

TEXAS INTERAGENCY COUNCIL FOR THE HOMELESS



Annual Report and Pathways Home Addendum

2012

TICH

Texas Interagency Council for the Homeless (TICH)
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Prepared by

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



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INTRODUCTION

This report is the progress report of the Texas Interagency Council for the Homeless (TICH), required by Texas Government Code §2306.908. It is provided to the governing body of each agency currently represented on the TICH, which includes the following:

- Texas Department of Housing and Community Affairs;
- Health and Human Services Commission;
- Department of State Health Services;
- Department of Assistive and Rehabilitative Services;
- Department of Aging and Disability Services;
- Department of Family Protective Services;
- Texas Workforce Commission;
- Texas Veterans Commission;
- Department of Criminal Justice;
- Texas Juvenile Justice Department; and
- Texas Education Agency.

This report is organized based on the nine specific duties of the TICH per state law. This report covers progress made on each of these assigned duties since the last report of the TICH. As a companion to this report, TICH submits Pathways Home, which TICH released as a proposed policy framework for coordinating state administered programs with local service providers in Texas. TICH intends for Pathways Home to address most of the duties required under its statute.

The Texas Interagency Council for the Homeless (TICH) is established under Texas Government Code §§2306.901-909. TICH developed this document to address responsibilities outlined in §2306.905.

ACTION ON STATUTORY REQUIREMENTS

1. SURVEY CURRENT RESOURCES

From July 2011 to January 2012, TICH conducted a survey of resources and services administered by state agencies who are TICH members. The council distributed a short form to each agency which requested agencies to describe any data collected on the housing status of clients, describe the definition of homelessness that agencies' programs use, list relevant services, and describe how each service directly or indirectly assists persons experiencing and at risk of homelessness. Support staff for the council held interviews with each state agency to discuss the agencies' responses in greater depth. The discussion about Texas's homelessness assistance infrastructure in *Pathways Home* relies on results from this survey. See p. 40 for discussion and analysis of results from the state agency survey. See p. 47 for a table summarizing programs administered by state agencies that provide services to persons experiencing and at risk of homelessness. The table below summarizes findings from the agency survey.

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION	DATA GATHERED ON CLIENT	NATURE OF HOMELESS DEFINITION
Department of Assistive and Rehabilitative Services (DARS)	Vocational Rehabilitation (VR) Program	Supportive Service	Helps people who have physical or mental disabilities prepare for, find or keep employment. Includes helping people gain skills needed for a career, learn how to prepare for a job interview or accessing accommodations needed to stay employed.	Yes	Homelessness self-reported; no definition
Department of State Health Services (DSHS)	Project for the Assistance of Transition from Homelessness (PATH)	Supportive Services	Provides outreach and ongoing services to persons experiencing homelessness. Program offers a bridge between targeted homeless assistance and mainstream mental health services, primary health care, and substance abuse services.	Yes	Definition determined by agency

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION	DATA GATHERED ON CLIENT	NATURE OF HOMELESS DEFINITION
DSHS	Resiliency and Disease Management (RDM) Program	Supportive Services, Housing	Provides additional services available through PATH. Program offers housing services, as well as case management, supportive employment, and skills training.	Yes	Definition determined by agency
	Crisis Redesign Initiative (CRI)	Supportive Services	Funds Local Mental Health Authorities (LMHAs) to expand community mental health crisis services and aid individuals' recovery following crises. Program allows individuals to receive services from psychosocial rehabilitation teams and Assertive Community Treatment (ACT) teams once they transition to intensive services.	Yes	Definition determined by agency
Health and Human Services Commission (HHSC)	Temporary Assistance for Needy Families (TANF)	Supportive Service	Provides monetary assistance to eligible families with children.	No	Definition determined by agency
	Supplementary Nutrition Assistance Program (SNAP)	Supportive Service	Provides monetary assistance to low-income persons for the purchase of food.	No	Definition determined by agency
	Medicaid and Children's Health Insurance Program (CHIP)	Supportive Service	Provides health insurance to eligible low-income individuals and families.	No	No definition
Texas Department of Criminal Justice (TDCJ)	Housing for offenders under supervision	Housing	Through the parole division and with grants to local probation departments, TDCJ provides short term residential or housing assistance to offender populations under agency supervision.	No	No definition

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION	DATA GATHERED ON CLIENT	NATURE OF HOMELESS DEFINITION
Texas Department of Housing and Community Affairs (TDHCA)	Emergency Solutions Grants (ESG) Program	Shelter, Re-Housing, Prevention, Supportive Service	Competitive grant that provides funds to nonprofit organizations and local units of general government for activities relating to shelter, services, and re-housing assistance for homeless persons, as well as homelessness prevention. TDHCA awards funding annually, with projects contracted from September 1st through August 31st.	Yes	U.S. Department of Housing and Urban Development definition
	Homeless Housing Services Program (HHSP)	Shelter, Re-Housing, Prevention, Supportive Service	Provides funding to the eight largest cities in support of services to homeless individuals and families, including services such as case management, and housing placement and retention.	Yes	U.S. Department of Housing and Urban Development definition
	Community Services Block Grant (CSBG)	General Community Grant	Ninety-percent of CSBG funds are provided to eligible entities on a non-competitive basis for the delivery of services to very low income Texas residents in all 254 counties. Program aims to eliminate poverty and foster self-sufficiency.	No	No definition
	Housing Tax Credit (HTC)	Housing	The tax credit program is one of the primary means of directing private capital toward the creation of affordable rental housing. Program provides investors of affordable rental housing with a benefit that is used to offset a portion of their federal tax liability in exchange for the production of affordable rental	No	No definition

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION	DATA GATHERED ON CLIENT	NATURE OF HOMELESS DEFINITION
TDHCA			housing. Tax credit value allows developers to lease HTC residences to qualified families at below market rate rents.		
Texas Education Agency (TEA)	Education for Homeless Children and Youth (EHCY) Program	Supportive Service	Program trains school and nonprofit officials to identify students without permanent housing and to ensure that identified students enroll, attend, and succeed in school. Includes discretionary sub-grant program for supplemental education and supportive services for students in homeless situations.	Yes	U. S. Department of Education definition
Texas Workforce Commission (TWC)	Wagner Peyser Employment Services (Covers Rapid Reemployment Services, Unemployment Insurance Reemployment and Eligibility Assessments, and WorkInTexas.com)	Supportive Service	Wagner Peyser Employment Services provide free employment services to all job seekers, including those who are homeless.	Yes	Homelessness self-reported; no definition
	Senior Community Service Employment Program (SCSEP)	Supportive Service	SCSEP is a part-time, on-the-job training program for individuals 55 and over who are unemployed and with income of 125 percent or less of the federal HHS poverty level. Eligible participants receive assessment and work with staff members to develop an individual employment plan and follow the plan to acquire sufficient skill sets and confidence to obtain unsubsidized employment and achieve financial independence.	Yes	Homelessness self-reported; no definition

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION	DATA GATHERED ON CLIENT	NATURE OF HOMELESS DEFINITION
TWC	Texas Back to Work Program	Supportive Service	Program offers subsidies to employers who hire first time recipients of Unemployment Insurance who were making less than \$4.15 per hour during previous employment.	Yes	Homelessness self-reported; no definition
	Workforce Investment Act (WIA) Programs	Supportive Service	Program offers free employment services to all job seekers, including those who are homeless. Program also offers Support and Needs related payments, which may assist with access to housing.	Yes	Homelessness self-reported; no definition
	Texas Veterans Leadership Program (TVLP)	Supportive Service	TVLP provides a Veterans Resource and Referral Specialist to all 28 workforce regions of Texas. The referral specialist assists in referring veterans who served in Iraq or Afghanistan since 2001 to needed services.	Yes	Homelessness self-reported; no definition
Texas Veterans Commission (TVC)	Fund for Veterans' Assistance	Housing and Supportive Services	General purpose grant to non-profit and local government organizations to provide direct services to Texas veterans. Some grant recipients assist homeless veterans and their families. Recipients may provide transitional housing or supportive services to homeless veterans.	No	No definition
Department of Aging and Disability Services (DADS)	N/A	N/A	N/A	No	No definition

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION	DATA GATHERED ON CLIENT	NATURE OF HOMELESS DEFINITION
Texas Juvenile Justice Department (TJJD)	N/A	N/A	N/A	No	No definition
Department of Family Protective Services (DFPS)	N/A	N/A	N/A	No	No definition

2. INITIATE AN EVALUATION OF FUTURE AND CURRENT NEEDS

In developing *Pathways Home*, TICH initiated efforts to evaluate the current and future needs of the state, focusing on four subpopulations: families with children; unaccompanied youth; individual adults experiencing chronic homelessness; and veterans. The assessment of current needs draws primarily on Point-in-Time (PIT) Count data. See *Homelessness in Texas*, p. 19 for discussion on data sources, demographics, and factors contributing to homelessness.

TICH finds extensive limitations in existing sources of data. The council, in conjunction with the Texas Department of Housing and Community Affairs (TDHCA), has undertaken efforts to establish an information base to support more sophisticated evaluation of current and future needs. A key component in this effort is the development of a data warehouse. The proposed system will integrate data from the state’s fifteen independent Homeless Management Information System (HMIS) implementations. HMIS gathers client-level data from persons served in homeless assistance programs funded by the U.S. Department of Housing and Urban Development (HUD). The data warehouse will have the ability to match records in HMIS with records in state agencies’ administrative datasets for cross-systems analysis. See *Data, Research, and Analysis*, p. 67 for discussion on the need for establishing new sources of data and strategies for overcoming limitations.

3. ASSIST IN COORDINATING AND PROVIDING STATEWIDE SERVICES

The primary goal of *Pathways Home* is to enumerate a set of strategies to help state agencies coordinate resources to address the needs of homeless individuals in the state. The document organizes this framework under four thematic sections: 1) Affordable Housing and Supportive Services; 2) Homelessness Prevention; 3) Data, Research, and Analysis; and 4) State Infrastructure. This discussion begins on p. 40 of *Pathways Home* under the section titled Framework for Strengthening Texas’s Infrastructure. See p. 76 for an outline of the document’s proposed objectives and strategies for assisting in the coordination and delivery of services.

4. INCREASE THE FLOW OF INFORMATION AMONG SEPARATE PROVIDERS AND APPROPRIATE AUTHORITIES

Through the development of *Pathways Home*, TICH has facilitated an unprecedented level of dialogue among independent service providers, both at the state and local level. Through the state agency survey, interagency discussions relating to the development of *Pathways Home*, and public hearings that engaged leaders and staff from local agencies and nonprofits, TICH opened new channels for communication. State Infrastructure, on p. 71 and p. 81, describes strategies for continuing to increase the flow of information among service providers and appropriate authorities.

As the subtitle to *Pathways Home* suggests, the framework focuses on the possibility of achieving stronger coordination between state agency programs and local Continuum of Care systems. A Continuum of Care (CoC) acts as the core entity for organizing resources at the local level for homelessness assistance. The size of CoCs varies, from a single county like Travis County, to a multi-county network like the Texas Balance of State, which covers a swath of 204 non-metropolitan counties in Texas. HUD is increasingly recognizing the CoC as the hub for coordinating service delivery. Through new regulations, HUD requires heightened integration between agencies receiving HUD funds and local CoCs. TDHCA and TICH recognize the importance of CoCs in the administration of assistance to persons experiencing and at risk of homelessness. As a result, TDHCA and TICH have increased their level of communication with CoC leadership across the state. Most notably, to structure IT and policy decisions related to the development of the HMIS data warehouse, TDHCA facilitated the establishment of a multi-CoC governing body. The governing body consists of representatives from 12 of the state's 15 CoCs. TDHCA is working with the remaining three CoCs to secure their participation in the governing body. The decision-making group meets at least quarterly with staff from TDHCA and members of TICH. Though the group's primary goal is to execute decisions relating to the HMIS data warehouse, the formation of the governing body affords TDHCA and TICH the opportunity to strengthen relationships with CoC leadership. The governing body allows TICH and TDHCA to better understand processes behind local service delivery, which in turn will help the state better understand how to tailor state programs to fit local needs.

5. DEVELOP GUIDELINES TO MONITOR THE PROVISION OF SERVICES FOR THE HOMELESS AND THE METHODS OF DELIVERING THOSE SERVICES

In *Pathways Home*, TICH issues guidance on monitoring the delivery of services to persons experiencing and at risk of homelessness. See p. 72 for a proposed Housing Status Continuum. See Homelessness Prevention, beginning p. 60, for discussion on strategies for establishing a common definition of "at risk of homelessness." Objective 2 of Data, Research, and Analysis, p. 67, provide guidance on developing metrics for monitoring the delivery of services to persons experiencing homelessness. Objective 1 of State Infrastructure, p. 72, discusses the need for coordinating the definition of "homeless" that state agencies use for data collection and assessment.

6. PROVIDE TECHNICAL ASSISTANCE TO THE HOUSING FINANCE DIVISION OF THE DEPARTMENT IN ASSESSING THE NEED FOR HOUSING FOR INDIVIDUALS WITH SPECIAL NEEDS IN DIFFERENT LOCALITIES

TICH is providing technical assistance and guidance to TDHCA's Housing Finance Division through its efforts to establish an HMIS data warehouse. The data warehouse will provide TDHCA, including the Housing Finance Division, easy access to data that will support assessment of local need for housing for persons with special needs.

7. COORDINATE WITH THE TEXAS WORKFORCE COMMISSION TO PROVIDE HOMELESS INDIVIDUALS INFORMATION TO ASSIST THEM IN OBTAINING EMPLOYMENT AND JOB TRAINING

Since 2009, the Texas Homeless Education Office (THEO), Texas Health and Human Services Commission (HHSC), Texas Homeless Network (THN), and Texas Workforce Commission (TWC) have worked together, in efforts facilitated by TICH, to provide training on services available to families and children experiencing homelessness. Staff from the agencies worked together to develop all-day, participatory workshops at Education Service Centers for counselors, social workers, and local service providers. In these trainings, TWC and Workforce Solutions staff educated providers on workforce services. TICH and the agencies involved in this outreach intended for this training on workforce programs to help case workers better understand available resources. Since 2009, TWC and Workforce Solutions staff have also co-presented sessions on workforce services and programs at THN's annual conferences. Trainings and presentations provide case workers, homeless coalition leaders, and other service provider staff with a stronger understanding of TWC's services. The outreach helps homeless service providers to better connect persons experiencing and at risk of homelessness with resources to help with obtaining job training and employment.

8. ESTABLISH A CENTRAL RESOURCE AND INFORMATION CENTER FOR THE HOMELESS

2-1-1 Texas currently serves as the state's central resource and information center for persons experiencing and at risk of homelessness. Over the past year, TICH has increased dialogue with 2-1-1 staff. TICH will continue to work with 2-1-1 to ensure that this system maintains comprehensive and accurate information on current resources. THN, in coordination with TICH, has provided information to 2-1-1 to ensure that information on homeless services remains up to date.

TICH anticipates that, over the next few years, HUD will require CoCs to restructure their methods of case management, resource delivery, and information distribution. In recent regulations issued for the Emergency Solutions Grants (ESG) Program, HUD has already taken steps to encourage CoCs to begin using a coordinated or centralized assessment process as the basis for all service delivery. CoCs will begin to use a coordinated or centralized assessment to determine client eligibility for assistance and refer clients to local resources that best fit their needs. As this transition occurs, TICH plans to serve as a liaison between CoCs, 2-1-1, and state agencies to ensure that the state's information resources are well positioned to support newly established assessment and referral processes.

9. COUNCIL RESPONSIBILITIES EXECUTED BY OTHER ENTITIES

TDHCA and TICH work closely with the Texas Homeless Network (THN), a nonprofit organization that assists service providers in receiving and managing HUD grants, administering services, and gathering data. THN supplements many of TICH's efforts to act on duties required by statute. Staff at THN have advised TICH throughout the development of *Pathways Home*. THN has assisted with the assessment of the state's current resources, evaluation of current and future needs, development of guidelines for monitoring and delivering services, and establishment of a central resource and information center for persons experiencing and at risk of homelessness in Texas.

ADDENDUM: PATHWAYS HOME

A Framework for Coordinating State Administered Programs with Continuum of Care Planning to Address Homelessness in Texas

Formerly known as the *Texas State Strategic Plan to Prevent and End Homelessness*.

EXECUTIVE SUMMARY

Throughout the United States, homelessness remains a continuous presence, both in major cities and rural communities. Housing retention depends on multiple factors that impact the ability of an individual or family to make rent or mortgage payments. Housing markets, real wages, competition for employment, and job loss within a geographic area impact the ability of household incomes to keep pace with the cost of housing. Other significant factors that lead to housing instability include health crises, substance abuse, mental health, and family violence. Interventions aimed to prevent or end episodes of homelessness must address the housing, income, and health needs of an individual or family. Resources that respond to these needs cut across multiple sectors of social service delivery. To better understand how Texas' infrastructure is positioned to address the complexities of housing instability, the Texas Interagency Council for the Homeless initiated a study in January 2011. The Council convened work groups comprised of representatives from non-profit organizations and eleven state agencies, analyzed state data, reviewed national research, and gathered public input through ten hearings. Pathways Home presents findings from this study, which indicates that greater coordination of employment and health service resources with local housing programs would expand the state's capacity to prevent and end episodes of homelessness. In response to the study's findings, Pathways Home proposes a framework to help more of Texas' most vulnerable citizens enter and remain in safe housing.

On June 22, 2010, the United States Interagency Council on Homelessness (USICH) released the nation's first comprehensive plan addressing homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* calls for coordination among federal agencies and collaborative leadership at all levels of government. In response to the USICH's work, the Texas Interagency Council for the Homeless (TICH) now presents findings from outreach it conducted to better understand how homelessness impacts Texas citizens. During 2011, TICH convened work groups comprised of representatives from non-profit organizations and eleven state agencies. The Council held public hearings in ten cities around Texas and received nearly twenty hours of testimony from over 110 individuals. Through analysis of state data, a review of national research, and feedback from hearings, the Council finds that greater coordination of state agency resources and local housing programs would expand the state's capacity to prevent and end homelessness. This living document examines how proposed goals, objectives, and strategies may help state agencies understand and serve those who experience homelessness, including homeless families with children, unaccompanied youth, individuals experiencing chronic homelessness, and homeless veterans.

Preventing and ending homelessness would enhance the well being of Texas and its communities. For families with children, residential instability and loss of housing hinder childhood development. Children in homeless families struggle to keep up in school. For adults, a lack of stable residency impedes success at work, interferes with job searches, and may damage health. Measures to help Texans enter stable housing—as well as receive supportive services when needed—will help individuals and families become engaged participants, not outcasts, in society.

A statewide initiative to prevent and end homelessness reflects a commitment to fiscal responsibility. Chronic homelessness strains public systems and resources, including hospitals, emergency rooms, jails, prisons, and public schools. By federal definition, an individual experiences chronic homelessness if he or she has a disabling condition and either remains homeless for longer than a year or experiences four or more periods of homelessness over the course of three years. Individuals experiencing chronic homelessness represent a minority of all persons experiencing homelessness in Texas. But research in Texas and across the nation suggests that chronically homeless individuals use more than half of the public resources available to the state's homeless population. Individuals who experience chronic homelessness tend to cycle among emergency shelters; prisons and jails; and, when in need of medical treatment, emergency rooms and hospitals. The city of Fort Worth found that an emergency room's twenty most expensive homeless patients cost the city \$48,736 per person during Fiscal Year 2007.¹

Numerous studies of urban systems across the United States show that when high-cost individuals obtain housing, their use of public resources declines dramatically.² Rates of arrest fall; emergency room use plummets; individuals attain employment; disabling conditions stabilize. On any individual's path towards maximum independence, obtaining a stable place of residence is a fundamental step.

