

**AUSTIN AND TRAVIS COUNTY CONTINUUM OF CARE**

**NEEDS AND GAPS 2023**

**By**

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**An Annual Report**

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# INTRODUCTION

## BACKGROUND

This report provides an overview of the Homelessness Response System (HRS), how people utilize available services, and what additional resources or steps are needed to end homelessness in our community. The HRS serves a diverse population with needs ranging from minimal housing assistance to permanent housing programs like [Rapid Re-Housing \(RRH\)](#)<sup>1</sup> or [Permanent Supportive Housing \(PSH\)](#).<sup>2</sup> Our goal is to make this report both technically comprehensive and colloquially accessible so that the Continuum of Care's (CoC) governance 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 also use it as an overview and reference guide for the Homelessness Response System.

## DATA

The majority of this report analyzes data from the previous full calendar year (January 1, 2022 to December 31, 2022). Sections or measures with different reporting periods are noted in the text. Most agencies enter information into a secure, centralized database, the local [Homeless Management Information System \(HMIS\)](#).<sup>3</sup> Like the *Needs and Gaps* reports released since 2021, this report uses data exported from HMIS to analyze the broadest group of people for whom the HRS has comprehensive data. Reports in years prior to the 2021 report used a different data set of Coordinated Entry System (CES) assessments from people seeking entry to RRH and PSH programs. Also, the analyses in reports since 2022 do not exclude enrollments from project types such as "Prevention," "Supportive Services Only," and "Other" that may not require homelessness as an entry criterion.

## ABOUT ECHO

The [Ending Community Homelessness Coalition \(ECHO\)](#)<sup>4</sup> is a 501(c)3 nonprofit organization that serves as the Austin and Travis County Continuum of Care (CoC) Lead Agency, CoC Collaborative Applicant, Coordinated Entry System manager, and local HMIS database administrator. We are tasked with planning and coordinating community-wide strategies to end homelessness in the Austin and Travis County geographic region. We work in collaboration with people with lived experience of homelessness, community nonprofits, and government agencies to coordinate services and housing resources for the people who are experiencing homelessness in our community. We use research and evidence-based practices to advocate for the resources to bring the local Homelessness Response System to scale and meet our community's goal of ending homelessness.

## ACKNOWLEDGEMENT OF CONTRIBUTIONS

This report is based primarily on data gathered by our local service provider partners. In addition to the on-the-ground case management and direct assistance these agencies offer to people experiencing homelessness, the same staff who provide these services also record vital information in HMIS, which allows not only for their own agencies' required grant reporting but also for larger system analyses such as the *Needs and Gaps* reports. ECHO is grateful for our many partners' ongoing commitment to data quality.

## DATA ANALYSIS

Analysis of the data was performed using R Statistical Software (v4.2.3, R Core Team 2023) in the RStudio IDE (v2023.6.0.421, Posit Team 2023). Full citations for R packages and software usage are included in the [References](#) section starting on page 27.

Throughout this text, all references to the previous year's needs and gaps numbers are in citation of the [“Austin / Travis County Continuum of Care Needs and Gaps”](#) report released by ECHO in the previous calendar year (Murray, 2022).

## ACKNOWLEDGEMENT OF LIMITATIONS

The Homelessness Response System is a constantly shifting environment. The most current HMIS data may be in flux if corrections are made, missing values are caught (or remain missing), or if information is either initially reported or recorded incorrectly. For these reasons it is possible that identical analyses conducted at different points in time could yield slightly different results, but which do not change the overall trends or big picture of what the data show. Since the following analyses are largely for the previous full calendar year, this allows us to confidently use the most stable and accurate data. This report was crafted with care and effort, and it is accurate to the best of ECHO's knowledge. In the event that any mistakes are identified, the report will be corrected, noted here, and republished with an errata section appended to it. This is the first edition of the report.

*Most importantly, the data we are working with are not just numbers. This report is about real **people**. No analyses, quantitative or qualitative, can do justice to any of these individuals' personal experiences.*

# 2022 PROJECTS AND ENROLLMENTS

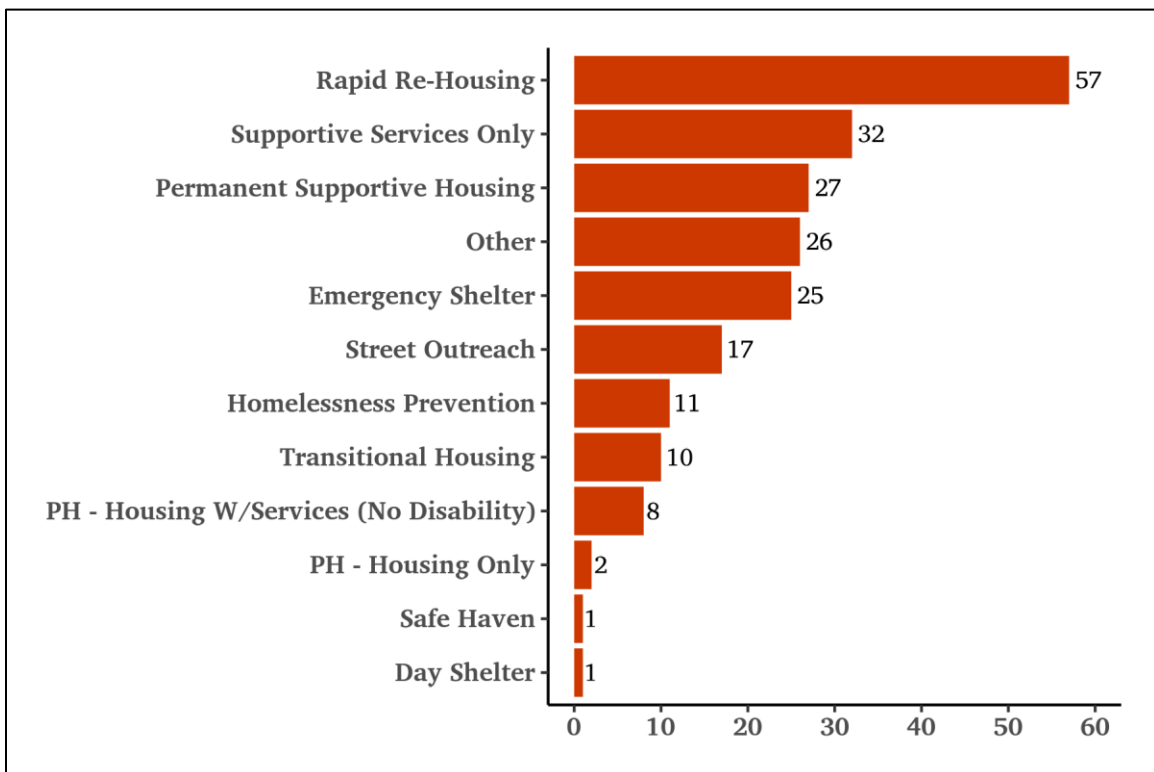
The universe of enrollments examined for 2022 includes people who were active in RRH and or PSH projects (whether newly enrolled that year or still enrolled from a previous year) and, for other project types, people who were enrolled during the 2022 calendar year. Please note that there can be carryover for certain project types: for example, a participant in RRH may have been enrolled and housed in 2021 but continued receiving case management and rental assistance into 2022 until their exit that year.

## NUMBER OF PROJECTS BY TYPE

Per the United States Department of Housing and Urban Development’s (HUD) current [HMIS Data Standards](#),<sup>5</sup> there are 13 HMIS classifications for project types. Please see the [glossary](#) on page 23 for HUD’s definitions of these interventions.

Approximately a quarter of the projects that were active during 2022 were RRH projects at 26.3%, followed by Supportive Services Only (SSO) projects at 14.7%, and PSH projects at 12.4%. The total numbers of RRH and Street Outreach projects active during 2022 were greater by 11 and 6 projects, respectively, compared to 2021, and the number of PSH projects active during 2022 was greater by 1.

