City of Austin

MEMORANDUM

TO: Mayor and Council

FROM: Carlos Rivera, Director Health and Human Services Department
Betsy Spencer, Director Neighborhood Housing and Community Development Office

DATE: August 12, 2014

SUBJECT: Update on Resolution No. 20140320-048 & Resolution No. 20100325-053: Permanent Supportive Housing

---

On March 25, 2010, the Austin City Council approved a resolution directing the City Manager to work with community stakeholders to develop a comprehensive strategy that would result in the creation and operation of 350 units of Permanent Supportive Housing (PSH) over the next four years. The attached, "Report on the status of Permanent Supportive Housing in Austin," summarizes the success of the campaign, partnership and initiatives established to meet that goal.

In addition, the City Council approved a resolution on March 20, 2014, directing the City Manager to:

- Work with the Ending Community Homelessness Coalition (ECHO) and other community partners to establish a working definition of "Housing First" Permanent Supportive Housing (PSH) for the Austin Community;
- Establish the required qualifications for consideration to operate and/or develop a Housing First PSH community;
- Prepare a formal City of Austin Solicitation for a Housing First PSH Project; and,
- Work with the Leadership Committee [on PSH Finance] and other stakeholders to establish targets for the number of Housing First units to be delivered and serviced by the community over the next five years through additional solicitations or other mechanisms.

Staff has met with the Leadership Committee on PSH Finance monthly and worked closely with ECHO and other stakeholders to develop these and other recommendations and deliverables, including the Independent PSH Evaluation required in the original PSH Strategy Resolution passed by City Council in March 2010.

Through many community partnerships and intensive collaboration, the City's goal of 350 new units of PSH over four years has been met and surpassed, recognizing this goal includes units funded but not yet realized in the development cycle, which are slated to come online in the next two years. The Neighborhood Housing and Community Development and the Health and Human Service Department highlight this distinction recognizing that through important funding solutions such as the General Obligation Bond Program and the 1115 Waiver Program, efforts to achieve this goal would have been strained further by lack of resources.

The City's collaborative work with community partners has created several new and innovative partnerships and endeavors that have educated the community and helped hundreds of people exit chronic homelessness. Overall the Roof Over Austin campaign to end chronic homelessness has been a great success, and as the program and collaborations that have been established continue, the City can be proud to have been a leading partner in these efforts. While there are still many more homeless individuals to be housed, the Roof Over Austin campaign to end chronic homelessness has helped to ensure that hundreds of previously homeless people now have access to stable housing. This is a good start; however, the campaign needs ongoing support to ensure that the people most in need in Austin can be housed, likely resulting in cost savings from decreased use of high cost public services such as the court system, jails, and emergency rooms.

Please find attached a written brief addressing Resolution 20140320-048 and Resolution 20100325-053. To view the full ECHO evaluation report online, please visit:
http://www.austintexas.gov/sites/default/files/files/Housing/PSH/PSH_Evaluation_by_ECHO_2014.pdf

Should you have any questions or need additional information, please feel free to contact us.

Cc: Marc A. Ott, City Manager
Bert Lumbreras, Assistant City Manager

Attachments

To: Mayor and Council

From: Ed McHorse, Chair EMH
Leadership Committee on Permanent Supportive Housing Finance

Date: August 12, 2014

Re: Update Report to Council on Permanent Supportive Housing

In March 2010, the City Council directed City staff, working with community stakeholders, to develop a comprehensive strategy for the development of 350 units of Permanent Supportive Housing (PSH) over a four year period. The creation of the Leadership Committee on PSH was a part of the strategy. Over the past four years, the Leadership Committee has developed the strategy, monitored progress toward the goal, and requested and obtained commitments needed to achieve the goal.

As the four-year target period draws to a close, you asked for an update and, very importantly, an *evaluation* of the PSH Strategy.

Our local housing providers, service and healthcare providers, NHCD, HHS and other local government agencies leveraged resources, took advantage of unique funding opportunities and built collaborations which have resulted in development of close to 350 new PSH units. This success is a testament to what can be accomplished with a clear strategy and the support of City Council. We were not a successful in targeting the new PSH units for the subpopulations listed in the PSH Strategy, but have identified the shifts in policy needed to meet those goals over the next five years.

The Ending Community Homelessness Coalition (ECHO) evaluation of the PSH Strategy includes an analysis of the effectiveness of Austin/Travis County's PSH in producing housing stability for formerly homeless individuals and reducing the frequency of use by PSH residents of high cost public systems (law enforcement, courts, jails, emergency departments).

The ECHO report, and the data supporting the report, shows that PSH in Austin, Texas (like PSH nationally) is effectively reducing homelessness, increasing housing stability, and decreasing the costs incurred with public systems. The analysis also shows that the PSH strategy can be even more effective when PSH units are focused on the most vulnerable – those who are chronically homeless and have significant disabilities and other obstacles to other housing options. Although this subpopulation is the hardest to serve, when successfully engaged in PSH, this group benefits the most, and provides the most cost reduction to the community.

The full report is very detailed (available at www.austintexas.gov/housing), and you are aware of the complexity of the funding issues surrounding homelessness. In order to provide a full report on the PSH Strategy, I would appreciate the opportunity to provide Council a briefing and answer questions you may have.

Report on the Status of Permanent Supportive Housing in Austin

August 2014

Presented by the City of Austin

Report on the Status of Permanent Supportive Housing in Austin

Through the 2014 annual point-in-time count of our homeless population, it is estimated that on any given night in Austin, 1,987 individuals are homeless. Of these, approximately 349 are considered chronically homeless.[1] The U.S. Department of Housing and Urban Development's (HUD) definition of a chronically homeless person is: *"a homeless individual or head of household with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years".* A disabling condition is defined as *"a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions".*

Caritas PSH client

These community members frequently confront serious, persistent issues such as addiction or alcoholism, mental illness, HIV/AIDS, and other serious challenges to a successful life, and thus require a more substantial level of care in a supportive housing environment to return to housing stabilization. Permanent supportive housing is an evidence-based practice that has been proven to be the most successful intervention for chronically homeless persons. HUD has independently verified that more than 80% of tenants in permanent supportive housing remain stably housed for more than one year.

Background

Based on reports and recommendations from the Ending Community Homelessness Coalition (ECHO) and the Corporation for Supportive Housing (CSH), on March 25, 2010, a Resolution approved by the Austin City Council directed staff in both the Neighborhood Housing and Community Development Office and the Health and Human Services Department to develop a

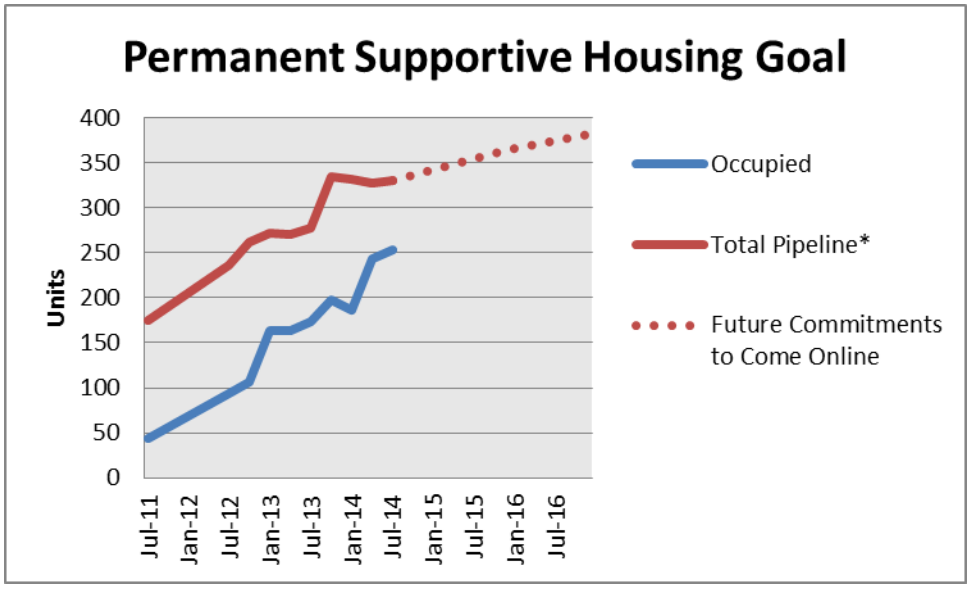
[1] It is important to recognize that the annual Point-In-Time count is an estimate of the total sheltered and unsheltered homeless individuals on a given night. The number of homeless individuals in a year would be larger. While ECHO and the Austin community have taken great strides to improve the accuracy of the count, it is unlikely that the unsheltered estimate captures every individual living on the street that night. Nevertheless, the count of unsheltered individuals has been done in a relatively consistent way year after year, which provides meaningful information about homeless population trends.

comprehensive strategy to construct and operate 350 new units of permanent supportive housing (PSH) over four years. In addition, the resolution directed staff to prioritize funding for PSH that targeted the most vulnerable populations, specifically those residents with annual incomes at or below 30 percent median family income (MFI) who deal with chronic homelessness and disabilities; all while also continuing to fund affordable home ownership, home repair, and rental projects, as well as all other social services in the self-sufficiency continuum. Finally, the Strategy that was adopted by Council as a working document in September of 2010, prescribed conducting an independent evaluation of cost avoidance to determine the overall effect of this model in Austin.

350 Unit Goal

There has been a marked increase in PSH housing since 2011 with the total number of units in the pipeline reaching the 350 unit goal by August 2014, taking into consideration the most recent funding commitments by the Austin City Council to include units leveraged by funding allocated by the Texas Department of Housing and Community Affairs' Low Income Housing Tax Credit Program. It is an important distinction that although these units are not yet realized – or on the ground, the funding made available in 2014 for additional permanent supportive housing units attributes toward the success of the collective efforts and goal to fund 350 new units.

The chart below shows the cumulative success of the community goal from 2010-2014, including committed units described below.



Future commitments include additional permanent supportive housing units designated in the following capital projects that have recently been reviewed by the Housing Bond Review

Committee and received funding commitments from the Austin Housing Finance Corporation Board (AHFC). These 51 units increase the committed unit count to 382 units as of August 2014:

Planned Permanent Supportive Housing Units				
Housing Provider	**Property Name**		**Anticipated Units**	**ETA**
Foundation Communities	Homestead		14	2015
Foundation Communities	Southwest Trails		3	2016
Foundation Communities	Bluebonnet Studios		6	2016
Foundation Communities	Rutledge Spur Apts.		8	2016
Mulholland Group	Cross Creek Apts.		20	2015
		Total	**51**	

PSH Inventory by Property

For the past four years, City staff has conducted periodic counts of PSH units created through the use of leveraged City funds, or through independent collaborations and partnerships throughout the community. The list of PSH units as of July 2014 is below:

Permanent Supportive Housing Inventory						
Primary Service Provider	**Housing Provider**	**Property Name**		**Occupied Units**	**Anticipated Units**[2]	
Front Steps/ATCIC	TCHA	Scattered		17	1	
Front Steps	Green Doors	Pecan Springs Commons I		8	0	
Front Steps/ATCIC	Palms/Mulholland Group	Palms		13	0	
Front Steps/ATCIC	Scattered	Scattered		15	0	
Caritas-partnership	Foundation Communities	Spring Terrace		8	2	
Caritas-partnership	Foundation Communities	Arbor Terrace		9	1	
Caritas-Terraza	Foundation Communities	Arbor Terrace		39	1	
Caritas	Summit Housing Partners	Marshall Apartments		10	7	

[2] Anticipated units may be in the construction or pre-construction phases, or may be units that will be filled upon attrition of current tenants.

VA	Green Doors	Pecan Springs Commons		25	1	
VA	Green Doors	Treaty Oaks		25	0	
SafePlace	Green Doors	Glen Oaks Corner		6	0	
Lifeworks	Lifeworks	Works at Pleasant Valley		19	1	
SafePlace	Captuity Investments III	Retreat at North Bluff		4	2	
TBD	Foundation Communities	Capital Studios		0	34	
Foundation Communities	TCHA	Garden Terrace/ Spring Terrace	JRI partnership	18	4	
ATCIC	DSHS	Scattered	DSHS Grant	30	0	
ATCIC	TDHCA via DSHS/DADS	Scattered		1	9	
ATCIC	NHCD/ HACA	Scattered	City 1115 Contract	0	15	
VA	AHFC	Anderson Village		5	0	
VA	GNDC	Guadalupe-Saldana		1	0	
*City of Austin Neighborhood Housing and Community Development - last updated **7/22/14***			**Total**	**253**	**78**	**331**

Data Limitations

While the number of PSH units is generally increasing, there have also been decreases in the number of units at times. These fluctuations in the number of units have been the result of two issues. The first is the quality of available information. While every attempt has been made to ensure accuracy, the inventory counts have been done manually. Through various staff transitions at partnering agencies and the challenges related to point-in-time communications, occasional miscalculations were made that have been rectified to date. The second issue is a systemic one. As is the case with any program dependent on the housing market, some attrition in housing availability and service funding availability will always be present with PSH, occasionally causing the loss of a PSH unit.

In addition, an important data set to provide a comprehensive landscape on the availability of permanent supportive housing is the tracking of Veterans Affairs Supportive Housing (VASH) voucher program. This source of PSH -the disbursement of VASH vouchers -has not been fully tracked through this count or through the Homeless Management Information System (HMIS) to date. Since 2010, it has been reported that 297 VASH vouchers have been distributed to

chronically homeless veterans in the community. Many of those individuals and families have been placed into PSH provided by agencies listed in this report, however many have gone into other scattered units throughout the community. The City of Austin is working with the Veterans Affairs Office (VA) to provide exact figures to include in the inventory, but it is worth noting that these PSH consumers are in the Austin community and would further increase the total of PSH units. Going forward, VASH voucher-holders will be tracked through HMIS and will participate in the community's Coordinated Assessment activities.

Green Doors – Glen Oaks Corner, PSH funded partially with 2006 G.O. Bonds

There is a constant effort by the entire homeless services community to continue to identify available housing, willing landlords, and sources of funding to provide continuous housing support and services to PSH consumers. Ongoing support from the community as a whole is necessary to ensure that new PSH units continue to be created and maintained.

PSH Leadership Committee and Significant Partnerships

In response to City Council Resolution 20110310-025, the City convened the Leadership Committee on PSH Finance, comprised of expertise in permanent supportive housing; the committee includes members from all of the major taxing entities except AISD, and some community funding agencies relevant to housing, health and social services:

- Austin/Travis County Integral Care
- Central Health
- City of Austin Neighborhood Housing and Community Development
- City of Austin Health and Human Services
- Corporation for Supportive Housing
- Downtown Austin Alliance
- Ending Community Homelessness Coalition Seton
- Housing Authority of the City of Austin
- St. David's Foundation
- Travis County Criminal Justice Planning
- Travis County Health and Human Services & Veterans Service
- Travis County Housing Authority
- United States Department of Veteran's Affairs

The Leadership Committee created in Austin has been widely considered a best practice that may be replicable in other communities. The Committee has met monthly since 2011, creating a Financial Model (presented to the City Council in April 2012), guiding the prioritization of PSH strategies, and most importantly, building innovative relationships and partnerships that have resulted in new PSH units for the community.

Danny had been homeless since 2003. He stayed at the ARCH and the Salvation Army, but mostly, he stayed on the streets in Austin. By the time he came to Front Steps Recuperative Care Program, he had multiple advanced medical problems, and was enrolled in Hospice.

Danny's condition improved. He and the Recuperative Care staff worked on regaining his ID, applying for social security benefits, getting him primary medical care, and entering a housing program.

Since moving into his own apartment, Danny has reconnected with his daughter and his grandchildren. He now says, "My daughter is not ready for me to go yet, so I think I'll stick around." – A local success story [quoted from ECHO "Permanent Supportive Housing in Austin Texas" Report, August 2014]

One partnership established through the Leadership Committee on PSH Finance generated 15 new units of Housing First Permanent Supportive Housing through the 1115 Medicaid Waiver program. The City's Health and Human Services Department, as a project of the community-wide 1115 Medicaid Waiver program, funded an Assertive Community Treatment (ACT) Team to provide intensive case management and wrap-around services to 15 tri-morbid, chronically homeless individuals. Contracted to Austin Travis County Integral Care (ATCIC), the service component was then matched with a $500,000 commitment from the City's Capital Improvement Program funding to provide bridge rental assistance for these individuals until permanent housing vouchers become available for them through the Housing Authority of the City of Austin. Soon, City HHSD will release another 1115 waiver project RFP expanding this ACT Team initiative to support at least 60 additional units of PSH. The objective is that this pilot program is replicable and creates an effective system to help achieve further community success.

Travis County has also helped to create new PSH units thru the Justice Reinvestment Initiative (JRI) Permanent Supportive Housing and Case Management Pilot. Funding is provided by the Bureau of Justice Assistance (BJA, $300,000); The Laura and John Arnold Foundation ($69,012); and Housing Authority of Travis County (housing vouchers valued at $82,800). The pilot will serve 22 chronically homeless, mentally ill men and women who are frequent offenders in the county jail, as determined by a high Jail Impact Score (calculated using frequency of jail bookings and the number of jail bed days

consumed). This pilot program provides transitional and permanent supportive housing, along with intensive case management and ancillary services (substance abuse treatment, counseling, medication and medication management, access to a psychiatrist).

Another highlight of the work of the Leadership Committee has been the involvement of the Housing Authority of the City of Austin and its movement in adding a homeless preference for vouchers in its revised December 2013 Housing Choice Voucher Administration Plan. Each fiscal year, HACA will give a preference to no more than 100 applicants or 25 percent of all applicants drawn (whichever is less) to homeless individuals and families. With HACA issuing the largest number of permanent housing vouchers in the city, this administrative change will have a significant impact on housing the chronically homeless.

