	7,322 30.1%
Domestic Violence Survivors	4,750 32.2%	4,695 34.0%	4,574 35.0%	5,445 34.7%	6,456 30.0%
Families with Children	1,467 12.9%	1,493 14.0%	1,490 13.8%	1,569 11.8%	1,829 9.2%
Veterans	1,608 10.9%	1,480 10.7%	1,466 10.8%	1,668 10.4%	1,916 8.3%
Unaccompanied Youth	1,177 10.9%	1,111 11.4%	1,162 12.7%	1,204 10.5%	1,811 10.2%

Categories are not mutually exclusive.

- **3-in-10 people served by the HRS experience chronic homelessness, and the share is on the rise.**

Austin has a higher rate of people experiencing chronic homelessness (30.1%) than most other cities (see [here](#)), up from 25.7% five years earlier. Thirty percent of people served by our HRS are domestic violence survivors, 8.3% are veterans, and 19.4% are either families with children or unaccompanied youth. Percentages have fluctuated throughout the years, but all reflect an overall increase in the number of people served.

Breakdown of Disabilities Experienced by People in the HRS

	2019	2020	2021	2022	2023
Substance Use	27.8%	26.6%	26.1%	25.6%	22.6%
Physical	33.2%	32.4%	33.4%	32.9%	27.8%
Mental Health	47.5%	48.2%	51.3%	50.7%	44.8%
HIV/AIDS	3.7%	3.7%	3.5%	2.7%	2.2%
Developmental	15.2%	15.7%	18.0%	18.0%	16.3%
Chronic Health	34.6%	34.7%	36.1%	35.2%	29.7%
Any Disabling Condition	69.3%	68.6%	70.6%	69.0%	60.4%

Disabilities are not mutually exclusive.

- **6-in-10 people have one or more disabling condition.**

People’s physical and mental health are often negatively impacted by the harsh conditions and daily trauma of living on the streets. Over half of people served by our HRS report one or more disabling conditions. The most common conditions people face are health-related, including mental health (44.8%), chronic health (29.7%) and physical health (27.8%) conditions. Taken together, the tables on this page demonstrate the need to continue growing both our community’s PSH capacity and robust health care supports.

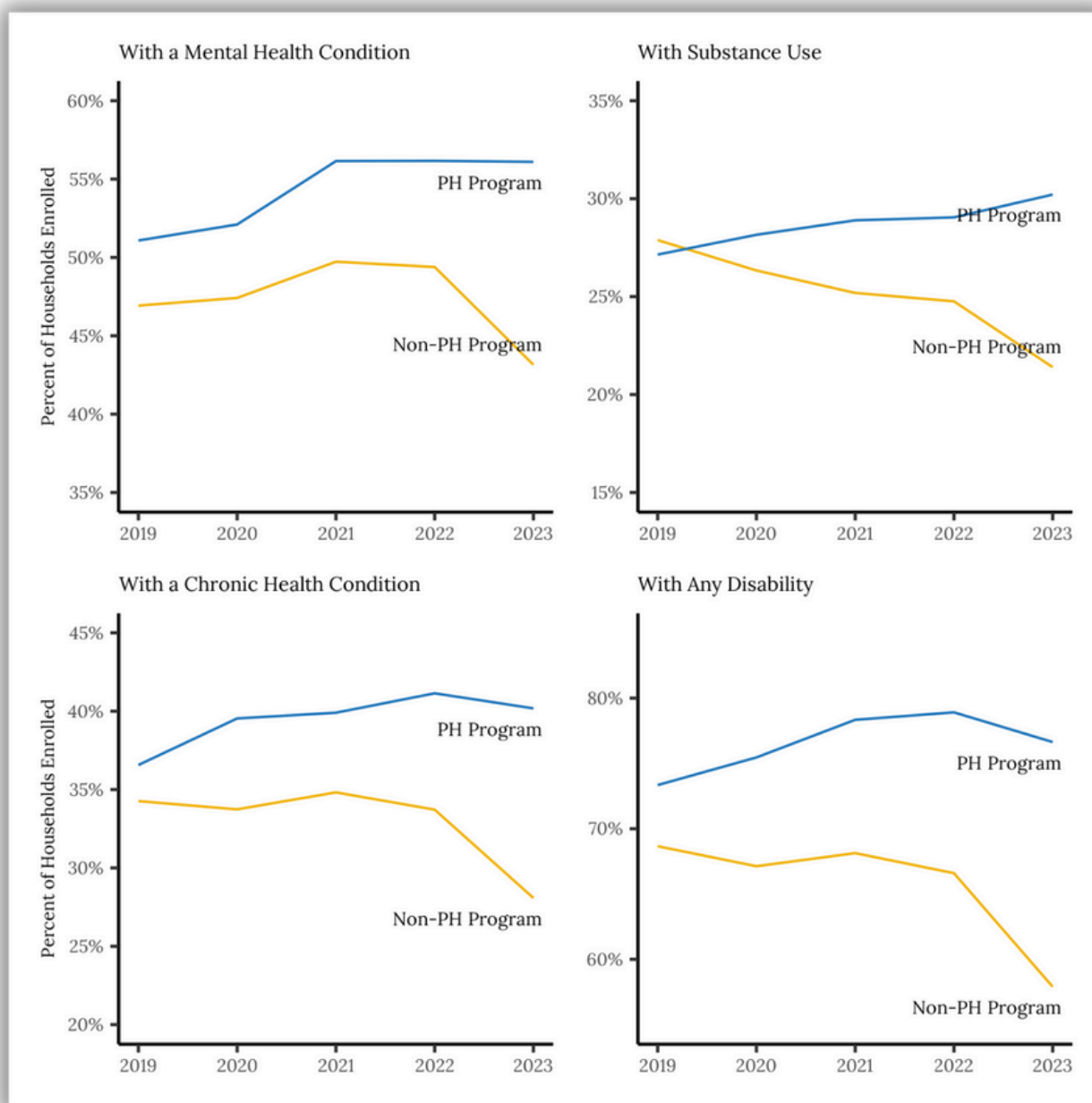
Population Experiencing Homelessness

PH and Disability

Over the last five years, permanent housing (PH) programs, including Rapid Re-Housing and Permanent Supportive Housing, are serving more people with a reported disability. Specifically, more than three quarters of heads of households enrolled in PH programs have at least one disability (compared to a little over half of heads of households enrolled in other programs). This