**Figure 1: Total Number of Projects by Intervention Type in 2022**

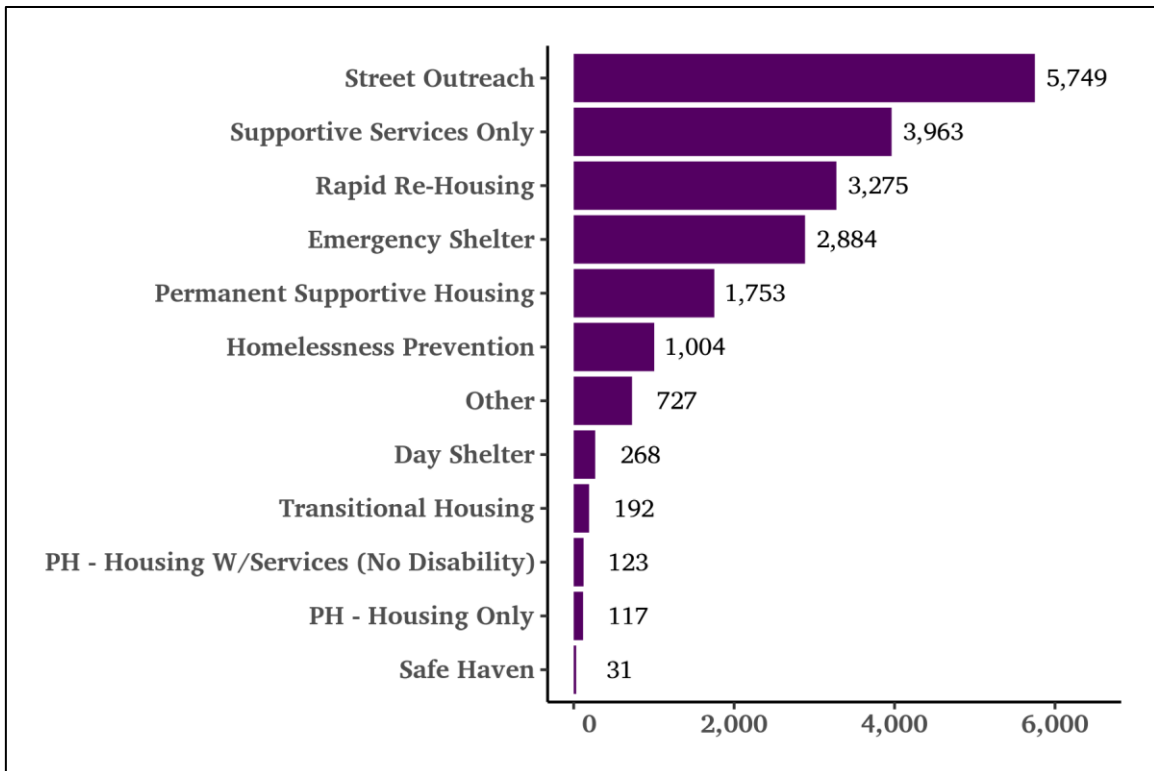


## PROJECT ENROLLMENTS

In 2022, ECHO initiated the [Austin Street Outreach Collaborative \(ASOC\)](#)<sup>6</sup> program, adding new Street Outreach and SSO capacity to the system. Also, despite the addition of 11 RRH projects in 2022, the temporary ESG-CV funding our community had received in 2020 from the [CARES Act](#)<sup>7</sup> for RRH support during the COVID-19 pandemic expired at the end of the federal fiscal year (September 30, 2022), reducing our system’s total RRH capacity.

Street Outreach and SSO project types surpassed RRH in total enrollments in 2022, with Street Outreach accounting for 28.6% of the 20,086 total project enrollments and SSO accounting for 19.7%, compared to RRH’s 16.3%. Street Outreach had 2,066 more enrollments in 2022 than in 2021, SSO had 2,725 more enrollments, RRH had 408 fewer enrollments, and PSH had 57 more enrollments.

**Figure 2:** Total Number of Enrollments by Intervention Type in 2022



**Note:** Individual people may enroll in multiple projects, so this figure indicates the total number of enrollments per intervention type in 2022, not the individual number of people served by each intervention type.

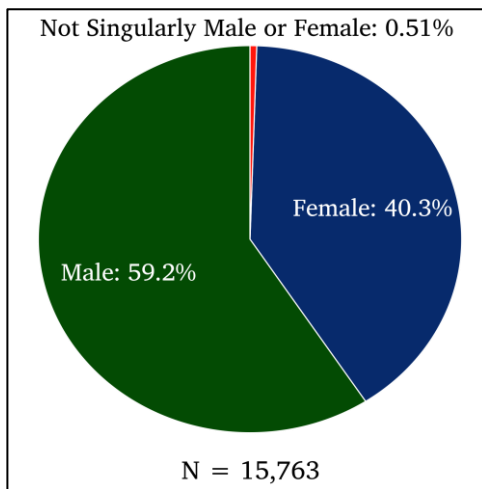
# POPULATION CHARACTERISTICS

The universe of people examined in this section is the deduplicated number of individual people from the previous section’s universe of enrollments. In the previous section, people could have enrolled in multiple projects during the reporting timeframe, so the numbers were of total enrollments, not total individual people. This section looks at the 16,164 unique people served in 2022.

**Note:** In any cases where the total/denominator (*N*) is lower than 16,164 it means that data about the variable being measured is not available for all people.

## GENDER

**Figure 3: Gender in 2022**

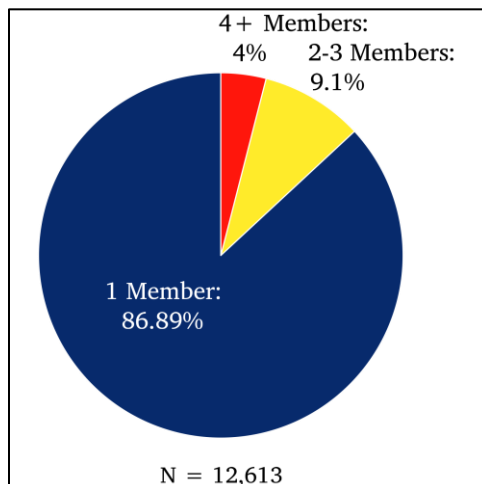


The difference between the percentage of males and females increased in 2022. In the previous report for 2021, 58.2% of people reported being male, 41.5% of people reported being female, and 0.3% of people reported being not singularly male or female.

People who reported being transgender are counted under the gender they identify with. The percentage of people who reported being transgender in 2022 was 0.49%, a decrease from 0.55% in 2021.

## HOUSEHOLD SIZE

**Figure 4: Household Size in 2022**



HMIS showed that the largest household size category represented in the Homelessness Response System in 2022 remained single member households. That percentage increased by 2.19 percentage points from 84.7% during 2021.

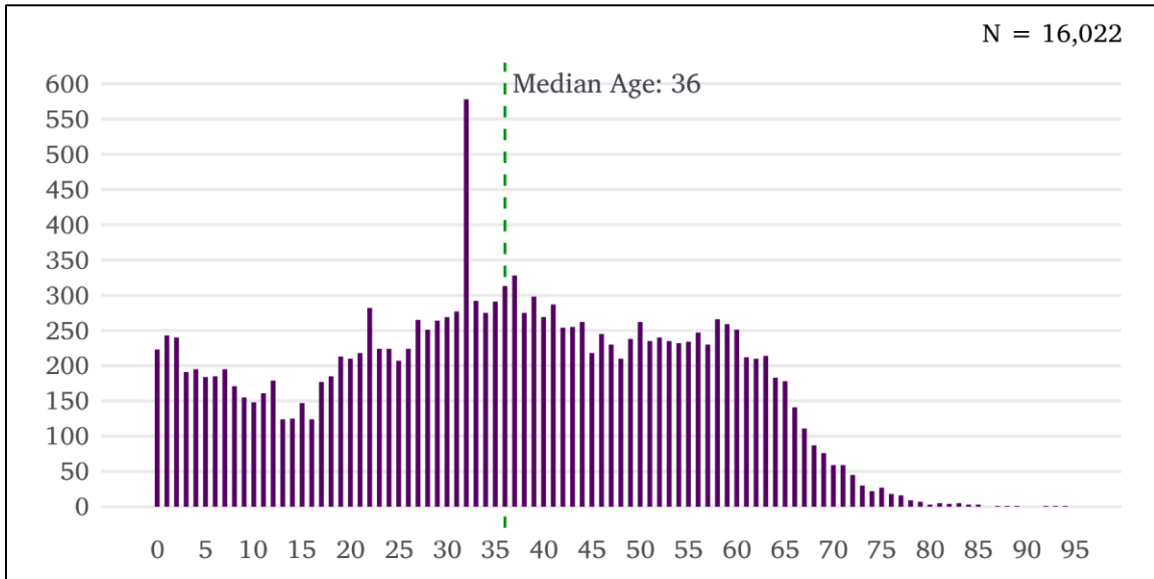
The percentages of two to three member households and of four or more member households in 2022 fell from 10.54% (a decrease of 1.44 percentage points) and 4.76% (a decrease of 0.76 percentage points), respectively.