Finally, ECHO has kept the community focused on PSH and has served as a much needed champion agency for this important issue.

- ECHO worked with NHCD and HHSD to create a PSH video that aired during Hunger and Homeless Awareness week across the community. The video explained the strategy to house frequent users of expensive public systems and made a plea to property owners to get involved with PSH.
- ECHO worked with the Keep Austin Housed Campaign to involve PSH providers in raising awareness about the need for affordable housing to help end homelessness.
- ECHO led a delegation to include City staff at the HousingFirst Conference to learn best practices for low barrier PSH.
- ECHO is partnering with Austin Travis County Integral Care on a state matching grant to help ATCIC develop 50 units of Housing First PSH for clients with mental illness.
- ECHO is implementing a PSH Prioritization process to identify frequent users of local public systems who need PSH.
- Since 2010, ECHO has expanded its program staff from 1 to 11, also taking in-house the Homeless Management Information System (HMIS) programming, increasing its accuracy and growing its capacity.
- ECHO's board continues to demonstrate strong leadership and capacity to elevate the issues of homelessness in Austin to a new awareness level, which has filled a communications and educational void.

PSH Evaluation

Recognizing that PSH is a resource-intensive intervention, studies have indicated that high public costs of homelessness mean that it costs essentially the same amount of money to house someone in stable, supportive housing as it does to leave that person homeless and cycling through high- cost crisis care and emergency housing. The 2010 City of Austin PSH Strategy called for an independent evaluation to assess the effectiveness and cost-benefit comparison of the program to date. In January 2014, the City contracted with the Ending Community Homelessness Coalition (ECHO) to provide an outcome and economic evaluation of the City of Austin 2010 Permanent Supportive Housing Strategy. ECHO performed an analysis of the effectiveness and cost-benefit comparison of the program for the target population of PSH clients served by community partners since January 2010, and who have at minimum 12 months of housing on record in a PSH program. That report, "Permanent Supportive Housing (PSH) in Austin, Texas: Successes, Challenges and Future Implications for the City's 2010 Permanent Supportive Housing Strategy," is attached, and the full report is available at www.austintexas.gov/housing. The City and its community partners acknowledge that evaluation and analysis of cost avoidance must be an evolving and ongoing initiative.

Homeless Management Information System (HMIS)

As mentioned above, one of the challenges of the Roof Over Austin campaign to end chronic homelessness is tracking and correlating PSH units and clients. In 2012, ECHO took responsibility for the HUD required Homeless Management Information System (HMIS), an information technology system used to collect client-level data, and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. ECHO's management of this system will help to ensure that all future PSH clients and units will be tracked to minimize future data inaccuracies. More information about HMIS can be found in ECHO's report "Permanent Supportive Housing in Austin, Texas."

Caritas PSH client

Housing First

As was noted in the City's 2010 Permanent Supportive Housing Strategy, the *Housing First* model of PSH is an evidence-based practice supported by the U.S. Department of Health and Human Services and the U.S. Interagency Council on Homelessness. Housing First embraces the

philosophy that individuals will be more successful in creating and working towards self-sufficiency goals if they first have a roof over their heads and a safe place to live. Without perquisites to housing, like in "housing ready" programs, individuals are offered immediate access to permanent housing.

Recently, the City Council approved Resolution 20140320-048 where the City and community partners acknowledge Housing First as a critical strategy to achieving success in ending chronic homelessness in the City of Austin. Since March, ECHO has worked with numerous stakeholder groups to establish a community-wide definition of Housing First. That definition is as follows:

> ***Housing First—Community Wide Definition (ECHO)***
>
> Housing First is an approach that centers on providing individuals experiencing homelessness with appropriate housing quickly, regardless of potential housing barriers, then providing support services as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families access long-term, sustainable housing as quickly as possible. This approach has the benefit of not only being consistent with what most people experiencing homelessness want and prefer, but also being associated with consistently high outcomes across a variety of communities.[3,4]
>
> Core Elements:
>
> - Acceptance of applicants regardless of their sobriety, any past or current use of substances, any completion of rehabilitation or treatment, or participation in any other supportive services.
>
> - Applicants are seldom rejected solely on the basis of poor credit or financial history, poor absent rental history, criminal convictions, or any other behaviors are generally held to indicate a lack of "housing readiness."
>
> - Discretionary funds are available to support basic needs for both clients without income and clients who experience financial crises. Tenants are given reasonable flexibility in paying their tenant share of rent. Typical case manager to client ratio 1:10 to 1:15.
>
> - Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without standardized or predetermined goals, and client choice is key. Participation in services or program compliance (unrelated to lease terms) is not a condition of tenancy.

[3] http://www.endhomelessness.org/library/entry/what-is-housing-first;
[4] http://pathwaystohousing.org/research-library/

- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.
- Tenant selection process includes the prioritization of eligible tenants based on criteria such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.
- Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing and client-centered counseling.
- Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction may be a part of tenants' lives; tenants are engaged in non-judgmental communication, and tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Building and apartment unit may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants.
- Community has a coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services; individuals experiencing chronic homelessness and high need families are matched to appropriate permanent supportive housing/Housing First opportunities. [5]
- Every effort is made to offer a transfer to a tenant from one housing situation to an alternative option, if a tenancy is in jeopardy. Programs avoid eviction back into homelessness whenever possible.

2014 Housing First PSH Solicitation

City Council Resolution 20140320-048 also directed staff to "Prepare a formal solicitation for a Housing First PSH Project that coordinates the required capital investment with multi-year resident support services, including the Health and Human Services Request for Applications and other funding sources, to be reviewed by the Leadership Committee on PSH Finance within the next 90 days."

Foundation Communities – Arbor Terrace, PSH funded partially with 2006 G.O. Bonds

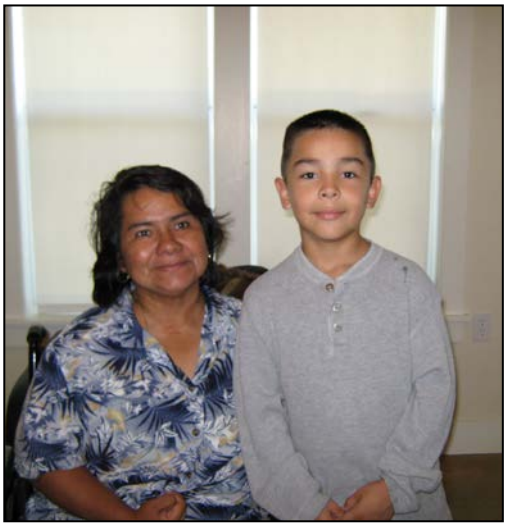
[3] http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

Staff has worked cross-departmentally and with the Leadership Committee on PSH Finance to respond to this request. The group collaboratively initiated a Request for Information (RFI) in order to survey the interest in the development community in this type of project; provide avenues whereby knowledge sharing could further seed partnerships among interested local and/or national agencies; as well as to gather information critical to a successful procurement. The RFI was released on July 21, 2014 and will close on August 4, 2014. Following the RFI, a Request for Qualifications (RFQS) will be issued. RFI information is available online at http://www.austintexas.gov/news/city-seeks-insights-'housing-first'-model.

Financing for PSH must always include capital, operational and social service funding. The City's RFQS will include both capital and service provisions. Operating funds will be identified through housing vouchers issued by HACA at the time that units are ready for move-in. While funding is secure for a capital expenditure for development through the 2013 General Obligation Bonds, the City also intends to find a committed provider for social services with this solicitation. Given the unknown timeline of housing production, and the inability of HHSD to obligate funding towards a future contract, the $650,000 that will be required to annually fund social services for these 50 units of PSH remains a future and ongoing budgetary consideration and will require action by the City Council.

2014 PSH 5-year goal

Finally, Resolution 20140320-048 directs staff to "work with the Leadership Committee on PSH Finance to establish targets for the number of Housing First units to be delivered and serviced by the community over the next five years through additional solicitations or other mechanisms."



Green Doors PSH Family

Addressing the 350-unit PSH goal set in 2010 has been both an accomplishment and a challenge. It is with great collaboration that the community has worked together to advance a common goal, and identify the funding and mechanisms to achieve it. It has been a shared understanding among members of the Leadership Committee that 350 units was a starting place, and that has not changed. There is a continued need for PSH that far outpaces the number of units the community can realistically create given the resources available and the current housing market in Austin.

Continued Collaboration

As the Leadership Committee on PSH Finance reports on its accomplishments the past four years, it is anticipated that a new community goal will be set to continue to position PSH, as a well as the Housing First model, at the forefront of business models by the City of Austin and its partnering agencies. The City of Austin acknowledges the call to action by members of the Leadership Committee on PSH Finance to set a new goal for PSH, which is noted in ECHO's report "Permanent Supportive Housing (PSH) in Austin, Texas: Successes, Challenges and Future Implications for the City's 2010 Permanent Supportive Housing (PSH) Strategy."

PERMANENT SUPPORTIVE HOUSING (PSH) IN AUSTIN, TEXAS

Successes, Challenges and Future Implications for the City's 2010 Permanent Supportive Housing (PSH) Strategy

AUGUST 5, 2014

ENDING COMMUNITY HOMELESSNESS COALITION (ECHO)
1640 A, E. 2nd Street, Austin, TX 78702

Table of Contents

List of Tables

List of Figures

Executive Summary

This report presents the findings and recommendations from an analysis of permanent supportive housing (PSH) in Austin. This analysis suggests that PSH in Austin is providing permanent housing and support services to members of highly complex target populations. The initial data on service utilization suggest that PSH may increase client stability, decrease client use of the Downtown Austin Community Court and jails, and decrease client use of emergency departments and hospitalization. This study focused on the individuals who were in HMIS PSH at some point between January 1, 2010 and April 16, 2014 and who had at least 365 cumulative days in PSH by the end of reporting period.[1] Ongoing analysis is needed to examine these trends, to look for subgroup variability, and to ensure that the observed differences are an outcome of PSH and not due to other factors.

The Strategy, Subpopulations and Frequent Users

While PSH created since 2010 fell short of meeting the Austin City Council's specific numerical targets by June 2014, it successfully housed chronically homeless veterans, single adults, men and women diagnosed with mental illness, substance abuse issues and other disabilities, and a few families headed by chronically homeless adults. Seventeen percent of the adults in the PSH Study Group[2] had been booked into jail for a new arrest in the year prior to housing and nearly one-third of the City PSH Strategy Subset[3] were frequent shelter users prior to housing.

---

[1] Fifteen individuals met the study criteria of 365 cumulative days but their most recent entry had not yet lasted one year. These individuals were included and outcomes are measured from the beginning of their most recent entry.

[2] The 17 percent is 80 of the 479 individuals who met the conditions for inclusion in the analysis of jail usage in the year prior and after PSH. This analysis was limited to individuals who entered PSH sometime between March 2008 and March 2013. Additionally, individuals who were not adult age by the end of the reporting period or March 13,

Most clients housed since 2010 did have some encounters with public systems; the Strategy called for 225 to be "frequent users," of jail, healthcare, community court and shelters. Based on new community definitions of frequent users, of the 160 persons in the City PSH Strategy Subset housed and subject to this analysis the following were considered frequent users:

- 18 frequent users of hospital emergency department visits/hospitalization (5 emergency department or inpatient hospital contacts in any 3 month period)
- 5 frequent users of Downtown Austin Community Court (25 cases or more) and
- 49 frequent users of emergency shelter (slept at least 50 percent of nights in shelter during the six months prior to PSH entry)

Thus, "frequent users" are being housed in PSH, but not at the level envisioned by the 2010 Strategy. Based on more recent data, there were 90 frequent users of the Downtown Austin Community Court (DACC) who recently used the emergency shelter and an additional 165 households who were recent frequent shelter users with a self-reported disability. These households likely need PSH. Additional homeless individuals accessing hospitals, EMS and jails would increase the estimated need of PSH among frequent users. At the time the Strategy was announced, PSH programs were not required to adopt the Strategy nor agree in writing to prioritize frequent users. Current ECHO work to implement a single Coordinated Assessment and PSH Prioritization will improve the service providers' ability to successfully target these frequent users. Understandably, to house this population, units must be available and accessible. Frequent users often face barriers to housing, i.e. criminal history, debt, lack of income, poor rental history, sobriety requirements, etc. Housing First PSH takes these barriers into account and applicants are seldom rejected solely on the basis of poor credit or financial history, poor absent rental history, criminal convictions, or any other behaviors that are

---

2014, one year post the latest PSH entry date of March 14, 2013, would not have been booked in jail during the study period and so were excluded from the match rate calculation.

[3] The 31 percent is 49 of the 160 adults and children in the City PSH Strategy Subset.

generally held to indicate a lack of "housing readiness." A shortage of Housing First PSH units in Austin hinders the community's ability to implement this frequent user PSH strategy. The City's call for a Request for Proposals to develop Housing First PSH, providing funds for both capital costs and support services, should develop housing for these frequent users.

The Strategy and Housing Stability

Austin PSH programs provide a source of stability for residents.

- Individuals stayed in supportive housing for more than three years, on average.
- Most children remained in housing with their families.
- 95 percent of adults maintained or increased their total income from entry.[4]
- Despite these increases in total income, about 85 percent of adults had no *earned* income recorded at program entry or at exit or the end of the reporting period.[5] This indicates a heavy reliance on mainstream benefits for income.

The Strategy and Reductions in Use of Public Systems and Costs

- Entry into Austin PSH may be correlated with lower usage of local criminal justice systems among those with a criminal background. There was a 44 percent reduction in the number of people with a jail booking for a new arrest and more than a 50 percent reduction in bookings in the year following entry into supportive housing. Additionally, jail bed days dropped by 68 percent in the two years following PSH entry. The number

[4] Income refers to all self-reported income, both earned income from employment and income from other sources, like Social Security Income (SSI) and retirement income. 95 percent is 475 out of the 500 adults at entry who had the necessary income data to calculate a change in income. Seventeen percent of the 599 adults at entry were missing the income data necessary to calculate a change in income.

[5] Earned Income refers to the self-reported income from employment. The 85 percent is 410 of the 485 adults at entry who had the necessary employment income data to analyze the change in earned income. Nineteen percent of the 599 adults at entry were missing the income source information necessary to analyze if the individuals had earned income.

of Downtown Austin Community Court cases dropped by nearly 80 percent in the year after PSH.

- Initial results suggest that there is a negative relationship between housing entry and any healthcare utilization. Usage of ER, inpatient, clinic, and outpatient health care decreased in the year after PSH entry for those that opted to share their data. Further research is needed to investigate the nuances of these findings.

- Using average cost figures for nights in shelter, bookings, jail beds, emergency room, and inpatient hospital, the reported usage the year before housing for this study group totals $2M and the first year after PSH, it only totals $1.1M. The reported reductions in this evaluation suggest PSH entry may be correlated with such reductions, which again is consistent with effective PSH efforts in other communities, and in line with the desired outcomes for the Austin PSH strategy. Future analysis could be designed to better determine exact savings per client from local PSH programs.

Recommendations

Next Goal

The City should continue to support PSH as the primary intervention to end chronic homelessness. To do so, the City should set a new target of 400 PSH units, with a minimum of 200 dedicated to Housing First PSH. These units should be in part funded by G.O. Bond funds, Housing Trust Funds and General Revenue to support capital development, rental subsidies and support services.

Strategy Modifications

1. This report should be discussed with PSH housing and service providers to determine what can be learned to improve service delivery and PSH program outcomes. ECHO

should host this conversation and share the results with the PSH Leadership Finance Committee.

2. Emphasize Housing First PSH strategies to ensure housing is accessible to frequent users of shelter, jail and Downtown Austin Community Court and those with mental illness and substance abuse issues.
3. Coordinated Assessment and PSH Prioritization, launching in October 2014, will provide information that should be reviewed before setting new additional numerical targets. It should include the regular monitoring of the amount of PSH prioritized for and accessed by frequent users of jail, hospitals, and shelter. In addition to the CoC PSH programs, that will be required to participate in prioritization, the City should consider requiring all PSH programs to participate in Coordinated Assessment PSH Prioritization by receiving referrals from one primary PSH prioritization list.
4. Despite challenges, ECHO should continue to work to develop and maintain MOUs with community partners to ensure that client level data are available for use with Coordinated Assessment and PSH Prioritization, as well as future program evaluations.

Ongoing Evaluation

While this analysis sheds light on possible positive outcomes of individuals entering PSH, further analysis is needed to better understand how much of the observed changes can be attributed to the PSH programs. The evaluation should control for individual level characteristics and temporal factors that could have a correlation with the observed outcomes. The healthcare utilization should be further investigated, if possible, to include the results of individuals who opted out of data sharing. CoC funded PSH programs should be required to include an ICC authorization as part of client intake into PSH.

Overview of Report

With collaboration from numerous local partners, the Ending Community Homelessness Coalition (ECHO) is pleased to provide the City of Austin with this report regarding client use of public systems before and after permanent supportive housing (PSH). The findings presented in this report have implications about the effectiveness of recent PSH initiatives and recommendations for Austin's community PSH strategy moving forward.

> Keith, an Army veteran was living in his car and deep in the throes of drug addiction. After securing PSH through Front Steps, Downtown Community Court and Foundation Communities, he has been clean for over a year, stable in housing, and employed in a job he loves. - A local success story

In this report, PSH refers to an intensive intervention with high expectations of housing stability. Like its name suggests, "PSH is affordable housing linked to a range of support services that enable tenants, especially the homeless, to live independently and participate in community life."[6] The supportive services may be provided by the housing management organization by other public or private service agencies.