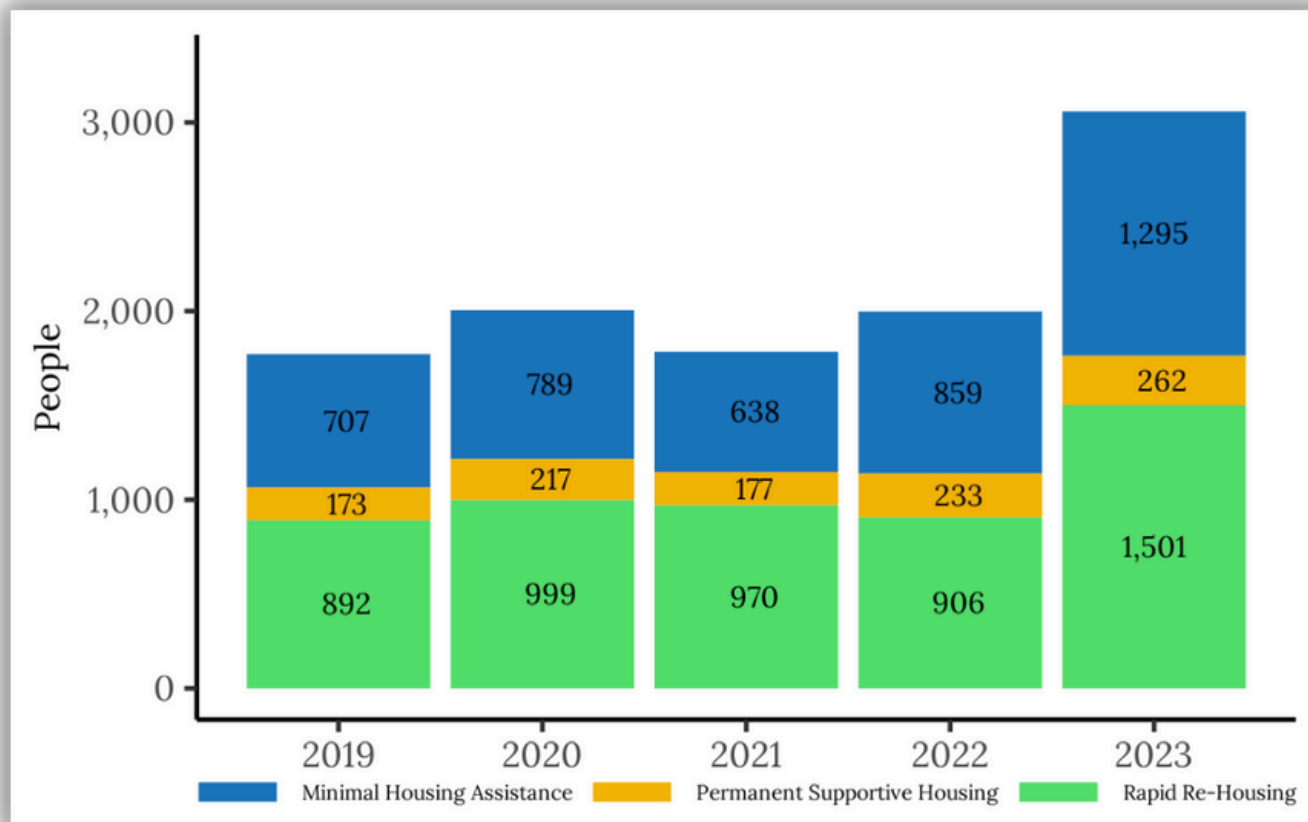
increase is also evident when looking at three of the most common disabilities among people experiencing homelessness (a mental health illness, substance use, and a chronic health condition). More than ever and more so than short-term programs, permanent housing programs are serving people with disabilities.

Breakdown of **Program Types** Serving People with the Following Disabilities



System Performance

Housing Move-ins

Number of **People** Who Moved Into Housing

- **Providers in our community helped 3,058 new people find places to live in 2023, a 73% increase from 2019.**

The HRS continues to grow its capacity to house people. Providers housed 53% more people in 2023 than in 2022 and 73% more than five years ago. The largest growth has been in programs that provide Minimal Housing Assistance (MHA), such as Diversion, which generally provides one-time assistance to meet a financial need that can end someone's homelessness quickly. This growth was possible in large part due to two pass-through grants from the St. David's Foundation and WoodNext Foundation that collectively provided [\\$1 million](#) in direct assistance funds to 17 providers in our community.

Rapid Re-Housing (RRH) move-ins increased substantially in 2023 (up 51% from 2022), as providers tapped federal American Rescue Plan Act (ARPA) dollars to create new RRH programs. Our community is poised to lose many of these RRH programs after 2024 as ARPA dollars dry up without long-term prospects for replacement, leaving the potential for a large gap in our ability to serve people in need of time-limited permanent housing support. ARPA, general obligation bonds, and other funding sources are also fostering growth in Austin/Travis County's Permanent Supportive Housing (PSH) capacity. Housing providers are planning site-based projects through the end of 2027 to add nearly 1,200 PSH units to our HRS (see [page 23](#)).

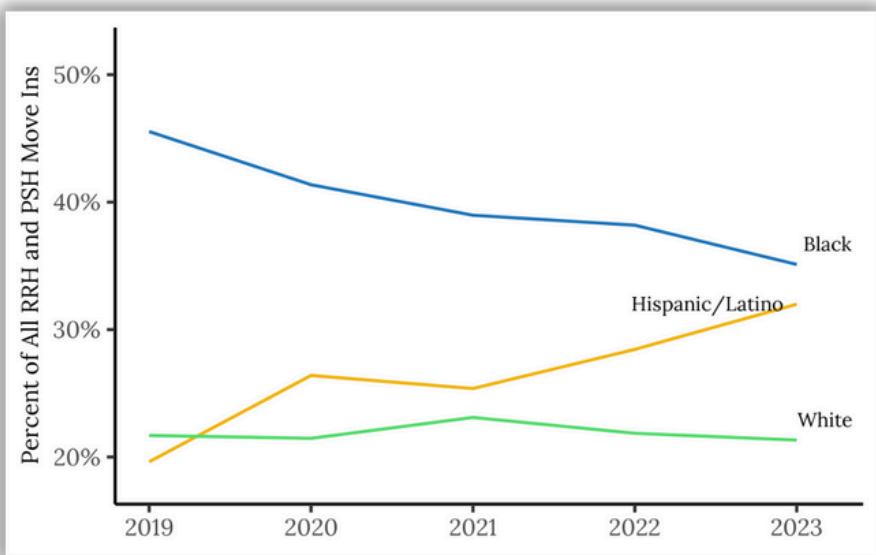
System Performance

Impact of the APAT on Housing Move-ins

Average Scores on the **Coordinated Assessment**, by Race/Ethnicity

Race/Ethnicity	People	Group Median	Group Avg	Overall Avg	Diff. Btwn. Group and Overall Avg.
VI-SPDAT (2014-2021)					
Black	5,505	9	9.08	9.62	-0.54
Hispanic/Latino	3,475	9	9.58	9.62	-0.04
White	6,327	10	10.00	9.62	0.38
APAT (2021-2023)					
Black	4,260	9	8.92	9.04	-0.12
Hispanic/Latino	3,168	9	9.33	9.04	0.29
White	3,478	9	9.04	9.04	0.00

Percent of **Permanent Housing Move Ins**, by Race/Ethnicity



The APAT Development Workgroup, a workgroup formed by the Equity Committee of the Austin/Travis County HRS Leadership Council, is tasked with developing and analyzing new pilot questions that make the APAT a more equitable tool. So far, the group has approved adding two pilot questions to the full APAT and continues to pilot and analyze additional questions. [Find and join public meetings here.](#)

- **The APAT is making our HRS more equitable, and there’s more work to do.**

In 2018, our local CoC Board began evaluating local HMIS data through an equity lens to create a new Coordinated Assessment (CA) tool, the Austin Prioritization Assessment Tool (APAT). The goal of the APAT is to prioritize people for housing and services who are least likely to self-resolve their homelessness without intervention. The APAT replaces another tool, the VI-SPDAT, that local data analysis showed disproportionately prioritized white people for housing over other races and ethnicities. Questions on the APAT were developed and tested through the lens of reducing racial and gender disparities. Since the APAT’s implementation in fall 2021, the difference between average scores for Black people and white people has been reduced from nearly a full point (0.92 points) to 0.12 points. Hispanics/Latino people’s average score is higher than the system average, which has translated to more Hispanics moving into permanent housing. Whereas Hispanic/Latino people accounted for less than 20% of move-ins in 2019, they now account for more than 30%. And despite Black people scoring relatively higher on the APAT than on the VI-SPDAT, they now account for a smaller percentage of housing move-ins. Because the APAT is not the sole factor that determines whether someone moves into housing, more analysis is needed to understand these trends.