## AGE DISTRIBUTION

For people whose date of birth is recorded in HMIS, the median age increased from 34 in 2021 to 36 in 2022. As of January 1, 2022 a total of 3,352 people were in the “0-18” age group (20.92%), 914 people were in the “65 and Over” age group (5.71%), and 11,756 total people were 19 to 64 years of age (73.37%).

An additional 122 people were born after January 1, 2022.

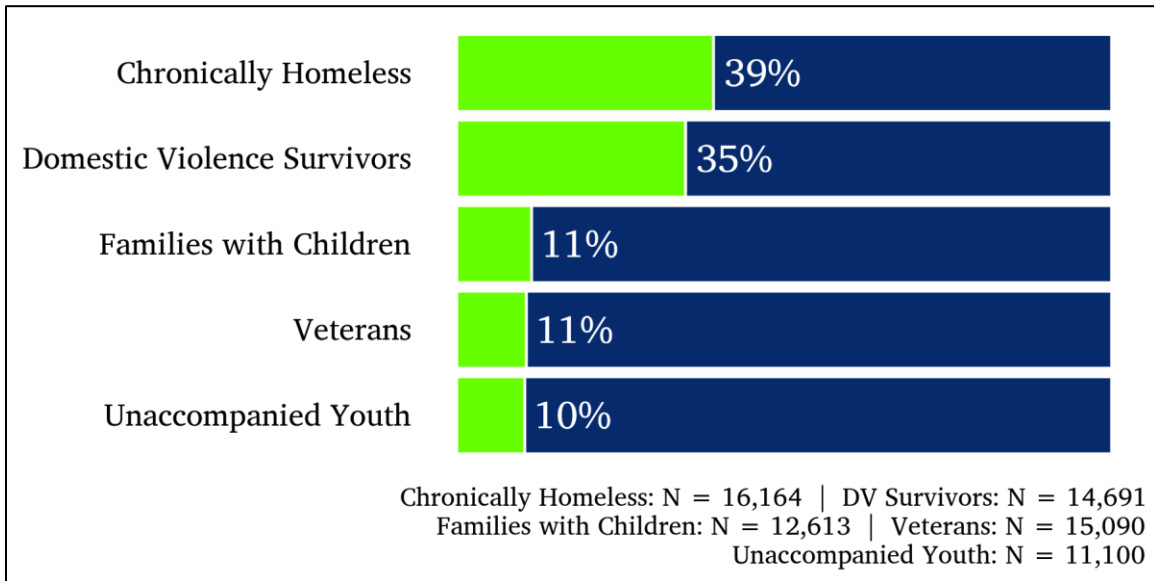
**Figure 5:** *Age Distribution on January 1, 2022*



## SUBPOPULATIONS

The 2022 breakdown of the HUD classifications of subpopulations showed an increase in the “[chronically homeless](#)” and “domestic violence survivor” populations, and a decrease in the “families with children” and “unaccompanied youth” populations, with “veterans” remaining at 11%. Subpopulations are not mutually exclusive so the same individual may be a member of two or more subpopulations.

**Figure 6:** *Subpopulations in 2022*



## RACE AND ETHNICITY

ECHO publishes a Racial Disparities report each year, which more fully outlines and analyzes the current and historical inequities present in the Homelessness Response System.

Several key findings the *2023 Austin and Travis County Continuum of Care Racial Disparities* report (Fuetter 2023) include that, in 2022, people who identified as Hispanic and Black were more likely to be minors (11), males made up the majority in all racial and ethnic groups (12), people who identified as White were less likely to be part of households with children (13), only about a third of people identifying as Hispanic clients were experiencing [chronic homelessness](#) compared to about half of those identifying as White (13), and people identifying as Black were overrepresented fourfold in the population of people experiencing homelessness compared to the overall Travis County population (3).

For further, more in-depth information regarding racial disparities in the Homelessness Response System, please see the [2023 Racial Disparities Report](#).<sup>8</sup>

# SYSTEM CAPACITY, PERFORMANCE, AND CHARACTERISTICS

## COORDINATED ENTRY

### *Coordinated Entry System Overview*

Coordinated Entry is a process that allows people in need of housing assistance to take an assessment that places them on a prioritization list so that they can be referred to all participating programs as openings arise, based as best as can be estimated on highest vulnerability and need. Without Coordinated Entry, people would have to go to each individual project separately to check their eligibility and try to sign up, and those projects might not even have openings, or there might be a line that people can't wait in if they need to go to work, to a medical appointment, or make it back to a shelter before check-in closes. Traveling around Austin to go to different agencies is a transportation, financial, and time-eating burden, and even if some projects might have web or phone options for contacting them, these are not always accessible when people do not have reliable access to phone service or the internet.

There are many different housing projects, and the burden must not be on the people who need help to know what they all are, and which to contact. Instead, they can take a single "[Coordinated Assessment](#)" to accomplish all of that. Allowing people to apply for all the programs they qualify for simultaneously instead of forcing them to travel around and do it all separately by themselves is considerably better than the alternative.

Most permanent housing projects funded by HUD are required to participate in Coordinated Entry as a condition of their federal funding. Programs that are not HUD-funded are strongly encouraged to participate as well, but some choose not to do so. As of December 31, 2022 there were 52 RRH & PSH projects participating in the Coordinated Entry System, out of a total of 84, so approximately 62%\* of the Homelessness Response System's RRH and PSH projects were participating in the Coordinated Entry System at the end of this paper's reporting period.

*\*This percentage reflects a snapshot of a specific point in time: the 52 participating projects as of December 31, 2022 do not include any projects that either ceased operation, or stopped participating for any reason, prior to that date, e.g., the ESG-CV RRH projects mentioned on page 2.*

### ***Coordinated Entry System Flow Analysis***

A total of 3,937 people took their first [Coordinated Assessment \(CA\)](#) in 2022. The median and mean days from the start of these peoples' time experiencing homelessness until their first CA were 120 days and 463 days, respectively. These are respective 112-day and 193-day decreases from the 2021 calendar year.

A total of 1,152 people who had taken a CA were referred to housing programs in the 2022 calendar year (186 fewer people than in the previous year). The Coordinated Entry System sends out referrals to participating projects when they report openings and request referrals be sent. For those 1,152 people who were referred to programs after taking a CA, the median and mean days from CA to referral were 37 days and 88 days, respectively. These are respective 14-day and 4-day increases from the 2021 calendar year. In addition to the increase in time between CA and referral *for those people who received a referral*, please note that many other people have taken a CA but have not yet been referred to a housing program, and that those people may have been waiting many months or longer.

The median and mean days from when people were referred to a program and when they were enrolled in a program were 21 days and 42 days, respectively. These were respective 4-day and 1-day increases from the previous year.

Finally, the median and mean days from program enrollment to housing move-in were 100 days and 127 days, respectively. These were respective 29-day and 17-day increases from the previous year.

**Table 1:** *Coordinated Entry System Flow in 2022*

MEASURE	MEDIAN	MEAN	PEOPLE
Days From Homelessness Start to First CA	120	463	3,937
Days from CA to Program Referral	37	88	1,152
Days from Referral to Program Enrollment	21	42	593
Days from Program Enrollment to Move-In	100	127	571

**Note:** Calculations of median and mean above are rounded to the nearest full day.

This information indicates that the HRS was able to more quickly connect with an increased number of new people to offer Coordinated Assessments in 2022 than it was in 2021—as expected due to the significant increase in [CA](#) availability that came with the launch of the [ASOC](#) program—but that even so, the system's ability to move assessed people into permanent housing programs lagged slightly. In short, the outflow did not keep up with the inflow.

## HEADS OF HOUSEHOLD: DISABLING CONDITIONS

For enrollments in all project types, most heads of household (HOH) report some kind of disabling condition. PSH is the main intervention often requiring a disabling condition for entry (PSH projects generally require [chronic homelessness](#)<sup>9</sup> as part of their eligibility criteria, which means people must have a disabling condition in addition to meeting the chronicity timeline), but large percentages of people in non-PSH projects also report disabling conditions, making the presence of a disability highly prevalent across all people enrolled in the HRS.

The percentage of heads of household in PSH projects who reported having any disabling condition in the 2022 calendar year held steady from the 2021 calendar year at 85%.