Homelessness impacts a complex population including single adults, entire families, men, women, children, persons with disabilities, full-time employees, chronic substance users, victims of family violence, and veterans. On a single night in January 2011, a statewide census counted 36,911 homeless individuals in Texas.³ Far more individuals and families experience episodes of homelessness over the course of a year than on a single night. Most individuals experience short episodes of homelessness lasting only a few nights. National trends suggest that roughly 90,000 or more Texans experience at least one homeless night over the course of a year.⁴ Homelessness may impact approximately seven percent of households living below 30 percent of the Area Median Income (AMI) in Texas.

An extensive network of services in Texas already addresses homelessness and has positively impacted cities and counties across the state. As of 2011, Texas had 13,235 year-round emergency shelter beds and 10,902 transitional housing beds. Texas had 9,055 permanent supportive housing beds in 2011, a bed count that for the first time included facilities funded through the U.S. Department of Veterans Affairs. Despite enduring the worst global and national economic downturn since the Great Depression, most communities in Texas have not experienced significant increases in homelessness. The state's strong business climate, which helped keep Texas' unemployment rate below the national average, may have helped prevent some individuals and families from losing their homes.⁵ Texas' largest cities report reductions in chronic homelessness. Local coalitions and the federal government attribute reductions in chronic homelessness to the development of permanent supportive housing (PSH). As is the case across the nation, Texas may have experienced increased rates of homelessness during the recession had communities not leveraged all available resources, including new programs the federal government introduced as part of the American Recovery and Reinvestment Act.⁶ Effective planning must acknowledge and build upon these existing resources.

TEXAS'S HISTORY AND PROGRESS

Most public funding for homeless services in the U.S., and Texas, comes from federal programs established under the McKinney-Vento Act of 1987. This piece of federal legislation enables the Emergency Shelter Grant Program, now Emergency Solutions Grant Program (ESGP); Shelter Plus Care (S+C) and Supportive Housing Program (SHP), which are components of the Continuum of Care grant program; and the Education for Homeless Children and Youth (EHCY) Program. Over the last decade, local service providers, coalitions, and state agencies have made progress to address the needs of persons experiencing and at risk of homelessness. Cities across the state—including Fort Worth, Dallas, Houston, Austin, Arlington, El Paso, San Antonio, Corpus Christi, Plano, and Waco—developed and adopted local ten-year plans to address homelessness. Continuum of Care (CoCs) in Texas have helped to shift funding priorities away from emergency shelter towards strategies that end long-term episodes of homelessness. While emergency shelter beds increased 9.5 percent between 2005 and 2010, communities increased permanent supportive housing in Texas by 45 percent, adding 2,045 permanent beds. During the five-year period, chronic homelessness in the state decreased by 19.5 percent, from 9,670 to 7,785 individuals.

From 2005 to 2010, CoCs in the state increased the amount of competitive McKinney-Vento funds they drew down from the US Department of Housing and Urban Development (HUD). In 2005, HUD awarded Texas CoCs \$51 million, with \$19 million for permanent supportive housing. In 2010, HUD awarded \$71.7 million to CoCs, with \$37.5 million for permanent supportive housing. Reflecting a statewide commitment to long-term solutions to homelessness, CoCs shifted funding priorities over five years: CoCs used 37 percent of CoC grant funds for permanent supportive housing and 45 percent for transitional housing in 2005; by 2010, communities used 52 percent of HUD CoC grant funds for permanent supportive housing, with transitional housing reduced to 34 percent of CoCs' budgets.

State agencies have played a critical role in supporting local efforts. In State Fiscal Year (SFY) 2010, the Department of Assistive and Rehabilitative Services (DARS) provided Vocational Rehabilitation (VR) assistance to 890 individuals who self-identified as experiencing homelessness. Of persons reporting homelessness at entry, and who exited the program that year, 40.8 percent had a successful closure, meaning that the individual obtained and retained employment for 90 days. In SFY2010, the Texas Workforce Commission (TWC) provided vocational training and employment services to 13,179 individuals in Texas who self-identified as experiencing homelessness. About 41 percent of persons experiencing homelessness at entry to TWC programs obtained and retained employment, a rate similar to DARS's VR outcomes.

The Department of State Health Services (DSHS) administers the Resiliency and Disease Management (RDM) program, which provides mental health services tailored to individuals' needs. The RDM program shows that in SFY2010, 1,516 individuals experienced homelessness at entry to the program, with 2,737 deemed at risk of homelessness. The program helped 73.9 percent of literally homeless persons improve their housing situation, with 20.1 percent entering stable housing situations, 13.6 achieving minimal housing instability, 24.1 experiencing moderate housing instability, and only 16.2 percent entering situations where individuals were at risk of falling back into homelessness.

In 2009, the Texas Department of Housing and Community Affairs implemented the Homelessness Prevention and Rapid Re-Housing Program (HPRP), a \$41 million program established under the

American Recovery and Reinvestment Act (ARRA) of 2009. The program served over 40,000 persons with the goal of stabilizing households worst hit by the U.S. economic recession. Agencies reported exiting 91 percent of clients to permanent housing situations through prevention services, and 81 percent of literally homeless clients to permanent housing through re-housing assistance. Through the Emergency Shelter Grant Program (ESG), TDHCA provided just over \$5 million in FY2011 to 44 subrecipients for emergency shelter operations, re-housing and prevention assistance, and supportive services. Since 2009, TDHCA also administered the Homeless Housing and Services Program (HHSP), a new general revenue appropriation from the state of Texas that totaled \$20 million over the FY 2010-2011 biennium to assist the state's eight largest cities.

Private funding sources have also supported programs addressing homelessness. Haven for Hope is a campus in San Antonio that provides an array of shelter, housing, and supportive services. The facility's development and operation has been extensively supported with funds from private donations.⁷ Haven for Hope is one example of the state's many agencies that benefit from private funding. While service providers across the state expand their service capacity by integrating private funding with state and federal grants, TICH does not currently have data on the extent to which agencies receive assistance from private sources.

While Texas' CoCs have increased housing resources available to persons experiencing homelessness, they struggle to fund supportive services. Supportive services include a broad spectrum of resources that help individuals find housing, maintain housing stability, and achieve maximum independence. These services include case management, substance abuse treatment, mental health treatment, vocational training, and transportation. Over the past ten years, HUD has reduced funding for supportive services, making mainstream services—resources not solely intended to address homelessness—a critical element for meeting the needs of homeless and at-risk persons. In 2000, CoCs used 60 percent of HUD's McKinney-Vento homelessness funding for supportive services like daycare and drug treatment. As HUD used incentives to increase housing development, policymakers expected mainstream services to fill gaps left by HUD's decreased funding for supportive services. In 2009, CoCs used approximately 66 percent of HUD funds for the housing component of the Supportive Housing Program (SHP) and only 33 percent of funding for supportive services. The new policies allowed HUD to dedicate resources to create more than 40,000 new permanent supportive housing units in the U.S. With HUD funding fewer supportive services, however, re-housing and permanent housing programs must leverage mainstream services to help individuals and families remain in housing.⁸ Texas' state agencies predominantly manage the state's major mainstream resources. To increase the availability of supportive services, the coordination of TICH's member agencies is essential.

GOALS AND OBJECTIVES

Four priority areas organize the Council's findings: Affordable Housing and Supportive Services; Homelessness Prevention; Data, Research, and Analysis; and State Infrastructure. The groupings follow key components the National Alliance to End Homelessness recommends for successful plans to prevent and end homelessness.⁹

Affordable Housing and Supportive Services offers objectives that aim to help Texas increase its housing options for homeless individuals and families who face barriers to secure housing. Homelessness Prevention outlines a statewide crisis-response mechanism that identifies at-risk

individuals and families in order to connect them with preventive resources. The Data, Research and Analysis priority area proposes objectives that will strengthen Texas' capacity to gather, analyze, and report precise data on homelessness systematically. Finally, the State Infrastructure priority area proposes objectives to increase communication and collaboration among all service providers and units of government in order to sustain TICH's planning efforts and aid in the implementation of this plan. The goals and objectives for these priority areas are outlined on the following page.

AFFORDABLE HOUSING AND SUPPORTIVE SERVICES

GOAL: *Identify opportunities for increasing housing options for homeless individuals and families who face multiple barriers to secure housing.*

- **Objective 1:** Identify individuals and families experiencing homelessness and prioritize their housing stability.
- **Objective 2:** Explore options for increasing the supply and availability of affordable and permanent supportive housing units in Texas.
- **Objective 3:** Promote the strategic pairing of state agency, non-profit, and private sector resources to increase supportive services linked with affordable housing units.

HOMELESSNESS PREVENTION

GOAL: *Develop a statewide crisis-response mechanism that identifies at-risk individuals and families in order to connect them with preventive resources.*

- **Objective 1:** Refine and promote a definition of “at-risk” of homelessness that fits Texas.
- **Objective 2:** Increase awareness of opportunities for preventing homelessness among state agencies.
- **Objective 3:** Increase the coordination of state agency services to enhance the state’s preventive capacity.
- **Objective 4:** Increase the capacity of state institutions to prevent instances of homelessness and shelter use upon discharge from facilities.

DATA, RESEARCH, AND ANALYSIS

GOAL: *Strengthen Texas’ capacity to gather, analyze, and report precise data on homelessness systematically.*

- **Objective 1:** Evaluate the quality of homelessness-related data.
- **Objective 2:** Facilitate coordinated data collection policies and procedures for all data sources.
- **Objective 3:** Coordinate timely data collection, reporting, and analysis.

STATE INFRASTRUCTURE

GOAL: *Increase communication and collaboration among all service providers and units of government in order to sustain TICH’s planning efforts and aid in the implementation of Pathways Home.*

- **Objective 1:** Increase coordination and communication among state agencies through promoting a common language for communicating information on homelessness.
- **Objective 2:** Increase coordination and communication among local, state, and federal government and non-government entities.
- **Objective 3:** Raise awareness of homelessness among state agency boards of directors, executives, and other decision makers.
- **Objective 4:** Establish quantifiable outcomes and benchmarks that will measure the state’s progress towards reaching the goals and objectives of this plan.

HOMELESSNESS IN TEXAS

“Homelessness may not be only a housing problem, but it is *always* a housing problem”¹⁰

On a single night in January 2011, a statewide census counted 36,911 homeless individuals in Texas.¹¹ Homelessness impacts a complex population including single adults, entire families, men, women, children, persons with disabilities, full-time employees, chronic substance users, victims of family violence, and veterans. Homelessness is not a static condition. Most individuals experience short episodes of homelessness lasting only a few nights. Some individuals—many of whom face multiple barriers to attaining and retaining housing—experience chronic homelessness that lasts more than a year.

Many more individuals experience homelessness over the course of the year than are homeless on a single night. National trends suggest that about 90,000 or more Texans experience at least one homeless night over the course of a year.¹² Based on this estimate, homelessness may impact seven percent of households living below 30 percent of the Area Median Income (AMI) in Texas; access to housing is precarious at this income level.

Pathways Home uses data to provide an empirical grounding for the policy recommendations and action items it sets forth in later sections. A biennial homelessness census, called a Point-in-Time Count (PIT), provides much of the data. Local-level studies in Texas complement aggregated statewide statistics. Given limitations in the methodology and rigor of available data, the document offers numerical approximations—not precise facts.

This chapter focuses on demographics and trends specific to the state while considering nation-wide statistics. When appropriate, findings from other states help to elaborate on broad characteristics in Texas. The document compares Texas and national statistics to highlight qualities unique to the state.

DATA: SOURCES AND METHODOLOGIES

POINT-IN-TIME COUNT

Most statewide data on homelessness in Texas comes from a biennial Point-in-Time Count (PIT). The PIT is a component of the Continuum of Care (CoC) grant application process. In the CoC grant application, HUD requires all CoCs to report the number of individuals in the community experiencing homelessness based on a single-night count, which is mandatory during odd numbered

years. PIT data estimate the number of persons experiencing homelessness—in a given CoC, as well as Texas as a whole—and provides some demographic information about this population.

Readers should note that PIT data are subject to inaccuracies and inconsistencies. The actual number of individuals counted may fluctuate based on the number of volunteers who participate in a count. Daily patterns within the homeless population may also influence count data; a count on Sunday may find more individuals than on Monday when many individuals are working and therefore impossible to find. Because the PIT count captures information about a single moment, the data convey little about the duration of episodes of homelessness and other longitudinal trends. Despite vulnerability to inaccuracy, PIT data nonetheless maintain some consistency across years: the 2011 count identified 36,911 individuals experiencing homelessness; the 2009 count found 36,761 persons experiencing homelessness. The sheltered count, which uses data from the CoC's Homeless Management Information System (HMIS), provides a reliable basis for subpopulation data (see Data, Research, and Analysis on page 67 for more discussion on HMIS).

During PIT counts, many CoCs chose to administer a detailed survey to all persons counted or to a randomized sample of persons counted. The survey provides more detailed demographic and personal information, including data on employment and access to public benefits. *Pathways Home* uses data from the BoS survey, which primarily covers rural counties.

While CoCs' HMIS data feed into the statewide PIT, Texas currently does not have access to year-round HMIS data for the state. See Data, Research, and Analysis on page 67 for strategies on the development of statewide HMIS data.

A brief overview of CoC processes and structure will contextualize the PIT count process. Under the guidance of the U.S. Department of Housing and Urban Development (HUD), homeless assistance providers within a given area organize to form Continuum of Care (CoCs). A CoC can cover a city, a county, multiple counties, or in some cases an entire state. The term Continuum of Care describes three things:

- a set of three competitive grant programs from the U.S. Department of Housing and Urban Development (HUD);
- a system of services and service providers addressing homelessness in a community and the group of stakeholders involved in the decision-making processes of the system; and
- a jurisdictional boundary that establishes the geographic reach of services and the region that the PIT count covers.

Organizations within CoCs coordinate services and submit joint applications to HUD for funding. There are currently sixteen CoCs in Texas. Fifteen continua cover urban and suburban regions. The Balance of State (BoS) CoC covers the remaining 202 counties in Texas (see Figure 1: Map of Texas' CoCs).

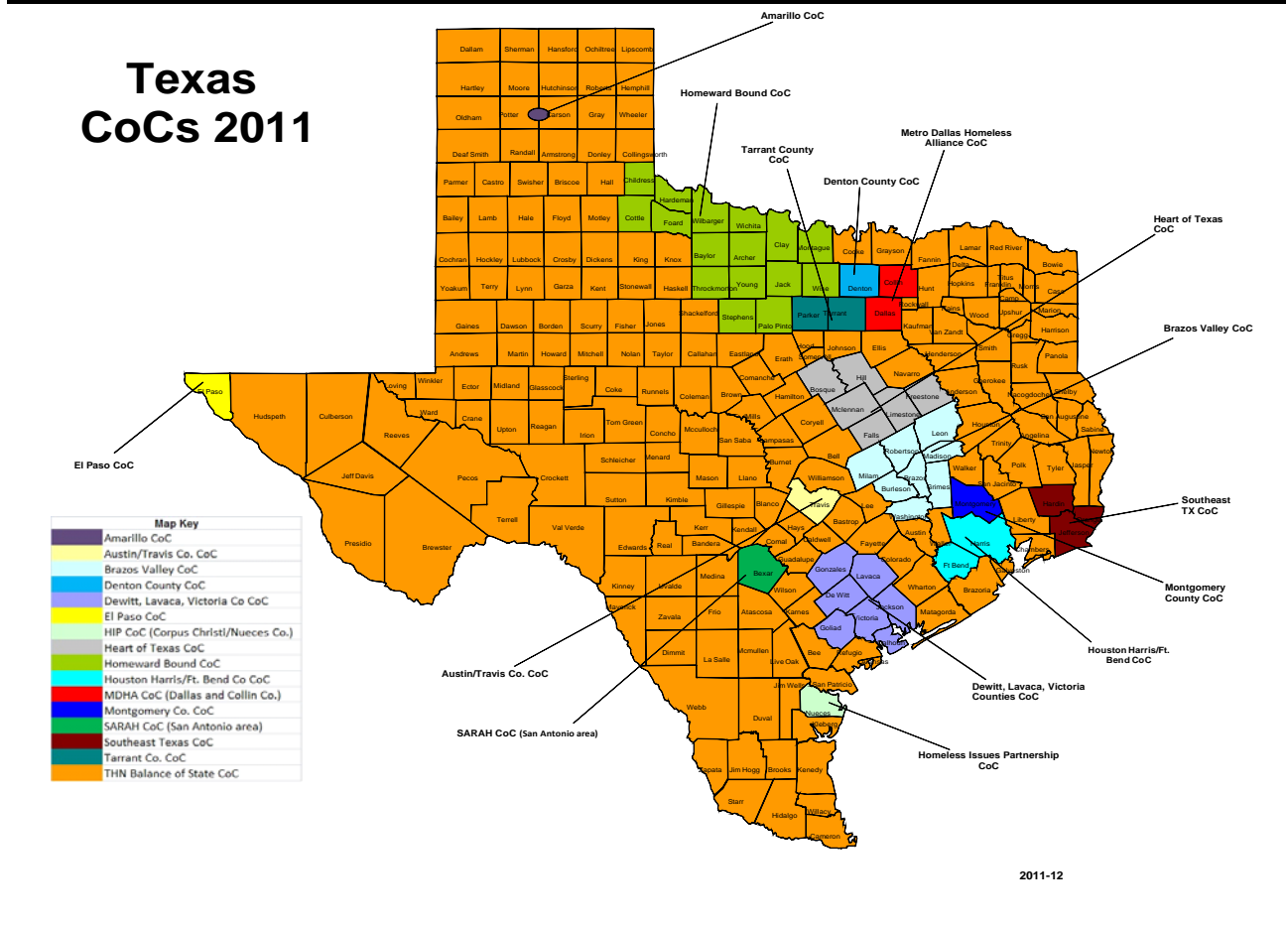


Figure 1: Map of Texas' CoCs

Each CoC conducts a biennial PIT count of the homeless population living within its jurisdiction. While HUD requires the count on odd numbered years, some CoCs volunteer to conduct the count on even numbered years as well. The PIT occurs during the last week of January and generates a still-frame image documenting the scale and composition of the nation's homeless population. CoCs recruit volunteers who canvass streets and unoccupied spaces to count and survey unsheltered individuals and families. CoCs' count methodologies vary in duration and strategy: one CoC may hold the count on Sunday, another on Monday; one CoC may hold the count for three hours, another for seven hours; one CoC may have four teams of volunteers that each cover a large geographic area, another may have a larger number of teams that divide the geographic area into smaller grids. Many CoCs rely on local knowledge—from service providers or police departments—to focus the count on areas with a larger anticipated homeless population. Therefore, the extent of local expertise, or quality of relationships between CoCs and municipal services, may also impact data. Each CoC aims to cover all square mileage of the jurisdiction, though this may be impossible and impractical in rural counties.

In addition to an unsheltered count, PIT data include a count of the sheltered homeless population. This includes the number of persons residing in emergency or transitional housing at the same time as the count.

HUD issues baseline rules and guidelines to ensure consistent methodology and statistically reliable, unduplicated PIT counts. For the sheltered and unsheltered counts, CoCs must report their methodology to HUD. They provide data on households with and without dependent children, single individuals, and unaccompanied youth. For the sheltered count, CoCs must provide information on homeless adults who are chronically homeless, seriously mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, and victims of domestic violence.¹³ The unsheltered count must report on homeless adults, children, and unaccompanied youth. The count of persons experiencing chronic homelessness must adhere to HUD's definition of chronic homelessness, as provided under the HEARTH Act's amendments to the McKinney-Vento Act.¹⁴ While HMIS data for the sheltered count provides a reliable enumeration of individuals experiencing chronic homelessness who reside in facilities, HUD allows CoCs to use an extrapolation, based on a statistically reliable sample of the unsheltered population, to estimate the number of unsheltered persons experiencing chronic homelessness. For example, a CoC's PIT team may provide a rigorous survey to one out of every ten homeless persons they count. The survey will determine whether an individual meets HUD's definition of chronic homelessness. Based on the survey results, a consultant or statistician will work with the CoC to extrapolate the total number of chronically homeless persons in the CoC. Some CoCs chose to survey every person counted.