System Performance

First Time Homelessness

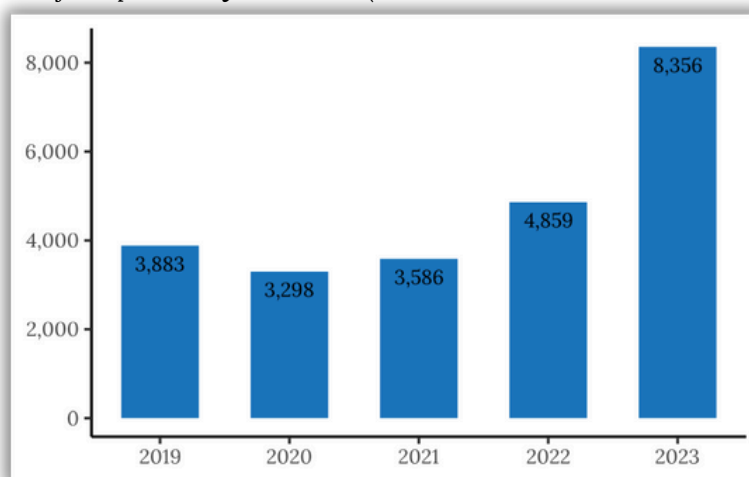
- **Direct service providers saw a 72% increase in people seeking services for the first time compared to 2022.**

Nearly 8,400 people who engaged with a direct service provider in 2023 were seeking homeless services for the first time. This is a dramatic increase from the year before and more than twice the number of new people service providers engaged five years ago. A plurality of people seeking services for the first time in 2023 were Hispanic/Latino.

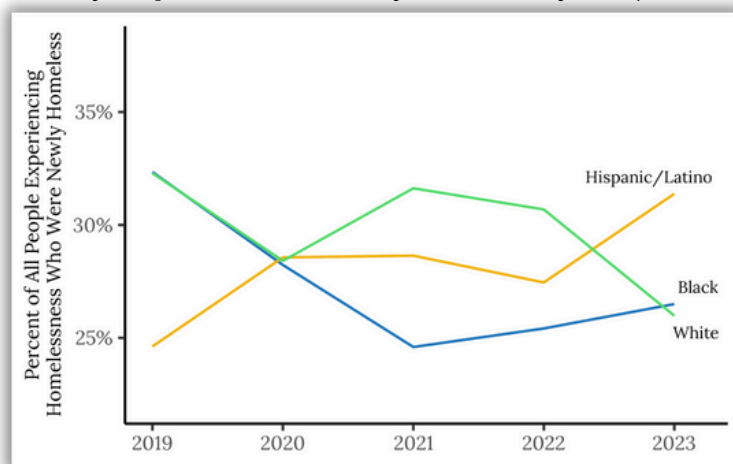
As discussed on [page 8](#) of this report (“Population Experiencing Homelessness”), there are factors internal to the HRS that account for some of this increase, including a growing and diversifying street outreach network. However, as homelessness is primarily an economic condition, there are external factors that point to more people becoming homeless for the first time, including:

- **Housing cost burden:** The lack of affordable housing is a persistent driver of homelessness in our community and across the country. The National Low Income Housing Coalition’s (NLIHC) [finds](#) for every five households with the lowest incomes in Austin/Travis County, there’s just one housing unit that’s both affordable and available. That means four-in-five households have very few options.
- **Stagnant, low wages:** To afford a two-bedroom unit at Fair Market Rent in 2023, a worker had to earn \$31.27 an hour, equivalent to \$65,040 a year, [according to the NLIHC](#). Someone would need to work 4.3 full time jobs at minimum wage to get enough hours to afford a modest apartment.

No. of People **Newly Homeless** (Not in HMIS in Previous 2 Years)



Percent of People Who Were **Newly Homeless**, by Race/Ethnicity



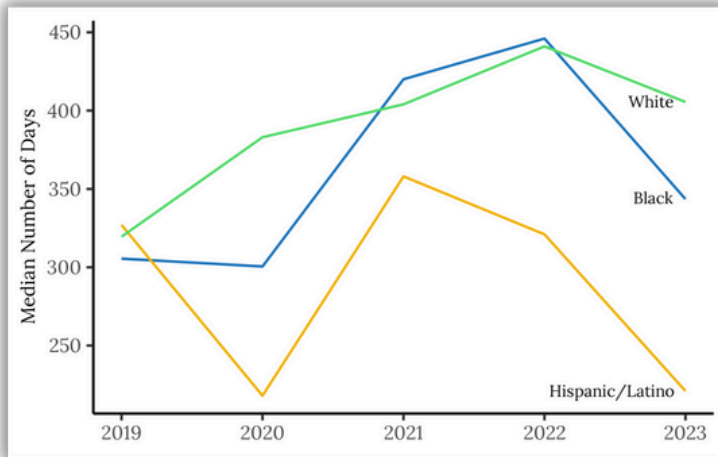
System Performance

System Flow

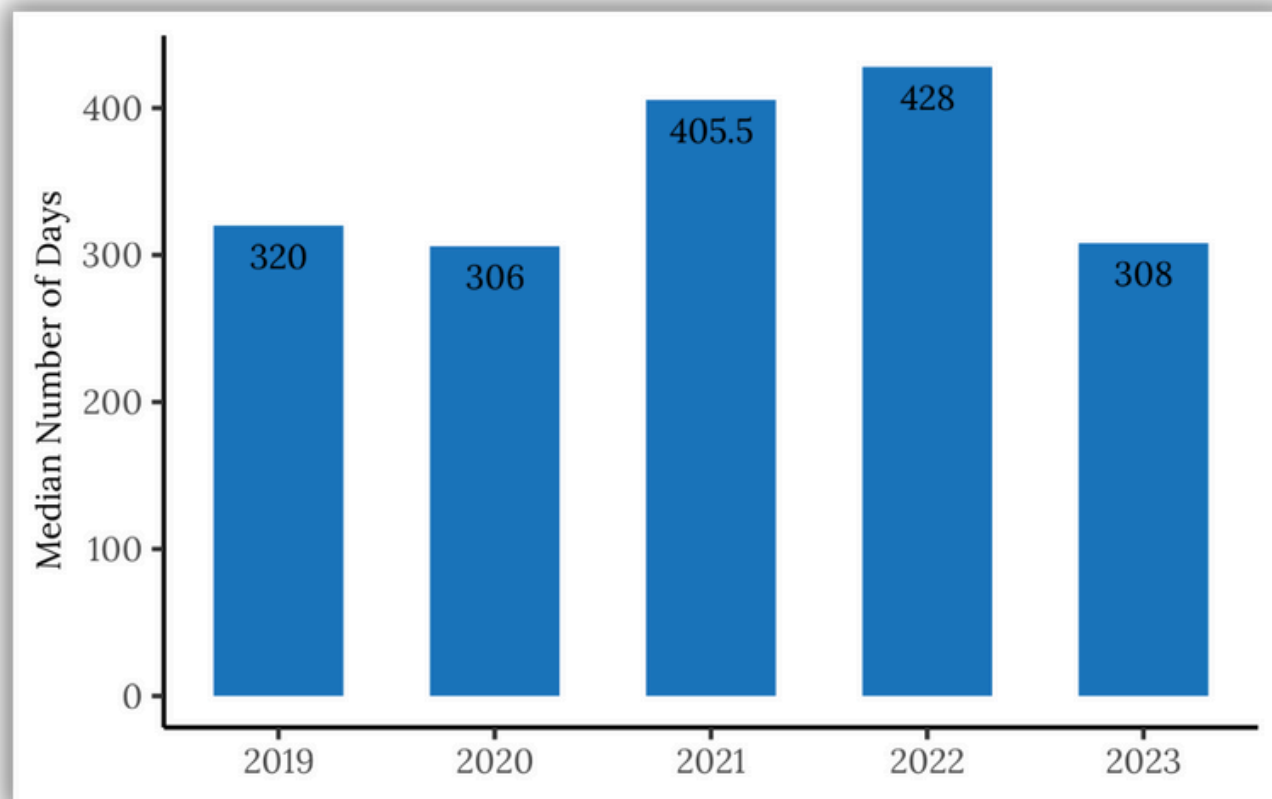
- **People are moving in faster after they do their CA, but a lack of units affects how many people benefit.**