In PSH, property management and support service functions should be provided either by separate legal entities or by staff members whose roles do not overlap. It can be offered in diverse housing settings, but should consist of apartment units that are:

- **targeted** to households earning under 30 percent of Area Median Income with multiple barriers to housing stability;
- **deeply affordable** where rental subsidies are sizeable enough to cap the tenant's rental contribution to 30 percent or less of their income , even for tenants with extremely limited or no income;

[6] http://austinecho.org/wp-content/uploads/2014/06/CSH-Financial-Modeling-for-ATC_2010.pdf p. 4

- **lease-based** Where tenancy is based on a legally-enforceable lease or occupancy agreement, and there are no tenancy time limits, provided the individual abides by the conditions of the lease or agreement;
- **supported by a flexible array of comprehensive services**, , including, but not limited to, case management, integrated healthcare, substance use treatment, employment, life skills, and tenant advocacy, available to the tenant on a voluntary basis with participation having no bearing on the lease; and
- **managed through a working partnership** that includes ongoing communication between service providers, property owners/managers, and subsidy programs.[7]

> Danny had been homeless since 2003. He stayed at the ARCH and the Salvation Army, but mostly, he stayed on the streets in Austin. By the time he came to Front Steps Recuperative Care Program, he had multiple advanced medical problems, and was enrolled with Hospice.
>
> Danny's condition improved. He and the Recuperative Care staff worked on regaining his ID, applying for social security benefits, getting him primary medical care, and entering a housing program.
>
> Since moving into his own apartment, Danny has reconnected with his daughter and his grandchildren. He now says, "My daughter is not ready for me to go yet, so I think I'll stick around." – A local success story

The first half of this report begins with an introduction about ECHO and its role in the implementation of Austin's PSH strategy as well as its role in the overall provision of homelessness services. It then describes local HUD PSH funding, Coordinated Assessment, and the Homeless Management Information System (HMIS). The first half of this report ends with a review of the 2010 PSH Strategy.[8] It was out of this strategy that this evaluation was recommend. Specifically, it suggested the following.

> While specific evaluation design will be determined at a later date, the City will seek to evaluate, at a minimum, the following outcomes, generally assessing individual

> Sarah, battling depression and newly pregnant, was physically and sexually assaulted by her boyfriend before moving into PSH with SafePlace. Sarah worked hard on her goals. She connected to counseling, WIC, Medicaid, employment, as well as prenatal care. She gave birth to a beautiful baby girl, soon after she secured full-time employment. – A local success story

[7] Ibid 1
[8] Ibid 2

outcomes at least 12 months previous to and 12 months after placement in housing:

1. Increased number of operational PSH housing units
2. Changes in number of chronically homeless individuals
3. Reduction in number of days spent incarcerated, and associated costs
4. Reduction in emergency room visits, and associated costs
5. Reduction in EMS transfers, and associated costs
6. Reduction in 911 calls, and associated costs
7. Reduction in psychiatric hospitalization, and associated costs
8. Reduction in primary care hospitalization, and associated costs
9. Reduction in court cases, and associated costs
10. Reduction in detoxification services, and associated costs
11. Impact on utilization of Medicaid, and associated costs
12. Impact on health indicators

The second half of this report provides a description of the analysis of PSH data, methodological limitations, findings, conclusions and recommendations. Six of the above outcomes are included in this report, but data were not available to examine reduction in detoxification services, impact on utilization of Medicaid, and impact on health indicators and associated costs. Psychiatric hospitalization is not separated from other hospitalization in this report, but will be broken out in future evaluations. This study does examine data related to use and average associated costs of healthcare, Downtown Austin Community Court, Travis County Jail and local shelters. It covers the increase of PSH units and the number of beds dedicated for the chronically homeless over the last 4 years. It also tracks the subpopulations housed in local PSH for comparison to the PSH strategy, which identified specific subpopulation targets for 350 units.

The required data for this evaluation have never before been gathered and thus led to new partnerships. Because of the personal nature of these data, and evolving protocols in the community for accessing and sharing personal information, much consideration was given to agreements that allowed these data to be gathered, analyzed, and shared. ECHO will continue

to collaborate with local partners around data sharing and the ongoing evaluation of PSH in Austin.

Overview of ECHO, local HUD PSH funding, and Coordinated Assessment in relation to PSH

Leading up to the 2010 PSH Strategy, the City of Austin engaged both the Corporation for Supportive Housing[9] and the Ending Community Homelessness Coalition[10] (ECHO) to review best practices, analyze costs and potential funding sources and to design a plan with stakeholder involvement to implement the strategy. For the last three and a half years, together with the Leadership Committee on PSH Finance, ECHO has led the community effort to increase the number of PSH units, improve outcome quality and promote best practices, such as Housing First.

ECHO is a local collaborative and planning non-profit agency fiercely dedicated to ending homelessness. In 2011, it became the Lead Agency for HUD's McKinney-Vento funding, referred to as Continuum of Care (CoC) funding, which supplies $5.65M to ten local non-profit agencies for the provision of housing and services to homeless individuals and families in Austin, Travis County. Figure 1 displays the distribution of HUD Continuum of

Between 2008 –2014, ECHO CoC results include:

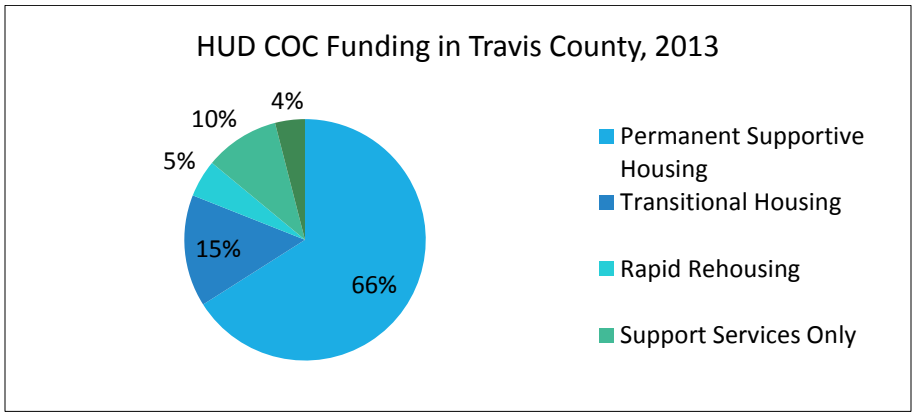
- Increased HUD award from $3.9M in 2007 to $5.65M in 2014
- Added 173 units of PSH
- Added 3 full-time HMIS positions
- Added a planning grant to help fund ECHO
- Secured $2M Pilot for Veterans Rapid Rehousing w/ Salvation Army
- Secured & renewed $270,232 for a Rapid Rehousing Demonstration Project

[9] The final product of that PSH planning project was a report by the Corporation for Supportive housing, which can be found on ECHO's website at: http://austinecho.org/wp-content/uploads/2014/06/CSH-Financial-Modeling-for-ATC_2010.pdf.

[10] ECHO also produced a report on PSH Planning which can be found on ECHO's website at: http://austinecho.org/wp-content/uploads/2014/06/echo_psh_report.pdf

Care funding by program in 2013. Sixty-six percent of this funding, or $3,729,000 is now dedicated to PSH.

FIGURE 1. HUD CONTINUUM OF CARE FUNDING DISTRIBUTION BY PROGRAM, 2013



Source: ECHO

Austin's emphasis on PSH is consistent with both HUD's prioritization of funding for PSH and HUD-required community outcome measures, as well as the United States Interagency Council on Homelessness' first comprehensive strategy for ending chronic homelessness, entitled, "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness."[11] PSH is also recognized as a strategy to address long-term homelessness in the 10-Year Plan to End Community Homelessness in Austin, Travis County, released by ECHO in 2010.[12] That plan set two goals: 350 new units within 4 years and 1,800 new units by 2020.

ECHO took responsibility for the HUD required Homeless Management Information System (HMIS)[13] in 2012. While this report focuses on the successes and challenges of the Austin PSH

[11] *Opening Doors: Federal Strategic Plan to End Homelessness,* United States Interagency Council on Homelessness, 2010. http://www.epaperflip.com/aglaia/viewer.aspx?docid=1dc1e97f82884912a8932a3502c37c02

[12] *ECHO Plan to End Community Homelessness*, http://austinecho.org/wp-content/uploads/2014/06/Plan-To-End-Community-Homelessness-Full.pdf

[13] The Homeless Management Information System (HMIS) is a secure encrypted on-line database system that stores information about individuals who access homeless services in Austin & Travis County. Our HMIS captures client-level information over time, allowing agencies and communities to assess the characteristics and service

strategy to date, it references the data collected through HMIS and supplemental data from other partner agencies through other HUD-required reports, where appropriate. Non-HUD data in this report was provided by local partners:

- Travis County Criminal Justice Planning Department supplied jail bookings information;
- Integrated Care Collaborative provided health care utilization data; and
- Downtown Austin Community Court contributed court case information.[14]

These partners represent the expensive public systems referenced in the PSH Strategy. When targeting frequent users of these systems for PSH, other communities have experienced a reduction in use, and thus claimed a related cost avoidance or savings.[15] Prior to this evaluation, no data sharing system was in place to equip the PSH providers with specific information about a given client's frequency of use of these systems or the related costs. While database integration among these systems is not possible at this time, ECHO is developing a plan to use data from these partners to prioritize frequent users for PSH units through the implementation of Coordinated Assessment.

HUD defines Coordinated Assessment as "a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals." [16] Once established, all CoC- and Emergency Solution Grant (ESG)-funded programs within the area are required to use that assessment system. Consistent with HUD expectations, ECHO anticipates that over time implementation of coordinated assessment will offer Austin/Travis County a

---

needs of individuals and families experiencing homelessness. This information is then provided in unduplicated and aggregate form, stripped of any Protected Personal Information (PPI), to service agencies, the community, and to the Department of Housing and Urban Development (HUD).

[14] EMS data will be made available.

[15] Ibid 3 CSH referenced Chicago saving $900,000 annually above the cost of PSH for 200 PSH clients; NYC saving $16,282 annually per unit by reducing use of other public services and Seattle saving $30,000 annually per person housed in health care and social services

[16] Per the Continuum of Care (CoC) and Emergency Solutions Grants (ESG) regulations, CoCs are required to develop and implement a system for coordinated assessment, and to do so in coordination with any ESG grantees in the CoC's geography.

number of benefits, including: 1) improved client access to services, 2) increased referral appropriateness, 3) reduced administrative burden on clients *and* providers, 4) improved communication and coordination among providers, and 5) improved data quality– all of which lead to greater system of efficiency and effectiveness.

A major component of Coordinated Assessment is PSH prioritization. As the Austin PSH Strategy was launched, and prior to Coordinated Assessment deliberations, each agency or collaborative participating in the development and operation of PSH defined "frequent user" from its own lens, focused on different public systems, may or may not have included vulnerability indicators in prioritizing individuals for housing, answered to multiple funding requirements, and determined its own method of prioritization. During the community's planning work on Coordinated Assessment, it became increasingly clear that a more coordinated or systemic process was needed for prioritizing access to PSH.

Going forward, the Austin community will use the VI-SPDAT (Vulnerability-Index Service Prioritization Decision Assistance Tool) to determine aspects of vulnerability and the most appropriate housing intervention for each client entering the Coordinated Assessment system. ECHO will create a PSH prioritization list that is based on the VI-SPDAT and public system use. Clients will then be matched by ECHO to appropriate PSH openings. Clients who remain on the list due to program ineligibility will be staffed at meetings with all PSH providers to develop housing and service plans for these individuals and to determine the programs with more flexibility in housing the hardest-to-serve.

Overview of HMIS and HUD Community Goals

As mentioned earlier, ECHO is responsibility for the HUD-required HMIS. Twenty-four organizations have a combined 188 licensed users contributing data to HMIS. ECHO continues to strive for the best quality and accuracy of the data collected. The measurement of data quality for HMIS is based on the percentage of Universal Data Elements (UDEs) completed.

These UDEs are required to be captured for any client entered into HMIS. UDEs cover the basic demographic data plus some additional CoC required elements. ECHO implemented an improved local data quality plan in 2012, and it was reviewed in 2013 by Cynthia Osborne, UT LBJ School of Public Affairs, who concluded that in 2012, the data collected by the HMIS system in Austin/Travis County was of very high quality.[17]

> With his health failing, a Vietnam veteran who had been living in the woods for 30 years entered PSH with Green Doors in the fall of 2013. Since then, he has obtained VA benefits and pension, established regular health care and re-engaged with family for the first time in years. – A local success story

Among a wide variety of reporting uses, HMIS data helps generate required reports to HUD, which measure areas that relate to successful outcomes for the homeless individuals served. Achievement in these areas often leads to bonus funding from HUD. (ECHO has increased its funding for housing annually since 2008, adding 173 units of PSH to the local inventory.) These goals tie into the PSH strategy and provide some context for this housing resource in our community.

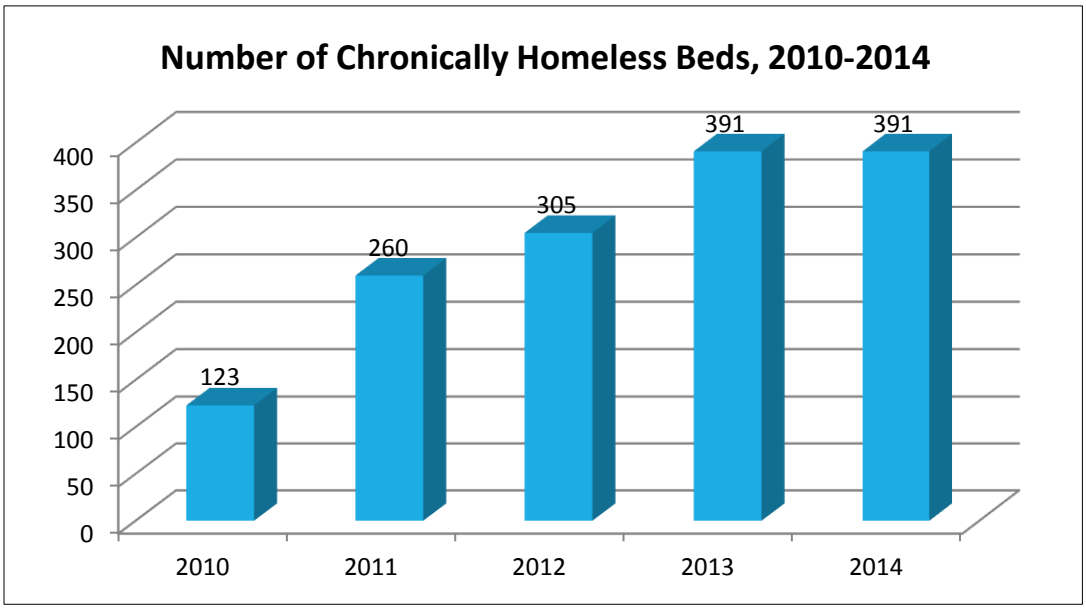
The first HUD goal measured is creation of new permanent housing beds for chronically homeless persons. HUD prescribes criteria to determine if an individual is chronically homeless or not.[18] Figure 2 presents the number of permanent housing beds dedicated to chronically homeless individuals from 2010 through 2014. Locally, we have increased the number of permanent housing beds available, but dedicating units for chronically homeless individuals has

[17] http://austinecho.org/wp-content/uploads/2014/01/ECHO-HMIS-Reports-Plan.pdf

[18] HUD adopted the Federal definition which defines a chronically homeless person as "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years." This definition is adopted by HUD from a federal standard that was arrived upon through collective decision making by a team of federal agencies including HUD, the U.S. Department of Labor, the U.S. Department of Health and Human Services, the U.S. Department of Veterans Affairs, and the U.S. Interagency Council on Homelessness.

been challenging because of the expenses related to providing intensive case management and support services.

FIGURE 2. NUMBER OF PERMANENT HOUSING BEDS DEDICATED TO THE CHRONICALLY HOMELESS, 2010-2014



Source: ECHO Housing Inventory Count 2010-2014

The second goal is the percentage of participants in CoC Permanent Supportive Housing (PSH) programs who stay for six months or longer. The expectation is that tenants remain in PSH for several years if needed, but the HUD measurement is to identify the programs that successfully house clients for at least 6 months, providing a baseline level of stability to individuals in PSH. Austin providers continuously surpass the HUD requirement of 80 percent and will project goals to continue that success. In the future, we expect HUD to require a report on how long tenants are staying in PSH. This evaluation includes that data.

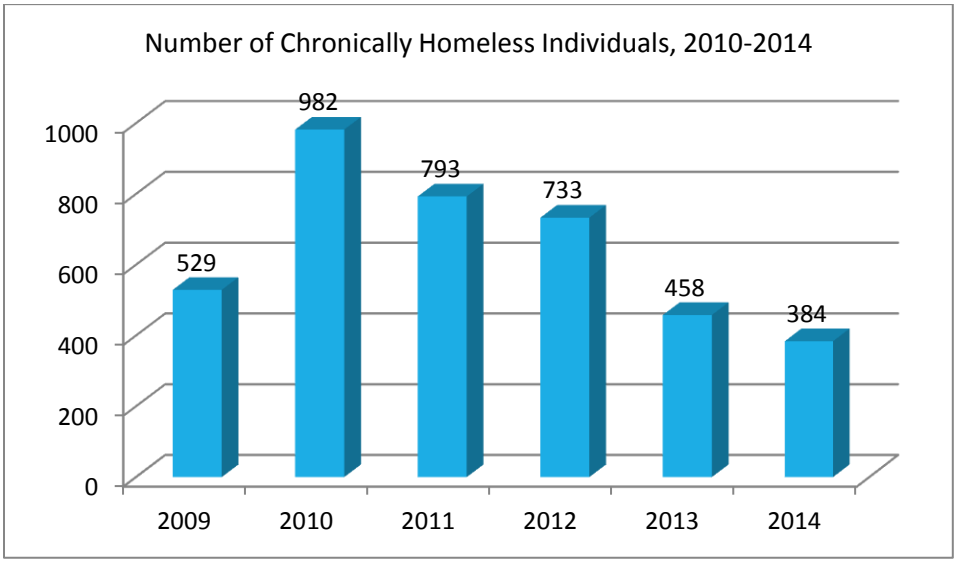
The third goal is to increase the percentage of participants in CoC-funded transitional housing that move to permanent housing to 65 percent or more. This objective measures how well the clients in transitional housing programs are accessing any permanent housing, not necessarily PSH. The CoC has consistently achieved this goal.