HUD requires each CoC to report its PIT count results in Exhibit 1 of the CoC grant application. After receiving PIT data, HUD publishes reports showing data specific to single CoCs, as well as aggregated statewide and national reports. An aggregate of Texas CoCs' PIT data, while limited in precision and sophistication, provides most of the available information on homelessness in Texas. Data from the BoS's annual case study provides a richer analysis of roughly one third of Texas' homeless population, though the population predominantly resides within rural geographic areas and does not represent the state as a whole.

OTHER SOURCES

Pathways Home uses data from non-PIT sources. To convey the complex circumstances of different subpopulations, as well to support discussion on the efficacy of various interventions and best practices, the document relies on results from rigorous, peer-reviewed studies conducted on a national scale or within urban settings outside of Texas. The reader should not assume that a trend that emerges in a study of Philadelphia would necessarily arise in a city in Texas. However, the composition of Texas' homeless population, as sketched out in PIT trends, appears similar to the national population. Rates of persons experiencing homelessness who belong to families, have a severe mental illness, abuse substances, or are chronically homeless are similar to national rates (see Figure 2). Re-housing studies in Fort Worth have similar results to studies in Denver, New York, Philadelphia, and other cities. Texas nonetheless possesses a unique CoC and state infrastructure and a large number of rural counties. The state also witnesses a rate of family violence that exceeds the national rate.

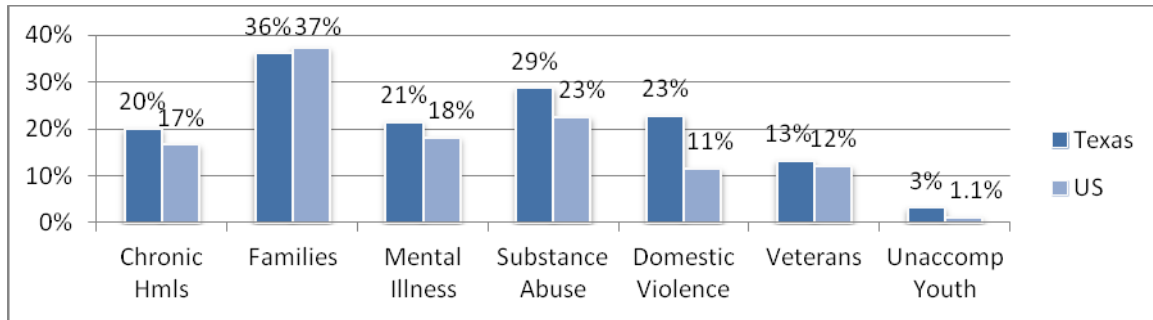


Figure 2: Comparison of US and Texas PIT Data | Source: HUD's 2011 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

Pathways Home also relies on data that Local Education Agencies (LEAs) report to the Texas Education Agency (TEA) as required under the No Child Left Behind (NCLB) Act of 2001. A school's homeless liaison works with parents during enrollment, and throughout the school year, to identify children in schools who meet the U.S. Department of Education (ED) definition of "homeless." The Education for Homeless Children and Youth (EHCY) program, as established under Title X, Part C of the Elementary and Secondary Education Act, as amended by NCLB, requires schools to collect and report this data. The liaison classifies the student as living in a shelter, staying in transitional housing, or awaiting foster care; doubled-up; unsheltered (e.g. cars, parks, campgrounds); or living in hotels or motels. The *Consolidated State Performance Report*, which TEA submits to ED, reports the number of children identified as homeless in Texas, along with data on homeless students' performance on standardized tests.

Despite state and federal initiatives to improve the quality of data relating to homelessness, the sophistication and rigor of Texas' data remain limited. *Pathways Home* should make it clear that policymaking relating to homelessness in Texas would benefit from more rigorous, comprehensive data-collection, as well as new, innovative research on homelessness in the state.

DEMOGRAPHICS

Pathways Home focuses on four homeless populations: families with children, unaccompanied youth, individuals experiencing chronic homelessness, and veterans. These are not clean delineations. The unique nature of every family or individual's experience of homelessness defies simple categorization. Some individuals may fall within multiple groups. For instance, some veterans may experience chronic homelessness or have families with children. Furthermore, this document proposes strategies for assisting all persons experiencing homelessness, not just persons belonging to these four populations. TICH uses these categories to align *Pathways Home* with *Opening Doors*, the United States Interagency Council on Homelessness's (USICH) federal strategic plan. During the last thirty years, local plans and national initiatives have focused on chronic homelessness.¹⁵ USICH's population breakdown ensures that its plan considers other homeless populations. TICH affirms this commitment.

FAMILIES WITH CHILDREN

FAMILY COMPOSITION: TWO-PARENT AND SINGLE-PARENT FAMILIES

Since the 1980s, the number of homeless families with children in the U.S. has increased more rapidly than other segments of the homeless population.¹⁶ The Department of Housing and Urban Development found even greater national increases in families experiencing homelessness resulting from the 2008 recession: the nation's annual population of homeless families rose 30 percent from 2007 to 2009.¹⁷ In 2005, families represented 32.5 percent of all Texans experiencing homelessness. Texas' 2011 PIT estimated that 13,303 homeless persons lived in households with at least one child, representing 36.1 percent of the total homeless population. The count found 4,769 persons in families living unsheltered. The rest resided in emergency shelters and transitional housing.¹⁸

Data from the Texas Education Agency (TEA) suggest that PIT surveys undercount homeless families.¹⁹ The federal government's No Child Left Behind legislation requires public schools to report the number of homeless children enrolled during the school year. During the 2009-2010 school year, public schools in Texas reported a total of 15,523 students living in shelters, transitional housing, or awaiting foster care.²⁰ This count of literally homeless children, which does not include adults in the families, far exceeds the 2011 PIT's estimate of individuals in homeless families. Because the U.S. Department of Education (ED) defines "homeless" more broadly than HUD, these children represent a small subsection of the 79,814 students TEA deemed homeless in the 2009-2010 school year. The total population includes 57,534 students living doubled up and 3,038 students living in hotels or motels.

For families, episodes of homelessness tend to occur within a longer period of housing instability involving frequent moves and doubling-up with family and friends. An extensive literature review written for the U.S. Department of Health and Human Services (HHS) characterizes family homelessness as "a pattern of residential instability."²¹ Multiple studies show that high levels of mobility and overcrowding are salient predictors of first-time family homelessness.²² Most families experience brief, non-recurrent episodes of homelessness. Few characteristics distinguish families that experience extended single spells of homelessness from those that experience homelessness for short durations. In other words, long-term shelter use for families does not result from intensive service needs or personal barriers to housing stability. Unlike families with extended one-time shelter stays, families that use shelters episodically face significantly higher rates of complex barriers to housing retention, including mental illness, physical disability, or substance addiction. Shelter policy and program design most likely account for variations in the duration of single-instance shelter use for families.²³

Homeless families share more characteristics with housed, extremely low-income families than they do with single homeless adults.²⁴ Families experiencing homelessness are most frequently headed by single mothers (see Figure 5 below). Nationally, minority groups, especially African-Americans, constitute most homeless families.²⁵ HUD's 2010 *Annual Homeless Assessment Report to Congress* (AHAR) found that only 31 percent of all persons in families who entered emergency shelters or transitional housing in the U.S. were white non-Hispanic. Of minority populations, 12 percent were

white Hispanic or Latino, and 42 percent were black or African-American.²⁶ Consistent with national year-long trends, the Texas Homeless Network (THN)¹ 2011 PIT survey found that 34 percent of 638 respondents in families were white non-Hispanic. The rest belonged to minority groups. Persons identifying as Hispanic or Latino have much higher representation in Texas BoS counties: 31 percent were white Hispanic or Latino, 13 percent were non-white Hispanic or Latino, and 17 percent were black or African American. A total 44 percent of persons within the Balance of State identified as Hispanic or Latino.²⁷ Nationally, the 2010 AHAR found that 77.9 percent of all persons in families experiencing homelessness were female and 22.1 percent were male.²⁸ The 2011 THN survey found that 71.8 percent of persons in families were female, and 23.5 percent were male.²⁹

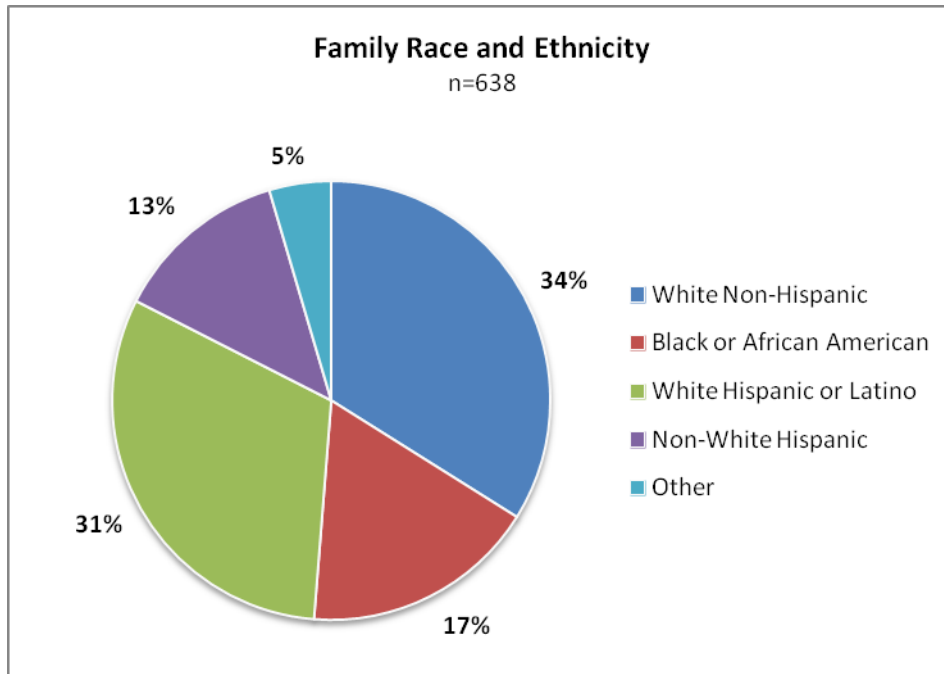


Figure 3 | Source: Texas Homeless Network 2011 Point-in-Time Count Survey

The region covered by the Texas Balance of State experiences trends in family composition consistent with findings in national studies. Out of 461 families with children, 64 percent of the families had a single parent as the head. Of single parent families, 87 percent were headed by a female adult (see Figure 4 and Figure 5).³⁰

¹ [Texas Homeless Network \(THN\)](http://www.thn.org) is a 501(c)3 non-profit organization that is partially funded through Texas Department of Housing and Community Affairs and Texas Department of State Health Services. THN provides training and technical assistance around the state to help service providers and communities better serve the homeless population. See www.thn.org.

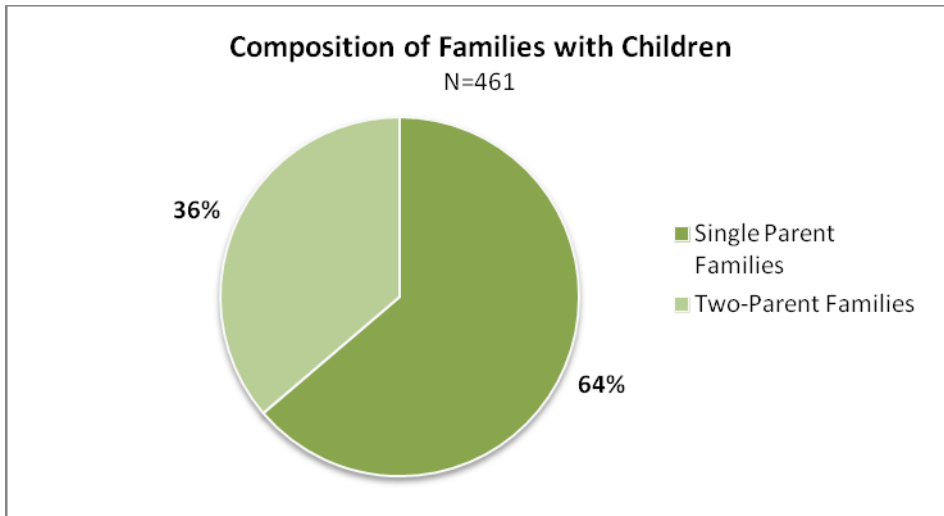


Figure 4 | Source: Texas Homeless Network 2011 Point-in-Time Count Survey

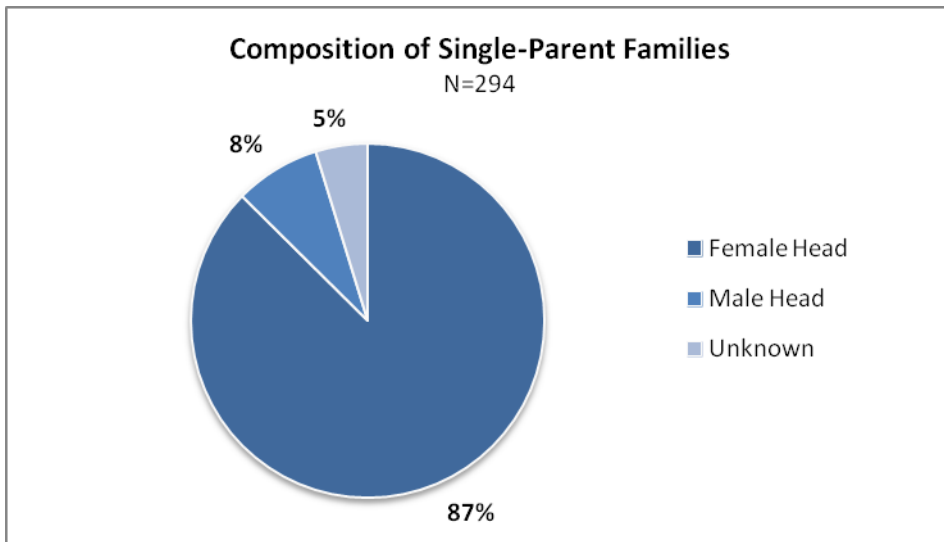


Figure 5 | Source: Texas Homeless Network 2011 Point-in-Time Count Survey

Homeless and poor housed families in the U.S. share similarly low rates of mental illness, physical disability, and addiction.³¹ Compared with single adults experiencing homelessness, adults in homeless families face fewer barriers to housing. Many families exit homelessness without assistance.³² The assistance appropriate for families differs from interventions appropriate for persons with diagnosable disabilities experiencing long-term homelessness. Families may benefit most from prevention assistance or short-term re-housing aid that involves light case management. This will minimize households' exposure to streets, shorten the duration of shelter residency, or avoid the interruption of housing loss altogether.

National studies show that a few characteristics nonetheless distinguish adults in homeless families from adults in extremely poor families. Adults in homeless families have lower incomes; have not

obtained needed services, especially subsidized housing; tend to be younger; have had children more recently; and have smaller networks of supportive family and friends.³³ Some national research, however, finds that homeless families may not lack social capital, which may include family members or friends who are willing to offer support. Rather, household crises may lead families to double up or use other resources accessed through social networks. Over an extended period, this exhausts families' social capital as they struggle to remain sheltered. Homelessness may occur when social networks collapse under duress. A five-year study in New York following homeless mothers found they had similar social networks to those of housed poor mothers. Damaged social networks were repaired as they resolved their crises.³⁴

In instances of family violence, which impacted 22.8 percent of all Texas homeless persons identified in the 2011 PIT, pathways leading to homelessness may look different.³⁵ For instance, a victim of family violence may have an extensive network of family and friends to stay with while fleeing a threatening or abusive environment. But because an aggressor may know the address of the victim's friends and family, persons belonging to a social network cannot provide adequate shelter. Instead, the victim may immediately seek emergency shelter intended for domestic violence victims; this is a safer option because the service provider will not disclose the shelter location.

EFFECTS ON EDUCATION

Homelessness disrupts children's education. Emergency shelters, makeshift campsites, and overcrowded living arrangements are not environments conducive to learning. Students' test scores fall significantly during episodes of homelessness, though, as a study in New York found, their performance on tests improves moderately following their families' return to housing.³⁶ During the 2009-2010 school year in Texas, homeless students at every grade level underperformed in reading and mathematics relative to their housed peers. For instance, while 73.3 percent of homeless sixth graders scored at or above proficiency in reading and language arts in Texas, 85.2 percent of all students in the state did so. In mathematics, 65.3 percent of homeless sixth graders scored at or above proficiency compared to 81.3 percent of their housed peers. Economically disadvantaged students at every grade level significantly outperformed homeless students; stable housing—as much as family income—plays a critical role in helping students succeed. Among sixth graders, for example, 79.6 percent of economically disadvantaged students scored at or above proficiency in reading and language arts compared to 73.3 percent of homeless students (see tables below for comparisons across all grade levels).³⁷

TEXAS READING/LANGUAGE ARTS ASSESSMENT: STUDENTS SCORING AT OR ABOVE PROFICIENT

Grade	Total Homeless Children/Youth Scored	Homeless Children/Youth at or above Proficient	Homeless Students	Economically Disadvantaged Students	All Students
3	3,020	2,498	82.7 %	88.0 %	91.1 %
4	2,730	2,052	75.2 %	80.6 %	85.6 %
5	2,636	2,209	83.8 %	87.9 %	91.4 %
6	2,108	1,546	73.3 %	79.6 %	85.2 %
7	1,949	1,407	72.2 %	79.2 %	85.2 %
8	1,988	1,665	83.8 %	90.6 %	93.7 %
High School	1,333	1,049	78.7 %	85.2 %	89.6 %

Table 1 | Source: Texas Education Agency, "Consolidated State Performance Report: Parts I and II for State Formula Grant Programs under the Elementary and Secondary Education Act as Amended by the No Child Left Behind Act of 2001 for Reporting on School Year 2009-10"

TEXAS MATHEMATICS ASSESSMENT: STUDENTS SCORING AT OR ABOVE PROFICIENT

Grade	Total Homeless Children/Youth Scored	Homeless Children/Youth at or above Proficient	Homeless Students	Economically Disadvantaged Students	All Students
3	3,049	2,189	71.8 %	80.3 %	84.9 %
4	2,775	2,067	74.5 %	83.1 %	87.1 %
5	2,677	2,161	80.7 %	87.9 %	91.1 %
6	2,156	1,408	65.3 %	75.5 %	81.3 %
7	2,009	1,252	62.3 %	73.8 %	80.1 %
8	2,043	1,399	68.5 %	80.9 %	86.2 %
High School	1,309	697	53.2 %	65.8 %	73.7 %

Table 2 | Source: Texas Education Agency, "Consolidated State Performance Report: Parts I and II for State Formula Grant Programs under the Elementary and Secondary Education Act as Amended by the No Child Left Behind Act of 2001 for Reporting on School Year 2009-10"

Homelessness tends to impact students in more lasting ways. A study in New York found that episodes of homelessness significantly increased the likelihood that a child would repeat one or two grades. Whereas 40 percent of poor housed children repeated one grade and only 8 percent repeated two grades, 50 percent of children who experienced homelessness repeated a grade and 22 percent repeated two grades.³⁸ Grade repetition, even when controlled for student aptitude, offers the best indicator that a child will drop out of school.³⁹ The authors of the New York study suggest that their results underreport the impact of homelessness on students' education: the study only included children who lived with their parents at the time of a follow up interview. Up to 44 percent of homeless mothers lose custody of their children while only 8 percent of poor housed mothers lose

custody.⁴⁰ Homeless children who separate from their parents likely face circumstances further inhibiting long-term success in school. Had the study included children separated from their parents, it would have likely found higher rates of grade repetition among homeless children.