Our community's processes to refer people to housing programs that meet their needs, enroll people in those programs, and help folks move into places that qualify are getting more efficient. For people who moved into a housing unit for the first time in 2023, the median time between their first CA and that move in date was 308 days. That's 120 days (four months) shorter than the previous year and closer to our community's pre-pandemic system. Our community needs to increase the number of units available to people ending their homelessness to be able to take advantage of increased efficiency in our HRS.

Time Between CA and Housing Move-in, by Race/Ethnicity



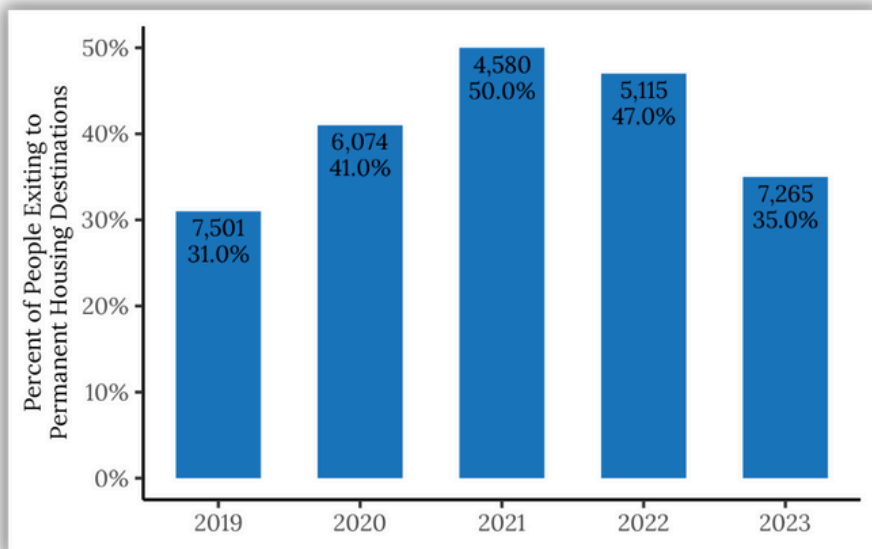
Time Between Someone's First CA and Their First Move-in



System Performance

Exits to Permanent Housing Destinations

Number of Exits from the System and **Percent of Exits to PH**



- **Exit rates to permanent housing were relatively high in 2021 and 2022 but went down in 2023.**

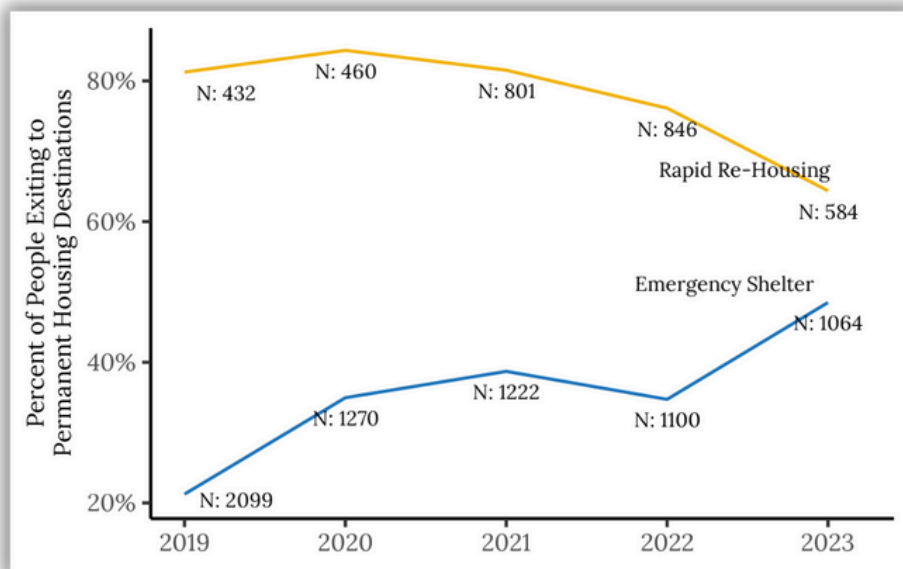
The total number of people accessing any part of our HRS is up considerably (see [page 8](#)), so the number of people exiting the system is also up (see numbers at the top of each bar in the figure on the left). In 2021 and 2022, the percent of people who exited the system to permanent housing was one of the highest rates in the country (see [here](#) for closely related data). In 2023, that rate went down to 35%, likely due to the fact that more people accessed shorter-term services (including Coordinated Assessments, street outreach, and shelters) in 2023 than in the previous two years. Exit rates to permanent housing from these shorter-term services are lower than for permanent housing services like RRH and PSH.

Race/Ethnicity	People Exiting	Group Rate	Overall Rate	Rate Difference
Black	10,535	46%	39%	7%
Hispanic/Latino	7,139	43%	39%	4%
White	9,901	31%	39%	-8%

- **People of color have a higher exit rate to permanent housing than do white clients.**

Since 2019, Black and Latino clients have exited HRS programs to permanent housing at higher rates than do white clients. Focusing specifically on RRH and emergency shelter (ES), the chart on the right shows that, while the positive exit rate (i.e., exits to permanent housing) was considerably wide in past years, that gap was the smallest it's ever been in 2023. The next section delves more deeply into RRH exits.

Number of Exits from RRH and ES and **Percent of Exits to PH**



A Focus on Rapid Re-Housing

- **RRH is serving a larger proportion of people who are chronically homeless than ever before.**