The next goal looks at the percentage of participants in all CoC-funded programs employed at exit. Income either comes from employment or benefits of some kind. Often, participants who work do not meet the chronically homeless definition. The CoC has excelled in working with participants who can work to find gainful employment. Overall the CoC has reported almost double the required minimum percentage.

HUD also measures the percentage of participants with mainstream benefits at exit. Obtaining mainstream benefits (Social Security Income/Social Security Disability Income, Medicaid, Medicare, Veteran's Administration, medical, Temporary Assistance for Needy Families services, etc.) are crucial in maintaining housing stability specifically for those who are unable to work, which is characteristic of a large majority of the chronically homeless population. ECHO promotes strategies to help obtain these benefits for participants, including the use of SSI/SSDI Outreach, Access, and Recovery (SOAR) applications.

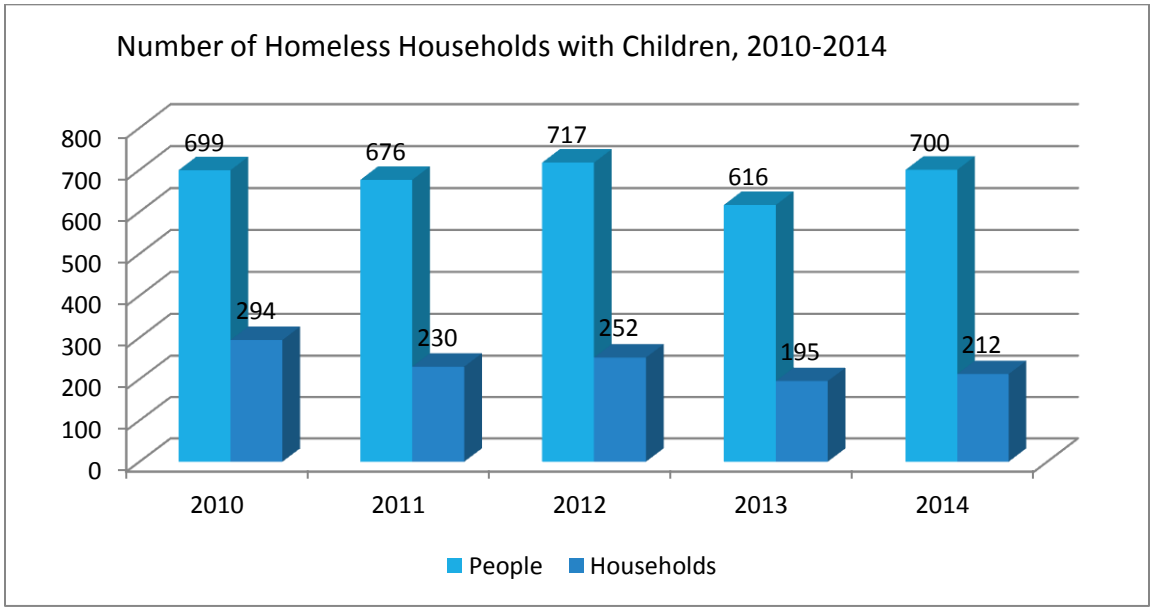
The sixth and final HUD measurement is the reduction of the number of chronically homeless individuals and homeless families. This speaks to ECHO's vision: a community fiercely committed to ending homelessness. Figures 3 and 4 show the total number of chronically homeless individuals and homeless households with children from 2010 through 2014. Locally, we have made progress in reducing chronically homeless individuals but have had mixed success in reducing the number of homeless families.

FIGURE 3. NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS, 2010-2014



Source: ECHO Point-in-Time Count 2010-2014

FIGURE 4. NUMBER OF HOMELESS HOUSEHOLDS WITH CHILDREN, 2010-2014



Source: ECHO Point-in-Time Count 2010-2014

HUD continues to make changes related to CoC programs in response to the 2009 Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH). Final rules including definitions and measured goals are expected to be promulgated and published this year. ECHO will continue to improve data quality and refine analysis processes to keep the community informed about these and other efforts to prevent and end homelessness.

Review of Austin's PSH Strategy

Since the Fall of 2010, Austin has utilized as a working document a report written by the Corporation for Supportive Housing that defined PSH, described an Austin target population for this housing and suggested ways Austin might fund PSH with capital, operations/rents and support services. Another guiding document prepared by ECHO describes the support services needed for successful PSH. Both reports have described and defined Austin's PSH strategy. [19]

This local PSH strategy is based on identifying and prioritizing 350 chronically homeless men and women who are frequent users of public systems (225) and/or vulnerable for death or harm (75), and housing them by 2014. Both measures, frequent users and vulnerability, are intended to help this community prioritize prospective tenants for PSH with a focus on high-need individuals. This initial strategy emphasizes the frequent users in order to halt their cyclical use of public systems and recognizes vulnerability to prevent death on the street. The strategy envisioned serving individuals or families headed by individuals that are:

1. Chronically homeless as defined by HUD and prescribed in the HEARTH Act;
2. Households that would otherwise meet the HUD definition as above, but have been in an institution for over 90 days, including a jail, prison, substance abuse facility, mental health treatment facility, hospital or other similar facility;

[19] Ibid 2, 3

3. Unaccompanied youth or families with children defined as homeless under other federal statutes that demonstrate housing instability and have other barriers that will likely lead to continued instability, as detailed in the plan; or
4. Youth aging-out of state systems, whether homeless or at-risk of homelessness.

> Patricia entered shelter due to domestic violence and sexual assault perpetrated by her husband in October 2008 when she was 33 and a mother of two. Living in PSH, she received training in a Peer Support program that led to employment. She is happy to be helping others, on the road to self-sufficiency, and providing a stable home for her children. – A local success story

As mentioned earlier, several years into the strategy, each agency, partnership or collaboration participating in PSH, still was defining for itself, (1) who was a "frequent user" or "fuser", (2) its own method of prioritization, and (3) which public system to focus on. Recently, as PSH resources proved constrained and limited, ECHO led the community to define frequent users for different public systems and encouraged agencies to indeed house frequent users. The desired savings resulting from PSH comes when the clients housed are truly high users who consume the community resources more than others. With the onset of Coordinated Assessment, common definitions will be used in accordance with the process described above for prioritizing the frequent users for PSH, recording the data in HMIS and evaluating client and program success on a regular basis.

The 2010 PSH strategy calls out client usage of the following public systems:

- Hospital emergency departments and hospitalization
- Emergency Medical Services (EMS)
- Downtown Austin Community Court (DACC), Jails & Prisons
- Shelters

Based on both local and best practices, the following definitions were adopted by ECHO in 2013:

- Frequent hospital emergency department visits/hospitalization – 5 hospital contacts in any three month period
- Frequent EMS user – 3 contacts in last 30 days before housing
- Frequent DACC – 25 cases or more pending before housing
- Frequent Jail – 3 or more trips in the past 3 years
- Recent Prison History – person has been incarcerated in the past 5 years
- Frequent Shelter user – 50% of nights slept in shelter in previous 6 months

In addition to these frequent user categories, the Strategy targets certain subpopulations known to benefit from PSH:

- Youth aged out of Foster Care – if they reached 18 years of age living in foster care
- Veterans
- Men and women diagnosed with mental illness
- Men and women diagnosed with substance abuse issue
- Men and women diagnosed with both mental illness and co-occurring substance abuse issues
- Men and women diagnosed with a physical disability that impacts his/her ability to work and live independently

Additionally, the Strategy set a goal of serving the following subpopulations,

- At least 270 single adults
- At least 30 families
- At least 10 unaccompanied youth
- 300 Individuals with severe and persistent mental illness, including 150 with co-occurring disorders

- 20 “youth aging out” of foster care and/or juvenile justice systems (10 single adults/10 families)
- 70 veterans
- 50 single women

Overview of PSH Analysis

The following analysis compares many of these Strategy targets and goals with our PSH client base, examines client use of public systems and some relative costs before and after PSH, and also assesses housing stability for individuals and families in PSH.

Purpose of the Analysis

The purpose of this analysis was to learn more about the individuals living in Austin's PSH, and any changes in outcomes of housing stability and usage of public systems that may be related to entering and living in PSH. Other communities have found PSH to be effective in reducing the usage of costly public services among individuals with multiple barriers such as "psychiatric disabilities, people living with addiction(s), formerly homeless people, frail seniors/families, youth aging out of foster care, those leaving correctional facilities, and persons living with HIV/AIDS."[20] Through the examination of HMIS, criminal justice and healthcare data, this study provides information about the share of PSH being used by the hardest-to-serve individuals, as well as any changes in the group's usage of public systems after entering PSH.

PSH Inventory and Study Group

This study focused on the individuals who were in HMIS PSH at some point between January 1, 2010 and April 16, 2014 and who had at least 365 cumulative days in PSH by the end of reporting period.[21] The results are presented in this report for two groups.

1) The "PSH Study Group" refers to the full dataset of 796 individuals who met the selection criteria and were in PSH programs with data in HMIS. Forty percent (317) entered their most recent PSH unit prior to 2010.

[20] Ibid 6

[21] Fifteen individuals met the study criteria of 365 cumulative days but their most recent entry had not yet lasted one year. These individuals were included and outcomes are measured from the beginning of their most recent entry.

2) The "City PSH Strategy Subset" refers to the subgroup of the PSH Study Group who entered their most recent PSH unit in 2010 or later and are/were in programs that are a part of Austin's 2010 City PSH Strategy. There were 160 individuals in the City PSH Strategy Subset. The results for this subgroup are presented as an assessment of how well recent PSH entries are aligning with the subpopulation prioritization strategy. As mentioned earlier, the City PSH Strategy set a goal of 350 new PSH units for the chronically homeless, (250 new construction and 100 scattered site). As of July 2014, 254 of these units were filled and another 78 were anticipated.[22] The individuals who do not yet have a year in PSH are excluded from this analysis. Additionally, there are a few PSH programs that do not have data entered into HMIS and so were not included in this study.[23] The 160 individuals are participants in the following ten PSH programs:

- Caritas - Marshall Apartments,
- Caritas - Partnership Housing,
- Caritas - Terraza PSH,
- Caritas MY HOME,
- Caritas My Home Too,
- Caritas Permanent Supportive Housing (Spring Terrace),
- Front Steps - First Steps
- Front Steps - Home Front
- Front Steps – Samaritan

[22] City of Austin Neighborhood Housing & Community Development PSH Inventory updated July 2014.

[23] Two PSH programs serving veterans are not in HMIS. In both of these programs run by GreenDoors, 58 residents, or 75 percent are veterans and all have a disability. These programs have high success in improving income, with more than 95 percent of individuals maintaining or increasing their income. Additionally, the average length of stay in both programs is 20 months or more, highlighting their success in providing stable housing to their residents. SafePlace, as an agency serving survivors of domestic violence, is prohibited by federal law from entering data into HMIS. It describes 4 PSH households as: 3 families with children and 1 elderly single adult household. Three of the households reported having disabilities. LifeWorks opened new apartments this year with a new PSH program but those clients have not been in housing but a few months and have not yet been entered into HMIS. Also, ATCIC reports 30 units of PSH that are not in HMIS.

- Green Doors - Glen Oaks Corner

Data Sources

- The ECHO HMIS database has data on homeless and formerly homeless individuals receiving services from service providers in the Austin/Travis County area. Client demographic data, shelter entries and exits, as well as PSH entries and exits data were queried and analyzed in this study. HMIS data about income, employment, disability status, veteran status are all based on self-report.
- Criminal Justice Planning (CJP), with the Travis County Justice and Public Safety Division, provided jail data for ECHO clients booked for misdemeanor and felony offenses. Specifically, CJP matched a dataset of ECHO clients (derived from HMIS), who entered Permanent Supportive Housing (PSH) between March 2008 and March 2013, against 8.4 years of Travis County Jail Bookings (1 January 2006 – 30 March 2014. CJP ultimately provided aggregate data about the number of clients with bookings, the total number of bookings, the number of misdemeanor and felony charges, and total jail bed days before and after PSH.
- The Downtown Austin Community Court Program (DACCP) database contains offender and case table data in the DACCP case management system.
- The Integrated Care Collaboration (ICC) is a nonprofit alliance of health care providers in Central Texas. The ICC manages the Central Texas regional health information exchange called the ICare system. ICare includes encounter data for uninsured individuals accessing many of the hospitals, healthcare networks, community health centers, clinics, and public and private health care providers in the Central Texas region. Since individuals in this study could have entered PSH in earlier years, the ICC matched the ECHO HMIS list to both their current and historical databases and provided information about usage of the emergency room, inpatient, outpatient, and clinic services in healthcare facilities in the Central Texas Region.

Methods

Demographic information about the PSH participants in this study is provided, as well as a comparison of outcomes before and after entering PSH. The year prior and year after were compared for all individuals in the dataset, and the second year was also analyzed for the individuals who had at least two years in PSH. This study measures aggregate public system usage among those in the PSH Study group who matched to any of the local public systems included in this report. It does not measure individual-level change in usage. As mentioned above, the larger group of 796 includes individuals who entered PSH prior to 2010, and so the outcomes can reflect data from several years prior to 2010. The additional focus on the City PSH Strategy Subset, however, will provide information about how well the city is following the planned subpopulation prioritization strategy for more recent PSH entries. Some cost data are provided for general discussion of reduced expenses connected to any reduction in use of public systems.

Limitations

- Lacking a comparison group, the analysis is intended to show possible correlations between PSH and outcomes related to housing stability and public system usage but cannot speak to the effectiveness or impact of PSH on particular outcomes.
- This study includes individuals who entered PSH prior to 2010 and were still in PSH units during the reporting period of 2010. For these earlier entrants, the outcomes reported during the year before and two years after PSH entry, draw from historical data prior to 2010. The results for the subset of the more recent entries into City PSH Strategy programs are not comparable to the larger dataset, because the observed differences between the groups could reflect factors not accounted for in this analysis that could vary over time, such as the services and supports offered in the PSH program, the economy, criminal justice policies and healthcare options.
- The study group was selected based on those who were in a PSH program for at least one year, and the results of public system usage are only based on those that match to local systems. This selection criteria limits the generalizability of the findings to the

overall population of individuals who enter PSH. Furthermore, the descriptive comparisons do not account for individuals' characteristics that could be affecting the results, such as pre-placement usage levels. Thus, the observed changes cannot solely be attributed to entry into PSH.

- Baseline year estimates for the frequent users of the criminal justice and healthcare systems only reflect the use of local systems, but people could have lived outside of the area in the year prior to entry. Local system data will be the source data for the housing prioritization of clients, and thus these estimates are meaningful reflections on how well Austin is using local information to prioritize clients for housing.
- The HMIS data quality has improved with time, but some data quality errors could affect this analysis. The data for those entering in earlier years may be less complete. The percent of data missing for each outcome is listed. Before 2012, data were not shared within HMIS, leading to income and employment data being duplicated and never end-dated. This analysis removed duplicates by identifying the most recent client record for each income source listed. Records without end dates were counted as still being received. It is possible that some of the income included in this analysis is outdated and therefore incorrectly estimated.
- Some of the data matches, such as the ICC and DACC, had low match rates, potentially making the results less representative to the overall population of PSH residents.

PSH Sample Characteristics: Age, Household Size, Disability, Veteran Status

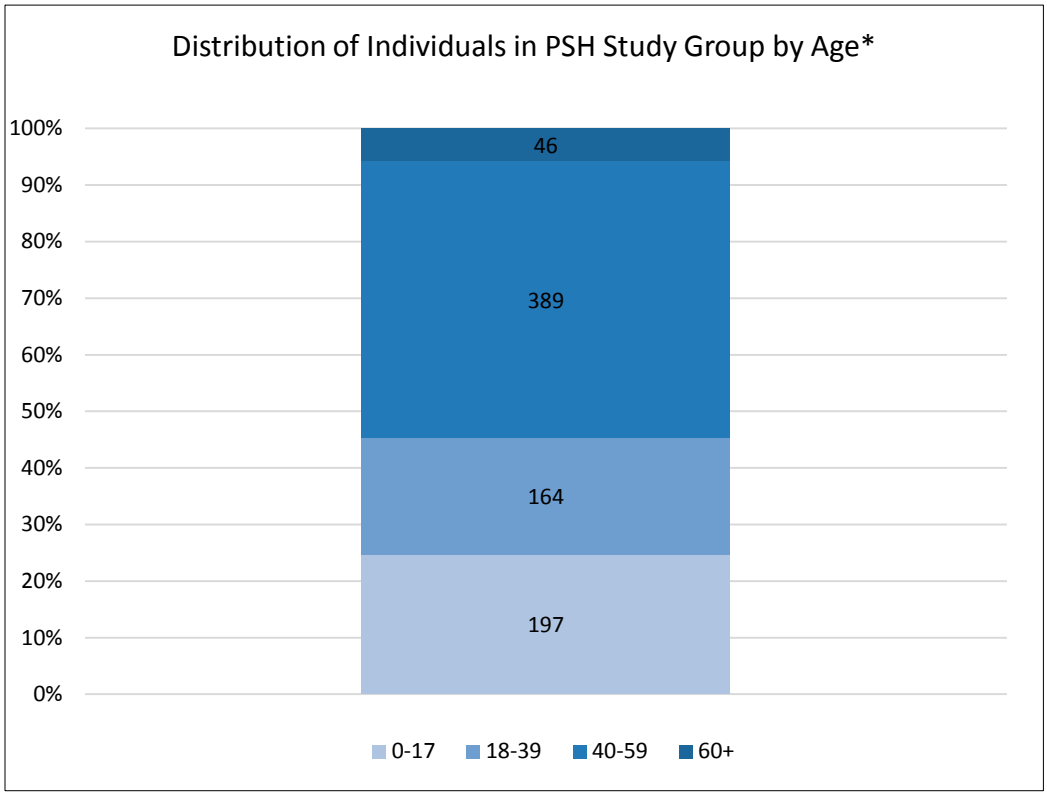
The following graphs and tables present demographic characteristics about the PSH Study Group of the 796 individuals included in this analysis who were in PSH at some point from 2010 through 2014 and in PSH for at least a year, and separately for the subset of those individuals who were in City PSH Strategy programs and entered PSH sometime between 2010 and 2014.