Ensuring that homeless and at-risk families have access to safe, secure housing will promote the well-being of Texas' extremely-low-income families. Expanded options for housing, employment, and financial assistance would reduce and prevent family homelessness. Keeping families stably housed, or ensuring their successful return to permanent housing, holds promise to improve education for children in disadvantaged families and keep households intact.

UNACCOMPANIED YOUTH

Unaccompanied youth, often referred to as runaway and homeless youth, comprise one of the smallest homeless subpopulations. The 2011 PIT Count found 1,162 homeless youth in Texas, representing three percent of the overall homeless population.⁴¹ The count found that 364 of the youth stayed in shelters while most—801 youth—were unsheltered. School districts in Texas found a slightly larger population during the 2009-2010 academic year: public schools served 2,250 unaccompanied youth.⁴² The actual number of unaccompanied homeless youth is likely much larger. Unsheltered youth tend to avoid contact with adults, camp in discreet locations, move frequently, and bypass available services.⁴³ This makes homeless youth extremely difficult to identify. In 2009 the state arrested 11,942 juveniles—youth sixteen years of age or younger—for running away from home. Of those arrested, 4,896 were male and 7,046 female.⁴⁴ Youth may run away from home without arrest; far more youth may spend nights unaccompanied, or homeless, over the course of the year.

Most youth become homeless as a result of family conflict, violence, or sexual abuse. In some cases, parents ask or force youth to leave the household. Some run away from home to escape untenable living environments. Other youth become homeless after aging out of foster care or exiting juvenile justice systems.⁴⁵ A national evaluation of foster care programs found that a quarter of youth became homeless within four years of exiting the foster care system.⁴⁶

Most youth leave home abruptly with little planning. A national study of youth who called the National Runaway Switchboard or who stayed in shelters found that 70 percent of youth left home “at the spur of the moment.”⁴⁷ With little time to plan, 78 percent of youth had \$10 or less upon leaving home. Among the surveyed youth, panhandling provided the most income. Other means included finding jobs, receiving money from friends and family, selling drugs, and working in the sex industry.⁴⁸

Homelessness places youth at risk of unsafe sexual activity and exploitation. Texas contains major human-trafficking corridors, and runaway and homeless youth are among the youth populations most at risk of exploitation by human traffickers for labor and prostitution.⁴⁹ For some youth who are desperate for money, prostitution offers a source of income. It may only take a few days on the streets for youth to come in contact with traffickers.⁵⁰

Substance abuse is prevalent among unaccompanied youth, possibly because they consider drugs and alcohol useful. A study of homeless youth at a community drop-in center in Central Texas found

that a majority (57.5 percent) held positive attitudes towards drug and alcohol use.⁵¹ They viewed substance use as a means for coping with psychological and physical stresses associated with homelessness. Confirming findings from other studies, youths reported using substances to forget past turmoil and to maintain a positive psychological attitude despite adverse circumstances. A few reported using drugs to suppress suicidal urges. Some youth mentioned using “uppers” to stay awake at night to avoid assault or robbery. Others reported using alcohol to stay warm on cold nights.⁵²

As with children in homeless families, helping unaccompanied youth return to a stable residential environment is critical to ensuring consistent school attendance. A stable living environment may help prevent episodes of unaccompanied youth homelessness from having a lasting negative impact on a youth’s future.

INDIVIDUAL ADULTS EXPERIENCING CHRONIC HOMELESSNESS

The 2009 Homeless Emergency and Rapid Transition to Housing (HEARTH) Act, which amends the 1987 McKinney-Vento Act and updates laws governing federal homelessness programs, establishes the U.S.’s definition of chronic homelessness. According to law, an adult experiences chronic homelessness if he or she has a disabling condition—for instance a substance abuse disorder or mental illness—and either remains homeless for longer than a year or experiences four or more periods of homelessness over the course of three years.⁵³ While most instances of chronic homelessness impact individuals, the HEARTH Act expands the definition of chronic homelessness to include families experiencing long-term homelessness in cases where the adult head of household has a diagnosable disability. Chronically homeless families comprise a small fraction of the U.S.’s chronically homeless population.⁵⁴ The 2011 Point-in-Time (PIT) Count found 7,390 chronically homeless persons in Texas, representing 20 percent of the state’s homeless population.⁵⁵ Chronically homeless adults represent a rather similar portion of the homeless population in Texas as they do nationwide: chronic homelessness affected 17 percent of the U.S.’s homeless population in 2009 and 2010.

While adults experiencing chronic homelessness comprise less than a quarter of Texas’ homeless population, they likely use a majority of the public resources available to persons experiencing homelessness. One study covering New York City and Philadelphia found that 10 percent of shelter users qualified as chronically homeless. This small population nonetheless used over 50 percent of the shelter days because their stays lasted much longer.⁵⁶ Mental disabilities or substance abuse disorders prevalent among chronically homeless individuals lead to the use of costly services outside of shelters. A report for the city of Fort Worth showed that an emergency room’s twenty most expensive homeless patients cost \$48,736 per person during Fiscal Year 2007.⁵⁷ Studies find a similar volume of public outlays associated with chronic homelessness in major cities across the U.S.⁵⁸ Public expenditures associated with chronic homelessness occur in settings beyond hospitals, emergency rooms, and emergency shelters. Drug use, public intoxication, and sleeping in public spaces may lead to arrest. The 2011 Balance of State survey showed that approximately half of all chronically homeless persons had spent time in jail or prison.⁵⁹ Jails and prisons, like hospitals and emergency rooms, invest resources in chronically homeless individuals without contributing towards ending their homelessness. This is an unnecessarily expensive system. After two police officers in Reno, Nevada summed the bills from one man’s ten-year span of homelessness, they

realized the city had spent approximately \$1 million on the individual without having a meaningful impact.⁶⁰

Individuals experiencing chronic homelessness tend to use costly forms of health treatment because they lack medical insurance. In the Balance of State survey, which covered roughly a third of Texas' homeless population, only 34 percent of respondents reported having coverage.⁶¹ By comparison, 64 percent of individuals living under the federal poverty level in Texas during the same year had health insurance.⁶² Without insurance, individuals tend to rely on emergency rooms when health problems arise.

Poor health may result from mental health problems, substance dependency, and conditions individuals encounter while living on the streets or in shelters. For an uninsured, low-income individual, a chronic health condition may have contributed to his or her homelessness. One study found that 60 percent of chronically homeless adults have life-long mental health problems, with more than 80 percent having chronic alcohol or drug problems. They experience high rates of persistent and potentially life-threatening health conditions, which include hypertension, hepatitis-C, asthma, HIV/AIDS, and liver disease.⁶³ An individual with a substance abuse disorder may experience multiple hospitalizations a year resulting from excessive alcohol consumption or overdose. Fort Worth's 2007 study shows this is a high-cost form of healthcare. Yet, these expenses are avoidable. Evidence indicates that when chronically homeless adults access secure housing, their use of hospitals, emergency rooms, jails, and prisons drops precipitously (see Affordable Housing and Supportive Services on page 51 for related policy recommendations and discussion).⁶⁴

Making permanent supportive housing available to persons experiencing chronic homelessness is more humane and fiscally prudent than allowing men and women with disabling conditions to cycle endlessly among hospitals, emergency shelters, jails, and the streets. Reflecting the urgency of the matter, the USICH set a priority of ending chronic homelessness in five years.⁶⁵ Permanent housing provides a setting in which individuals can achieve maximum independence. Housing helps individuals enter the workforce. Chronically homeless individuals who enter permanent housing report lower levels of depression, improved mental health, and reduced consumption of alcohol and other substances. Stable housing promotes individuals' well-being and opens pathways to maximum independence.

VETERANS

Many veterans struggle to return to civilian life after discharge from the military. Some become homeless. The 2011 PIT found 4,891 homeless veterans living in Texas, representing 13 percent of the total homeless population.⁶⁶ That year, 1,634,329 veterans lived in Texas, representing 7 percent of the state's population. This means that veterans are overrepresented among individuals experiencing homelessness.⁶⁷ The rate of homelessness among Texas' veterans is about twice the rate of homelessness among the state's general population. While homeless individuals represent 0.15 percent of Texas' population, homeless veterans represent 0.3 percent of the state's veterans. Individuals who serve our country are at greater risk of homelessness.

Some characteristics, identified nationally, distinguish homeless male veterans from the broader population of homeless adults. One study found that homeless male veterans received more

education than nonveterans (12.43 years for veterans and 11.21 for nonveterans). They tend to be older than nonveterans, and, despite having more education, veterans nonetheless experience higher rates of chronic homelessness.⁶⁸

Female homeless veterans in the U.S. also differ from their nonveteran counterparts. Compared with nonveteran homeless women, homeless female veterans have received more education and are more likely to hold jobs. One study found that 52.1 percent of homeless veteran women and 26.3 percent of nonveteran homeless women received education beyond high school. In a second dataset, the study found that 69.2 percent of veteran and 31.4 percent of nonveteran homeless women had received more than a high school education.⁶⁹

No single factor explains the higher rates of homelessness among veterans. A complex set of conditions that have higher prevalence among veterans—depression, substance abuse, behavioral disorders—may contribute to homelessness. These conditions may arise in relation to post traumatic stress disorder (PTSD). Veterans facing these conditions may struggle to hold jobs and retain housing. Prolonged deployments may fray a veteran’s relationship with family and friends, diminishing the social capital that could lessen the individual’s risk of homelessness. However, not all homeless veterans have experienced PTSD.⁷⁰ Other contributing factors, many which may not necessarily result from armed service, include divorce, poverty, and childhood trauma.

Though research consistently shows higher rates of homelessness among veterans,⁷¹ no proximate causal relationship sufficiently links armed service to homelessness. A three-year national survey of 631 homeless veterans, which ended in 2003, found an average of fourteen years between military discharge and individuals’ first episodes of homelessness. Fewer than 25 percent of the veterans became homeless within five years of discharge and fewer than 8 percent became homeless within a year. The study asked veterans to report on the relationship they perceived between military service and homelessness. Only 31 percent perceived a moderate to strong relationship between military service and their homelessness. The remaining two thirds of respondents saw no relationship.⁷²

Recruitment methodology may impact the relationship between veteran status and homelessness. The U.S. adopted an all-volunteer force (AVF) in 1973. With lower recruitment standards during early years of the AVF, individuals who volunteered for armed service may have possessed characteristics—personal and socioeconomic—that placed them at greater risk of homelessness.⁷³ Since the 1980s, however, the Department of Defense (DOD) has adopted more rigorous recruitment standards. Socioeconomic indicators now show similarities between the military and civilian workforce. The median income of military recruits’ communities (\$44,500), for instance, matches the median income of the communities where civilian youths live (\$44,300).⁷⁴

FACTORS CONTRIBUTING TO HOMELESSNESS

The U.S. Interagency Council on Homelessness considers disparity between household income and the cost of housing the primary cause of homelessness for most Americans.⁷⁵ TICH affirms this principle. Yet other factors contribute to homelessness. A region’s economic environment and level of opportunity for employment impact household incomes, thereby influencing rates of homelessness. This section first discusses the relation between income, housing markets, and homelessness. It then outlines complicating factors that further destabilize precarious housing situations and open pathways leading to homelessness.

LEADING CAUSE: HOUSING COST BURDEN AND INCOME

During the 1980s, homelessness became increasingly visible in the United States. Some research attributes the apparent growth in homelessness to the deinstitutionalization of mentally ill individuals and the onset of drug epidemics in U.S. cities.⁷⁶ Between 1970 and 1980, the rate of Americans residing in mental hospitals decreased by 80 percent, from 148 to 30 individuals per 100,000.⁷⁷ Yet deinstitutionalization alone does not explain the prevalence of homelessness in the U.S. While some individuals discharged from mental hospitals became homeless, many moved from

KEY DEFINITIONS

Low Income:

Income at **51-80 percent** Area Median Income (AMI).

Very Low Income:

Income at **31-50 percent** AMI.

Extremely Low Income:

Income equal to or less than **30 percent** AMI.

Housing Cost Burden:

Household pays more than **30 percent** of income on housing.

Severe Housing Cost Burden:

Household pays more than **50 percent** of income on housing.

one institution to another, most notably to jails and prisons as the number of incarcerated Americans grew.⁷⁸ The 2011 PIT found 7,919 homeless persons in Texas with severe mental illness, 21.5 percent of the general homeless population. Persons reporting chronic substance abuse comprised 28.7 percent of the population.⁷⁹ There is a significant overlap between individuals reporting mental illness and those reporting chronic substance abuse.⁸⁰ This overlap indicates that personal factors that potentially contribute to homelessness impact only a minority of the population. Non-personal economic factors may better explain changes in the size and composition of the U.S.'s homeless population, including the increasing visibility of single homeless adults and growing rates of family homelessness.⁸¹ Housing markets and income distribution drive these trends.⁸²

Though land and housing remains relatively cheaper in Texas than in a state like California⁸³, an individual working forty hours a week needs a salary paying well

above minimum wage to afford housing priced at Fair Market Rent (FMR). HUD sets FMR at the price an individual would expect to pay on rent and utilities for a standard-quality unit priced at the 40th percentile within a given housing market.⁸⁴ FMR varies in different counties and metropolitan regions of Texas. For a two-bedroom unit, Dallas has a FMR of \$891. In the Wichita Falls metro area, FMR is \$671. Average FMR for two-bedroom units in Texas is \$830 per month. Though lower than the national average of \$960, renting a two-bedroom unit in Texas priced at FMR requires a family to earn an hourly wage of \$15.97 at forty-hours a week, or \$33,214 annually—twice the national minimum wage of \$7.25. Accordingly, 40 percent of homeless respondents to the Texas Homeless Network's 2009 PIT survey said they were employed and averaged 30 hours of work per week. Eighteen percent reported working full time.⁸⁵

Low-income individuals and families who spend 30 percent or more of their income on housing face an increased risk of homelessness. HUD uses the term "housing cost burden" to describe households that experience this financial condition (see "Key Definitions"). In Texas during 2011, according to the State of Texas Low Income Housing Plan and Annual Report, 64.1 percent of renter households and 58.2 percent of owner households living at or below 30 percent Area Median Family Income (AMFI)—a total of 630,980 households—had housing cost burdens. Families with a slightly higher

income manage to spend less on housing: 26.6 percent of renter households and 29.6 percent of owner households with income between 30-50 percent AMFI had housing cost burdens in 2011.⁸⁶

Extremely-low-income households in Texas struggle to find affordable housing. Competition for housing among low-income, very-low-income, and extremely-low income families can drive up affordable housing prices and crowd extremely-low-income families out of the housing market. There were 3,070,995 units available to households living at 0-50 percent AMFI in Texas during 2011, according to the State of Texas Low Income Housing Plan and Annual Report. Families living within this income range occupy only 37.1 percent of the available housing; higher-income households occupy most units. Only 58.4 percent of households occupying rental units affordable to families below 50 percent AMFI fall within the 0-50 percent AMFI range. Households living at 50-80 percent AMFI comprise 20.2 percent of the rental occupants; households living above 80 percent AMFI comprise 21.4 percent of the occupants. Of households owning housing affordable within the 0-50 percent AMFI range, only 5.8 percent of families from this income range occupy the housing. With 1,140,835 units available to households living at 0-50 percent AMFI, far fewer units are available to households below 30 percent AMFI.⁸⁷

This limits the living arrangements available to the 1,018,085 households in Texas living at or below 30 percent AMFI. These extremely-low-income households, which represent 12.6 percent of all households in Texas, can purchase more expensive units, paying more than 30 or 50 percent of income on housing, or they can double up with other households. Given these circumstances, it is not surprising that the Texas Education Agency found 57,535 children in public schools living doubled up during the 2009-2010 school year.⁸⁸ Ten percent of extremely-low-income renters and 11.5 percent of very-low-income renters live in overcrowded units.⁸⁹ For many families, a small crisis can precipitate a brief episode of homelessness (see next section, “Contributing Factors”).

Housing market conditions have worsened for extremely-low-income families over the past decade. Nationwide in 1999, 8.5 million extremely-low-income renter households competed for 3.6 million units that were affordable at 30 percent AMFI and not occupied by higher-income households. By 2009, the housing available and affordable to extremely-low-income renters increased by only 100,000 units. The number of extremely-low-income renter households, however, increased by 1.9 million.⁹⁰ Texas has experienced a similar trend. Between 1990 and 2011, the number of households living below 50percent AMFI increased by 495,240. Yet the number of housing units available and affordable to households below 50percent AMFI increased by only 186,295 units. During this period, very-low-income households increased in number by 38.2 percent. The available housing units increased at a lower rate of 19.5 percent.⁹¹

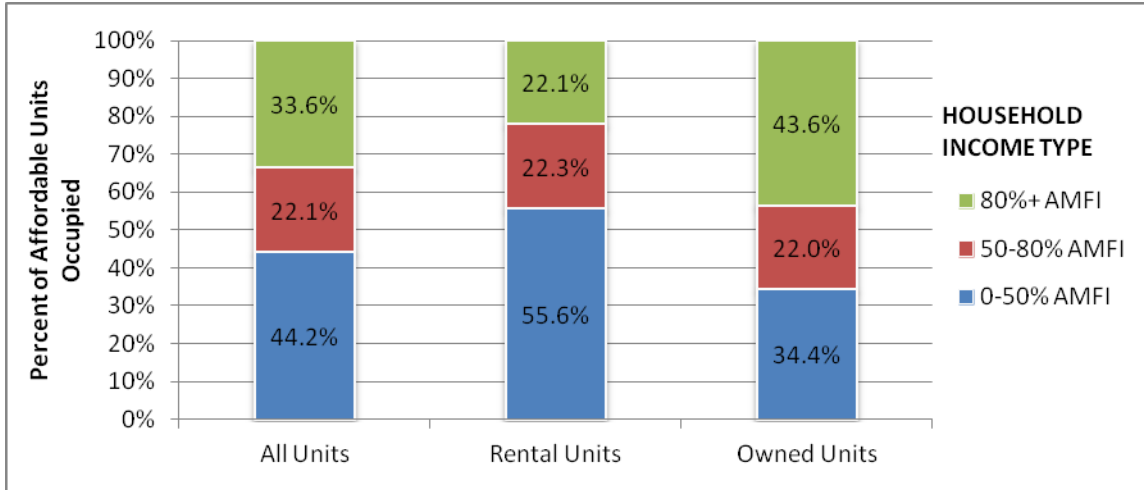


Figure 6: Availability of Affordable Housing in 1990 | Source: 1999 State of Texas Low Income Housing Plan and Annual Report

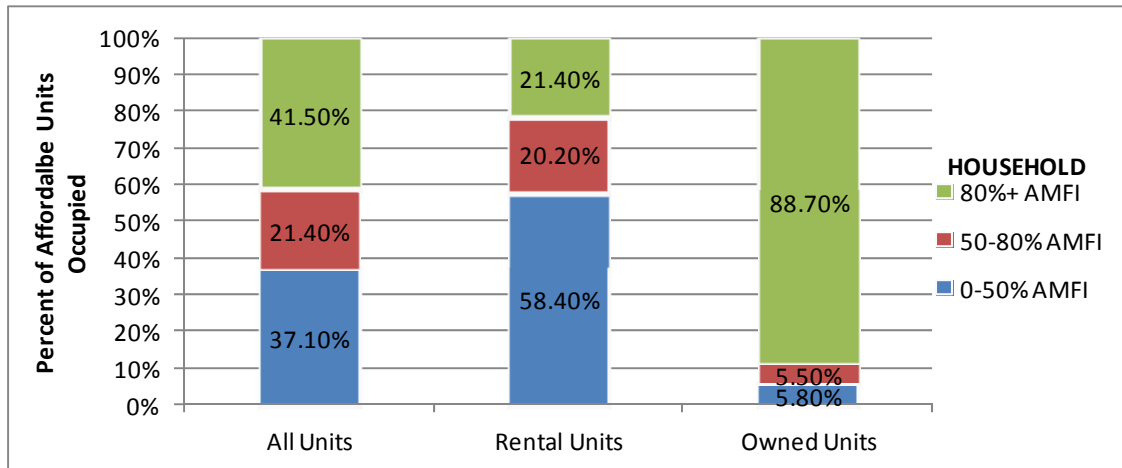


Figure 7: Availability of Affordable Housing in 2011 | Source: 2011 State of Texas Low Income Housing Plan and Annual Report