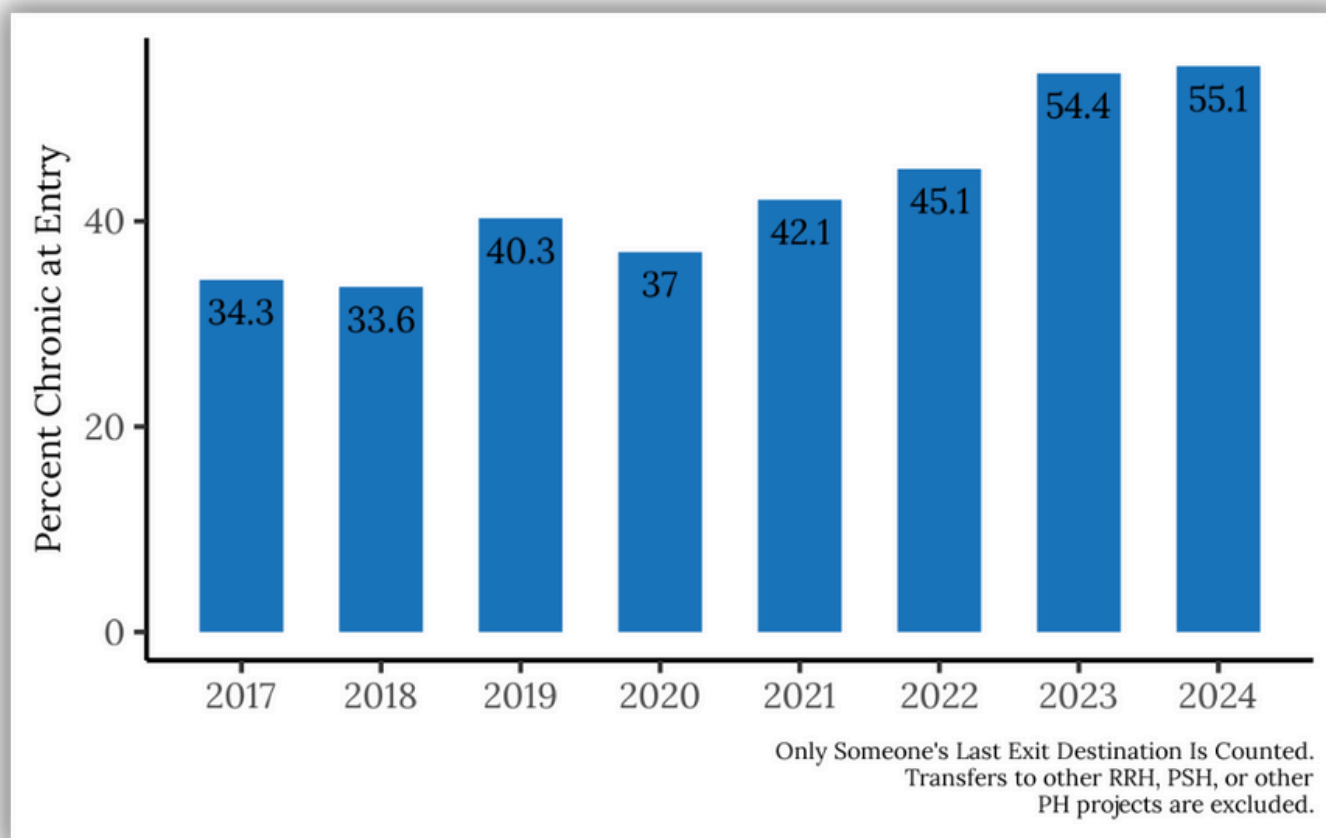
Rapid Re-Housing (RRH) is a short-term housing option that provides 6-24 months of rental assistance and some supportive services. It is designed to help people get housed quickly, with the goal that participants can start paying for housing on their own when the rental assistance and supportive services end.

Historically, RRH has been a successful program. A majority of people exiting an RRH program find long-term stable housing, transfer to a longer-term program (such as Permanent Supportive Housing), and/or do not return to homelessness.

In recent months, there has been renewed interest in the Austin community to more closely examine the performance of RRH, with a particular eye toward how well it serves those most in need.

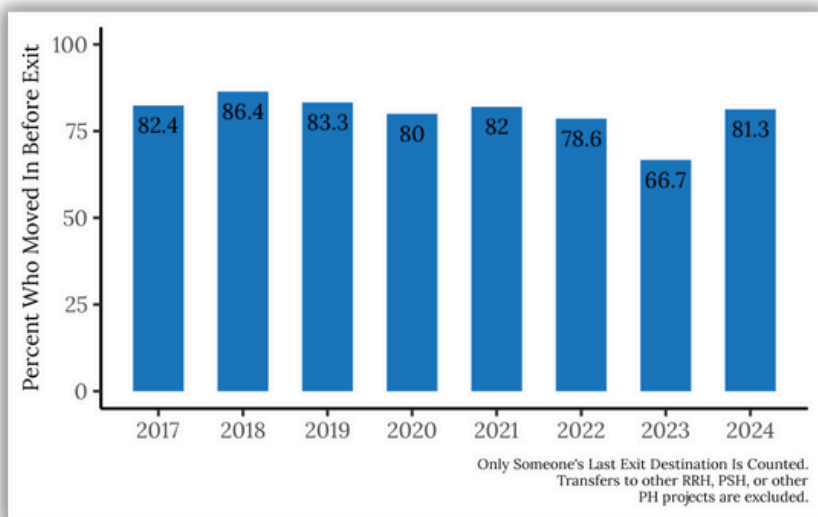
One of the biggest differences about RRH in recent years in Austin is that the program now, more than it used to, serves a larger proportion of clients who were chronically homeless when they entered the program. As the figure below shows, a majority of clients who exited in 2023 and the first six months of 2024 were chronically homeless at enrollment. This compares to about a third of clients in 2017 and 2018 who were chronically homeless when enrolling in the program.

Percent of People Exiting Rapid Re-Housing Who Were **Chronically Homeless at Enrollment**



A Focus on Rapid Re-Housing

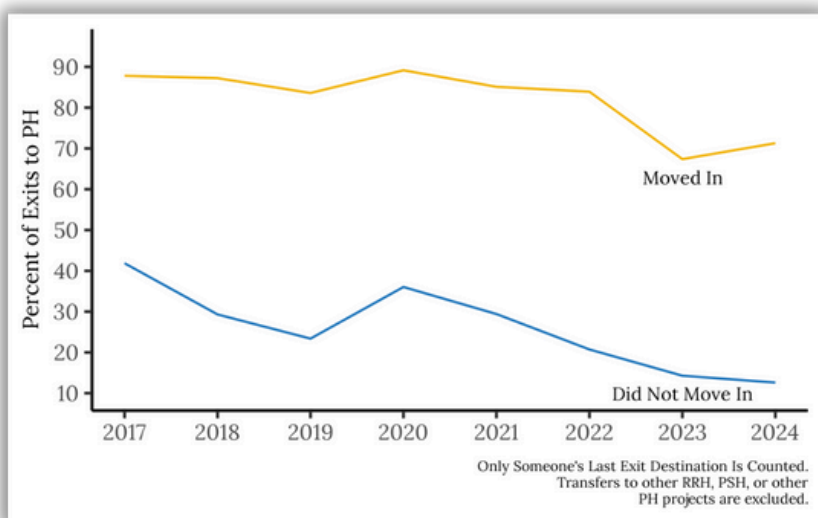
Percent of People Exiting Rapid Re-Housing Who Moved Into Housing Before Exit



- **1-in-3 people who exited RRH in 2023 had not moved into a housing unit before exiting the program.**

RRH clients who enroll in the program are also moving into a housing unit at lower rates than they have in the past. For clients who enrolled and exited the program before 2022, more than 80% had moved into a housing unit. That number dropped below 80% for the first time for clients exiting in 2022 and dropped considerably in 2023. Put differently, for clients exiting in 2023, almost a third enrolled in the program but did not move into a housing unit before exiting the program. The move-in rate has rebounded for people exiting in 2024.

Percent of People Exiting Rapid Re-Housing Who Exited the Program to Permanent Housing



- **The success rate for those who move into housing is, in recent years, at least 50 percentage points higher than for those who never move into housing.**

The lower move-in rate in recent years underscores the challenges that both people experiencing homelessness and service providers face in finding suitable housing units in a tight, expensive rental market such as Austin's. The evidence on the effects of moving into a unit on then finding long-term stable housing is, unsurprisingly, clear. In the first six months of 2024, 71% of those who moved into housing exited the program to permanent housing, compared to 13% of those who never moved into housing.