PSH Study Group

Figure 5 presents the percent distribution of individuals in the full dataset of PSH residents in this study. Of the 796 total individuals in this study:

- the average age at entry into PSH was age 36. Nearly half of individuals were in the 40-59 age group and about a fifth between the ages of 18 and 39. A quarter were youth under age 18 and six percent were seniors, 60 years of age or older at entry into PSH.

FIGURE 5. PSH STUDY GROUP: AGE DISTRIBUTION OF INDIVIDUALS

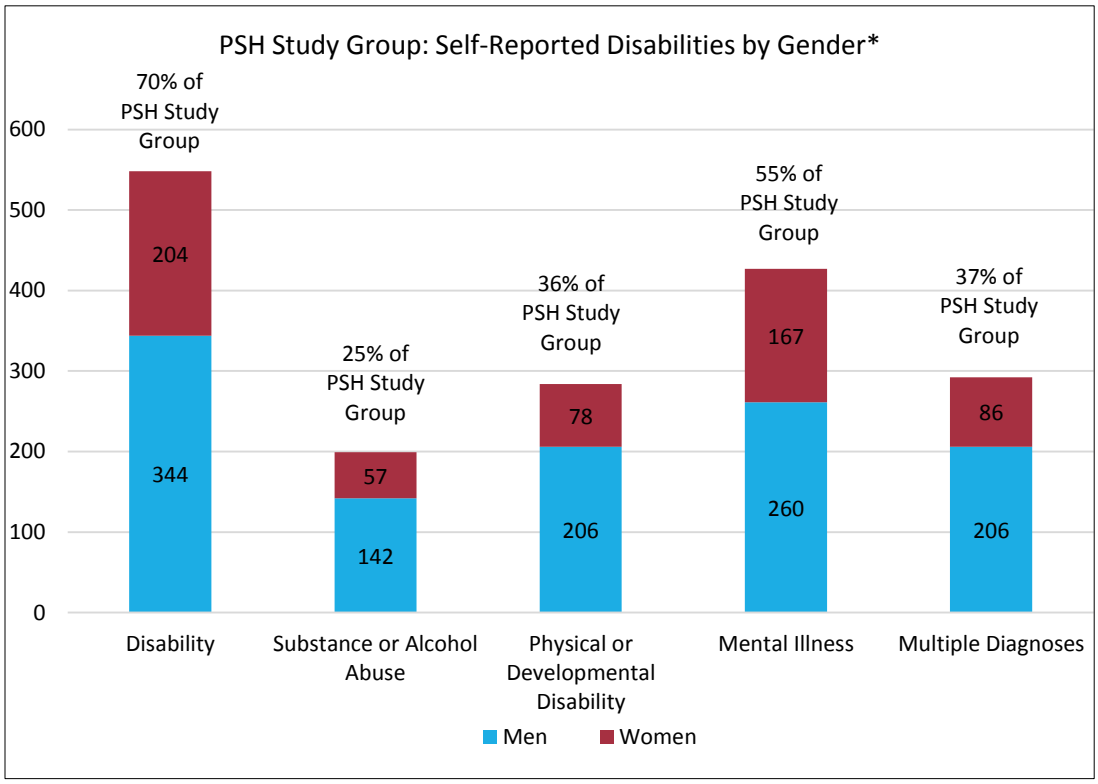


Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.
*PSH Study Group includes all individuals in PSH at some point from January 2010 through April 16, 2014 and who had at least a year in PSH by April 16, 2014. Age was calculated as of their entry into PSH.

- Single adults made up the large majority of households (83 percent or 484 households). Of the 93 households with youth, most (86 percent) comprised two to four people. Only 8 households (1 percent) were adult family households, and 7 were two-person households.

- Disability data in HMIS is self-reported. Some of the PSH programs include disability status as part of their eligibility criteria, and so would require documentation of the disability diagnosis. If a person self-reported a disability at any time, the individual was listed as having a disability. The severity of the disability is not known or accounted for in these results. Figure 6 shows the disability information for all individuals in the PSH Study Group who responded to the disability questions.[24] Based on these data, 70 percent of the group had at least one self-reported disability. The largest category for both men and women was mental illness.

FIGURE 6. PSH STUDY GROUP: NUMBER OF INDIVIDUALS WHO REPORTED HAVING A DISABILITY*



Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.

[24] Thirteen individuals or two percent were missing disability information and one other person was missing gender information.

*14 clients were not included in this chart because of missing data: 3 clients had no disability information in HMIS and 1 other client refused to answer the gender question. Two transgender male to female individuals are included in the count of females.

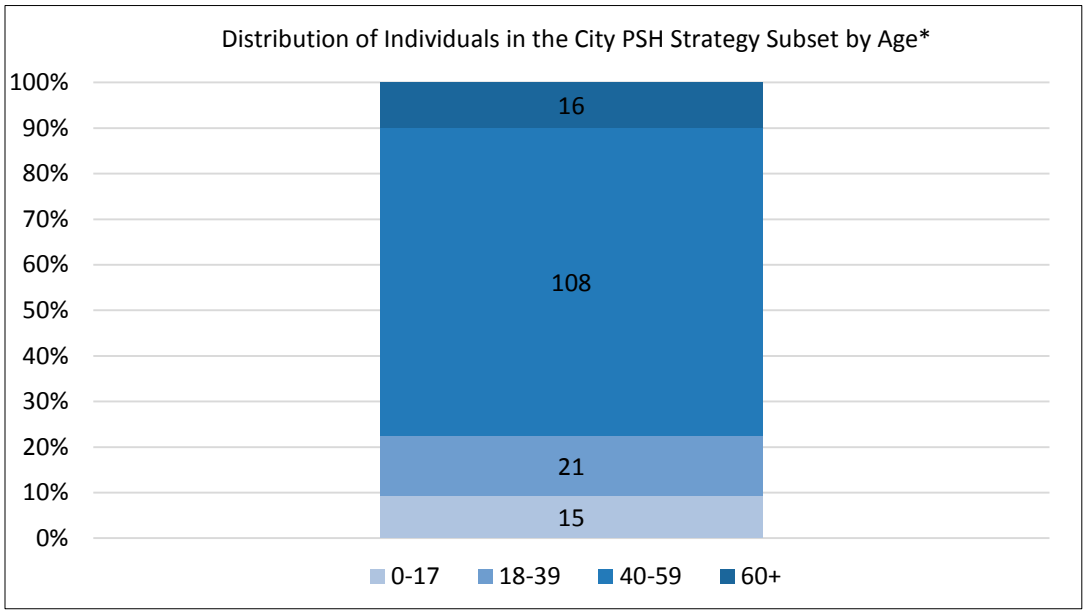
- Only 25 individuals (four percent) who were adult age at PSH entry reported being a veteran. The large majority (93 percent) reported that they were not a veteran. However, the PSH programs that specifically target veterans are not included in this study. (Neither HUD Veteran Administration Supportive Housing (VASH) or Green Doors programs serving veterans use HMIS. New arrangements led by the Housing Authority of the City of Austin are underway to include VASH data in HMIS.)[25] It is important to note that these data represent self-reported data and it is unknown whether veteran status is underreported.

City PSH Strategy Subset – Demographics of Individuals in PSH

- The more recent City PSH Strategy Subset is a slightly older population. The mean age at entry is 45 and 68 percent of the 160 individuals were in the 40-59 age group. Figure 7 displays the number and percent of the City PSH Strategy Subset by age.

[25] Ibid 20

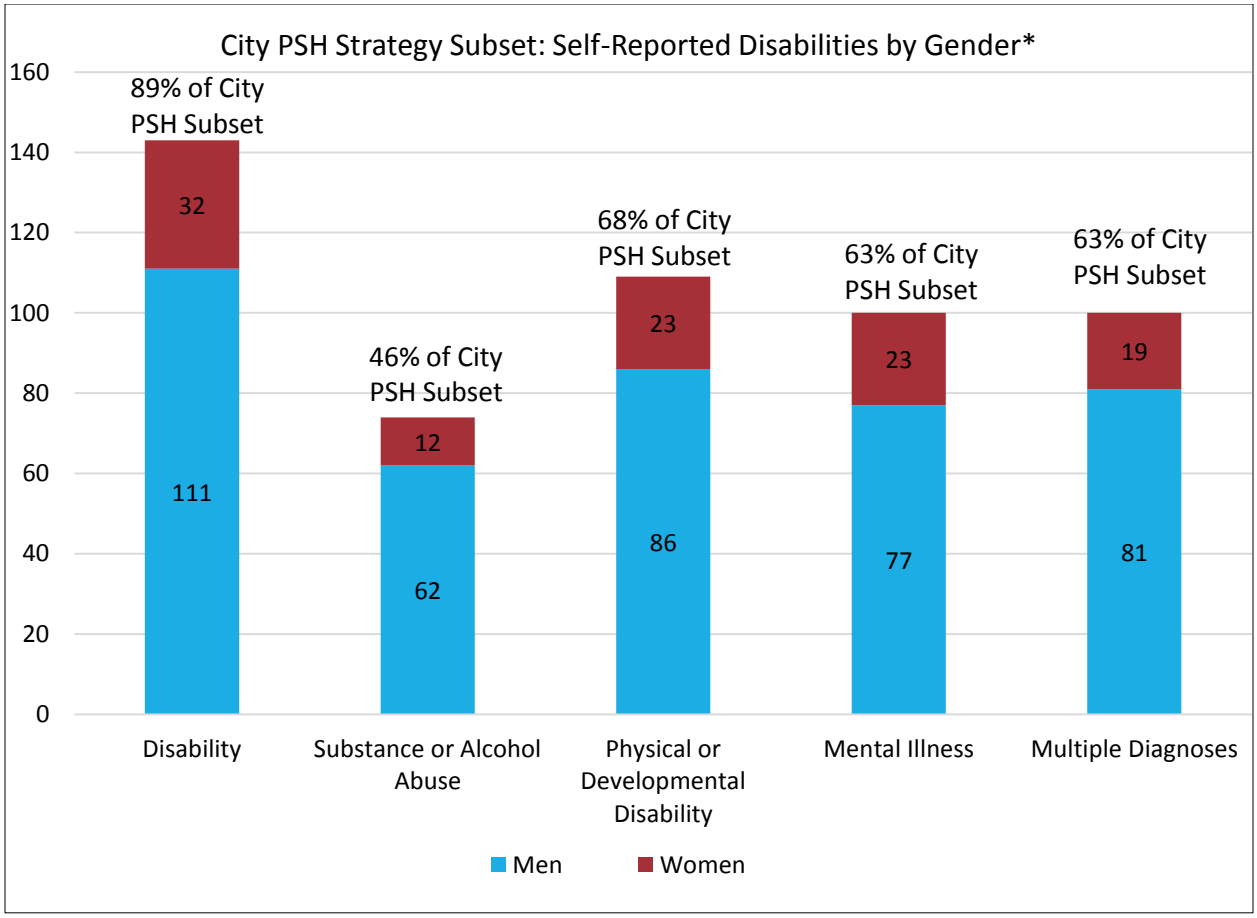
FIGURE 7. PSH STRATEGY SUBSET: AGE DISTRIBUTION OF INDIVIDUALS 2010-2014



Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.
*City PSH Strategy Subset includes individuals who entered a City PSH Strategy Program from January 2010 through April 2013 and who had at least a year in PSH by April 16, 2014. Age was calculated as of their entry into PSH.

- Almost all, 95 percent (134) of the City PSH Strategy Subset households were single adult households. There were six households with children and one adult family household.
- The large majority (89 percent) of individuals in the City PSH strategy programs reported having some type of a disability, with similar levels (63-68 percent) of individuals reporting a substance abuse or alcohol abuse issue, physical or developmental disabilities, and mental illness. Figure 8 shows the distribution of individuals in the City PSH Strategy who reported having a disability.

FIGURE 8. CITY PSH STRATEGY SUBSET: NUMBER OF INDIVIDUALS WHO REPORTED HAVING A DISABILITY*



Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.
*One transgender male to female individual is included in the count of females.

- A small percent of the City PSH Strategy Subset (6 percent or 9 individuals) reported that they were veterans. (As noted earlier, 58 veterans are housed in PSH units with Green Doors, which were funded by 2006 bond funds but whose data is not currently entered into HMIS.)

Housing and Household Stability

The lives of most chronically homeless individuals and families are characterized by frequent moves, multiple trips to emergency shelters, loss of income, periods of unemployment and the threat of losing their children. Effective PSH programs can counter such situations and ready

clients to leave the program after securing other permanent housing with less or no supports or subsidies. Knowing this, the Austin PSH Strategy identified frequent shelter users as a subpopulation to target for PSH.

Shelter Usage Prior to Entry

The tables below provide information about shelter usage prior to entry into PSH. It is important to note that the number of prior shelter days is not a measure of the number of prior days homeless and does not account for unsheltered nights spent on the street.

Table 1 presents the number of emergency shelter nights for the PSH Study Group prior to PSH entry.

- About 13 percent of the clients in all the PSH units were frequent shelter users, meaning they spent at least half of their nights in shelter during the six months prior to PSH entry. This rate could be low, because the PSH Study Group includes clients who might have entered PSH prior to the 2010 PSH Strategy of targeting frequent shelter users.
- The median number of days in shelter during the year prior to PSH entry was zero days, which was surprising. The median days may be underestimated since about 40 percent of the PSH Study Group entered PSH prior to 2010 when data were less complete.

TABLE 1. PSH STUDY GROUP: NUMBER OF EMERGENCY SHELTER (ES) NIGHTS IN PRIOR 12 MONTHS TO PSH (N=796)

	Number	Percent of Total
Percent Who Spent at least 50% of Nights in Shelter during Six months Prior to PSH Entry	102	13%
0 ES Nights in Prior 12 Months to PSH Entry	506	64%
1 to 30 ES Nights in Prior 12 Months to PSH Entry	83	10%
31 to 90 ES Nights in Prior 12 Months to PSH Entry	79	10%
91 to 180 ES Nights in Prior 12 Months to PSH Entry	60	8%
181 to 365 ES Nights in Prior 12 Months to PSH Entry	68	9%
Total	796	100%

Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.

Table 2 shows the number of emergency shelter nights for the City PSH Strategy Subset prior to PSH entry.

- The frequent shelter user rate is higher when looking at the City PSH Strategy Subset, where close to one-third of the group are frequent shelter users (Table 2). While this shows that a good share of the PSH units have been targeted in recent years for frequent shelter users, there is still room for improvement. Among the City PSH Strategy Subset, 71 percent of the frequent shelter users (35 individuals) were served by three programs; the other seven City PSH Strategy programs had less than 30 percent of their residents who were frequent shelter users.
- The median shelter days during the year prior to PSH entry was 25 days with 19 percent of total individuals spending at least 6 months or more in shelter during the prior year (Table 2).

TABLE 2. CITY PSH STRATEGY SUBSET: NUMBER OF EMERGENCY SHELTER (ES) NIGHTS IN PRIOR 12 MONTHS TO PSH (N=160)

	Number	Percent of Total
Percent Who Spent at least 50% of Nights in Shelter during Six months Prior to PSH Entry	49	31%
0 ES Nights in Prior 12 Months to PSH Entry	59	37%
1 to 30 ES Nights in Prior 12 Months to PSH Entry	22	14%
31 to 90 ES Nights in Prior 12 Months to PSH Entry	24	15%
91 to 180 ES Nights in Prior 12 Months to PSH Entry	24	15%
181 to 365 ES Nights in Prior 12 Months to PSH Entry	31	19%
Total	160	100%

Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.

Housing and Household Stability Outcomes

The following data describe housing and household stability after entry into PSH.

- Individuals in the PSH Study group had lived in PSH for an average of 1,343 days or about 3 & 2/3 years. Table 3 provides the distribution of individuals by the time spent in PSH. As of the end of the reporting period, just over a third of the group had been in PSH for less than two years, as well as for two to less than four years, and just under a third had been in for 4 or more years.

TABLE 3. PSH STUDY GROUP: NUMBER OF NIGHTS SPENT IN PSH

Number of nights in PSH	#	%
Less than 2 years	272	34%
2 years to less than 4 years	277	35%
4 or more years	247	31%
Total	796	100%

Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.

- As of April 2014, close to one-third (245 individuals) of the PSH Study Group had exited from PSH and over 60 percent of those exits were to other permanent housing. Table 4 displays the total exits by type for individuals in the PSH Study Group. The largest permanent housing exit destinations were client rentals without a housing subsidy, moving in with family or friends, and rentals with some type of housing subsidy.[26] Of those that exited to non-permanent housing destinations, the largest category was to an unknown destination.

[26] There were 20 people who have an exit destination of "deceased" and are not included in the count of 245 clients with exit destinations.