The percentage of heads of household in RRH who reported having any disabling condition rose from 70% in the 2021 calendar year to 77% in the 2022 calendar year. The percentage of each disability type reported by heads of household enrolled in RRH increased, with the exception of HIV/AIDS which remained the same.

**Table 2: Heads of Household Reporting Disabling Conditions by Program Type in 2022**

DISABILITY	PSH	RRH	NON-PH PROGRAMS
Mental Health	59%	56%	51%
Physical	47%	39%	32%
Chronic Health	44%	40%	35%
Developmental	15%	19%	19%
Substance Use	35%	26%	26%
HIV/AIDS	6%	3%	2%
Any Condition	85%	77%	68%
Total	1,103	1,186	8,817

**Note:** Disabling conditions are not mutually exclusive. The same individual may report two or more disabilities. The data above reflect information collected during enrollment at a person's most recent program entry.

## HEADS OF HOUSEHOLD: SUBPOPULATIONS

Several subpopulation-specific resources and gaps are reflected in the chart below: the [HUD-VASH](#)<sup>10</sup> (Veteran Affairs Supportive Housing) program is PSH-specific, and more than half of PSH heads of household are veterans. The HUD [YHDP](#)<sup>11</sup> (Youth Homelessness Demonstration Project) program for youth—which is part of the Continuum of Care (CoC) program funding—primarily funds RRH projects in our community, and there is a higher percentage of youth enrollment for RRH than other project types.

Many of the vouchers our community’s PSH projects are paired with continue to only be usable for and by single individuals and are not compatible with families, who make up only five percent of PSH enrollments.

The percentage of RRH heads of household experiencing [chronic homelessness](#) increased from 56% in the 2021 calendar year to 62% in the 2022 calendar year, which correlates with the increase in RRH heads of households reporting having a disability—one of the criteria for HUD’s definition of chronic homelessness.

**Table 3:** *Heads of Household Subpopulations by Program Type in 2022*

SUBPOPULATION	PSH	RRH	NON-PH PROGRAMS
Youth	1%	20%	10%
Veterans	54%	12%	7%
Families	5%	28%	11%
Experiencing Chronic Homelessness	64%	62%	48%
Domestic Violence Survivors	31%	52%	39%
Any Subpopulation	95%	93%	79%
Total	1,438	1,531	8,101

**Note:** Subpopulations are not mutually exclusive so the same individual may be a member of two or more subpopulations.

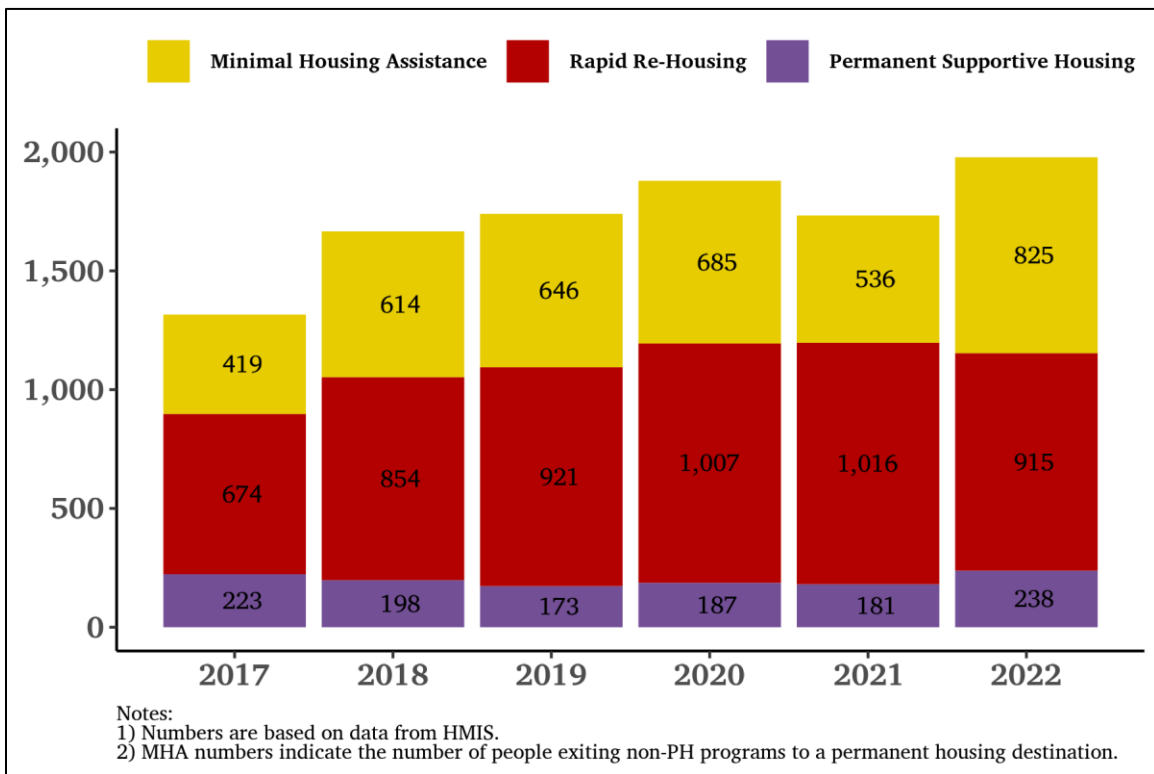
## PERMANENT HOUSING PROGRAM MOVE-INS

Minimal Housing Assistance (MHA) move-ins occur when a project other than RRH or PSH moves a client into a permanent housing destination. These increased by 289 from 2021 to 2022. PSH move-ins increased by 57. RRH move-ins decreased by 101.

The [ASOC](#) initiative added additional MHA capacity to the system through new Diversion and Rapid Exit projects (see the next page for more details), but Rapid Re-Housing lost capacity with the end of the temporary ESG-CV funding the system had previously received through the CARES Act.

Overall, the system was able to transition 289 more people into permanent housing in 2022 than in the previous year.

**Figure 7: Permanent Housing Program Move-Ins in 2022**



### ***Rapid Exit & Diversion***

The [ASOC](#) program initiated in 2022 also expanded access to Diversion and Rapid Exit services, which fall under the Minimal Housing Assistance (MHA) category. Diversion and Rapid Exit are very similar, both resulting in a swift resolution of a person's homelessness through assistance with self-resolution or one-time financial aid, but they differ according to when they happen in the timeline of a person's experience of homelessness. A Diversion occurs when someone is housed within 14 days of a person first experiencing homelessness and before they are given a CA. If one or both of those criteria are not met, the move-in to permanent housing is a Rapid Exit, even if the end result and the process by which it happens are identical (for example, in either a Diversion or a Rapid Exit scenario a person could be given a bus ticket to reach a family member who provides them with a permanent home).

If a person can be successfully Diverted, they will have experienced the extreme trauma of homelessness for a more limited amount of time (14 days) and will not have needed to enter the Coordinated Entry system. Rapid Exit is still a success in that a person's homelessness has been ended (and without the need to utilize Rapid Re-Housing or Permanent Supportive Housing resources), but it does mean that a person has been in a state of compounding trauma for longer than two weeks and or has formally entered the Coordinated Entry System for permanent housing program prioritization and referral.

In addition to the elements outlined above, it is also important to distinguish between these two definitions of Diversion and Rapid Exit and track them separately for data analysis purposes, because whereas Diversion mitigates system inflow, Rapid Exit increases system outflow.

Of the projects in HMIS that are dedicated specifically to providing Diversion and Rapid Exit services, including the new ASOC projects, there were 211 total exits to permanent housing in 2022 (these are in the Minimal Housing Assistance category in Figure 7 on the previous page), of which we estimate approximately 8.25% were Diversions and 91.75% were Rapid Exits.

## HUD REPORTS & MEASURES

Several additional reports and measures about the Homelessness Response System are submitted directly to HUD and are publicly available elsewhere. This section will give a brief description of two of these below and instruct readers as to where and how to access them.

### *Housing Inventory Count*

The Housing Inventory Count (HIC) provides an estimated capacity snapshot of a Continuum of Care's project inventory's capacity. It is conducted annually during the last ten days in January, during the same timeframe as the unsheltered Point in Time (PIT) Count. The HIC report tallies the number of beds and units available on the night designated for the count by program type, including beds dedicated to serving people who are currently experiencing homelessness, as well as people in permanent housing projects.