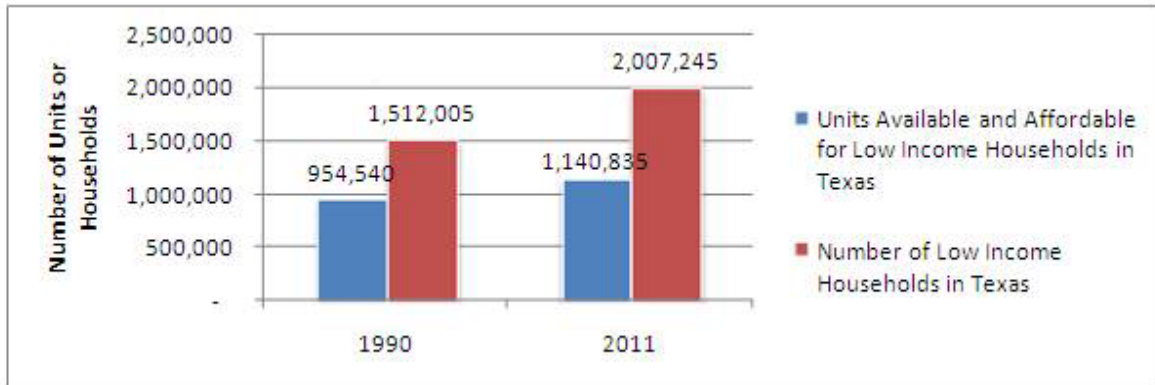


Figure 8: Increase in Low-Income Households and Low-Income Housing | Source: 1999 State of Texas Low Income Housing Plan; 2011 State of Texas Low Income Housing Plan and Annual Report

Data in Texas show a correlation between income, housing markets, and rates of homelessness. Within a geographic area, the amount of income households spend on housing (rent-to-income ratio) impacts the rate of homelessness (percent of total population homeless). An area’s rent-to-income ratio also impacts the duration of homelessness. One national study on housing markets and homelessness plotted states’ rates of homelessness relative to their median rent-to-income ratios. The regression found a strong correlation between the two data elements. States where residents paid a higher percentage of income for housing had higher rates of homelessness.⁹² The following graph (see Figure 9) compares the percentage of a CoC’s general population reported as homeless during the 2011 PIT (rate of homelessness) with the ratio between FMR and AMFI (rent-to-income ratio) for the CoC. Figure 10 includes PIT data from 2009 to show consistency of this trend over time. Each plotted point represents a different CoC in Texas. As the graph below shows, the trend identified in the national study occurs within Texas.⁹³ CoCs that cover counties with higher rent-to-income ratios tend to report higher rates of homelessness.⁹⁴

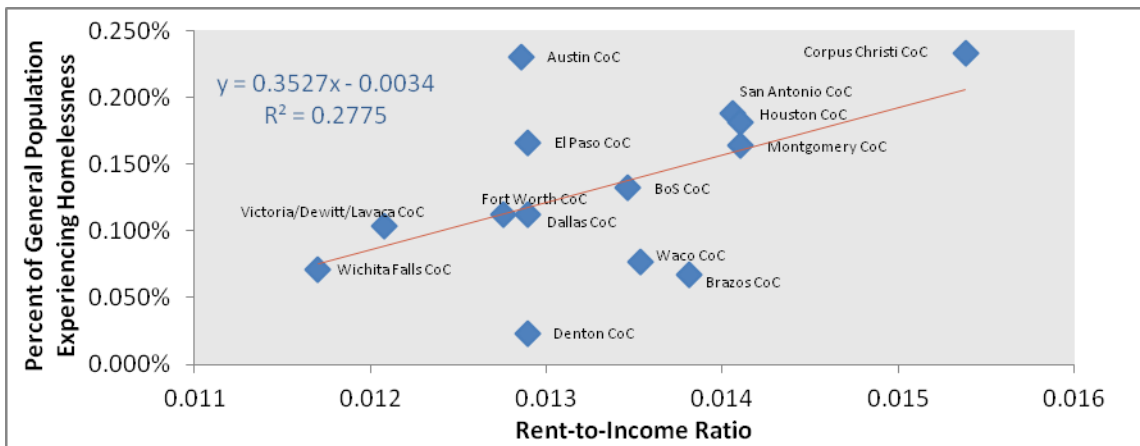


Figure 9: 2011 Rate of PIT Homelessness and Rent-to-Income Ratio | Source: HUD’s 2011 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; US Census Bureau, 2010 Census Population Count by County; National Low Income Housing Coalition, Out of Reach 2011

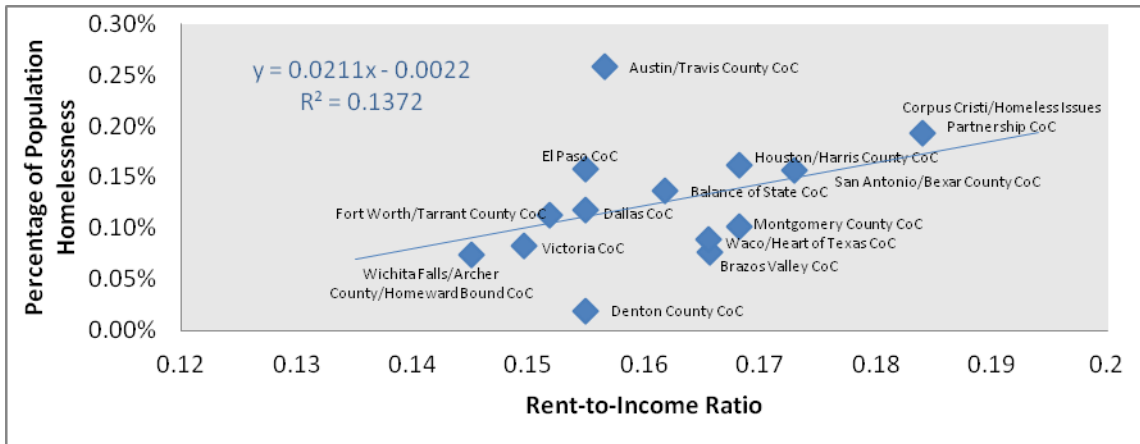


Figure 10: 2009 Rate of PIT Homelessness and Rent-to-Income Ratio | Source: HUD’s 2009 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; US Census Bureau, 2010 Census Population Count by County; National Low Income Housing Coalition, Out of Reach 2009

In tight housing markets, personal factors that might contribute to homelessness—for instance chronic substance abuse—tend to lose prevalence within the homeless population. As housing becomes more difficult for individuals and families to finance, economic issues increase in prevalence among factors influencing homelessness. As rent-to-income ratios increase, rates of chronic substance abuse among persons experiencing homelessness decline (see Figure 12 and Figure 11, regressions for both 2009 and 2011 data are provided to show annual consistency in trends). Similarly, a lower percentage of persons experiencing homelessness report severe mental illness as rent levels become more expensive relative to income (Figure 13).

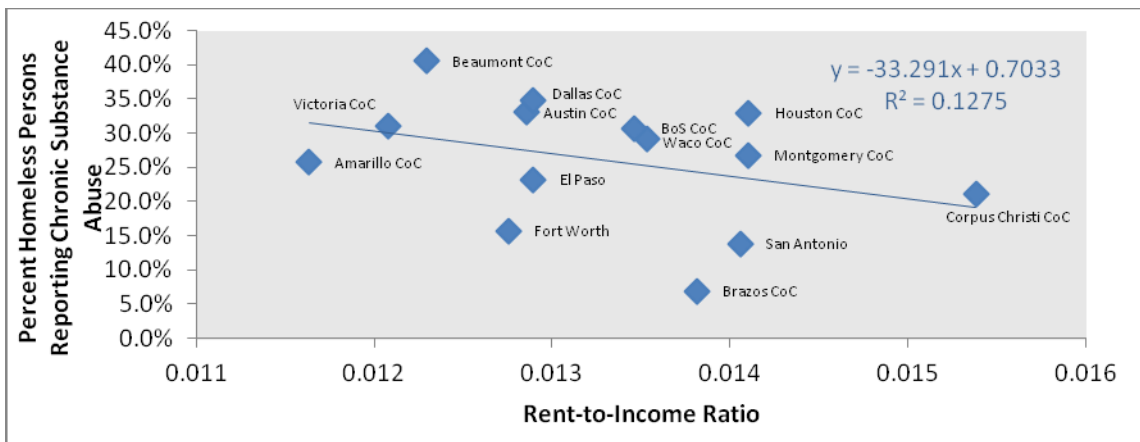


Figure 11: 2011 Rent-to-Income Ratio and Percent Homeless Reporting Chronic Substance Abuse | Source: HUD’s 2011 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; US Census Bureau, 2010 Census Population Count by County; National Low Income Housing Coalition, Out of Reach 2011

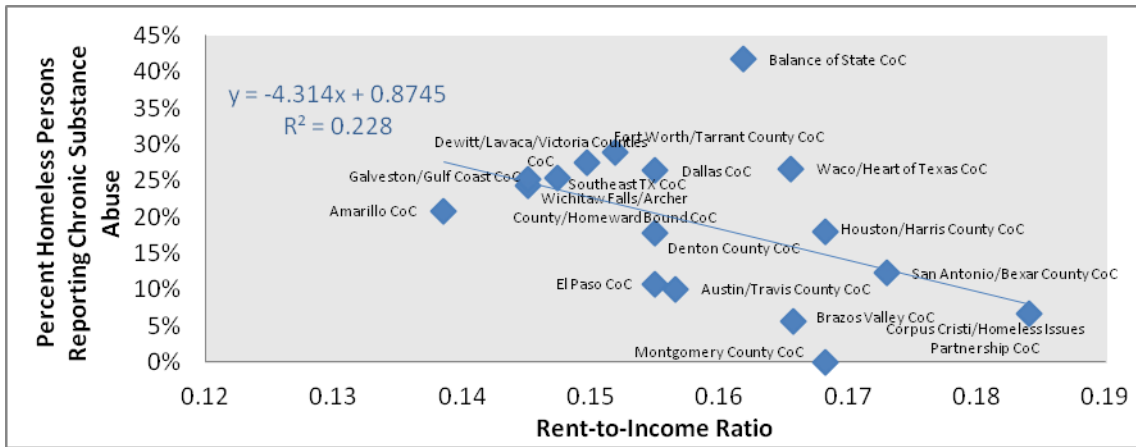


Figure 12: 2009 Rent-to-Income Ratio and Percent Homeless Reporting Chronic Substance Abuse | Source: HUD’s 2009 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; US Census Bureau, 2010 Census Population Count by County; National Low Income Housing Coalition, Out of Reach 2009

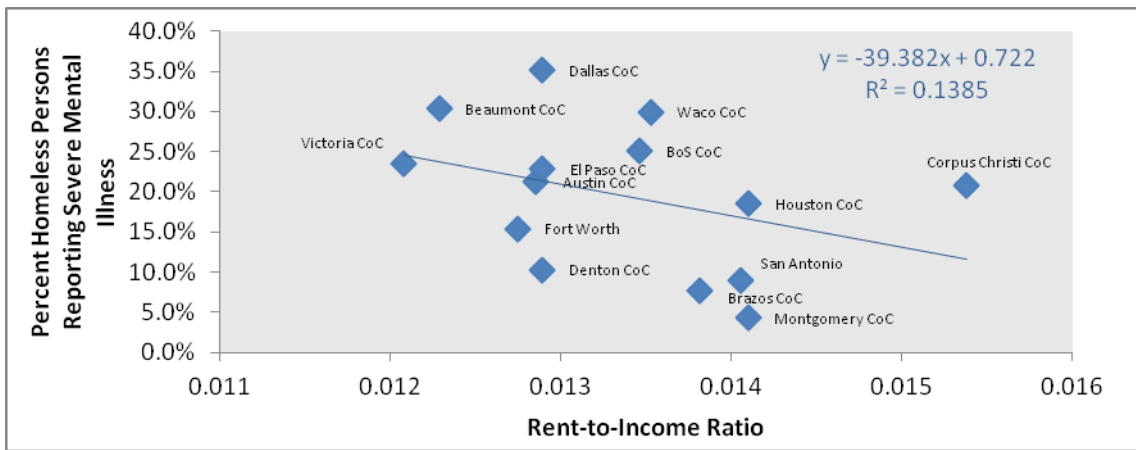


Figure 13: 2011 Rent-to-Income Ratio and Percent Homeless with Mental Illness | Source: HUD’s 2011 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; US Census Bureau, 2010 Census Population Count by County; National Low Income Housing Coalition, Out of Reach 2011

The same datasets show a correlation between rent-to-income ratios and prevalence of chronic homelessness. For an individual to qualify as chronically homeless under federal law, he or she must have a “diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.”⁹⁵ In markets where housing units consume a higher percentage of households’ salaries, the percentage of individuals experiencing chronic homelessness tends to decrease (Figure 14). The percentage of households experiencing non-chronic homelessness increases because more individuals and families experience homelessness for predominantly economic reasons.

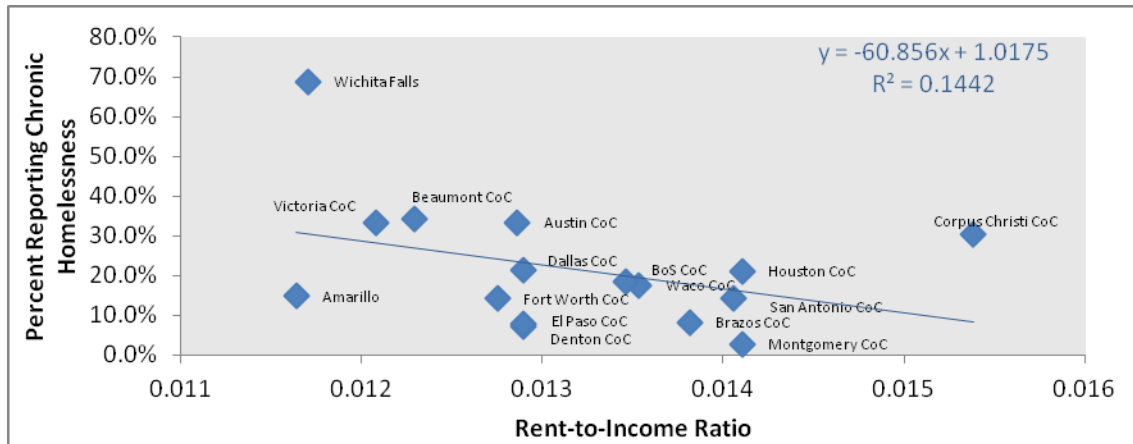


Figure 14: 2011 Chronic Homelessness and Rent-to-Income Ratio | Source: HUD's 2011 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; US Census Bureau, 2010 Census Population Count by County; National Low Income Housing Coalition, Out of Reach 2011

COMPLICATING FACTORS

Homelessness occurs primarily as a result of high rent-to-income ratios. While severe housing cost burden alone cannot predict housing loss, high rent-to-income ratios increase the chance that a household crisis could precipitate an episode of homelessness. Complicating factors that may lead to homelessness include mental health conditions; physical disabilities; high-cost health problems; job loss; discharge from institutions, including foster care, mental health facilities, jails, and prisons; trauma from armed service; family violence, divorce, or other domestic conflict; high mobility related to seasonal migration or relocation; chronic substance abuse; and natural disasters. For youth, family conflict related to behavior, sexual orientation, or school performance can lead to homelessness.

Texas Homeless Network's 2009 PIT survey, which covered roughly a third of the state's homeless population, included a question asking individuals why they became homeless. For primary causes of homelessness, 26 percent of respondents cited unemployment and 23 percent said they were unable to pay rent or mortgage. (For discussion about housing and employment programs to address these needs, see Texas Department of Housing and Community Affairs and Texas Workforce Commission programs listed in Table 7 | State Agency Resource Matrix on page 49). Personal complicating factors played a smaller, though significant role in causing homelessness: individuals attributed their homelessness to divorce (9 percent), family violence (7 percent), incarceration (6 percent), family or personal illness (6 percent), physical or mental disabilities (8 percent), addiction (8 percent), and moving in search of work (6 percent).

Though an individual may report experiencing a condition that could contribute to homelessness, he or she may not necessarily consider this the primary cause. In the geographic area covered by the Texas Homeless Network's survey, the 2011 PIT Count found 4,413 victims of family violence among 11,356 homeless persons. Though they represented 38.9 percent of all homeless persons in the region, only 7 percent of survey respondents attributed their homelessness to family violence. The same trend applies to individuals who report mental disabilities and chronic substance abuse.

Individuals experience these conditions far more frequently than they report the conditions as reasons for homelessness. Given that half of the respondents attributed their homelessness to unemployment and inability to afford rent or mortgage payments, individuals experiencing complicating personal factors may nonetheless consider their economic circumstances the primary, most immediate cause. In other cases, an individual may not feel comfortable citing experiences such as family violence or substance abuse as the reason he or she became homeless.

FRAMEWORK FOR STRENGTHENING TEXAS' INFRASTRUCTURE

“System change can begin within the homeless assistance system, but the goal of *ending* either chronic or all homelessness will most likely also require commitment from mainstream public agencies.”

—Martha Burt, Urban Institute⁹⁶

Pathways Home outlines possibilities for a shift in the delivery of services addressing homelessness in Texas. Systems that emphasize funding for emergency shelters, as well as programs that offer services for homeless persons without providing housing assistance, tend to struggle in reducing homelessness. Lack of coordination among services may reduce efficiency of public outlays. The objectives and strategies in *Pathways Home* offer guidance for the development of a more proactive system: a streamlined, cost-effective infrastructure focused on preventing and ending homelessness.

RECENT HISTORY AND OVERVIEW OF TEXAS'S INFRASTRUCTURE

Resources that address homelessness fall within two categories: targeted and mainstream. Targeted services intentionally direct resources to homeless and at risk persons. Eligibility for targeted services requires that individuals qualify as “homeless” or “at risk of homelessness” under federal definitions. Targeted services include permanent supportive housing or homelessness prevention programs funded through the U.S. Department of Housing and Urban Development. Mainstream services, on the other hand, do not intentionally serve individuals who qualify as “homeless” or “at risk.” However, persons experiencing or at risk of homelessness may meet eligibility requirements for many mainstream resources. Mainstream services include Temporary Aid for Needy Families (TANF), formerly Aid to Families with Dependent Children (AFDC), and Medicaid, which provides health insurance to low-income children and adults.