TABLE 4. PSH STUDY GROUP: NUMBER AND PERCENT OF EXITS FROM PSH

Exits to Permanent Housing			Exits to non-Permanent Housing		
	#	%		#	%
Rental no Subsidy	60	40%	Don't Know (HUD)	27	29%
Staying or living with family or friends permanent tenure	38	25%	Staying or living with family or friends temporary tenure	16	17%
Rental, subsidy (non-VASH)	35	23%	Refused	12	13%
Owned no subsidy	12	8%	Public Systems (hospital, jail, prison, juvenile detention psychiatric facility, substance abuse treatment facility)	11	12%
Permanent supportive housing for formerly homeless persons(such as SHP, S+C, or SRO Mod Rehab)	6	4%	Emergency Shelter	9	10%
			Place not meant for habitation (e.g., a vehicle or anywhere outside)	8	9%
			Other	6	6%
			Transitional housing	5	5%
Total	151	100%	Total	94	100%

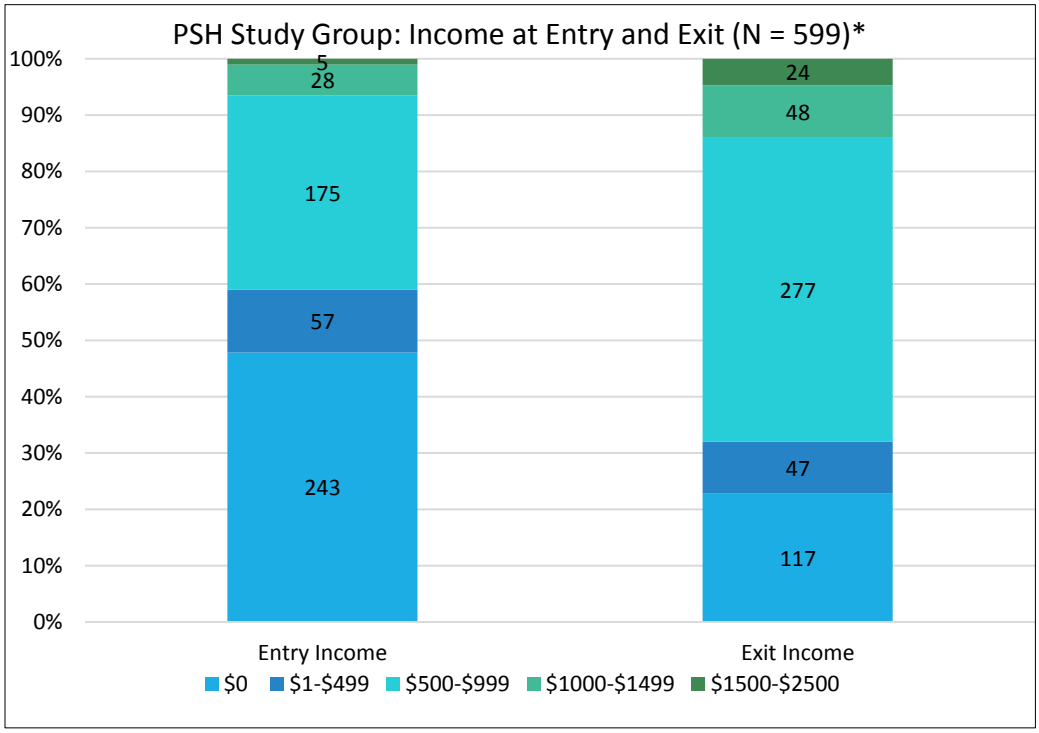
Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.
*20 people with an exit destination of deceased were excluded in the count of 245 clients with exit destinations.

- PSH also provides stability for children. An analysis of individuals who were children at PSH entry showed that 97 percent of children remained with the household through exit or the end of the reporting period, or until they were at least 18 years old.[27]
- Monthly income and employment data were also reviewed as measures of economic stability. An analysis of changes in monthly income from PSH entry to exit or end of reporting period was completed for individuals who were adults at PSH entry (599 adults). Income refers to all self-reported income, both earned income from employment and income from other sources such as Social Security Income and

[27] One seventeen-year-old was listed without any adults in the household. This person was not included in this indicator.

retirement income. For those who reported their income, the median income was $163 at entry and $698 at exit or end of the reporting period.[28] Figure 9 provides the distribution of individuals who were adults at PSH entry by their entry and exit income.

FIGURE 9. PSH STUDY GROUP: INCOME AT ENTRY INTO PSH AND EXIT OR END OF REPORTING PERIOD*



Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.
*Income was included for those who were adults at entry into PSH. There were 91 individuals (15 percent) missing entry income and 86 individuals (14 percent) missing exit income.

- About 17 percent of adults were missing entry and/or exit income data needed to calculate the change in income. Excluding those missing data, about half had an increase in income; 45 percent maintained the same income; and only five percent decreased their income.[29] Thirty-one percent of clients had an income increase of between $1 and $249 and 32 percent between $500 and $749 in monthly income. Most individuals do

[28] 91 adults were missing entry income and 86 adults were missing exit income.
[29] An increase represents any dollar increase in income from entry to exit or end of reporting period if client is still in PSH.

not receive this income through employment.[30] Only 14 percent maintained or gained earned income, while 85 percent (410) did not have earned income at entry or exit.

- The majority of the City PSH Strategy Subset had been living in PSH for less than two years, which was expected since this group is limited to those entering in more recent years. Table 5 presents the frequency distribution of individuals by the number of days they spent in PSH as of the end of the reporting period.

TABLE 5. CITY PSH STRATEGY SUBSET: NUMBER OF NIGHTS SPENT IN PSH

Number of nights in PSH	#	%
Less than 2 years	96	60%
2 years to less than 4 years	59	37%
4 or more years	5	3%
Total	160	100%

Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.

- A quarter (40 individuals) of the City PSH Strategy Subset had exited as of the end of the reporting period. About half were exits to permanent housing. Table 6 shows the breakdown of exits from PSH for the City PSH Strategy Subset. The largest exit destination was to rental housing without a subsidy (11 individuals).

[30] Earned income refers to all self-reported income from employment. Nineteen percent were missing income source information necessary to analyze if the individuals had earned income.

TABLE 6. CITY PSH STRATEGY SUBSET: NUMBER AND PERCENT OF EXITS FROM PSH*

Exits to Permanent Housing			Exits to non-Permanent Housing		
	#	%		#	%
Rental no Subsidy	11	48%	Don't Know (HUD)	5	29%
Rental, subsidy (non-VASH)	8	35%	Refused	5	29%
Owned no subsidy	3	13%	Staying or living with family or friends temporary tenure	2	12%
Staying or living with family or friends permanent tenure	1	4%	Public Systems (jail, prison, juvenile detention)	2	12%
			Emergency Shelter	2	12%
			Place not meant for habitation (e.g., a vehicle or anywhere outside)	1	6%
Total	23	100%	Total	17	100%

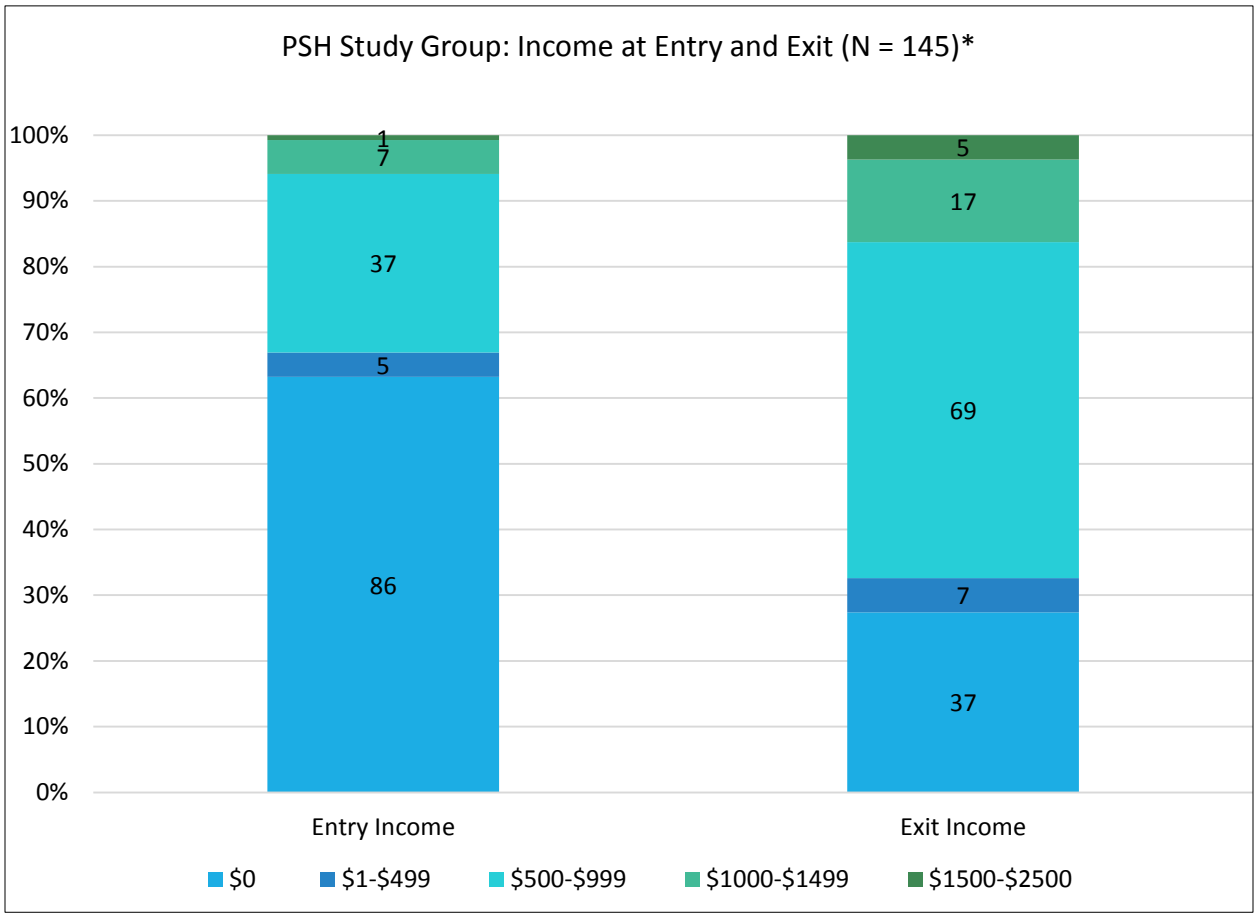
Source: Austin HMIS ServicePoint, APR Report with April 16, 2014 effective date.
*Five individuals with an exit destination of "deceased" were not included in the count of exits.

- There were only 15 households with children in the City PSH Strategy Subset and all of the children in those households remained with the household through exit or the end of the reporting period, or until they were at least 18 years old.
- The City PSH Strategy Subset had a median entry income of $0 and a median ending income of $698.[31] Excluding the 9 percent who were missing entry and/or exit income, 48 percent increased their income and 50 percent maintained it. Thirty-seven percent had an increase between $500 and $749. Twenty-three people gained or maintained employment and 102 (81 percent) had no entry or exit earned income.[32] Figure 10

[31] Nine adults were missing entry income and ten adults were missing exit income.
[32] Earned income refers to the self-reported income from employment. Thirteen percent of the 145 adults at entry were missing the income source information necessary to analyze if the individuals had earned income.

illustrates the income distribution of the City PSH Strategy Subset at entry and at exit or the end of the reporting period.

FIGURE 10. CITY PSH STRATEGY SUBSET: INCOME AT ENTRY INTO PSH AND EXIT OR END OF REPORTING PERIOD*



Source: HMIS ServicePoint, APR Report with April 16, 2014 effective date.

*Income was included for those who were adults at entry into PSH. There were 9 individuals (6%) missing entry income and 10 individuals (7%) missing exit income. "Exit Income" Is the income at exit or at the end of the reporting period, if the individual is still In PSH.

Criminal Justice

Criminal justice backgrounds can introduce barriers to getting housing, especially for individuals with multiple criminal offenses. The 796 individuals in the study group were matched to Downtown Austin Community Court Program data and Travis County jail data. For the clients who matched to either system, client usage dropped dramatically after entering PSH.

Downtown Austin Community Court Program (DACCP) usage prior to PSH

The DACCP processes public order offenses committed in the Downtown, East Austin, and West Campus areas of Austin. The DACCP website states that a majority of the offenses adjudicated through DACCP are committed by defendants who are homeless, and a disproportionate number of offenses are committed by a small number of defendants who cycle through the criminal justice system at a high cost to all community services systems.[33]

- A match of the list of 796 individuals in PSH to the Downtown Austin Community Court Program showed that six clients had 25 or more DACCP cases in the two years prior and thus met the definition of frequent user. Twenty-two people had at least one DACCP case in the year prior to PSH and a total of 243 cases in that year.
- Five of the six frequent users were in City PSH Strategy programs. While the number of frequent users is small, 19 individuals had at least one DACCP case in the year prior to PSH and a total of 208 DACCP cases in the year before PSH.

Changes in DACCP usage after PSH

- The number of clients from the PSH Study Group with at least one DACCP case was small but remained relatively constant: 22 people in the year prior and 25 in the year following PSH entry, but the number of cases dropped by 79 percent in the year after PSH entry. Table 7 provides the total number of individuals with a matching DACC case.

[33] http://www.austintexas.gov/department/community-court/about

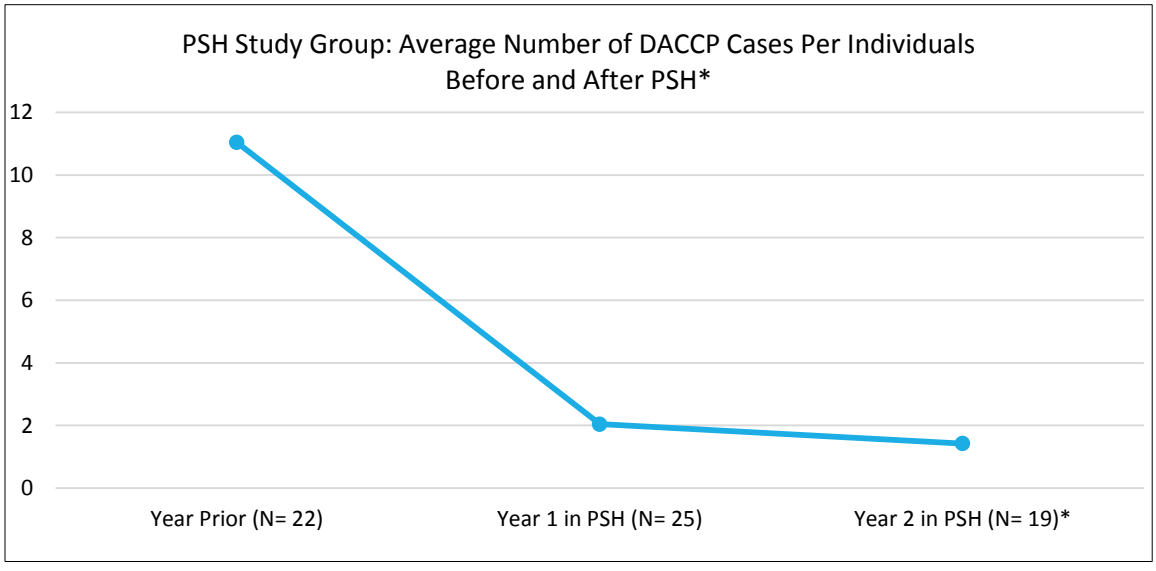
TABLE 7. PSH GROUP: NUMBER OF INDIVIDUALS WITH DACCP CASES PRE- AND POST-PSH

	Year Prior to PSH	Year after PSH
Number of Individuals with a DACCP Case	22	25
Number of DACCP cases	243	51

Source: DACCP Database, queried June 2014.

- The average number of cases per individual went from 11.0 in the year prior to 2.0 cases in year one, but then increased again in year two to 3.5 cases per person. This uptick in year two was primarily driven by one frequent user in year two. Excluding this person, the year two average showed a continuous reduction in the average number of cases per person to 1.4 cases per person in year two. Figure 11 shows the change in average number of DACCP cases per person.

FIGURE 11. PSH STUDY GROUP: AVERAGE NUMBER OF DACCP CASES PER PERSON BEFORE AND AFTER PSH*



Source: DACCP Database, queried June 2014.

*In year 2, there was one frequent user excluded from the average. With that frequent user the average number of cases would have been 3.5 cases. Individuals in year two were limited to those with at least two years in PSH. The total individuals with cases in year two should not be compared to the year prior or the year after.

- Table 8 presents the number of individuals with at least one DACCP case, as well as the number of DACCP cases for the City PSH Strategy Subset. When looking at the individuals in the City PSH strategy units, the number of clients with at least one case declined slightly from the year prior to the year after. The number of cases decreased by 83 percent in the first year.