Because the HIC is conducted in January of each year and published months afterwards, it is important to remember to look at which year's HIC you are viewing and consider that the information it displays is a snapshot estimate as of January of that year.

On the ECHO website, information drawn from the latest available HIC is included on the "System Capacity Details" page of the [Homelessness Response System Dashboard](#).<sup>12</sup> HIC reports may be accessed from HUD [here](#).<sup>13</sup>

### *System Performance Measures*

The [System Performance Measures](#)<sup>14</sup> for the TX-503 CoC are calculated from data that ECHO submits to HUD each year, for which the reporting period is the United States Federal Government's fiscal year. For the 2022 fiscal year (FY22) this time period was October 1, 2021 through September 30, 2022.

Current and historical nationwide System Performance Measure (SPM) data may be accessed [here](#).<sup>15</sup> To view the SPMs specifically for Austin and Travis County, set the "CoC Number" filter to "TX-503" for each of the measures.

# SOCIOECONOMIC CONTEXTS AND SYSTEM ANALYSIS

## OVERVIEW

As of May 2023, ECHO estimated that approximately 5,455 people were experiencing homelessness in Austin and Travis County. Please see the [Homelessness Response System Dashboard](#)<sup>16</sup> for more details. While the one-night-once-a-year, volunteer-based PIT Count has limitations and is recognized as an undercount, the more regularly conducted estimate used on the dashboard is based on a different methodology that ECHO developed for the [2021 HMIS Snapshot Report](#)<sup>17</sup> which was used to temporarily satisfy the PIT Count reporting requirements during the COVID-19 pandemic:

*“This method provides a more accurate snapshot of the scope of homelessness among people in the Homelessness Response System and, therefore, gives service providers and civic leaders a clearer picture of the resources and policies needed to house people experiencing unsheltered and sheltered homelessness. The HMIS method also allows us to provide more accurate and comprehensive subpopulation and demographic breakdowns than what is typically available from the in-person PIT Count. And, finally, because the HMIS method relies on a database that is updated by service providers on a regular basis, it allows us to report on the scope of homelessness more frequently than we would be able to if relying exclusively on an in-person count.” (Al-Turk et al., 2021)*

*“Because this estimate relies on [Coordinated Assessment](#) data, the more access to Coordinated Assessments (CAs), and the more CAs that are completed, the better we are able to estimate the number of people experiencing unsheltered homelessness. The launch of the Austin Street Outreach Collaborative ([ASOC](#)) in May 2022 brought with it an increased number of street outreach coordinated assessors ... This is important because any apparent rise in the unsheltered population may or may not represent a dramatic increase in the actual number of total people living unsheltered, since it may be due to an increase in our ability to estimate the total number of people who were already living unsheltered considering that we now have more data collected and available through the Coordinated Entry System. Conversely any apparent future decreases could be influenced by changes in the capacity of the system to administer CAs or it could be influenced by fewer of the total people experiencing homelessness at a given time choosing to complete a CA.” (ECHO, 2023)*

As is visible on the dashboard, there has been a noticeable increase in the estimated number of people experiencing homelessness since around May of 2022, a date that, as mentioned above, correlates with the launch of the [ASOC](#) program. [System Performance Measure 5](#) (“first time homeless”) has remained at a similar level since Fiscal Year 2020. Therefore, we hypothesize that the rise in the estimated current number of people experiencing homelessness as shown on the dashboard is likely due to *both* much more available data about people already experiencing homelessness *and* at least a moderate increase in the total number of new people experiencing homelessness.

Even though the total amount of housing units (“project beds”) programmatically available to permanently house people has continued increase overall, the region’s housing market still does not have enough *affordable housing* units for program participants to rent. In other words, an available slot in a permanent housing project still does not mean there is any available or accessible affordable unit in Austin and Travis County for that person to rent due to the tight and increasingly unaffordable rental market as well as discrimination faced by people exiting homelessness.

Grant-funded projects’ abilities to pay rental assistance for participants may be contractually limited by [Fair Market Rent \(FMR\)](#),<sup>18</sup> [rent reasonableness](#),<sup>19</sup> or other guidelines. This could be problematic in Austin since the [FY23 FMR for the Austin-Round Rock MSA](#)<sup>20</sup> is \$1,253 for an efficiency unit and \$1,386 for a one-bedroom unit, while the most up-to-date [seasonally adjusted average rent](#)<sup>21</sup> in Austin is approximately \$1,941 (Zillow 2023). See page 18, Figure 9.

Prolonged unsheltered homelessness is correlated with negative health outcomes, including death on the streets, and makes it harder for people to exit homelessness. Negative health outcomes that don’t result in death can result in disability and or otherwise make it hard or impossible to work and earn an income to sustain rent. People who receive Supplemental Security Income (SSI) in 2023 only receive \$914 in monthly benefits, if no amounts are deducted ([SSA nd](#)).<sup>22</sup> This fixed income is \$339 less than the local FY23 FMR for an efficiency and \$1,027 less than the estimated current seasonally adjusted average rent in Austin. [Chronic homelessness](#) measures both the amount of time a person experiences homelessness and the presence of one or more disabling conditions, and chronicity has risen in Austin and Travis County (see page 5, and Figure 6).

Supplemental Nutrition Assistance Program (SNAP / “Food Stamps”) benefits only cover edible food items, so in addition to the \$339 to \$1,027 or greater rent gap, plus any healthcare gap, people with only SSI and SNAP as income will also find themselves unable to pay for other basic necessities like household cleaning and personal hygiene supplies. Other cost gaps for low-income people include transportation, cellphone and communication access, and utilities including internet.

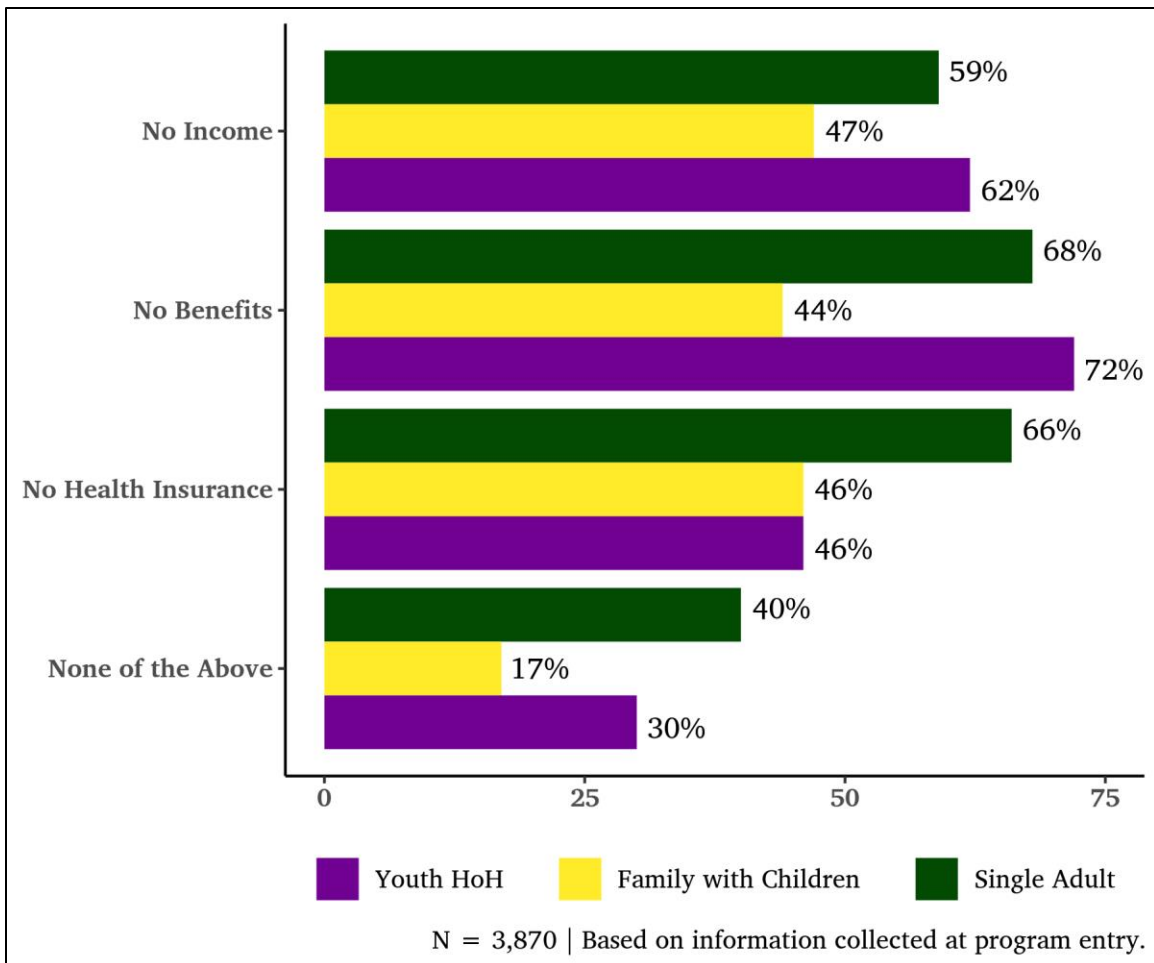
## LACK OF INCOME, BENEFITS, AND HEALTH INSURANCE AT PROGRAM ENROLLMENT

The following chart shows the breakdown of people who lacked income, benefits, health insurance, or all three at the time of their enrollment in HRS programs as of early 2022. In this sample, over half of single adults and youth heads of household entered with no earned income, as did almost half of families with children, which was very similar to the previous year.