RECENT HISTORY

Most public funding for homeless services in the US, and Texas, comes from federal programs established under the McKinney-Vento Act of 1987. This piece of federal legislation enables the Emergency Shelter Grant Program, now Emergency Solutions Grant Program (ESGP); Shelter Plus Care (S+C) and Supportive Housing Program, which are administered through the Continuum of Care grant program; and the Education for Homeless Children and Youth (EHCY) Program. Over the last decade, local service providers, coalitions, and state agencies have made progress to address the needs of persons experiencing and at risk of homelessness. Cities across the state—including Fort Worth, Dallas, Houston, Austin, Arlington, El Paso, San Antonio, Corpus Christi, Plano, and Waco—developed and adopted local ten-year plans to address homelessness.⁹⁷ Continuum of Care (CoCs) in Texas have helped to shift funding priorities away from emergency shelter towards strategies that end episodes of homelessness. Emergency shelter beds increased by 9.5 percent between 2005 and 2010. Across the state during the same period, communities increased permanent supportive housing in Texas by 45 percent, adding 2,045 beds. During the five-year period, chronic homelessness in the state decreased by 19.5 percent, from 9,670 to 7,785 individuals.⁹⁸

Over five years, CoCs in the state drew down an increased level of competitive grant funds from the US Department of Housing and Urban Development (HUD). In 2005, HUD awarded Texas CoCs \$51 million, with \$19 million for permanent supportive housing. In 2010, HUD awarded \$71.7 million to CoCs, with \$37.5 million for permanent supportive housing. Reflecting a statewide commitment to long-term solutions to homelessness, CoCs shifted funding priorities over five years: CoCs used 37 percent of CoC grant funds for permanent supportive housing and 45 percent for transitional housing in 2005; by 2010, communities used 52 percent of HUD CoC grant funds for permanent supportive housing, with transitional housing reduced to 34 percent of the CoC budget.⁹⁹

As statewide CoC funding increased by \$20.6 million over five years, Texas' largest CoC, the Balance of State, brought new support to counties that previously did not receive CoC grant funds. The BoS CoC covers predominantly rural, under-resourced regions of Texas. Texas Homeless Network, the organization that manages the BoS CoC, provided technical assistance that helped agencies to draw down \$5.2 million in 2009—up from \$500,000 in 2008. The funds supported new permanent supportive housing and transitional housing programs.¹⁰⁰

Texas communities have become more competitive in the national CoC grant competition. While federal outlays to CoCs increased by 38 percent from 2005 to 2010, Texas' statewide award for CoC funds increased 40.6 percent.¹⁰¹

RECENT LEGISLATIVE HISTORY

In partnership with Governor Perry, the Speaker of the House, and the Lieutenant Governor, Texas' legislature has enacted laws to increase the coordination of resources and improve access to needed supportive services for homeless individuals and families. Major legislation has centered on the Texas Department of Housing and Community Affairs (TDHCA), Texas Education Agency (TEA), Texas Department of State Health Services (DSHS), Texas Workforce Commission (TWC), and the Texas Health and Human Services Commission (HHSC).

Since 2001, state legislation has assigned TDHCA the purpose of serving as the lead agency in Texas to address homelessness at the state level, as well as to coordinate interagency efforts addressing homelessness.¹⁰² The same Act, Acts 2001, 77th Leg., ch. 432, Sec. 1, eff. Sept. 1, 2001, transferred the responsibilities of the Texas Interagency Council for the Homeless to TDHCA and made the Council an advisory committee to the Department. The Act modified TICH's statute to require state agencies to report to TDHCA, as determined by the Department, a standard set of performance data on outcomes relating to homelessness. In 2009, the 81st Legislature introduced a new general revenue appropriation to address homelessness in Texas' eight largest cities, called the Homeless Housing and Service Program (HHSP). Legislature assigned TDHCA the responsibility for administering the \$20 million program. HHSP was codified under Acts 2011, 82nd Leg., 1st C.S., Ch. 4, Sec. 43.03, eff. September 28, 2011, which amended Texas Government Code §2306 to add §2306.2585.¹⁰³

State laws have expanded DSHS's capacity to serve persons experiencing homelessness who have substance abuse issues or mental illness. In 2007, the 80th Legislature approved Rider 69, which funded the creation of the Crisis Redesign Initiative (CRI). CRI allows DSHS to provide community mental health crisis services to more people and aid individuals' recovery following crises. Rider 65, which the 81st Legislature approved in 2009, appropriated funds to expand and enhance CRI. Rider 65 allows Local Mental Health Authorities (LMHAs)—entities to which DSHS disbursed CRI funds—to tailor services to the needs of individuals during and after crises. The Riders allow individuals to receive services from psychosocial rehabilitation teams and Assertive Community Treatment (ACT) teams once they transition to intensive services. From FY2010 to date, Rider 65 has allowed LMHAs to provide crisis and transitional services to 4,752 individuals identified as homeless during crisis assessments. Because not all individuals are asked about residential status during assessment, the number is likely a conservative estimate of homeless persons served. The 81st Legislature also passed Senate Bill 1521, which required the development and adoption of model standards for boarding homes. The legislation included safeguards to prevent abuse, neglect, and exploitation in boarding homes. Law requires LMHAs to work with individuals to secure safe and appropriate housing. S.B. 1521 will help boarding homes provide safe, low-cost housing for individuals in need of services. As a result, the bill may increase individuals' access to certified boarding homes, allowing LMHAs to help more persons experiencing homelessness find a stable place of residence.¹⁰⁴

Texas' 81st Legislature expanded substance abuse treatment services available to adults receiving Medicaid benefits. Under the under the 2010-2011 General Appropriations Act, Article IX, Section 17.15, S.B. 1, 81st Regular Session, 2009, the Texas Health and Human Services Commission must provide a Substance Use Disorder (SUD) treatment benefit for adults in Medicaid. The SUD benefit will offer outpatient services such as clinical assessment counseling and ambulatory detoxification, as well as residential detoxification and substance use treatment. These services will expand the resources available to adults experiencing homelessness and enrolled in Medicaid.¹⁰⁵

State legislation has strengthened interagency coordination of housing and support services to address homelessness. Acts 2003, 78th Leg., ch. 198, Sec. 2.93(a), eff. Sept. 1, 2003 added a new provision to the Texas Labor Code, §302.0038, which addresses housing resources for recipients of financial assistance.¹⁰⁶ The 80th Legislature expanded the law to address housing resources for non-recipient parents who participate in an employment program under Chapter 31, Human Resources Code.¹⁰⁷ Labor Code §302.0038 requires Texas Workforce Commission (the Commission), in cooperation with local workforce development boards, to identify unmet housing needs of financial assistance recipients, as well as non-recipient parents participating in employment programs. The Commission, in coordination with workforce development boards, must assess whether unmet

housing need poses a barrier to a person's full participation in the workforce and ability to attain financial stability. The law requires the Commission to implement a program that refers recipient and non-recipient parents with unmet housing needs to agencies and organizations providing housing programs and services. To facilitate the referral process, the law requires the Commission to establish collaborative partnerships among local workforce development boards; municipal, county, and regional housing authorities; and sponsors of local housing programs and services. Finally, the law requires training to provide Commission and workforce development board staff with information about local housing services.¹⁰⁸

In regards to the education of children belonging to families experiencing homelessness, most laws governing homeless education in Texas originate from the Federal Government. Some state lawmaking, however, has enhanced provisions established under federal law. The Texas Education Agency (TEA) has rewritten Texas Education Code 25.001(b)(5) to conform with the federal McKinney-Vento law, which was reauthorized under Title X of the No Child Left Behind Act of 2002.¹⁰⁹ TEC 25.001(b)(5) states that any student identified as homeless—under the US Department of Education's definition of "homeless"—has the right to enroll in any Texas school district regardless of residence. Texas Education Code 29.153(b)(3) clarifies that a homeless child is eligible for free prekindergarten regardless of residence.¹¹⁰ In 2011, the 82nd Legislature passed TEC 33.904, a law that will require school districts to "appoint at least one employee to act as a liaison officer to facilitate the enrollment in or transfer to another public school of a child in the district who is in a conservatorship of the state" (Acts 2011, 82nd Leg., R.S., Ch. 725, Sec. 1, eff. September 1, 2011).¹¹¹ TEA anticipates that the appointed liaison will enhance the position of the existing homeless student liaison, which is required under Title X of NCLB.¹¹²

CURRENT INFRASTRUCTURE

Local service providers, operating within the context of a Continuum of Care and with funding provided by HUD, deliver most of the state's resources assisting persons experiencing or at risk of homelessness. In 2011, local providers across Texas received \$75,201,452 in CoC funding from HUD. Local providers also drew down \$9,394,717 in ESG funds directly from HUD. These funds support the state's network of emergency shelters, transitional housing, permanent supportive housing, supportive services, and HMIS implementations. This infrastructure includes 9,055 year-round permanent supportive housing beds (some of which are funded by the U.S. Department of Veteran Affairs), 13,235 year-round emergency shelter beds, and 10,902 year-round transitional housing beds. While agencies administer most programs under direct contracts with HUD, programs administered by Texas' state agencies play an important role in delivering services addressing homelessness.¹¹³

State agency programs play a critical role in supporting local efforts. In State Fiscal Year (SFY) 2010, the Department of Assistive and Rehabilitative Services (DARS) provided Vocational Rehabilitation (VR) assistance to 890 individuals who self-identified as experiencing homelessness. Of persons reporting homelessness at entry that year, 40.8 percent had a successful closure, meaning that the individual obtained and retained employment for 90 days. In SFY2009, 38.9 percent of homeless persons had successful closures. In SFY2010, the Texas Workforce Commission (TWC) provided vocational training and employment services to 13,179 individuals in Texas who self-identified as experiencing homelessness. Of the homeless persons receiving TWC assistance, 58.6 percent entered

jobs while 69.8 percent of these individuals retained employment for three quarter. This means 40.9 percent of persons experiencing homelessness at entry obtained and retained employment, a rate similar to DARS's VR outcomes.¹¹⁴

The Department of State Health Services (DSHS) administers the Resiliency and Disease Management (RDM) program, which provides mental health services tailored to individuals' needs. RDM services may include housing assistance when necessary.¹¹⁵ Through Uniform Assessments (UA), which caseworkers conduct on 90 day intervals using the Texas Recommended Assessment Guidelines (TRAG), DSHS gathers longitudinal data on the housing status of persons receiving RDM services.¹¹⁶ The RDM program shows that in SFY2010, 1,516 individuals experienced homelessness at entry to the program, with 2,737 deemed at risk of homelessness. The program helped 73.9 percent of literally homeless persons improve their housing situation, with 20.1 percent entering stable housing situations, 13.6 achieving minimal housing instability, 24.1 experiencing moderate housing instability, and 16.2 percent entering situations where individuals were at risk of falling back into homelessness. Of the at-risk persons served, most improved their housing stability, while only 5.2 percent became literally homeless at program exit. DSHS also administers the Projects for Assistance in Transition from Homelessness (PATH), a program that connects literally homeless individuals with mainstream mental health services, primary care, and substance abuse services. RDM and PATH both provide case management, supportive housing, supportive employment, and skills training.¹¹⁷

In 2009, the Texas Department of Housing and Community Affairs began administering the Homelessness Prevention and Rapid Re-Housing Program (HPRP), a \$41 million program established under the American Recovery and Reinvestment Act (ARRA) of 2009. Local agencies that received HPRP funds through TDHCA provided homelessness prevention services to 39,468 persons in 14,685 households and re-housing assistance to 7,556 persons experiencing homelessness in 3,631 households. Agencies reported exiting clients to permanent housing situations at a rate of 91 percent with homelessness prevention services and 81 percent with homelessness assistance.¹¹⁸ Through the Emergency Shelter Grant Program (ESG), TDHCA provided just over \$5 million in FY2011 to 44 subrecipients for emergency shelter operations, re-housing and prevention assistance, and supportive services.¹¹⁹

Since 2009, TDHCA also administered the Homeless Housing and Services Program (HHSP), a new general revenue appropriation from the state of Texas that totaled \$20 million over the biennium. HHSP assists the state's eight largest cities.¹²⁰ From September 2009 to August 2011, agencies from the eight cities used the funds to serve a total 39,441 persons from 25,035 households. Individuals and families received assistance with rent, security deposits, utility deposits, utility payments, and moving costs. Housing assistance included mass shelter, which served 9,900 persons in unassigned sleeping mats or cots; barracks, which accommodated 4,061 persons in assigned sleeping areas; and shelter with private rooms, which housed 1,565 persons. Some individuals and families received housing assistance in more permanent settings, with 56 persons staying in single room occupancy units, 21 persons in single family detached housing, and 99 persons in scattered site apartments. HHSP also funded supportive services, which included alcohol and drug intervention treatment, child care, street outreach, health care, HIV/AIDS services, and employment services.¹²¹

	City Name	Recipient Name	Award
1	City of Arlington	City of Arlington	\$976,295
2	City of Austin	City of Austin	\$1,922,498
3	City of Corpus Christi	Mother Theresa Shelter, Inc.	\$779,446
4	City of Dallas	City of Dallas	\$3,361,364
5	City of El Paso	City of El Paso, Department of Community and Human Development	\$1,626,459
6	City of Fort Worth	United Way of Tarrant County	\$1,667,312
7	City of Houston	City of Houston, Housing and Community Development Department	\$5,756,053
8	City of San Antonio	Haven for Hope of Bexar County	\$3,410,574
		Total HHSP Funding	\$19,500,001

Each city has put HHSP funds to a unique use. The City of Arlington routed HHSP funds through the city's public housing authority. The Arlington Housing Authority used funds to issue payments for security and utility deposits, monthly rental assistance payments, and utility payments to homeless persons. Haven for Hope received the City of San Antonio's full HHSP award and used the funds to construct residential facilities for homeless men, women, and families. Haven for Hope focused on providing dormitories for women and families, as well as providing on-site case management and transformative care. The City of Houston distributed the funds among three agencies, which together delivered targeted services to clients staying in permanent housing, provided case management, and supported an existing drop-in center that offers shelter services. In Corpus Christi, Mother Theresa's Shelter used HHSP to acquire neighboring property to construct a transitional housing group home.

Cities used HHSP to help agencies make more supportive services available. The City of Austin directed a portion of the city's HHSP funds to the Austin Resource Center for the Homeless (ARCH) for case management. Through a competitive process, the Austin Health and Human Services Department directed the remaining funds to local agencies for re-housing persons experiencing homelessness and to assist those living in permanent supportive housing. The City of Dallas used part of HHSP to provide direct services to formerly incarcerated homeless persons. The Metro Dallas Homeless Alliance used the remaining funds to support operations at The Bridge, the largest shelter and service center in Dallas, which included funding for case management, employment placement, and housing placement. The City of El Paso subcontracted to eleven service providers to deliver supportive services, including educational support, case management, transportation, legal assistance, detoxification, and employment assistance. HHSP also funded emergency shelter operations in El Paso. The United Way of Tarrant County received all of Fort Worth's HHSP funds and subcontracted to seven agencies to provide vouchers for permanent supportive housing, supportive services linked with vouchers, shelter-based case management, and street outreach.

The program primarily assisted middle-aged persons. Of all persons served, 7.5 percent were between age 0 and 10, 3.9 percent between 10 and 18, 56.6 percent between 19 and 50, 29.6 percent between 51 and 65, and 2.5 percent over 65. Of all persons served, 48.6 percent identified as white, 43.2 percent identified as black or African American, and 38.2 percent identified as being of Hispanic descent. Recipients of HHSP funds reported completing 1.4 million service transactions for persons receiving assistance in residential or shelter facility settings, along with 145,000 transactions for assistance to persons in non-residential settings.

UNDUPLICATED PERSONS AND HOUSEHOLDS SERVED WITH HHSP FUNDS

Service Category	Persons	Households
Homelessness Prevention	313	159
Homelessness Assistance	39,128	24,876
Total Served	39,441	25,035

Table 3 | Source: TDHCA Internal Contract System

UNDUPLICATED PERSONS PROVIDED HHSP SUPPORTED SHELTER/HOUSING

Shelter/Housing Type	Persons Served
Mass Shelter (unassigned mats or cots)	9,900
Barracks (assigned sleeping areas)	4,061
Shelter with private rooms	1,565
Group/Large House	474
Scattered Site Apartments	99
Single Family Detached House	21
Single Room Occupancy	56
Mobile Room Trailer	0
Hotel/Motel	0
Other	351
Total	16,527

Table 4 | Source: TDHCA Internal Contract System

UNDUPLICATED PERSONS PROVIDED HHSP NON-RESIDENTIAL SERVICE

Services	Persons	Households
Rental assistance- medium term	1,669	1,245
Security Deposits	235	105
Utility Deposits	62	38
Utility payments	219	97
Moving cost assistance	83	43
Total	2,268	1,528

Table 5 | Source: TDHCA Internal Contract System; Persons reported once per service category provided

UNDUPLICATED PERSONS RECEIVING SUPPORTIVE SERVICES

Service	Persons
Mental Health Services	1,253
Alcohol/Drug Intervention/Treatment	679
Child Care Provided	111
Outreach	5,455
Health Care	1,446
HIV/AIDS Services	207
Employment Services	5,500
Soup Kitchen/Meal Distribution	53,003

Table 6 | Source: TDHCA Internal Contract System

State agencies administer a number of other programs available to individuals and families experiencing homelessness. Texas Health and Human Services Commission (HHSC) provides assistance through the Temporary Assistance for Needy Families (TANF)¹²², Supplemental Nutrition Assistance Program (SNAP)¹²³, Medicaid, and Children’s Health Insurance Plan (CHIP).¹²⁴ The Texas Education Agency administers the Education for Homeless Children and Youth (EHCY) Program, a No Child Left Behind (NCLB) Act program.¹²⁵ TEA works in conjunction with the Region 10 Education Center and the Texas Homeless Education Office (THEO) to provide services to help children in homeless families remain enrolled in school and succeed in class.¹²⁶

STATE AGENCY RESOURCES

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION
Department of Assistive and Rehabilitative Services (DARS)	Vocational Rehabilitation (VR) Program	Supportive Service	Helps people who have physical or mental disabilities prepare for, find or keep employment. Includes helping people gain skills needed for a career, learn how to prepare for a job interview or accessing accommodations needed to stay employed.
Department of State Health Services (DSHS)	Project for the Assistance of Transition from Homelessness (PATH)	Supportive Services	Provides outreach and ongoing services to persons experiencing homelessness. Program offers a bridge between targeted homeless assistance and mainstream mental health services, primary health care, and substance abuse services.
	Resiliency and Disease Management (RDM) Program	Supportive Services, Housing	Provides additional services available through PATH. Program offers housing services, as well as case management, supportive employment, and skills training.
	Crisis Redesign Initiative (CRI)	Supportive Services	Funds Local Mental Health Authorities (LMHAs) to expand community mental health crisis services and aid individuals’ recovery following crises. Program allows individuals to receive services from psychosocial rehabilitation teams and Assertive Community Treatment (ACT) teams once they transition to intensive services.
Health and Human Services Commission (HHSC)	Temporary Assistance for Needy Families (TANF)	Supportive Service	Provides monetary assistance to eligible families with children.
	Supplementary Nutrition Assistance Program (SNAP)	Supportive Service	Provides monetary assistance to low-income persons for the purchase of food.
	Medicaid and Children’s Health Insurance Program (CHIP)	Supportive Service	Provides health insurance to eligible low-income individuals and families.
Texas Department of Criminal Justice (TDCJ)	Housing for offenders under supervision	Housing	Through the parole division and with grants to local probation departments, TDCJ provides short term residential or housing assistance to offender populations under agency supervision.