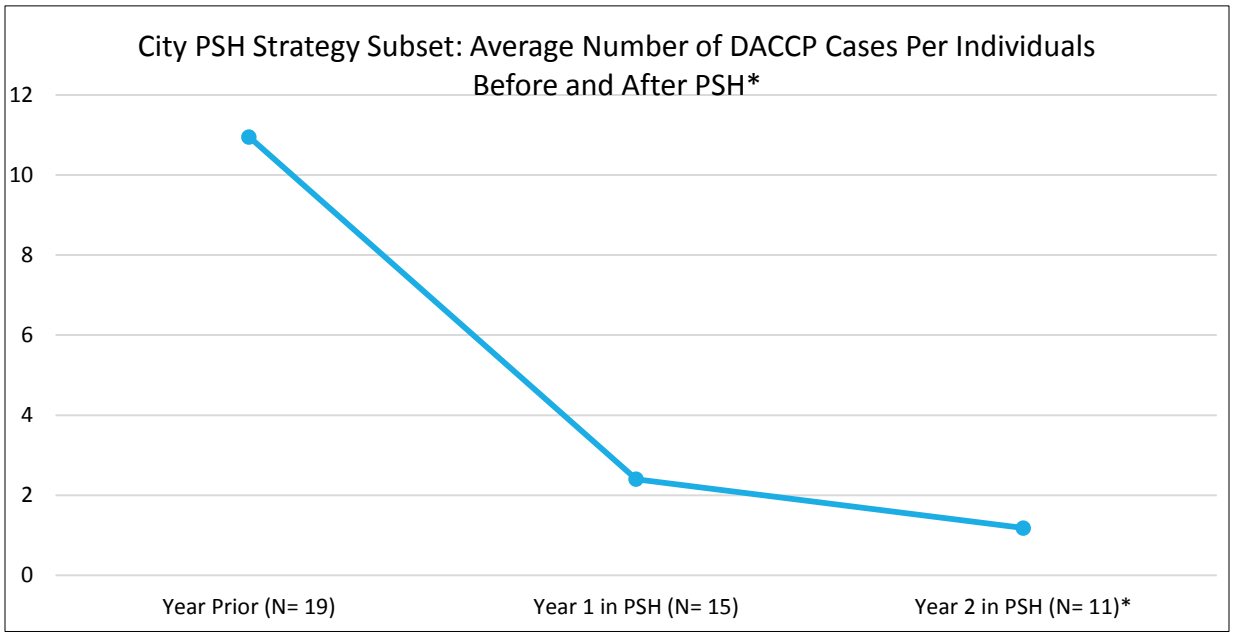
TABLE 8. CITY PSH STRATEGY SUBSET: NUMBER OF INDIVIDUALS WITH DACCP CASES PRE-AND POST-PSH

	Year Prior to PSH	Year after PSH
Number of Individuals with a DACCP Case	19	15
Number of DACCP cases	208	36

Source: DACCP Database, queried June 2014.

- Similar to the larger dataset, the average number of cases per person declined from the year prior (10.9 cases) to the year following PSH entry (2.4 cases) but then increased to 4.7 cases in the third year because of the frequent user. After excluding this person from the year two average, the average number of cases per person went down to 1.2 cases per person in year two. Figure 12 shows the average number of DACCP cases per person who matched during the year prior, and the first and second years following PSH.

FIGURE 12. CITY PSH STRATEGY SUBSET: AVERAGE NUMBER OF DACCP CASES PER PERSON BEFORE AND AFTER PSH*



Source: DACCP Database, queried June 2014.

*In year 2, there was one frequent user excluded from the average. With that frequent user the average number of cases would have been 4.7 cases. Individuals in year two were limited to those with at least two years in PSH. The total individuals with cases in year two should not be compared to the year prior or the year after.

Travis County Jail usage prior to PSH

CJP provided aggregate jail booking data about PSH clients who had felony and misdemeanor bookings for new arrests. This study defined a frequent jail user as an individual with three or more jail bookings in the three years prior to their PSH entry date. Since three years of data prior to PSH entry were needed, CJP limited the frequent user analysis to those who entered PSH in January 2007 or later.[34] There were 465 adults who entered PSH as of January 2007 and had the necessary data fields to be included in the frequent user analysis.[35]

[34] The frequent user definition requires three years of historical data. CJP obtained two additional years of data, having data from 2004 through 2014 for the frequent user analysis.

[35] The 465 are individuals who entered as of January 2007 and had the necessary data to be used for matching. These individuals were also adult age as of their PSH entry date. Individuals who were not adults by their PSH entry date could not have matched to jails data prior to entering PSH, could not have met the frequent user definition, and were excluded from the frequent user rate calculation. There were 28 individuals, or 6 percent, who met the age and entry date criteria for this analysis but did not have quality-enough data for matching.

- A match of the list of the 465 individuals in the PSH Study Group to the CJP jail data showed that 30 individuals (6 percent) had three or more jail bookings for a new arrest in the three years prior to entering PSH and thus met the definition of frequent jail user.

Changes in Travis County Jail usage after PSH

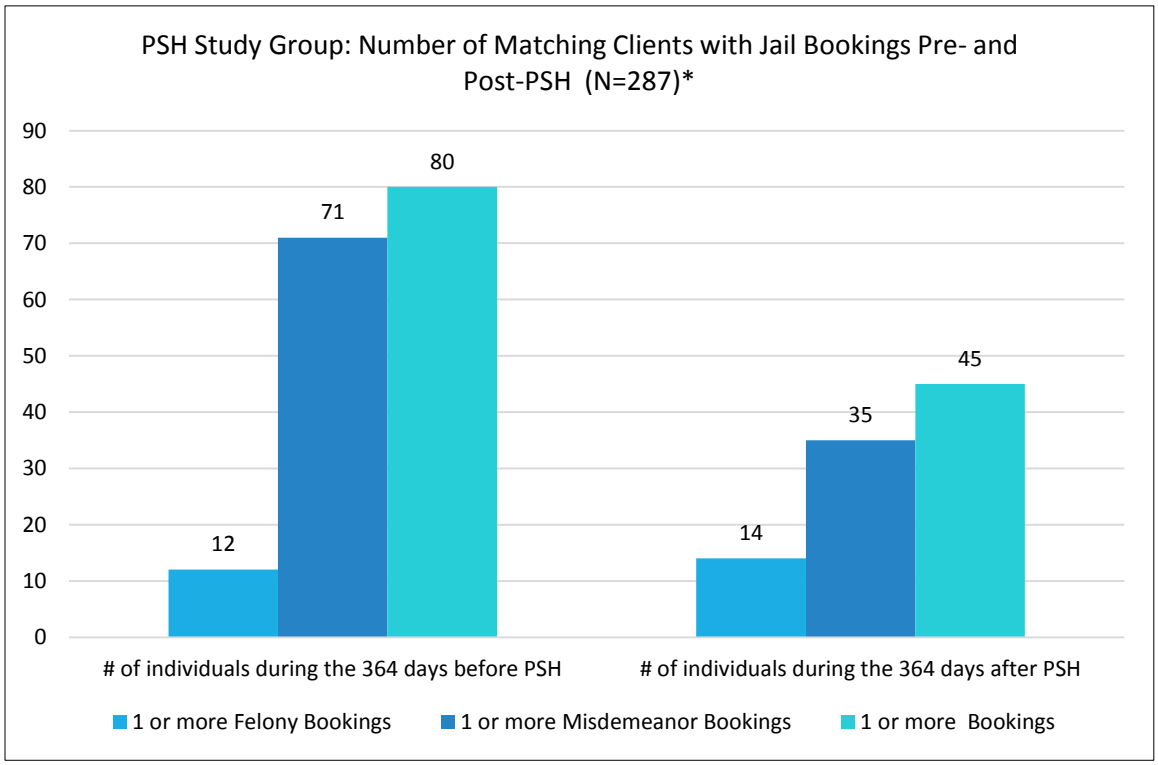
For the analysis of jail usage in the year before and year after PSH, CJP focused on PSH clients entering March 2008 through March 2013, because the CJP jail data dates back to January 2006.[36] In this analysis, CJP found a match for 287 ECHO clients in the jail booking data. In other words, 287 individuals entered the Travis County Jail (for a variety of reasons) pre or post PSH (CJP used a one-year pre and post PSH follow up period). This is about a 60 percent match rate.[37, 38]

Figure 13 lists the number of individuals with at least one booking in the year before and after PSH entry.

- Eighty people had at least one booking in the year prior to PSH, which is about 17 percent of all adults who were included in this analysis of jail usage in the year prior and post PSH.
- The number of individuals with at least one booking decreased by 44 percent in the year following PSH entry. This decrease was driven by a large reduction in the number of individuals with misdemeanors, a 50 percent reduction in those with misdemeanors from the year prior to PSH entry (Figure 13).

[36] At the time of the one-year pre- and post-PSH analysis, historical jail data was available starting in 2006.
[37] 287 clients matched out of a total of 479 individuals who entered PSH sometime between March 2008 and March 2013 and was adult age by the end of the reporting period or March 13, 2014, one year post the latest PSH entry date of March 14, 2013.
[38] Data for the subset of clients in City PSH strategy units were not made available because of the small number that matched.

FIGURE 13. PSH STUDY GROUP: NUMBER OF MATCHING CLIENTS WITH JAIL BOOKINGS PRE- AND POST-PSH*



Source: Travis County Criminal Justice Database, queried June 2014.
*An individual can be booked for a felony and a misdemeanor. The number of individuals with felony and misdemeanor bookings will not sum to the total individuals with a booking.

- An additional analyses comparing two years prior to two years following PSH entry, resulted in 188 clients matching to the jail database. The two-year reductions were similar: a 48 percent decrease in the number of individuals with a jail booking, and a 53 percent reduction in the number of individuals with a misdemeanor jail booking, with felony results remaining relatively constant.

Table 9 provides data on the total arrest-bookings for individuals in the PSH Study Group.

- Total bookings went down by more than half (52 percent) from the year prior to PSH entry, with the number of misdemeanor bookings going down by 63 percent (Table 9).

TABLE 9. PSH STUDY GROUP: TOTAL ARREST BOOKINGS OF MATCHING CLIENTS PRE- AND POST PSH*

Echo Clients (n = 287)	364 days before	364 days after
Felony Bookings	12	16
Misdemeanor Bookings	96	36
Total Bookings	106	51

Source: Travis County Criminal Justice Database, queried June 2014.
*One booking can be classified as a felony and misdemeanor booking. The felony bookings and misdemeanor bookings do not add up to total bookings.

- An additional analysis of individuals with at least two years in PSH, showed that the total number of bookings and misdemeanor bookings went down by 68 percent and 72 percent, respectively.
- There were similar reductions in total booking charges and misdemeanor charges for the one and two-year analysis. The number of felony charges did not change considerably in the one-year and two-year analyses (Table 10).

TABLE 10. NUMBER OF BOOKING CHARGES FOR MATCHING CLIENTS PRE- AND POST PSH*

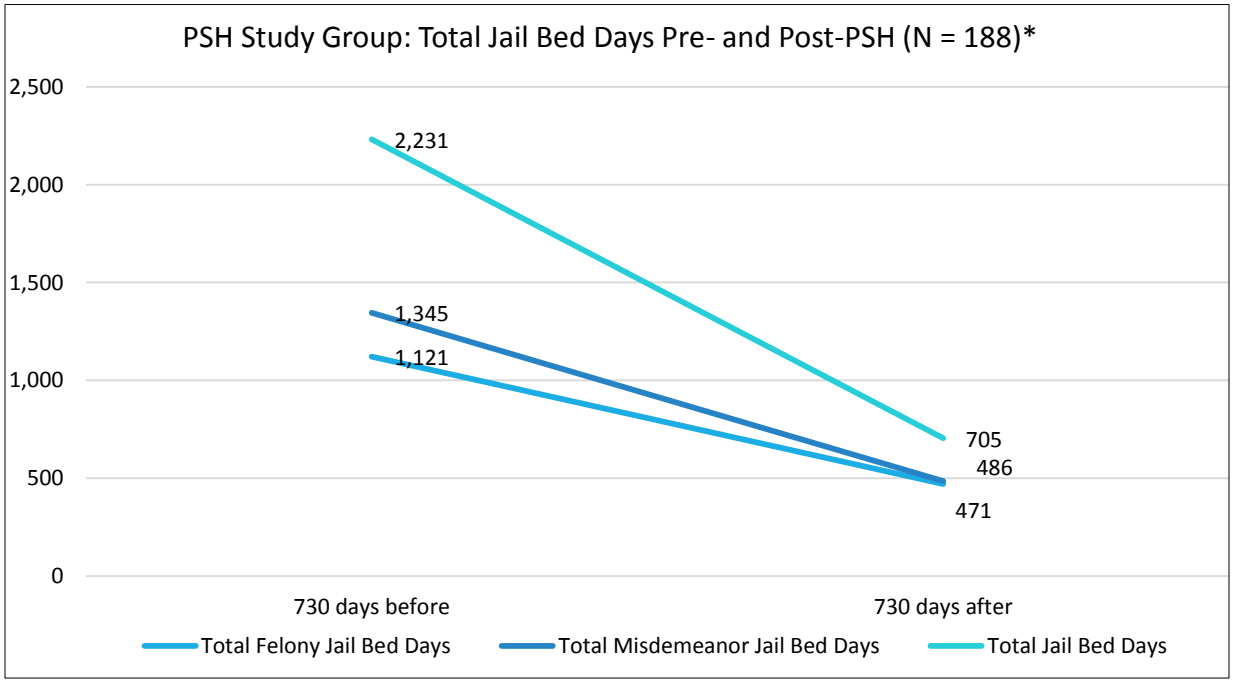
ECHO Clients (n = 287)	364 days before	364 days after
Felony Charges	18	16
Misdemeanor Charges	116	39
Total Charges	134	55

Source: Travis County Criminal Justice Database, queried June 2014.

- In the year prior to PSH, public intoxication was the most frequent misdemeanor charge and comprised nearly a third of the misdemeanor charges and 36 public intoxication charges. Public intoxication fell to 7 charges in the year following PSH. The highest ranking misdemeanor in the year following PSH was assault resulting in bodily injury to family, which increased from only 1 charge in the year prior to 7 charges in the year following.
- Analysis of the number of jail bed days among matching clients showed that jail days fell by almost half in the year following PSH entry (1,132 days to 580 days) and misdemeanor days by 74 percent (879 days to 231 days). The two year analysis revealed that total bed days fell by 68 percent in the two years after PSH entry as compared to

the two years prior, and that this was due to fewer misdemeanor bed days (64 percent decrease) as well as felony bed days (58 percent decrease) (Figure 14).

FIGURE 14. TOTAL JAIL BED DAYS FOR MATCHING CLIENTS PRE- AND POST PSH



Source: Travis County Criminal Justice Planning Database.
*A person's bed days served can be for a felony and a misdemeanor. Therefore, the felony and misdemeanor bed days do not total jail bed days.

Healthcare

The Integrated Care Collaboration (ICC) provided information on ER, inpatient admissions, outpatient visits, and clinic visits. ICC recently restricted any release of information, even aggregate data, to only data belonging to clients who have given permission to share their data. Of the PSH Study Group, 93 percent (742) matched to the ICC database and about half of those that matched (361) opted in to sharing their data. In the City PSH Strategy programs, 146 or 93 percent matched to the database, of which 88 individuals opted-in to share their data. The results below refer to the healthcare usage of those that opted-in to share their data. Since such a large share of the matching clients were excluded because they opted out of sharing

their data, the results may not be representative of the entire group. Going forward, when prioritized for PSH, clients will be asked to give ICC permission to share their data so that future PSH evaluations can include a higher percentage of participants.

Emergency Room/Inpatient usage prior to PSH

- A match to ICC data showed that about 45 clients or 12.5 percent of the PSH Study Group met the frequent Emergency Room/Inpatient Hospital (ER/IP) user definition of five emergency department or inpatient hospital visits in the three months prior to PSH entry. Table 11 provides the number of frequent users.
- About one-fifth of the City PSH Strategy Subset or 18 individuals met the frequent ER/IP user definition (Table 11). These results show that for recent entries, the city has been able to target some housing to those individuals who frequently use the health care system, but there is a need for better prioritization.

TABLE 11. FREQUENT EMERGENCY ROOM AND INPATIENT HOSPITAL USAGE BEFORE PSH

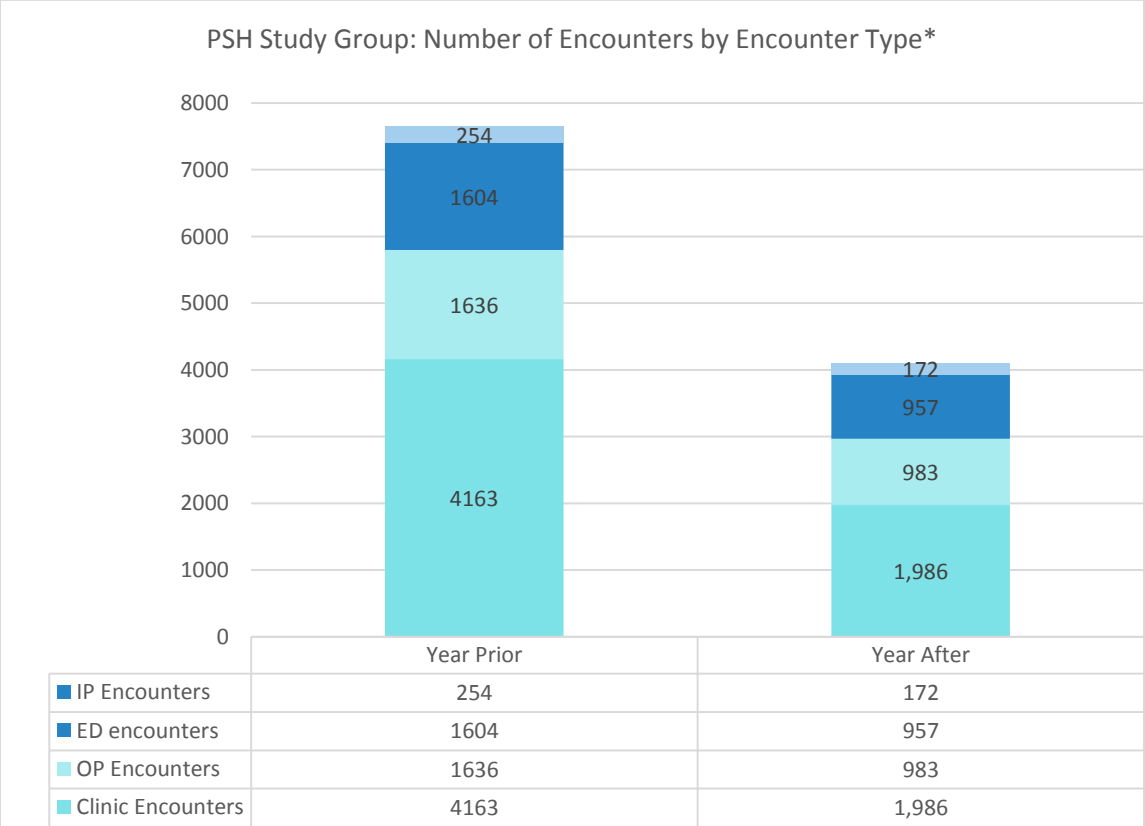
	PSH Study Group	City PSH Strategy Subset
Total individuals who matched and opted to share their data	361	88
> 5 ED / IP Visits within 3 Months of Entry Date	45	18
Percent of Total	12%	20%

Source: Integrated Care Collaboration, ICare Database, queried June 2014.