Approaching three quarters of youth and single adults, and a slightly lower percentage of families with children, entered with no benefits (one resource that is available to this subpopulation and not others is [Temporary Assistance for Needy Families](#)<sup>23</sup> (TANF)).

Approximately one third of youth, slightly under half of single adults, and a little under a quarter of families with children entered with no income, no benefits, and no health insurance.

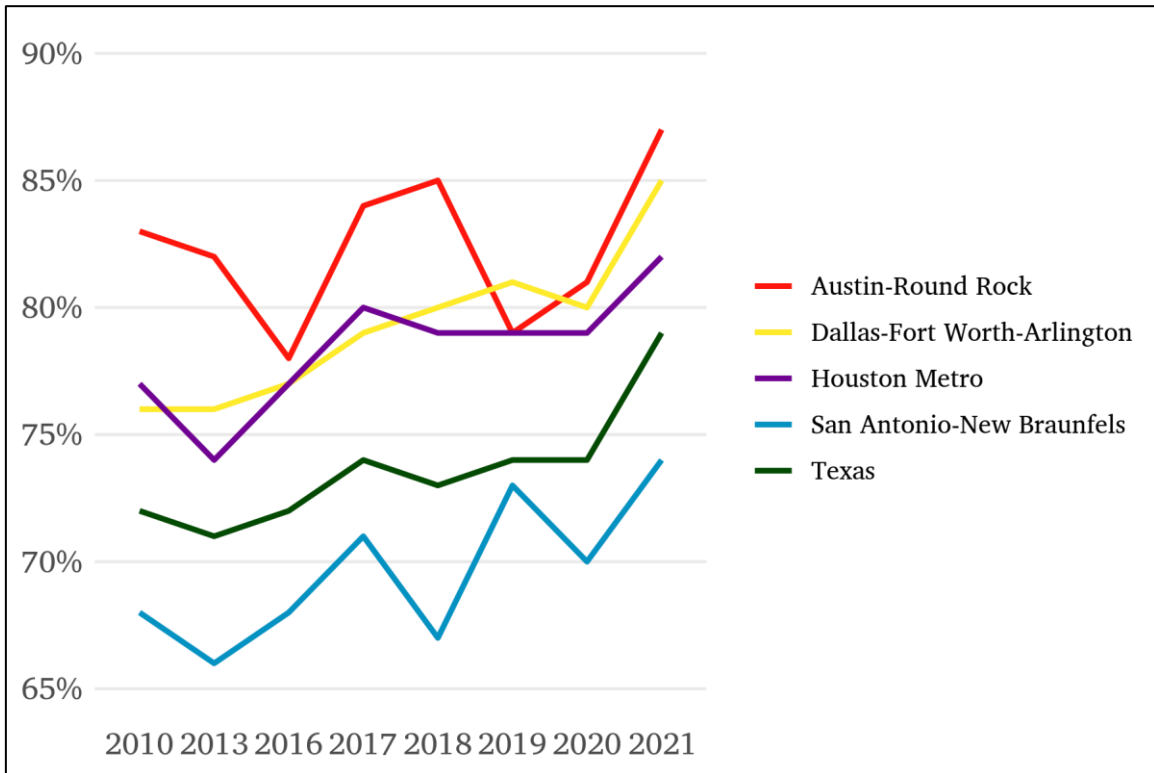
**Figure 11: Percent of Households Without Income, Benefits, or Insurance in 2022**



## TEXAS HOUSING COST BURDENS

The information below comes from the National Low Income Housing Coalition and shows the percentages of extremely low-income renter households with severe housing cost burdens in the largest Texas metro areas, as well as the State of Texas as a whole. Austin has been consistently high or highest in this measure except for a crossover with the Dallas - Fort Worth - Arlington metroplex around 2019.

**Figure 8:** *Percent of Extremely Low-Income Renters with Severe Housing Cost Burdens*



**Source:** [National Low Income Housing Coalition](#)<sup>24</sup>

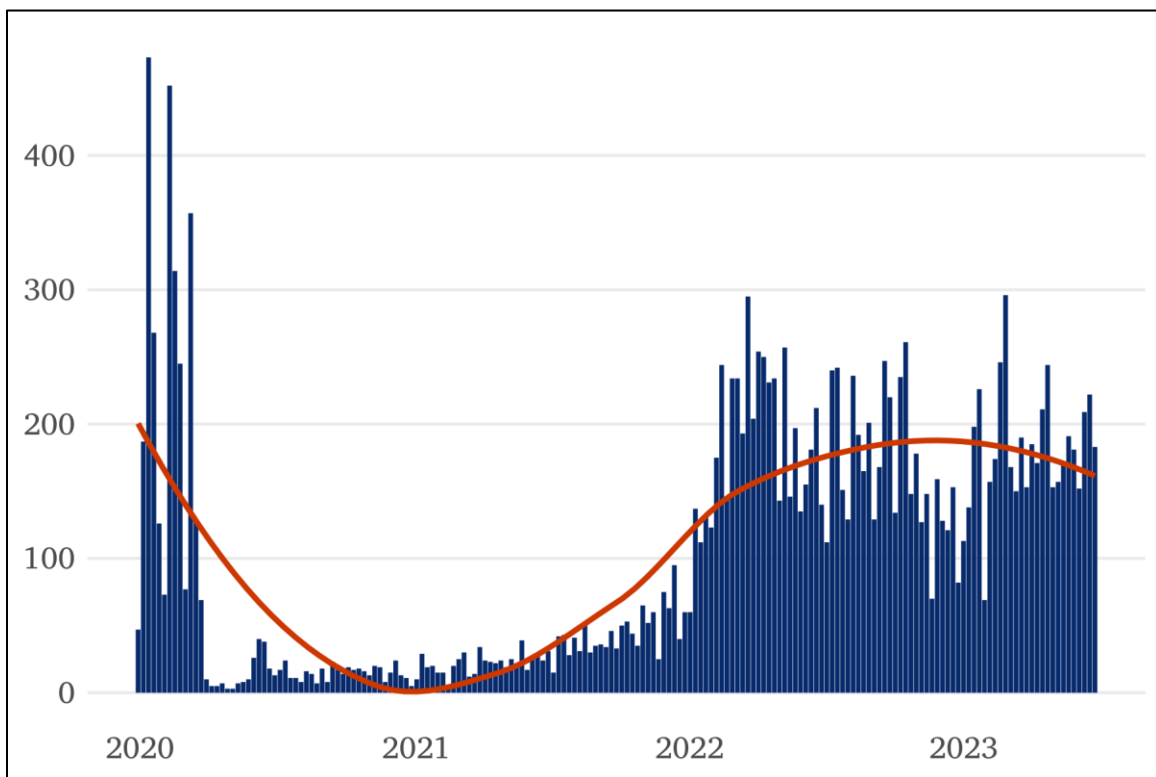
**Notes:** (1) Extremely low-income renter households are those who make less than 30% of area median income. (2) Severe housing cost burden is defined as paying more than 50% of income on housing and utilities.

## EVICTIONS IN AUSTIN

The information below comes from Eviction Lab. A sharp decline in evictions is apparent beginning in the early months of 2020 as eviction moratoria came into effect and lasting through the end of 2021 with evictions rising as they began to lift. Currently, even with new unit turnover via evictions back to higher levels, those open units may have asking rents that people in need of housing cannot meet. At the same time, the lifting of eviction moratoria also means that the people in our system can be targeted for eviction after program assistance ends (or even before).