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION
Texas Department of Housing and Community Affairs (TDHCA)	Emergency Solutions Grants (ESG) Program	Shelter, Re-Housing, Prevention, Supportive Service	Competitive grant that provides funds to nonprofit organizations and local units of general government for activities relating to shelter, services, and re-housing assistance for homeless persons, as well as homelessness prevention. TDHCA awards funding annually, with projects contracted from September 1st through August 31st.
	Homeless Housing Services Program (HHSP)	Shelter, Re-Housing, Prevention, Supportive Service	Provides funding to the eight largest cities in support of services to homeless individuals and families, including services such as case management, and housing placement and retention.
	Community Services Block Grant (CSBG)	General Community Grant	Ninety-percent of CSBG funds are provided to eligible entities on a non-competitive basis for the delivery of services to very low income Texas residents in all 254 counties. Program aims to eliminate poverty and foster self-sufficiency.
	Housing Tax Credit (HTC)	Housing	The tax credit program is one of the primary means of directing private capital toward the creation of affordable rental housing. Program provides investors of affordable rental housing with a benefit that is used to offset a portion of their federal tax liability in exchange for the production of affordable rental housing. Tax credit value allows developers to lease HTC residences to qualified families at below market rate rents.
Texas Education Agency (TEA)	Education for Homeless Children and Youth (EHCY) Program	Supportive Service	Program trains school and nonprofit officials to identify students without permanent housing and to ensure that identified students enroll, attend, and succeed in school. Includes discretionary subgrant program for supplemental education and supportive services for students in homeless situations.
Texas Workforce Commission (TWC)	Wagner Peyser Employment Services (Covers Rapid Reemployment Services, Unemployment Insurance Reemployment and Eligibility Assessments, and WorkInTexas.com)	Supportive Service	Wagner Peyser Employment Services provide free employment services to all job seekers, including those who are homeless.
	Senior Community Service Employment Program (SCSEP)	Supportive Service	SCSEP is a part-time, on-the-job training program for individuals 55 and over who are unemployed and with income of 125 percent or less of the federal HHS poverty level. Eligible participants receive assessment and work with staff members to develop an individual employment plan and follow the plan to acquire

AGENCY	SERVICE/PROGRAM	SERVICE TYPE	DESCRIPTION
TWC			sufficient skill sets and confidence to obtain unsubsidized employment and achieve financial independence.
	Texas Back to Work Program	Supportive Service	Program offers subsidies to employers who hire first time recipients of Unemployment Insurance who were making less than \$4.15 per hour during previous employment.
	Workforce Investment Act (WIA) Programs	Supportive Service	Program offers free employment services to all job seekers, including those who are homeless. Program also offers Support and Needs related payments, which may assist with access to housing.
	Texas Veterans Leadership Program (TVLP)	Supportive Service	TVLP provides a Veterans Resource and Referral Specialist to all 28 workforce regions of Texas. The referral specialist assists in referring veterans who served in Iraq or Afghanistan since 2001 to needed services.
Texas Veterans Commission (TVC)	Fund for Veterans' Assistance	Housing and Supportive Services	General-purpose grant to non-profit and local government organizations to provide direct services to Texas veterans. Some grant recipients assist homeless veterans and their families. Recipients may provide transitional housing or supportive services to homeless veterans.

Table 7 | State Agency Resource Matrix

GAPS IN TEXAS' INFRASTRUCTURE

Administration of services that impact homelessness in Texas is spread among numerous state and local agencies. Distribution of resources across agencies has resulted in some gaps in coordination, which may reduce the impact of services. Many state agencies lack data describing the extent to which their clientele intersects with the state's homeless population, which makes it difficult to assess program outcomes as they relate to homelessness. A few administrative data sets, however, give evidence of opportunities where heightened interagency coordination may strengthen program outcomes.

Over the past 10 years, HUD has reduced funding for the supportive services component of CoC grants, which makes engagement with mainstream services a critical element for meeting the needs of homeless and at-risk persons. Supportive services include a broad spectrum of resources that help individuals find housing, maintain housing stability, and achieve maximum independence. These services include case management, substance abuse treatment, mental health treatment, vocational training, and transportation. In 2000, service providers in the U.S. used 60 percent of HUD's McKinney-Vento homelessness funding for supportive services. Congress, recognizing the nation's need for increased housing, directed HUD to reserve more funding for creating and maintaining housing for supportive housing programs. As HUD implemented incentives to increase housing development, policymakers expected mainstream services to fill gaps left by HUD's decreased

funding for supportive services. HUD's policy shift worked: in 2009, CoCs used approximately 66 percent of HUD funds for the housing component of the Supportive Housing Program (SHP) and only 33 percent of funding for supportive services. Changes in policy allowed HUD to dedicate resources to create more than 40,000 new permanent supportive housing beds in the U.S. As mentioned above, Texas added over 2,000 beds in five years. With HUD funding fewer supportive services, however, re-housing and permanent housing programs must leverage mainstream services to help individuals and families remain in housing.¹²⁷ Texas' state agencies manage the state's major mainstream resources. To increase the availability of supportive services, the coordination of TICH's member agencies is essential.

State agencies in Texas administer programs that may provide supportive services for persons living in permanent supportive housing or making a transition to independent living, yet agencies do not always connect the service with housing. Lack of coordination between housing and services may account for lower success rates for homeless persons participating in programs with measurable outcomes. Persons reporting homelessness at entry to the DARS Vocational Rehabilitation program had successful closure at a rate of 41 percent; housed persons had a 58 percent rate of successful closure.¹²⁸ While mental illness and substance abuse were more prevalent disability types among the population reporting homelessness at entry than among the housed population, DARS's data show that persons with these disability types do not, as a whole, have lower rates of success.¹²⁹ Of persons served through TWC's programs, 58.6 percent of homeless job seekers entered employment, while 67 percent of non-homeless job seekers entered employment. Of homeless job seekers who entered employment, 69.8 percent retained their jobs, while 81 percent of non-homeless job seekers retained their jobs. This means that while 58 percent of housed job seekers secured and retained employment, persons reporting homelessness succeeded at a rate eighteen percentage points lower, with 40 percent of homeless job seekers securing and retaining employment.¹³⁰

Among the 10 largest states in the US, Texas tends to rank lower than others on measures relating to funding drawn from HUD and the production of permanent supportive housing. As the second largest state in the US, Texas ranks seventh among the ten largest states in CoC grant funding drawn down from HUD. Based on states' 2011 PIT data, Texas ranks seventh in CoC funds HUD awarded per person experiencing homelessness. This may occur primarily because the CoC grant program relies on the existence of locally operating non-profit agencies that have the capacity to manage CoC funds. Agencies in BoS counties are eligible to receive up to nearly \$20 million from HUD. Thirty percent of the state's homeless population lives in the Balance of State. Yet, HUD awarded the BoS CoC \$5.4 million in 2011, seven percent of the \$75.2 million HUD granted to Texas in 2011.

Compared to other large states, permanent supportive housing beds comprise a lower percentage of all shelter beds in Texas. Operation of PSH requires project sponsors to have a high level of administrative capacity; the administrative factors that limit the level of HUD funding in BoS regions of Texas also play a role in limiting the region's development of PSH. Agencies with few staff and little funding for supportive services have an easier time operating emergency shelter and transitional housing. Local preferences for transitional and emergency housing may also contribute to lower levels of PSH in Texas. Michigan ranks highest among the ten largest states, with half of all beds being permanent supportive housing; New York is sixth, with 38 percent of beds being PSH; and Texas ranks tenth with 27 percent of beds being PSH. Based on 2011 PIT data, Texas ranks ninth in the number of permanent supportive housing beds operational per individual experiencing chronic homelessness. High relative volume of PSH correlates with lower rates of chronic homelessness (see Figure 17). While Texas ranks fifth among the ten largest states in the rate of homelessness within

the general population (0.15 percent), Texas has the second highest rate of chronic homelessness (20 percent).¹³¹

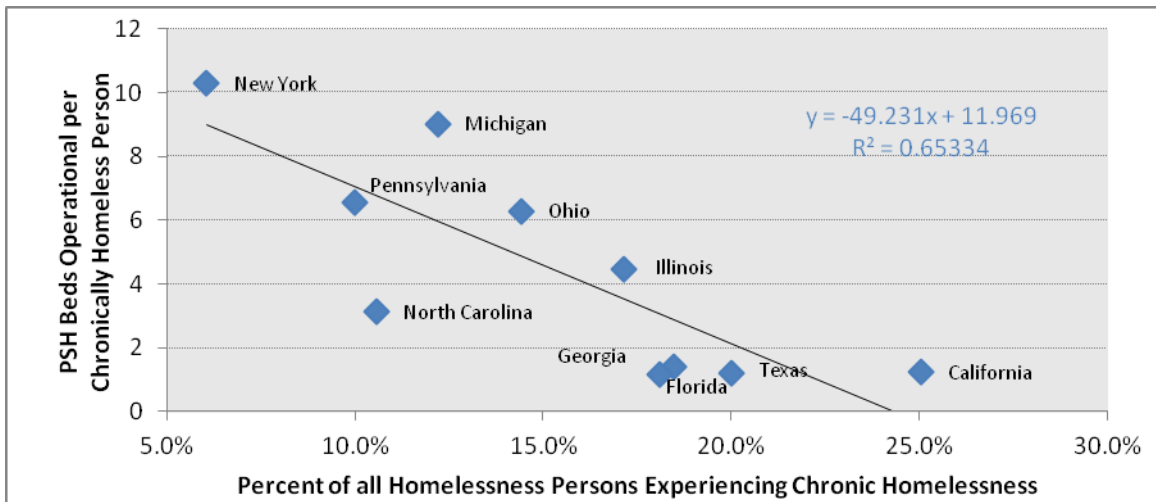


Figure 15 | Correlation between Rates of Chronic Homelessness and Units of Permanent Supportive Housing by State | Source: HUD’s 2011 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; HUD’s 2011 Continuum of Care Homeless Assistance Programs Housing Inventory Chart Report

OVERVIEW OF RECOMMENDED RESPONSE

Closing gaps in Texas’ infrastructure will require heightened coordination among state agencies and CoCs, a unified state effort to draw down more CoC funds from HUD, and a strategy to refocus CoC funds towards introducing new units of permanent supportive housing. Four priority areas organize the document’s objectives and strategies: Affordable Housing and Supportive Services; Homelessness Prevention; Data, Research, and Analysis; and State Infrastructure. The groupings follow key components the National Alliance to End Homelessness recommends for successful plans to prevent and end homelessness.¹³² *Pathways Home* establishes an essential framework for future planning and coordination among state agencies. Implementation of these goals and strategies may close gaps in Texas’ infrastructure, thereby allowing local and state agencies to serve more Texans experiencing and at risk of homelessness.

Affordable Housing and Supportive Services offers objectives that aim to help Texas increase its housing options for homeless individuals and families who face multiple barriers to secure housing. Homelessness Prevention outlines a statewide crisis-response mechanism that identifies at-risk individuals and families *in order to connect them with preventive resources*. The Data, Research and Analysis priority area proposes objectives that will strengthen Texas’ capacity to gather and report precise data on homelessness systematically. Finally, the State Infrastructure priority area presents objectives to increase communication and collaboration among all service providers and units of government in order to sustain TICH’s planning efforts and aid in the implementation of *Pathways Home*.

AFFORDABLE HOUSING AND SUPPORTIVE SERVICES

Demonstration projects across the US indicate that permanent housing, often when paired with supportive services, ends episodes of homelessness. Studies show permanent supportive housing to be more cost effective than emergency shelters, transitional housing, and other services that primarily manage episodes of homelessness.¹³³ Affordable and permanent supportive housing programs record high retention rates and offer residents a secure setting through which to attain employment, stabilize their lives, and achieve maximum independence. Permanent housing is central to proactive strategies for ending episodes of homelessness.

This section of *Pathways Home* proposes strategies to strengthen the state’s capacity to return homeless individuals to stable living environments. Housing strategies for ending homelessness come in various forms, each uniquely suited for persons with different needs. Housing resources include affordable or subsidized housing, permanent supportive housing, rapid re-housing, rental assistance, transitional housing, halfway houses, oxford homes, and boarding homes. *Pathways Home* prioritizes affordable and permanent supportive housing. Yet it also recognizes that transitional housing and domestic violence shelters are vital resources in regions of Texas where family violence is prevalent among persons experiencing homelessness. Transitional housing is particularly necessary in regions covered by the Texas Balance of State CoC, which reports higher than average rates of family violence in its point in time count (PIT).

Three objectives lay groundwork to help the state increase access to stable housing:

- Identify individuals and families experiencing homelessness and prioritize their housing stability;
- Explore options for expanding the supply and availability of affordable and permanent supportive housing units in Texas; and
- Promote the strategic pairing of state agency, non-profit, and private sector resources to increase supportive services linked with affordable housing units.

OBJECTIVE 1 | IDENTIFY INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS AND PRIORITIZE THEIR HOUSING STABILITY

Efforts to help homeless individuals and families attain maximum independence occur most successfully when persons have access to stable housing. A household’s living arrangement is stable when an individual or family resides in a place of permanent residence and pays no more than 30 to 50 percent of income on housing. TICH recommends that agencies prioritize the housing stability of persons served. This entails recognizing when a client experiences homelessness and making it a priority for the person to access a safe, decent, and tenable place of residence. Prioritizing housing may involve agencies referring clients to appropriate local providers that administer affordable or permanent housing services, as well as rapid re-housing assistance.

In a review of promising strategies to end family homelessness, the National Alliance to End Homelessness (NAEH) found that communities successful at reducing rates of family homeless all re-tooled homeless assistance programs to move families into permanent housing at faster rates.¹³⁴ Housing First models transition individuals and families out of shelter systems quickly before

supplying other forms of assistance. By definition, Housing First does not require persons to meet baseline requirements, like sobriety, prior to receiving housing assistance. In many cases, a rapid transition to permanent housing, accompanied by temporary rental assistance, is enough to end an episode of homelessness and avoid an expensive shelter stay. For persons with more complex needs, providers will need to pair supportive services with permanent housing to ensure housing retention. Housing First obviates costly shelter systems and allows individuals and families to use public assistance most effectively. Furthermore, client surveys indicate that individuals experiencing homelessness prefer Housing First to other strategies.¹³⁵

For un-housed individuals and families, mainstream services are more difficult to access and often less effective. A report from the Government Accountability Office cites a few salient examples from different mainstream programs. For the Supplemental Nutrition Assistance Program (SNAP), the former Food Stamps program, the GAO notes that without housing, individuals have neither a refrigerator for storing food purchased with SNAP assistance nor a place for preparing foods. Lack of stable housing limits the efficacy of treatment programs for individuals who struggle with substance abuse problems. Lack of a telephone, reliable mailing address, or personal identification may bar many individuals from successfully applying for employment or mainstream benefits and services.¹³⁶ Without helping an individual secure and retain housing, the provision of mainstream benefits merely manages his or her episode of homelessness while doing little to end it. Under a Housing First model, or rapid re-housing, mainstream resources would contribute to a proactive system that directs beneficiaries of mainstream and targeted services towards stable housing and ultimately independence.

Housing First strategies, while possibly increasing the efficacy of mainstream services, also demonstrate potential for reducing the strain that homelessness places on programs and institutions at both the state and local level. A study of a Housing First program implemented through Denver's ten-year plan, Denver's Road Home, demonstrated overwhelming success in ending homelessness and producing substantial net cost diversions. The case study monitored the service usage of chronically homeless individuals twenty-four months prior to their entry into the Housing First program and twenty-four months after. A before-and-after comparison for the sample group showed a 73 percent reduction in emergency related costs, averaging a yearly estimated diversion of \$31,545 per participant. The cost reductions stemmed from participants' reduced rates of emergency room care (34.3 percent reduction), inpatient medical and psychiatric care (40 percent reduction, with 80 percent reduction in inpatient nights), detoxification services (82 percent reduction), incarceration (76 percent reduction), and emergency shelter use (\$13,600 reduction in costs per person). After including the cost of the supportive housing units used for the Housing First program, the study still found an average net cost diversion of \$4,745 per person per year. Most importantly, secure housing directly improved the lives of the participants: many found employment, with monthly incomes increasing from an average of \$185 to \$431; 77 percent retained their housing; and 43 percent improved their mental health status.¹³⁷

The results reported in the Denver case study occur in other Housing First demonstrations.¹³⁸ A recent independent evaluation of permanent housing in Fort Worth, Texas, monitored the results for 66 formerly homeless adults who received permanent housing for six months. The participants reduced their number of visits to psychiatric emergency rooms (ER) by 50 percent, medical ER by 55 percent, and urgent care by 64 percent. This produced net expenditure diversion of \$274,179 over six months, equaling a diversion of \$4154 per person.¹³⁹

HOUSING FIRST SPOTLIGHT: FORT WORTH/TARRANT COUNTY

In 2008, *Directions Home*, the Fort Worth/Tarrant County 10-year plan, proposed an increase in the supply of permanent supportive housing as a primary strategy for reducing homelessness. An independent evaluation of the Directions Home Permanent Supportive Housing Program tracked the service use of sixty-six chronically homeless adults who received housing for six months. Medical records from the John Peter Smith (JPS) Health Network revealed significant reductions in medical expenditures, as shown in the table below. JPS Health Network recuperated less than 3 percent of the \$791,084 accrued costs during six months before the 66 homeless patients received housing. While in housing, individuals had higher rates of Medicaid enrollment, allowing JPS to recuperate more costs.

Service	Pre-Housing	Post-Housing	Difference
Psychiatric ER	\$17,750	\$12,019	\$-5,731
Medical ER	\$361,405	\$169,098	\$-192,307
Urgent Care	\$12,319	\$3,271	\$-9,048
Off-Campus Clinic	\$151,498	\$109,600	\$-41,898
Inpatient Admission	\$246,714	\$305,485	\$58,771
OB Triage	\$1,398	\$207	\$-1,191
Total	\$791,084	\$599,680	\$-191,404

Another network, MedStar, reported an additional reduction of \$82,775 in Emergency Medical Services, which brought the total decrease in expenditures to \$274,179.

To achieve similar results on a statewide level, TICH recommends that state agencies consider identifying the housing status of all persons who enter their systems. Beyond assessing housing status, agencies may use a vulnerability index to identify individuals whose fragile health and long-term homelessness has placed them at greatest risk of mortality. These individuals most urgently need stable housing; they also comprise the most frequent users of expensive public resources like emergency rooms, hospitals, and jails. Among chronically homeless individuals, morbidity risk factors include these characteristics:

- more than three hospitalizations or emergency room visits in a year;
- more than three emergency room visits in the previous three months;
- old age (sixty or more years);
- cirrhosis of the liver;
- end-stage renal disease (kidney failure);
- history of frostbite, immersion foot, or hypothermia;
- HIV+ or AIDS; and
- co-occurring psychiatric, substance abuse, and chronic medical conditions.¹⁴⁰

Assessing the housing status of persons receiving services will help agencies understand their unique needs. It will provide a basis for designing targeted strategies that, in coordination with Housing First programs, help homeless individuals acquire safe, stable housing.

OBJECTIVE 2 | EXPLORE OPTIONS FOR EXPANDING THE SUPPLY AND AVAILABILITY OF AFFORDABLE AND PERMANENT SUPPORTIVE HOUSING UNITS IN TEXAS

To achieve the objectives of *Pathways Home*, Texas needs to increase the affordable housing available to persons with income below 30 percent Area Median Income (AMI). HUD classifies all households within this income range as “extremely low-income.”¹⁴¹ Most extremely-low-income households in Texas spend a burdensome portion of income on housing. For a unit of housing to be affordable, it must cost no more than 30 percent of a household’s gross income. If a larger number of households dedicate excessive amounts of income to housing, there will be a larger number of households in which a short-term crisis could precipitate housing loss, and ultimately homelessness. Increasing the housing affordable and available to extremely-low-income households reduces the number of imminently homeless individuals and families. As a paper for the 2007 National Symposium on Homelessness Research noted, “Increasing the availability of affordable housing, whether through rent subsidies to low-income households or public investment to reduce capital costs, is probably the single biggest public policy that could affect levels for homelessness” (see *Leading Cause: Housing Cost Burden and Income*, page 33).¹⁴²

For individuals and families with extremely low incomes but few other barriers to retaining housing, affordable housing units alone will facilitate a return to housing. Housing subsidies can end homelessness for most families.¹⁴³ The intersection between low household incomes and a shortage of affordable housing is a leading cause of homelessness in Texas. Increasing the volume of affordable housing offers the best option for preventing and ending homelessness.