Changes in healthcare usage after PSH

- Healthcare utilization declined from the year prior to the year following PSH entry for all four categories of care in this analysis: the more costly care options of emergency room and inpatient hospitalization, as well as the lower acuity care of outpatient hospital visits, and clinic visits.
    - Eighty-three percent of the 361 clients accessed the clinic in the year prior to entering PSH as compared to 53 percent of clients in the year following PSH. Total clinic encounters fell by half in the first year.
    - A similar percentage of patients accessed the emergency department (79 percent) in the year prior and that percent also dropped to 53 percent of clients in the year following PSH entry. Despite a comparable patient count to that of clinics, total ER encounters were less than half the amount of clinic visits in both years.
    - Sixty-two percent of clients had an outpatient visit in the year prior and 46 percent in the year after PSH.
    - Almost a third of patients had an inpatient hospital admissions in the year prior as compared to 22 percent in the year after.
    - With declines in usage across all categories, the distribution of encounters remained about the same: clinic visits comprised about half of encounters, and emergency room and outpatient visit each made up about a fifth of total encounters. Figure 15 shows the number of encounters by type during the year prior and year following PSH.

FIGURE 15. PSH STUDY GROUP: NUMBER OF ENCOUNTERS AND CLIENTS BY ENCOUNTER TYPE



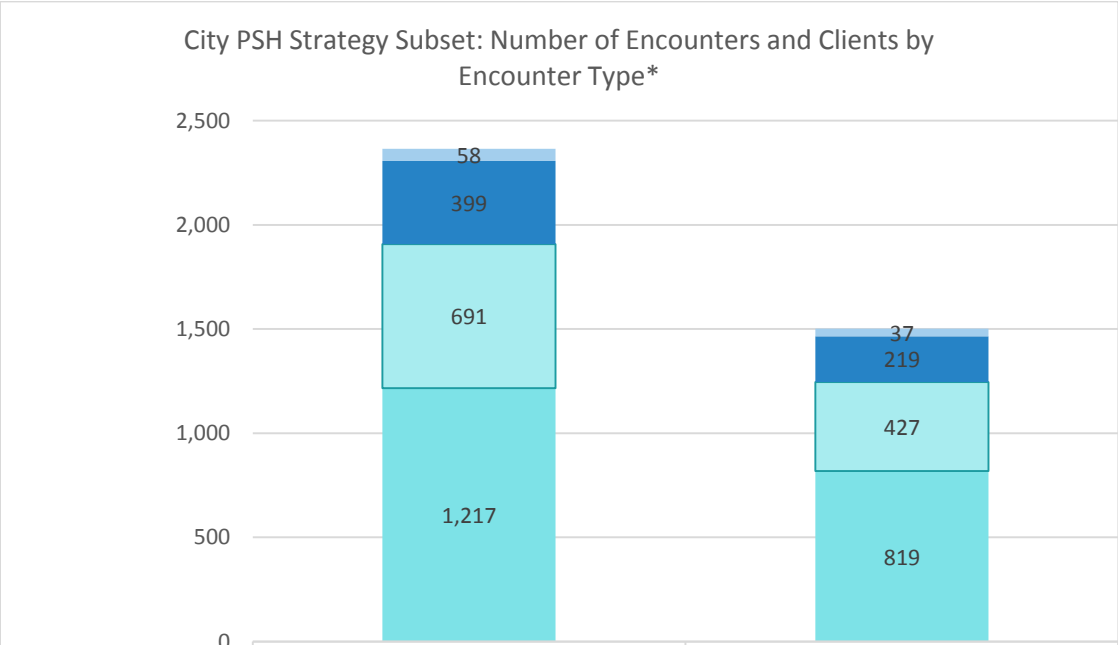
	Year Prior	Year After
IP Encounters	254	172
ED encounters	1604	957
OP Encounters	1636	983
Clinic Encounters	4163	1,986

Source: Integrated Care Collaboration, ICare Database, queried June 2014.

- The average clinic encounters per patient went from 13.9 to 10.4. The average ER visits per patient went from 5.6 in the year before to 5 visits in the year after housing. The average number of outpatient encounters per client went from 7.3 to 5.9. The average number of inpatient hospital admissions per patient remained about the same, 2.2 visits, while the number of days spent in the hospital went down by a half day from 4 days to 3.5.
- Similar trends in healthcare utilization were observed among the subset of individuals living in the City PSH programs who matched to the ICC database and opted for sharing their data (88 individuals). The number of patients and the total encounters decreased in all four healthcare categories. Clinic visits made up about half of total encounters.

Figure 16 displays the number of encounters by encounter type for the City PSH Strategy subset.

FIGURE 16. PSH STUDY GROUP: NUMBER OF ENCOUNTERS AND CLIENTS BY ENCOUNTER TYPE



Source: Integrated Care Collaboration, ICare Database, queried June 2014.

- The average encounters per individuals were higher for clinics (14 in year 1 and 11.4 in year after), and outpatient hospitals (9.87 in year 1 and 6.89 in year after) than the ER (5.39 in year prior and 3.53 in year after) and the clinic (1.9 in year 1 and 1.5 in year after).
- The decline in ER and inpatient usage is encouraging, but the decrease in healthcare utilization is neither expected nor a desired outcome. Further research is needed to answer several follow-up questions about these observations such as the following.

- As mentioned above, these results are limited to those who opted-in to share their data. It is possible that these clients are somewhat different from the other half of clients who matched but opted out of data sharing, and thus these results may not be representative of everyone in the study.
- Analysis on the second year following PSH entry would provide another data point to inform whether this decline is the beginning of a trend.
- These results do not account for factors about individuals that could affect the results, such as the amount of usage prior to entry and specific health conditions.

Costs

As stated earlier, the PSH Strategy is built on the premise that entering into PSH correlates with a reduction in use of expensive public systems. The data just analyzed reflects fewer court cases, fewer arrests, fewer jail bed days, and fewer hospital visits. Each of these encounters costs the community money. In 2012, HUD Secretary Shaun Donovan said, "Because, at the end of the day, it costs, between shelters and emergency rooms and jails, it costs about $40,000 a year for a homeless person to be on the streets."[39] It was beyond the scope of this report to quantify exact costs incurred by the community for each of the clients studied in their year prior to PSH, and then again in the year afterwards, but we can associate some local costs with these encounters, the reported reduction in use and implied cost avoidance. Again, without a control group[40], we cannot claim that PSH alone is the reason for the reductions in

[39] http://www.politifact.com/truth-o-meter/statements/2012/mar/12/shaun-donovan/hud-secretary-says-homeless-person-costs-taxpayers/

[40] ECHO would suggest a more thorough analysis be conducted with local partners, considering fixed and variable costs, and other factors, before a savings or cost avoidance can be documented. Travis County is currently working with the Urban Institute to formally evaluate its PSH program, including documenting any monies it may potentially save and redirect to additional efforts to reduce recidivism.

use, but the reductions in usage of public systems seem consistent with what communities across the country have reported.

For the purposes of this report, the Austin area incurs the following average costs per encounter:

- Downtown Community Court Case $31.98
- Daily jail bed $96.71
- Cost of Booking 1 person into jail $152.71
- Emergency Room visit: $1400
- Out Patient Visit $1300
- In Patient Visit $4800/day average or $21,000 per case
- Night in shelter $10.41

These costs are not specific to the clients in this study or the years they were in PSH, but instead to the current general costs of providing services to users of that system. Using these average cost figures and the earlier reported usage the year before housing and first year after PSH, Table 12 shows a calculated average total costs of the public services provided to the clients in this report.

TABLE 12. ESTIMATE OF PUBLIC SERVICE COSTS*

Public System Encounter	Estimated Costs in the Year Prior to PSH	Estimated Costs in the Year Post-PSH
Emergency Shelter	$138,411	-
Downtown Austin Community Court	$6,652	$1,151
Jail (bookings & beds)**	$125,663	$63,880
Emergency Department	$558,600	$306,600
Out Patient Visit	$898,300	$555,100
In Patient Visit	$278,400	$177,600
	$2,006,026	$1,104,331

*Costs were estimated by applying the average cost of services to the total amount of public services used by clients in this analysis.
**Refers to Study Group, not limited to City PSH Subset.

Reducing the number of shelter stays, court cases, jail bookings, jail bed days, emergency room visits and hospitalization for frequent users is a desirable outcome for all involved and may save or avoid future costs for taxpayers. At a minimum, when frequent users decrease their use of a public system, that public service is more available for another member of the community. The reported reductions in this evaluation suggest PSH entry may be correlated with such reductions, which again is consistent with effective PSH efforts in other communities, and in line with the desired outcomes for the Austin PSH strategy. As the PSH strategy matures with more clients in PSH for at least 12 months, future analysis could be designed to better determine exact savings per client from local PSH programs. At this point, it is encouraging to see the reduction in use and to further conversation about particular support services for clients that may lead to even greater outcomes.

Conclusion

This analysis suggests that PSH in Austin is providing permanent housing and support services to members of highly complex target populations. The initial data on service utilization suggest that PSH may increase client stability, decrease client use of the Downtown Austin Community Court and jails, and decrease client use of emergency departments and hospitalization. Further analysis is needed to examine these trends, to look for subgroup variability, and to ensure that the observed differences are an outcome of PSH and not due to other factors.

The Strategy, Subpopulations and Frequent Users

While PSH created since 2010 fell short of meeting the Austin City Council's specific numerical targets by June 2014, it successfully housed chronically homeless veterans, single adults, men and women diagnosed with mental illness, substance abuse issues and other disabilities, and a few families headed by chronically homeless adults. Seventeen percent of the adults in the PSH Study Group[41] had been booked into jail for a new arrest in the year prior to housing and nearly one-third of the City PSH Strategy Subset[42] were frequent shelter users prior to housing.

Nonetheless, the 2010 PSH Strategy set the following targets for the 350 new units by 2014 and this evaluation shows a gap in meeting those targets. One explanation for the gap is timing - some units have just recently come on line and the clients were just housed in recent months and thus not eligible for this study that required 1 year in housing. Another explanation is, that

[41] The 17 percent is 80 of the 479 individuals who met the conditions for inclusion in the analysis of jail usage in the year prior and after PSH. This analysis was limited to individuals who entered PSH sometime between March 2008 and March 2013. Additionally, individuals who were not adult age by the end of the reporting period or March 13, 2014, one year post the latest PSH entry date of March 14, 2013, would not have been booked in jail during the study period and so were excluded from the match rate calculation.

[42] The 31 percent is 49 of the 160 adults and children in the City PSH Strategy Subset.

until now, agency providers had little coordination or ability to share data about clients. Where collaborations did exist, some PSH programs were limited by eligibility requirements that may have had unintended consequences. The veterans target was almost met, which comes to no surprise because of the high level of federal funding available to cover housing expenses for homeless veterans. Below are the stated targets and corresponding results:

- At least 270 single adults but only 134 adults qualified for this evaluation
- At least 30 families but only seven families have been housed in PSH
- At least 10 unaccompanied youth but none were reported
- 300 individuals with severe and persistent mental illness, including 150 with co-occurring disorders, but only 100 individuals self-reported having a mental illness, as well as reporting multiple disabilities.
- 20 "youth aging out" of foster care and/or juvenile justice systems (10 single adults/10 families), but no data are available about this subpopulation.
- 70 veterans targeted, but only 9 counted in HMIS and 58 reported by Green Doors, totaling 67.
- 50 single women targeted but just 25 single female households were included in this study.

Most clients housed since 2010 did have some encounters with public systems; the Strategy called for 225 to be "frequent users," of jail, healthcare, community court and shelters. Based on new community definitions of frequent users, of the 160 persons in the City PSH Strategy Subset housed and subject to this analysis the following were considered frequent users:

- 18 frequent users of hospital emergency department visits/hospitalization (5 emergency department or inpatient hospital contacts in any 3 month period)
- 5 frequent users of Downtown Austin Community Court (25 cases or more) and
- 49 frequent users of emergency shelter (slept at least 50 percent of nights in shelter during the six months prior to PSH entry)

Thus, "frequent users" are being housed in PSH, but not at the level envisioned by the 2010 Strategy. Based on more recent data, there were 90 frequent users of the Downtown Austin Community Court (DACC) who recently used the emergency shelter and an additional 165 households who were recent frequent shelter users with a self-reported disability. These households likely need PSH. Additional homeless individuals accessing hospitals, EMS and jails would increase the estimated need of PSH among frequent users. At the time the Strategy was announced, PSH programs were not required to adopt the Strategy nor agree in writing to prioritize frequent users. Current ECHO work to implement a single Coordinated Assessment and PSH Prioritization will improve the service providers' ability to successfully target these frequent users. Understandably, to house this population, units must be available and accessible. Frequent users often face barriers to housing, i.e. criminal history, debt, lack of income, poor rental history, sobriety requirements, etc. Housing First PSH takes these barriers into account and applicants are seldom rejected solely on the basis of poor credit or financial history, poor absent rental history, criminal convictions, or any other behaviors that are generally held to indicate a lack of "housing readiness." A shortage of Housing First PSH units in Austin currently hinders the community's ability to implement this frequent user PSH strategy. The City's call for a Request for Proposals to develop Housing First PSH, providing funds for both capital costs and support services, should develop housing for these frequent users.

The Strategy and Housing Stability

Austin PSH programs provide a source of stability for residents.

- Individuals stayed in supportive housing for more than three years, on average.
- Most children remained in housing with their families.
- 95 percent of adults maintained or increased their total income from entry.[43]

[43] Income refers to all self-reported income, both earned income from employment and income from other sources, like Social Security Income (SSI) and retirement income. 95 percent is 475 out of the 500 adults at entry who had the necessary income data to calculate a change in income. Seventeen percent of the 599 adults at entry were missing the income data necessary to calculate a change in income.

- Despite these increases in total income, about 85 percent of adults had no *earned* income recorded at program entry or at exit or the end of the reporting period.[44] This indicates a heavy reliance on mainstream benefits for income.

The Strategy and Reductions in Use of Public Systems

- Entry into Austin PSH may be correlated with lower usage of local criminal justice systems among those with a criminal background. There was a 44 percent reduction in the number of people with a jail booking for a new arrest and more than a 50 percent reduction in bookings in the year following entry into supportive housing. Additionally, jail bed days dropped by 68 percent in the two years following PSH entry. The number of Downtown Austin Community Court cases dropped by nearly 80 percent in the year after PSH.
- Initial results suggest that there is a negative relationship between housing entry and any healthcare utilization. Usage of ER, inpatient, clinic, and outpatient health care decreased in the year after PSH entry for those that opted to share their data. Further research is needed to investigate the nuances of these findings.
- Using average cost figures for nights in shelter, bookings, jail beds, emergency room, and inpatient hospital, the reported usage the year before housing for this study group totals $2M and the first year after PSH, it only totals $1.1M. The reported reductions in this evaluation suggest PSH entry may be correlated with such reductions, which again is consistent with effective PSH efforts in other communities, and in line with the desired outcomes for the Austin PSH strategy. Future analysis could be designed to better determine exact savings per client from local PSH programs.

[44] Earned Income refers to the self-reported income from employment. The 85 percent is 410 of the 485 adults at entry who had the necessary employment income data to analyze the change in earned income. Nineteen percent of the 599 adults at entry were missing the income source information necessary to analyze if the individuals had earned income.

Recommendations

Next Goal

The City should continue to support PSH as the primary intervention to end chronic homelessness. To do so, the City should set a new target of 400 PSH units, with a minimum of 200 dedicated to Housing First PSH. These units should be in part funded by G.O. Bond funds, Housing Trust Fund and General Revenue to support capital development, rental subsidies and support services.

Strategy modifications

1. This report should be discussed with PSH housing and service providers to determine what can be learned to improve service delivery and PSH program outcomes. ECHO should host this conversation and share the results with the PSH Leadership Finance Committee.
2. Emphasize Housing First PSH strategies to ensure housing is accessible to frequent users of shelter, jail and Downtown Austin Community Court and those with mental illness and substance abuse issues.
3. Coordinated Assessment and PSH Prioritization, launching in October 2014, will provide information that should be reviewed before setting new additional numerical targets. It should include the regular monitoring of the amount of PSH prioritized for and accessed by frequent users of jail, hospitals, and shelter. In addition to the CoC PSH programs, that will be required to participate in prioritization, the City should consider requiring all PSH programs to participate in Coordinated Assessment PSH Prioritization by receiving referrals from one primary PSH prioritization list.
4. Despite challenges, ECHO should continue to work to develop and maintain MOUs with community partners to ensure that client level data are available for

use with Coordinated Assessment and PSH Prioritization, as well as future program evaluations.

Ongoing Evaluation

While this analysis sheds light on possible positive outcomes of individuals entering PSH, further analysis is needed to better understand how much of the observed changes can be attributed to the PSH programs. The evaluation should control for individual level characteristics and temporal factors that could have a correlation with the observed outcomes. The healthcare utilization should be further investigated, if possible, to include the results of individuals who opted out of data sharing. CoC funded PSH programs should be required to include an ICC authorization as part of client intake into PSH.