At this time, we do not yet have the data necessary to estimate how much the increase in the number of people newly experiencing homelessness in Austin is a result of those who were experiencing housing and financial instability being summarily evicted instead of assisted.

**Figure 10:** *Weekly Eviction Filings in Austin from January 2020 – July 2023*

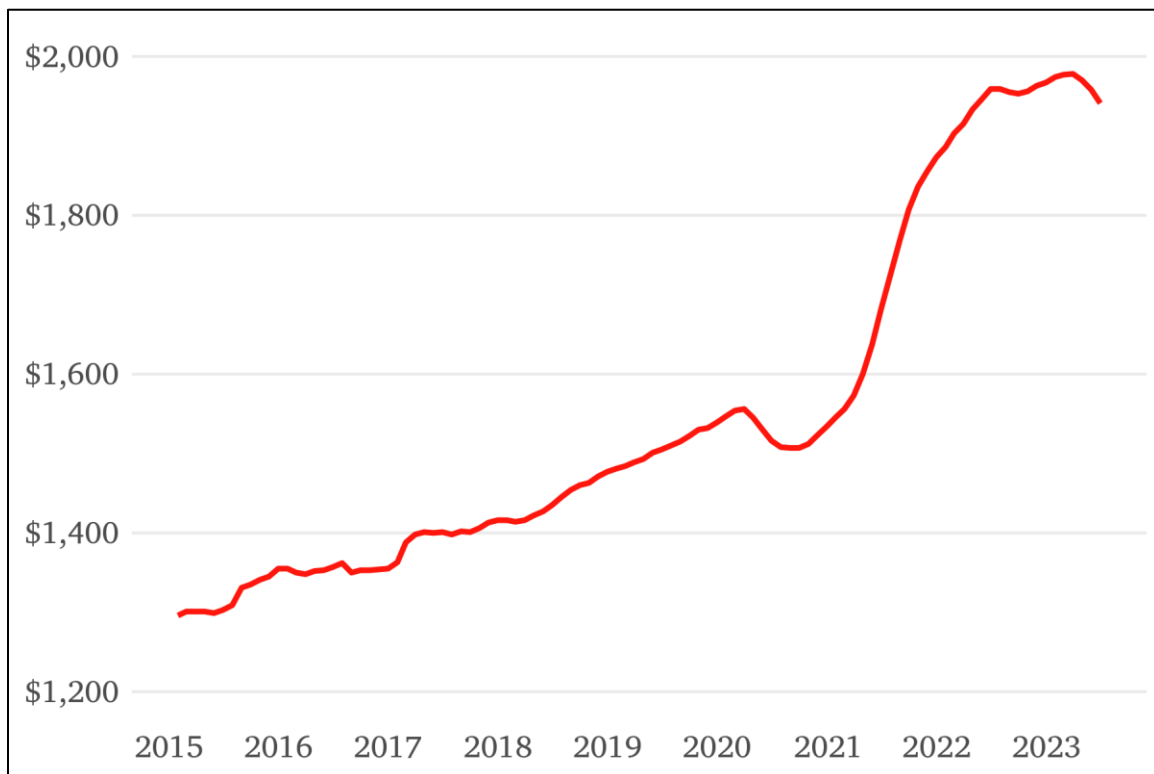


Source: [EvictionLab](#)<sup>25</sup>

## AVERAGE RENT IN AUSTIN

The information below comes from Zillow Observed Rent Index (ZORI) data, which is recorded by month and displayed below by year. The seasonally adjusted average rent in Austin has been consistently rising year by year and is around \$1,941 per month according to the latest available data at the time of this report's publication. As previously mentioned, this is higher than the current Fair Market Rent for the area (by \$555 for a one-bedroom and by \$688 for an efficiency) and significantly higher than the current SSI monthly income (by \$1,027).

**Figure 9:** *Seasonally Adjusted Average Rent in Austin*



**Source:** [Zillow](#)<sup>26</sup>

Last year's report spoke about the total salary or wages an individual would need for their yearly rent to equal the well-known maxim of "30% of their income." However, it is worth considering that people's listed salary or wages (i.e., "this job pays \$35,000 per year") is different from their *net income* (taxes, health insurance, etc. would be deducted from each paycheck, so people would not actually receive that full \$35,000 per year). Because rent is a regular expense that one must *pay*, and one cannot "pay" income that one does not actually receive, we will instead try to speak more about the total net income someone in Austin needs for this amount to equal 30% of the income *that is actually available to them*.

A monthly rent payment of \$1,941 comes out to \$23,292 worth of rent yearly. In order for that total rent amount to match 30% of an individual's net income, they would need to receive a usable total of \$77,640 per year. This means that in order for an individual to have this necessary net income, their total salary and or wages would need to be even higher than that amount. This required net income is \$66,672 more than the annual total of a single individual's SSI income in 2023.

That amount is also approximately \$62,560\* more than the annual earnings for a full-time minimum wage worker at the federal minimum wage, working 40 hours per week for 52 weeks per year while earning \$7.25 per hour. (*\*This amount refers to total wages, not net income.*)

The current rental market continues to be potentially untenable even for many of the homelessness response system's own employees, and it remains openly hostile to the people the system serves, who are earning even lower sums or living on fixed incomes.

# ADDRESSING KEY NEEDS & GAPS

## ELIMINATING RACIAL DISPARITIES

Black people in our community continue to be drastically overrepresented in the population experiencing homelessness compared to the general population of Travis County. System and program-level development and implementation of anti-racist policies and strategies must continue, if not increase, in order to better address this.

Recommendations include the continued analysis and refinement of the local Coordinated Entry assessment, the [Austin Prioritization Assessment Tool \(APAT\)](#); ensuring that RFPs for funding examine applicants' policies, practices, and performance in terms of racial diversity, equity, and inclusion; building concrete racial equity assessment metrics into grant contracts and YHDP/CoC program performance monitoring requirements; and bolstering qualitative research in collaboration with people with lived experience of homelessness and community advocates.

## ADDING PERENNIAL RAPID RE-HOUSING CAPACITY

The effect of the sunset of temporary RRH resources on our system in 2022, when ESG funding through the CARES Act ended, is reflected in pages 2, 6, and 10. Another sunset of temporary RRH funding, this time of [ARPA \(American Rescue Plan Act\)](#)<sup>27</sup> funding, will occur effective December 31, 2024.

The Coordinated Entry process allows people who take a Coordinated Assessment to choose whether they want to be referred to available openings in RRH, PSH, or both. As an example of the amount of RRH the Homelessness Response System needs based on current data and system characteristics, of the group of people experiencing [chronic homelessness](#) who are interested in either PSH or RRH, approximately 85.27% (3,658 people) would need to opt for accepting referrals to RRH projects even if the system had 500 more available units of PSH *and* if all PSH units were more readily available on a rolling basis due to [move-on](#).<sup>28</sup>

Given that another loss in temporary RRH capacity is imminent, and that most people who are open to both PSH and RRH will need referrals to RRH projects even if a huge amount of new PSH capacity is added, it is important to begin planning now to keep up with the system's need for additional RRH projects and to avoid experiencing yet another decrease in RRH capacity, enrollments, and move-ins in 2025.

## **REDUCING PROJECT ELIGIBILITY BARRIERS DUE TO SUBPOPULATION MEMBERSHIP REQUIREMENTS**

Even though some agencies may have specializations that make them well-suited to providing services to specific subpopulations, a systemwide focus on ensuring that new programs and services are not *limited* to serving specific subpopulations, will help the system to better serve all people due to there being fewer eligibility screening barriers, less time constraints, and increased system flow.

Furthermore, incentivizing existing projects that currently only serve specific subpopulations to remove those eligibility barriers for the people they do not currently serve will maximize the impact of this goal. This does not mean that projects cannot specialize in serving subpopulations. It just means that the goal is to make sure that no one is screened out of receiving assistance just because they are not part of the subpopulation that a project usually serves.

Finally, while the largest need for PSH is for single individuals, developing ways to increase our local PSH capacity to house families as part of the ongoing PSH pipeline project can ensure that larger households who need PSH can utilize it.

## **INCREASING PUBLIC POLICY & ADVOCACY EFFORTS**

The topic of homelessness tends to elicit strong feelings in both the general public and in government spaces, and the Homelessness Response System must work harder to actively ensure that the priority in all discussions and plans remains on evidence-based decision making focused on humanitarian solutions.