A Focus on Rapid Re-Housing

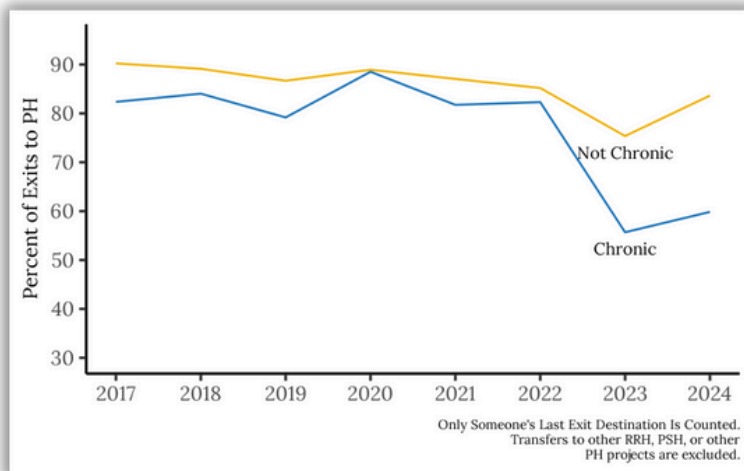
- **Since 2017, more than 8-in-10 people who enroll in RRH and move into housing exit to permanent housing. The success rate between those who are and are not chronically homeless at enrollment has widened.**

Between 2017 and 2022, the success rate (i.e., the percent of people who exit RRH to permanent housing) did not differ much between those who were or were not chronically homeless at program entry. That gap has widened in 2023 and 2024, and for the first time, the percentage of people exiting the program who were chronically homeless at entry has dipped below 60%.

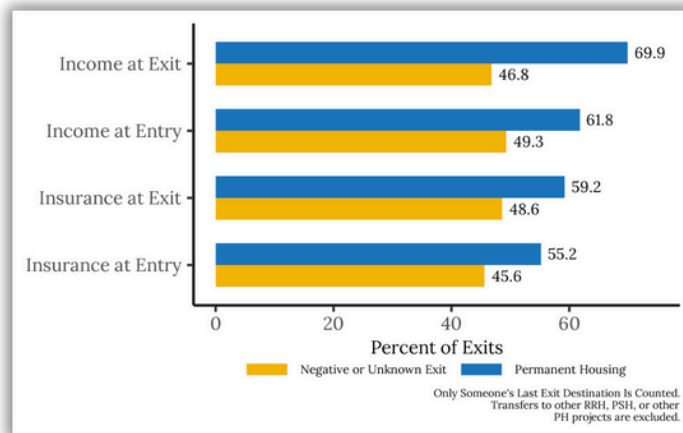
- **People with income or health insurance at enrollment or exit are more likely to exit to permanent housing than to negative or unknown destinations.**

Having any income, especially at program exit, is particularly important for attaining stable housing after exit. Seventy percent of those who exit to stable housing had income at exit, compared to 47 percent of those who did not exit to stable housing. Those with particular health conditions, especially a mental health, chronic, or substance abuse condition, are less likely to exit RRH to permanent housing. This suggests that individuals with these health conditions could benefit more from a longer-term intervention such as Permanent Supportive Housing (PSH). The table on the next page provides more detailed information about factors associated with success in RRH.

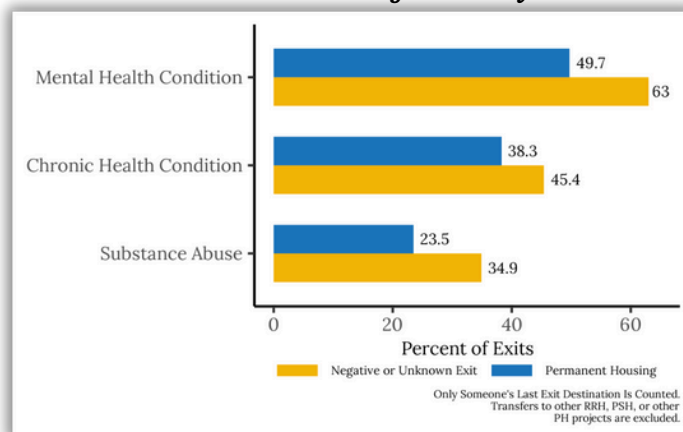
Percent of People Exiting Rapid Re-Housing Who Exited the Program to Permanent Housing



Percent of People Exiting Who Have Income or Insurance at Program Entry or Exit



Percent of People Exiting Who Have Select Health Conditions at Program Entry



A Focus on Rapid Re-Housing

Factors Associated with **Positive (PH) or Negative/Unknown Outcomes** for People in RRH

Factor	Negative or Unknown Exit	Permanent Housing Exit	Diff. Btwn. Negative and Positive Exits	Statistically Significant Diff.?
General Factors				
Days Homeless Before Enrollment (Median)	494	322	172	Yes
Days in Shelter Before Enrollment (Avg)	103	106	-3	No
Chronically Homeless Before Enrollment	55%	38%	17%	Yes
Living with a Disability	81%	69%	12%	Yes
Mental Health Condition at Enrollment	63%	50%	13%	Yes
Chronic Health Condition at Enrollment	45%	38%	7%	Yes
Substance Abuse Condition at Enrollment	35%	23%	12%	Yes
Coordinated Assessment Factors				
Coordinated Assessment Score Below or Above Avg	0.45	-0.26	0.71	Yes
Lived Outdoors Most Frequently Before Enrollment	92%	78%	14%	Yes
Has Had a Medical Condition That Affected Activities of Daily Living	78%	64%	14%	Yes
Been Denied Access to Employment or Hsg Due to Criminal Background	75%	54%	21%	Yes
History of Trouble Maintaining Housing Due to Mental Health Issue	63%	52%	11%	Yes
Programmatic Factors				
Had Any Income at Program Exit	47%	70%	-23%	Yes
Had Any Health Insurance at Program Exit	49%	59%	-10%	Yes
Had Any Benefits at Program Exit	44%	46%	-2%	No

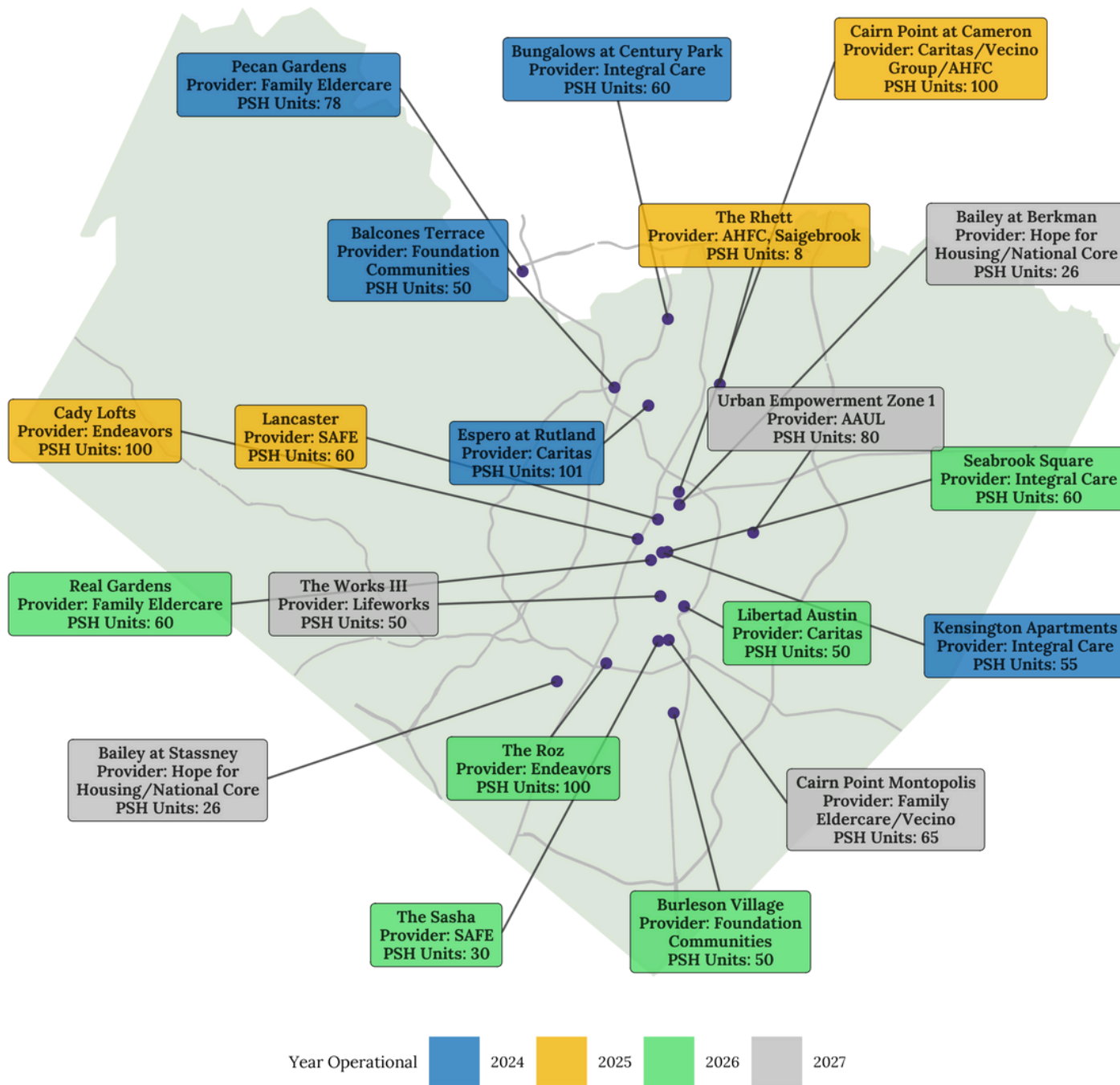
The table above includes factors that we examined to better understand RRH success. These include individual-level factors before someone enrolls in the program, including how someone answers specific Coordinated Assessment questions. The table presents averages, medians, or percentages of people who exit either to 1) negative/unknown

destinations, or 2) permanent housing. For example, 78% of people who exited to a negative/unknown destination had a medical condition that affected activities of daily living, compared to 64% who exited to permanent housing, a 14 percentage point difference.

Permanent Supportive Housing Pipeline

- We anticipate providers in our community will create more than 1,200 units of site-based PSH by the end of 2027.

Ten agencies, most for the first time, are developing site-based PSH, coordinating the capital, vouchers, and service funding needed to operate their new properties and taking on operating those properties on an on-going basis.



Permanent Supportive Housing Pipeline

- **Several projects have opened or broken ground in 2024, with more than 500 new units expected by the end of next year.**

Permanent Supportive Housing (PSH) is an evidence based intervention that provides housing and robust supportive services to people experiencing chronic homelessness with disabilities. Due to a historic lack of investment in PSH in our community, we have a much larger than average population of people experiencing chronic homelessness who have been waiting for housing or, if an option exists for them, choosing to enroll in a shorter-term housing intervention, like Rapid Re-Housing (RRH), that may not fully meet their needs. Site-based PSH, as opposed to the more common market-based approach, ensures people can access services they need right where they live.

- **Our community needs to collaborate to find new dedicated funding streams to ensure people can access services they need.**

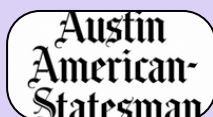
Targeted investments from the City of Austin and Travis County using federal American Rescue Plan Act (ARPA) dollars have enabled the PSH growth we've seen. Most of the properties in the pipeline have the necessary capital in place to construct their buildings and operating support through local and federal housing choice vouchers. However, many properties still need dedicated ongoing service funding to support their PSH units. People with lived experience of homelessness, providers, funders, government leaders, and advocates must collaborate to establish sustainable funding streams to ensure people get the services they need to stay housed.

PSH NEWSSEED



Former hotel in northwest Austin reopens as supportive housing

August 28, 2024



123-unit, low-income housing community to open in renovated former Northwest Austin hotel

August 8, 2024



60 supportive housing units coming south of Mueller as ground breaks on Seabrook Square II

May 10, 2024



New development hopes to help hundreds of older, unhoused adults in Austin

May 7, 2024



171 permanent housing units open in Northwest Austin for those facing homelessness

February 7, 2024

Year	Projects	New PSH Units	Cumulative New PSH Units
2024	5	344	344
2025	4	268	612
2026	7	378	990
2027	5	247	1,237

*Includes 28 scattered site units not included in map.

System Modeling

Preliminary Results

- **A new analysis provides an updated understanding of the need to scale up our HRS.**

ECHO’s Research & Evaluation Team worked with a national expert in homelessness planning, Matt White, to develop a model for how the HRS needs to grow and shift to meet the needs of our community. The model is built with local HMIS data and charts a course to target investments over the next decade to ensure everyone can end their homelessness quickly and permanently. The model is informed by the following:

- The demand for different services, based on people’s history of homelessness, health and service needs, and incomes.
- Unit turnover rate - based on average length of stay and number of households served per year (see table to the right) - and average utilization rates.
- Current capacity and known changes in capacity (e.g., PSH pipeline, ARPA cliff).
- Estimates of self-resolution rates, returns to homelessness rates, and number of households experiencing homelessness for the first time.

- **The model details why we need a holistic strategy to address both short- and long-term homelessness.**

Austin has a higher rate of people experiencing chronic homelessness than most other cities (see [here](#)), and the number of people seeking services for the first time has grown. Because our HRS’s capacity has been relatively low for years, this has created a situation where:

- The number of people entering the system outpaces the number of people exiting.
- Therefore, the number of people experiencing chronic homelessness stays the same or grows.
- And it becomes more difficult to house people in short-term or less-intensive services.

Program Type	Avg. Length of Service	Avg. number of people served/“unit”/year
Outreach/ housing navigation	90 days	4 households
Prevention/ Diversion/ Rapid Exit	<1 month	12 households
Shelter	150 days	~2.5 households
Rapid Rehousing (RRH)	14 months	< 1 household
Permanent Supportive Housing (PSH)	4 years	< 1 household (New HH every 4 years)

- **Any strategy to reduce and end homelessness must serve the needs of two groups who experience homelessness differently:**

Short-term (*approx. 11,000 households*)

- **Who:** People who become homeless or are homeless for a short period of time.
- **Strategy:** Provide services to prevent long-term homelessness.

Long-term (*approx. 4,500 households*)

- **Who:** People who are homeless from prior years and have more complex needs.
- **Strategy:** Provide more intensive services.