Public policy, advocacy, and public relations impact the system's ability to provide services to people in danger of, experiencing, or exiting homelessness—as well as the quality and quantity of services available. Better outreach and education to the general public can reduce NIMBY-ism and counter unproductive misconceptions or other harmful misinformation people may have heard. Through sound policy initiatives, we can reduce the barriers people without housing face, increase the funding that is available for us to provide services, and improve community resources to prevent homelessness in the first place and help those who have been re-housed to permanently remain stable in their new homes.

The previously mentioned need for an increased investment in RRH can also best move forward with proactive policy initiatives on the part of the HRS. The same is true for PSH projects, as well as for people who hold Housing Choice (Section 8) Vouchers. The private rental market currently has little to no incentive to rent to people who are exiting homelessness and or those who have a voucher. The success of these programs will take a strong commitment from the Private Market to house people in permanent housing programs and voucher holders, as well as

concrete initiative and movement from policy makers to create more incentives and requirements for the private and affordable housing market to meet this need.

Increasing an organized, systemwide public policy and advocacy initiative would provide further opportunities to engage in a cross-sector systems approach to address root issues in homelessness and inequity in connection with other systems such as civil rights, healthcare, mental health, and criminal justice reform. It is also another pathway for the Homelessness Response System to center the experiences of those most impacted and support people with lived experience of homelessness who are interested in advocacy work, ensuring that they are well supported and duly compensated for their time, effort, expertise, and courage.

# GLOSSARY

**Austin Street Outreach Collaborative (ASOC):** “The ASOC creates 12 new full-time (or equivalent) positions in the community in three outreach capacities: SOAR (SSI/SSDI Outreach, Access, and Recovery) Specialists, Mobile Street Outreach Coordination, and Coordinated Assessors. These newly created positions will be filling a gap for grassroots organizations by providing trained assessors to gather essential data to incorporate in the Homeless Management Information System (HMIS) and better connect unhoused individuals with housing and the services best suited for their needs. By training and deploying new positions into the community—going to unhoused individuals for data intake and coordination as opposed to requiring them to come to specific service provider locations—the ASOC will effectively expand the network of organizations putting data into HMIS and create a consistent intake process to better identify needs and gaps.” (Davis, 2022)

**Chronic Homelessness:** An individual experiencing homelessness who has a disability, as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: lives in a place not meant for human habitation, a Safe Haven, or in an Emergency Shelter and has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights. (See Also: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/>)

**Continuum of Care:** “A Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the [CoC Program Interim Rule \[24 CFR 578\]](#)<sup>29</sup> for a defined geographic area. A CoC should be composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.” (U.S. Department of Housing and Urban Development, 2014)

**Coordinated Assessment:** A short, equity-based assessment people take to enter the Coordinated Entry prioritization list for referrals to openings to participating Rapid Re-Housing and Permanent Supportive Housing projects. More information about Austin’s Coordinated Assessment, now called the “Austin Prioritization Assessment Tool,” may be found [here](#).<sup>30</sup>

**Coordinated Entry (Project Type):** “A project that administers the continuum’s centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool.” (U.S. Department of Housing and Urban Development, 2021, p. 42)

**Day Shelter (Project Type):** “A project that offers daytime facilities and services (no lodging) for persons who are homeless.” (U.S. Department of Housing and Urban Development, 2021, p. 40)

**Emergency Shelter (Project Type):** “A project that offers temporary shelter (lodging) for the homeless in general or for specific populations of the homeless. Requirements and limitations may vary by program, and will be specified by the funder.” (U.S. Department of Housing and Urban Development, 2021, p. 40)

**Homelessness Prevention (Project Type):** “A project that offers services and/or financial assistance necessary to prevent a person from moving into an Emergency Shelter or place not meant for human habitation.” (U.S. Department of Housing and Urban Development, 2021, p. 39)

**Other (Project Type):** “A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type, per above. Any project that provides only stand-alone supportive services (other than outreach or coordinated entry) and has no associated housing outcomes should be typed as ‘Other.’ For example, a project funded to provide child care for persons in permanent housing or a dental care project funded to serve homeless clients should be typed ‘Other.’ A project funded to provide ongoing case management with associated housing outcomes should be typed ‘Services Only.’” (U.S. Department of Housing and Urban Development, 2021, p. 45)

**PH – Housing Only (Project Type):** “A project that offers permanent housing for persons who are homeless, but does not make supportive services available as part of the project.” (U.S. Department of Housing and Urban Development, 2021, p. 42)

**PH – Housing with Services (no disability required for entry) (Project Type):** “A project that offers permanent housing and supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.” (U.S. Department of Housing and Urban Development, 2021, pp. 41-42)

**PH – Permanent Supportive Housing (disability required for entry) (Project Type):** “A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.” (U.S. Department of Housing and Urban Development, 2021, p. 41)

**PH – Rapid Re-Housing (Project Type):** “A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.” (U.S. Department of Housing and Urban Development, 2021, p. 41)

**Safe Haven (Project Type):** “A project that offers supportive housing that (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low demand services and referrals for the residents.” (U.S. Department of Housing and Urban Development, 2021, pp. 40-41)

**Services Only (Project Type):** “A project that offers only stand-alone supportive services (other than outreach or coordinated entry) to address the special needs of participants (such as child care, employment assistance, and transportation services) and has associated housing outcomes. If the Services Only project is affiliated with any one of the following:

- One residential project AND
  - Does not offer to provide services for all the residential project clients; OR
  - Only serves clients for a portion of their project stay (e.g.: provides classes); OR
  - Information sharing is not allowed between residential project and service provider.
- Multiple residential projects of the same project type (e.g. multiple PH:PSH) AND
  - Does not serve all the residential project clients; OR
  - Information sharing is not allowed between residential projects and service provider.

- Multiple residential projects of different project types (e.g. PH:RRH and PH:PSH)
- Emergency Shelter(s)

Then the project type will be 'Services Only' and 'Affiliated with a Residential Project' will be 'Yes.' Each of the residential projects with which the Services Only project is associated must be identified.

If the Services Only project provides only services (other than outreach or coordinated entry), has associated housing outcomes, and is not limited to serving clients of one or more specific residential projects, then the project type will be 'Services Only' and 'Affiliated with a Residential project' will be 'No.'

A residential project that is funded under one or more separate grants to provide supportive services to 100% of the clients of the residential project will be set up as a single project with the appropriate residential project type. All federal funding sources must be identified in 2.06 Funding Sources." (U.S. Department of Housing and Urban Development, 2021, pp. 42-45)

**Street Outreach (Project Type):** "A project that offers services necessary to reach out to unsheltered homeless people, connect them with Emergency Shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access Emergency Shelter, housing, or an appropriate health facility. Only persons who are "street homeless" should be entered into a street outreach project. Projects that also serve persons other than "street homeless" must have two separate projects to be set up in HMIS, one 'Street Outreach' and the other 'Services Only.'" (U.S. Department of Housing and Urban Development, 2021, pp. 39-40)

**Transitional Housing (Project Type):** "A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program, and will be specified by the funder." (U.S. Department of Housing and Urban Development, 2021, p. 40)

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# FULL TEXT HYPERLINKS

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- <sup>1</sup><https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>
- <sup>2</sup><https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>
- <sup>3</sup><https://www.austinecho.org/hmis/>
- <sup>4</sup><https://www.austinecho.org/>
- <sup>5</sup><https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>
- <sup>6</sup><https://www.austinecho.org/blog/2022/04/19/12188/>
- <sup>7</sup><https://www.govinfo.gov/content/pkg/PLAW-116publ136/html/PLAW-116publ136.htm>
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- <sup>16</sup><https://www.austinecho.org/dashboard/>
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- <sup>22</sup><https://www.ssa.gov/OACT/COLA/SSI.html>
- <sup>23</sup><https://www.benefits.gov/benefit/613>
- <sup>24</sup><https://nlihc.org/gap/state/tx>
- <sup>25</sup> <https://evictionlab.org/>
- <sup>26</sup><https://www.zillow.com/research/data/>
- <sup>27</sup><https://www.govinfo.gov/content/pkg/PLAW-117publ2/html/PLAW-117publ2.htm>
- <sup>28</sup><https://www.hudexchange.info/programs/coc/moving-on/>
- <sup>29</sup><https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578>
- <sup>30</sup><https://www.austinecho.org/api/>