System Modeling

Preliminary Results

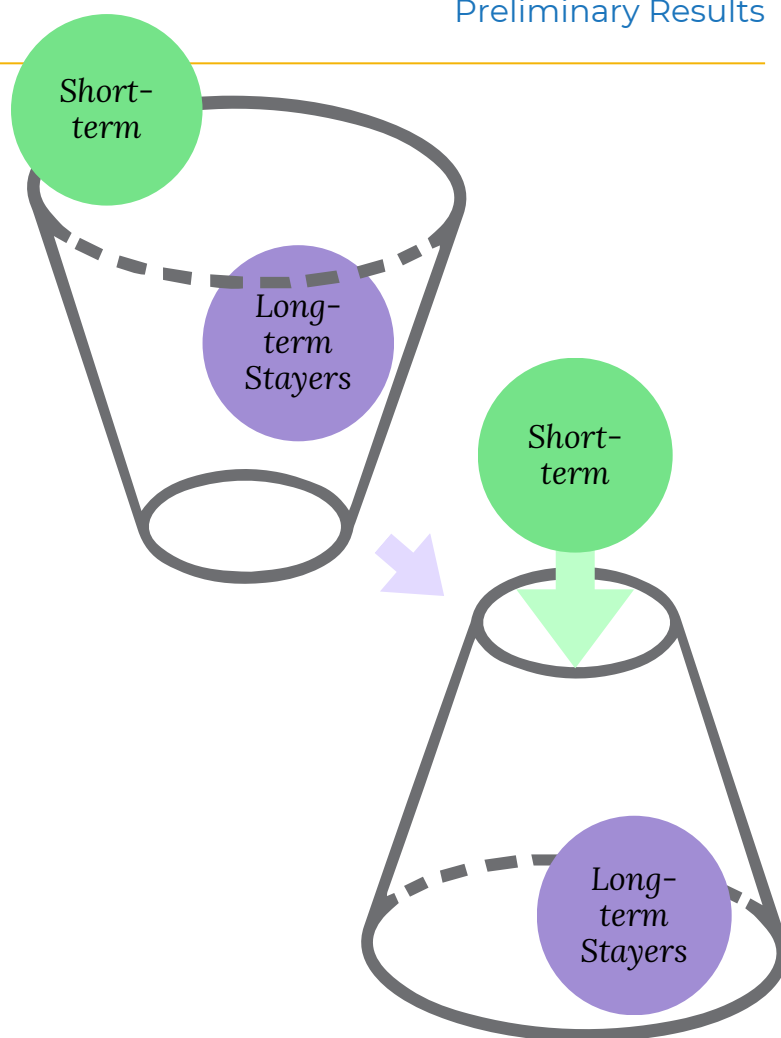
- **Because people continue to fall into homelessness, the instinct is to grow a big funnel to provide short-term services.**

But our data shows that the number of people who are experiencing long-term homelessness is consistently high and hasn't gone down.

- **What we likely need is an inverted funnel to exit more people successfully to housing. This requires more long-term services.**

This two-pronged strategy would provide housing options and services to people who need them, especially folks who've been in system for more than a year, and use diversion and other short term services for people coming into the system.

Please note: The numbers in the box below are preliminary and subject to change according to continued analysis and as our HRS grows and shifts.



To address the needs of people who are chronically homeless in the next 10 years and keep new people from falling into chronic homelessness, **our data shows that we need:**

- **At least 5,000 new Permanent Supportive Housing units (including those in the pipeline) over the next 10 years.**

- **An additional ~1,700 Rapid Re-Housing units.**
- **Approximately another 600 new shelter beds.**
- **An additional ~1,750 short-term service spots, such as outreach/ navigation, prevention and diversion.**

Ongoing HRS Initiatives

The Austin/Travis County HRS Leadership Council convenes five committees focused on various pieces of our HRS. Each committee, like Leadership Council, is comprised of people with lived experience of homelessness, service providers, government leaders, and advocates for improving our system. The Equity Committee is tasked with evaluating our entire HRS for racial and gender disparities and developing system-wide solutions.

The Equity Committee of the Austin/Travis County HRS Leadership Council meets monthly on the second Thursday. [Find and join public meetings here.](#)

In the last 12 months, the Equity Committee has:

- **Piloted and adopted new questions for the Austin Prioritization Assessment Tool (APAT):** Our community created the APAT as a tool to evaluate needs during the Coordinated Entry process, replacing the VI-SPDAT in 2021. The Equity Committee's APAT Development Workgroup oversees the continuous improvement of the APAT, analyzing HMIS data through an equity lens to determine if our community is meeting the needs of people least likely to self-resolve their homelessness. The Workgroup is constantly piloting new questions to determine their impact and recommending adding the ones that data show provide for a more equitable Coordinated Entry process. Recommendations go to the full Equity Committee for approval. The Committee voted to adopt two new questions from the pilot phase aimed at reducing gender-based disparities; the questions will be added this fall when the APAT is formally updated.
- **Created CA Policy to ensure consistent, timely APAT updates:** Updating the APAT with new questions is no simple task. Changing the way our community assesses needs begins a cascade of impacts to our Homelessness Response System, not the least of which is that every Assessor – now more than 75 in our community at 23 agencies – must receive supplemental training to address the new questions. To increase clarity for our community around the process, the Equity Committee created and approved a [Coordinated Assessment Policy \(PDF\)](#) that dictates when and how updates are made to the APAT. All changes approved in the previous 12 months will be implemented yearly on November 1.
- **Created Equity Review Tool for use across governance:** Committees in our governance structure create workgroups tasked with addressing various needs throughout our HRS, from drafting written standards for program delivery, to developing new performance measures for programs in our HRS, to supporting harm reduction efforts in the community. At the direction of Leadership Council, the Equity Committee created an Equity Review Tool Workgroup to address a system-wide need. The Workgroup drafted – and the Committee approved – an evaluation tool to ensure groups within governance are viewing the policies, procedures, and written standards they create through an equity lens. Once approved by the full Leadership Council, all workgroups and committees within our HRS governance structure will be expected to use the Equity Review Tool in their work.

Ongoing HRS Initiatives

- **The PSH Health Care Collaborative is creating a framework to deliver care to people in site-based PSH.**

At the end of 2023, ECHO partnered with Dell Medical School at the University of Texas at Austin to begin planning the Permanent Supportive Housing (PSH) Health Care Collaborative (HCC). The launch brought together the groups represented below whose missions intersect and overlap. This collaboration is a new initiative aimed to provide integrated behavioral health and medical care to people who have experienced chronic homelessness and are moving to or living in PSH. Wraparound health services will be patient-centered and adaptive to the individual's needs, with options for meeting in the home, on site, or in clinic to expand health equity and increase access to quality care for people who have experienced chronic homelessness.

As our community greatly expands PSH through new developments over the next three years, the HCC will prioritize partnerships with these new projects with the long-term goal of being able to expand the HCC to all PSH projects and participants. This collaboration between healthcare partners and PSH providers will ensure people who have experienced chronic homelessness can maintain and thrive in housing.

ECHO provided initial funding for the HCC through a \$100,000 grant awarded by Oracle. Healthcare partners are Central Health, CommUnityCare, and Integral Care. As the HCC expands beyond the initial phase, services will be available to a variety of organizations providing PSH, including: Austin Area Urban League, Caritas of Austin, Endeavors, Family Eldercare, Foundation Communities, Integral Care, LifeWorks, SAFE, and other future PSH providers.



...**improve** the **lives of people** affected by behavioral health and developmental and/or intellectual challenges.



...strengthen the **health and well-being** of the **communities** we serve.

...**end** the drug war and its **harms** through harm reduction...



...promote **health**, and protect the **well-being** of all.



...decrease suffering, **improve** the **health** of the **community**, and save **lives**.

improving well-being
healthy end harm
community end homelessness
 individuals people
 lives

where **families** and **individuals** succeed.



...prevent and **end homelessness** for **people** in Greater Austin.



...improve the **health** of the **community** by caring for those who need it most.



...trauma informed **self-discovery** programs for **women** who are or have been incarcerated

...revolutionize how **people** get and stay **healthy** by **improving** health in our **community** as a model for the nation.



...informed by the needs and expertise of **people** experiencing **homelessness**, and accountable to systemically marginalized **communities**.

...spiritually centered, holistic care which sustains and **improves** the **health** of **individuals** and **communities**.