Pairing affordable housing units with supportive services, termed permanent supportive housing (PSH), helps chronically homeless persons with complex needs to obtain and retain housing. For persons with substance addictions or mental illness, PSH increases the effectiveness of treatment. Like affordable housing for families, permanent supportive housing offers the most promising strategy for ending chronic homelessness. PSH also helps individuals prepare for successfully entering independent living situations. Between October 2009 and September 2010, HUD found that most persons exiting PSH moved into their own rental housing; only five percent exited to a homeless situation.¹⁴⁴ HUD attributes an 11 percent decline in chronic homelessness in the U.S. to a nationwide increase in PSH. In Texas, an increase of 2,045 units of PSH between 2005 and 2010 may have contributed to a decline in chronic homelessness, which fell from 9,670 persons in 2005 to 7,785 persons in 2011 (see Figure 16).¹⁴⁵

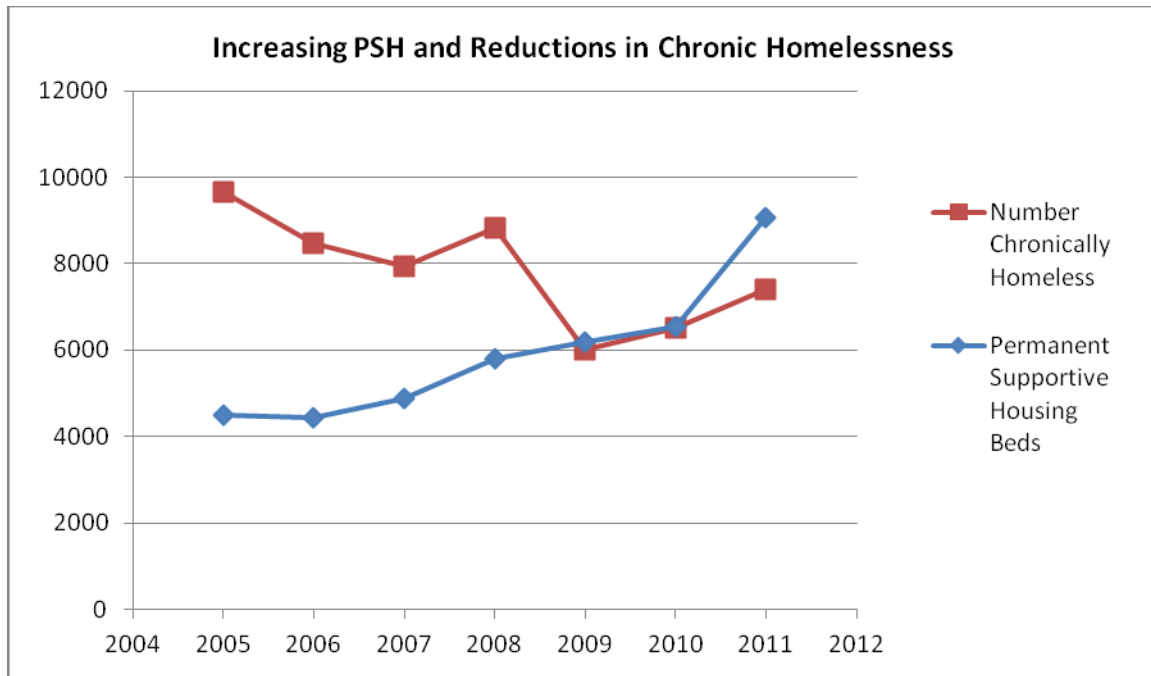


Figure 16 | Source: HUD's 2005-2010 Continuum of Care Homeless Assistance Programs PIT Count Populations and Subpopulations; HUD's 2005-2010 Continuum of Care Homeless Assistance Programs Housing Inventory Chart Report

Permanent supportive housing requires that a tenant spend no more than 30 percent of his or her gross income on rent and utilities. The unit's lease agreement, by definition, places no limit on the length of tenancy. Members of the tenant household have access to supportive services that help them maintain housing stability, but participation in on and off-site supportive service programs is not requisite for continued tenancy.¹⁴⁶ State agency services may play a significant role in helping to supply services for supportive housing units. (See next section.)

The Corporation for Supportive Housing (CSH)², a nation-wide organization that promotes permanent supportive housing, recommends the following housing models¹⁴⁷:

- Apartment or single-room occupancy (SRO) buildings, townhouses, or single-family homes that exclusively house formerly homeless individuals and families;
- Apartment or SRO buildings, or townhouses that mix special-needs housing with general affordable housing;
- Rent-subsidized apartments leased in the open market; and
- Long-term set-asides of units within privately owned buildings.

² [Corporation for Supportive Housing \(CSH\)](http://www.csh.org) is a national organization that, since 1991, has provided advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH has offices in eleven states (California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, and Texas) and in Washington, DC, and provides limited assistance to many other communities. See www.csh.org.

Texas faces a significant shortage of affordable and permanent supportive housing units. For 2009, the Texas Homeless Network estimated a shortage of 10,978 permanent supportive housing units.¹⁴⁸ At the time, the existing stock consisted of 6,201 units.¹⁴⁹ The need for permanent supportive housing may be much greater. The Corporation for Supportive Housing estimated the need for Houston in 2009 at 9,440 units, for Dallas in 2007 at 4,939 units, for Austin in 2008 at 1,889 units, and for Fort Worth in 2008 at 1,088 units. CSH estimates that Texas currently faces a shortage of 15,000 units.¹⁵⁰ By 2011, PSH in Texas increased to 9,055 units, helping to bridge the gap in housing.

The supply of affordable housing remains inadequate as well. Between 2005 and 2007, 1,018,085 households in Texas lived between 0 percent and 30 percent Area Median Family Income (AMFI), representing 12.6 percent of all households. While 3,070,995 units are available to households living at 0-50 percent AMFI, families within this income range occupy only 37.1 percent of the housing; higher-income households occupy most units (see Figure 17). Only 58.4 percent of households occupying rental units affordable below 50 percent AMFI fall within the 0-50 percent AMFI range. Households living at 50-80 percent AMFI comprise 20.2 percent of the rental occupants; households living above 80 percent AMFI comprise 21.4 percent of the occupants. Of households owning housing affordable within the 0-50 percent AMFI range, only 5.8 percent of families from this income range occupied the housing. With 1,140,835 units available to households living at 0-50 percent AMFI, even fewer units are available to households below 30 percent AMFI.¹⁵¹

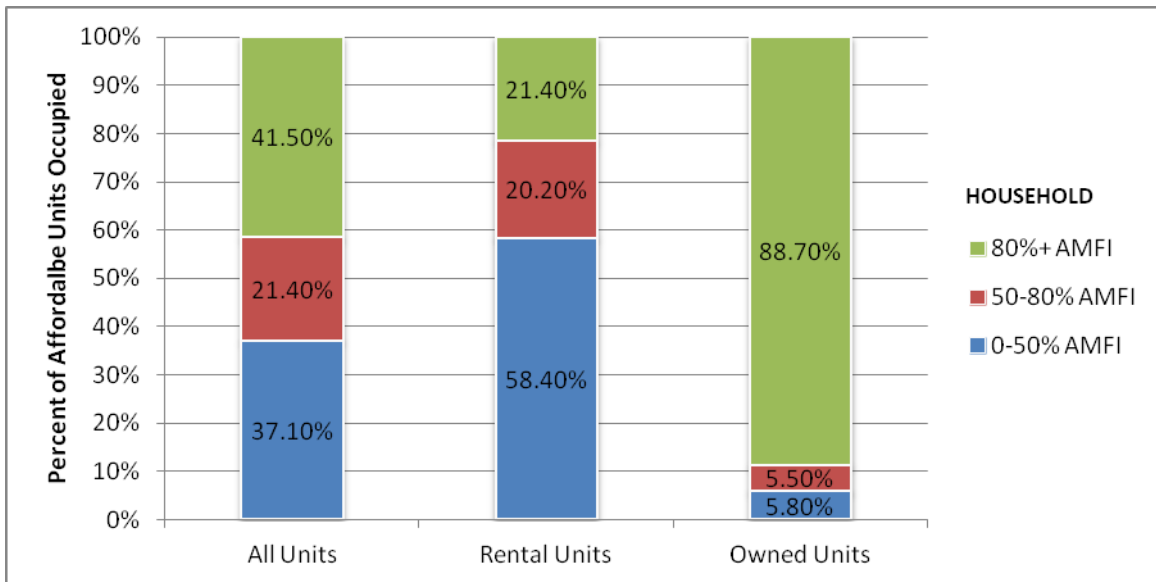


Figure 17 | Occupants of Housing Affordable at or Below 50percent AMFI in Texas | Source: 2011 State of Texas Low-Income Housing Plan and Annual Report

TICH encourages the state to pursue policies that incentivize housing providers to reserve a high percentage of units affordable below 30 percent AMI for households living within this income range.

Extremely-low-income households also struggle to access housing subsidies and public housing. These housing options reduce the cost burden of housing by allowing households to spend no more than 30 percent of income on a unit. Tenant-based rental assistance like the Section 8 Housing Choice Voucher Program offers financial assistance to help families afford decent housing. Public housing units offer another form of housing subsidy to extremely-low-income households. Both resources can

help at-risk households avoid homelessness. The subsidies may also help homeless households return to and retain housing. However, the demand for housing subsidies far exceeds availability. The Dallas Housing Authority (DHA) has 12,000 individuals on a waiting list for 3,900 public housing units. Currently, DHA does not accept new applicants to the waiting list. DHA also has over 7,500 individuals on the Housing Choice Voucher Program waiting list. DHA estimates that a household on either list will have to wait three to five years before receiving a unit or voucher.¹⁵² Dallas is not unique. The wait list for public housing in Houston is between eighteen months and two years. The Houston Housing Authority's Section 8 wait list is currently closed.¹⁵³ The Austin Housing Authority has also closed its wait lists for Section 8 and public housing.¹⁵⁴

Most affordable housing development occurs outside of the 0-30 percent AMI range.¹⁵⁵ TICH advises implementation of policies that incentivize developers in Texas to produce housing units affordable to extremely low-income individuals and families. The Low Income Housing Tax Credit (LIHTC) program in Texas can incorporate more incentives for development within the 0-30 percent AMI range. But as a tax credit to for-profit developers, the LIHTC's enabling legislation orients the program towards development at 50-60 percent AMI. The Federal Treasury enables the LIHTC. State governments have significant discretion in determining the program's policy priorities, which they implement in an annual Qualified Allocation Plan (QAP).

Some states use LIHTC policies that encourage development of units targeted to persons with special needs and affordable to households below 30 percent AMI. For instance, North Carolina Housing Finance Agency uses a "Targeting Plan" in their QAP that requires all projects to target 10 percent of the total units to "persons with disabilities or homeless populations." Though the QAP does not require targeted units to provide onsite supportive services or a service coordinator, it requires a Memorandum of Understanding (MOU) "between the developer(s), management agent and the local lead agency." The MOU must include "a commitment from the local lead agency to provide, coordinate and/or act as a referral agent to assure that supportive services will be available to the targeted tenants."¹⁵⁶ Furthermore, as a basis for LIHTC eligibility, North Carolina's QAP requires all project owners to meet the following:

1. "at least ten percent (10 percent) of total units will be affordable to and occupied by households with incomes at or below fifty percent (50 percent) of county median income, or
2. "at least five percent (5 percent) of total units will be affordable to and occupied by households with incomes at or below forty percent of county median income."¹⁵⁷

The Texas Department of Housing and Community Affairs (TDHCA) QAP includes similar parameters. TDHCA awards twenty-two points to applications where "at least 40 percent of the Low-Income Units in the Development are set-aside [for households] with incomes at or below a combination of 50 percent and 30 percent of [Area Median Gross Income (AMGI)] in which at least 5 percent of the Low-Income Units are at or below 30 percent of AMGI." But TDHCA's QAP makes extremely low-income housing an incentive—not a requirement for LIHTC eligibility.¹⁵⁸

Financial difficulties associated with developing housing affordable below 30 percent AMI limit the scope of LIHTC incentives and eligibility requirements. However, a "layered subsidy" strategy, which uses housing vouchers to further subsidize LIHTC units developed at or above the 50 percent AMI range, allows developers to produce greater quantities of housing affordable below 30 percent AMI. Projects that draw on multiple forms of subsidy can afford to dedicate a larger percentage of units for

households below 30 percent AMI.¹⁵⁹ TICH recommends interagency policies that incentivize the use of layered subsidies, possibly as part of TDHCA's QAP.

Community resistance may also limit options for developing affordable housing. Educating communities about extremely low-income housing will help mitigate "Not-In-My-Backyard (NIMBY)" politics. Community resistance arises from residents' concerns that multi-family PSH developments would lower property values. Research shows that PSH has little long-term effect on property value. One study shows that property values within 500 feet of developments tend to increase following construction. Property values in areas between 500 and 1000 feet of developments drop during construction and at opening, yet steadily increase relative to similar neighborhood property in following years.¹⁶⁰ Such evidence can help educate and prepare communities for the development of PSH and affordable housing.

Regions of Texas with no Public Housing Authority or other housing-development organization have limited capacity for developing PSH and affordable housing. In these regions, outreach through Housing Policy Academies will help train local leaders and organizations in strategies to acquire and layer funding for development. Outreach is critical for underserved rural regions of Texas.

OBJECTIVE 3 | PROMOTE THE STRATEGIC PAIRING OF STATE AGENCY, NON-PROFIT, AND PRIVATE SECTOR RESOURCES TO INCREASE SUPPORTIVE SERVICES LINKED WITH AFFORDABLE HOUSING UNITS

State agencies can augment local efforts to end homelessness by increasing supportive services available to permanent supportive housing units. As mentioned above, leveraging resources from across multiple agencies to subsidize PSH and affordable housing will facilitate increased development in the 0-30 percent AMI range. Recommendations on specific agency programs or services that may best fit this role will require results from the TICH state agency survey (see page 69).

Broadly, supportive services may include case management, substance abuse treatment, mental health treatment, disability assistance, employment training, and life skills education. Supportive services help to stabilize mental and physical disabilities and provide individuals skills needed for employment. Each state agency specializes in different service areas. If an individual needs job training and mental health treatment, he or she would receive resources from more than one agency, in this case possibly a Workforce Solutions office and the Department of State Health Services (DSHS). In PSH, individuals may access services on or off site. With housing retention the priority, participation in service programs is voluntary. Coordination among state agencies will help individuals with co-occurring disabilities or other complex needs to access desired services with greater ease.

One promising option for funding supportive services comes from the recent Patient Protection and Affordable Care Act (ACA) of 2010. ACA will alter Medicaid policies and eligibility requirements to increase resources available to individuals experiencing and at risk of homelessness. Medicaid eligibility will expand to include single adults under age 65 with income up to 133 percent of the federal poverty level.

ACA also expands options for amending state Medicaid plans. It allows states to target supportive resources to homeless and at-risk persons. In 2005, the Deficit Reduction Act created a new Medicaid provision, the 1915(i) Home and Community Based Service (HCBS) state plan amendment option, which allows individuals to receive Medicaid services within their community—outside of institutional settings. The Affordable Care Act modifies 1915(i) to allow states to target specific populations and create benefits packages to meet specific needs. This would allow the state to target Medicaid resources to homeless or at-risk individuals. The 1915(i) modification is promising for populations at risk of homelessness: it allows states to create a new eligibility category that includes single individuals below 150 percent of the Federal Poverty Level (FPL). 1915(i) will increase resources available for funding supportive services in PSH units. Eligible services include case management, psychosocial assessment, counseling, medication monitoring, substance use treatment, transportation, and life skills education.¹⁶¹ Texas does not currently have a 1915(i) state plan amendment. TICH encourages the state to explore the possibilities of 1915(i) and developing a state plan amendment that targets individuals experiencing homelessness.

HOMELESSNESS PREVENTION

Homelessness prevention services comprise some of the most promising—yet most uncharted—strategies for ending homelessness. Prevention services target two at-risk populations: housed individuals or families struggling to pay rent and persons exiting institutions such as prisons and mental-health facilities. The National Alliance to End Homelessness (NAEH) and the USICH promote prevention activities as a critical component in the effort to end homelessness.¹⁶² To date, HUD's Homelessness Prevention and Rapid Re-Housing Program (HPRP), financed through the 2009 American Recovery and Reinvestment Act (ARRA), represents the most significant program to implement prevention strategies. Policymakers and researchers have discussed the possibilities of homelessness prevention since the early 1990s.¹⁶³ However, major questions remain unanswered: To target resources efficiently, how do we identify individuals most at risk of homelessness? What prevention practices work most effectively? Homelessness prevention must operate efficiently in that the services target only those most at risk of becoming homeless; they must work effectively in that, when applied, the services successfully help individuals retain housing for a sustained period of time.

Research on prevention remains limited. Many case studies of prevention services demonstrate high success rates: studies of rental assistance programs record housing retention rates as high as 95 percent to 98 percent. Yet it remains unclear whether successful rates of prevention stem from the efficacy of the service or the ability of individuals to retain housing despite their crises. In a New York study of families who received no rental assistance when threatened with eviction, 20 percent became homeless; the remaining 80 percent avoided homelessness without any prevention assistance.¹⁶⁴ To indicate that a prevention service stabilized an individual's housing, studies must demonstrate that the individual would have become homeless had they not received the service. Without monitoring a near-identical control group that does not receive assistance, research cannot effectively address questions regarding such contingencies. However, the use of a control group in research raises ethical concerns about denying at-risk individuals assistance they need and are eligible to receive.

Longitudinal HMIS data from communities may help analysts study the impact of prevention efforts. Successful prevention strategies will change the composition of shelter users within a community.

Homelessness prevention will more likely keep individuals and families with the fewest or least significant personal barriers housed. For an individual whose mental disability causes chronic unemployment, short-term rental assistance or other prevention services will only delay his or her homelessness. But for an extremely-low-income household experiencing temporary job loss, prevention assistance can keep the family housed while the primary income earner finds new employment. Therefore, if a community's prevention efforts are successful, emergency shelters will record fewer first-time visitors. Personal barriers to housing retention—drug abuse, criminal history, mental illness—will begin to have greater prevalence among individuals and families using shelters. Tracking rates of homelessness following individuals' discharge from state institutions will also help policymakers monitor the success of homelessness prevention efforts (see Objective 4 on pg. 66 for discussion of methods for gathering this data).

Despite uncertainties, homelessness prevention promises to become a leading strategy in efforts to end homelessness. The U.S. Interagency Council on Homelessness emphasizes the use of prevention strategies, as do new policies in HUD-administered homelessness programs. Prevention is more humane and cost effective than waiting for individuals to fall into homelessness before receiving needed assistance. A successful prevention-oriented system will obviate the emergency shelter and transitional housing system; it will help individuals and families avoid the trauma of losing housing.

Pathways Home sets out objectives to engage multiple state agencies and local providers in an effort to strengthen Texas' capacity to prevent homelessness:

- Refine and promote a definition of "at-risk" of homelessness that fits Texas;
- Increase awareness of opportunities for preventing homelessness among state agencies;
- Increase the coordination of state agency services to enhance the state's preventive capacity; and
- Increase the capacity of state institutions to prevent instances of homelessness and shelter use upon discharge from facilities.

TICH intends for these goals to help increase the availability and effectiveness of preventive services, as well as help the state understand who is most at-risk of becoming homeless, a means to improve the efficiency of service delivery.

OBJECTIVE 1 | REFINE AND PROMOTE A DEFINITION OF “AT-RISK” OF HOMELESSNESS

To operate homelessness prevention services, providers need to identify their target population. Policymakers need further research to better understand homelessness risk factors. But as a preliminary evidence-based definition, TICH adopts a definition from the federal Homeless Emergency and Rapid Transition to Housing (HEARTH) Act, which guides policy for HUD-funded

homelessness assistance programs. The definition offers a flexible, preliminary framework to guide prevention activities and identify risk factors; it will help agencies begin to describe how many at-risk individuals they serve.

HEARTH ACT

§ 401. DEFINITIONS

For the purposes of this title:

- (1) AT RISK OF HOMELESSNESS.—The term ‘at risk of homelessness’ means, with respect to an individual or family, that the individual or family—
 - (A) has income below 30 percent median income for the geographic area;
 - (B) has insufficient resources immediately available to attain housing stability; and
 - (C)
 - (i) has moved frequently because of economic reasons;
 - (ii) is living in the home of another because of economic hardship;
 - (iii) has been notified that their right to occupy their current housing or living situation will be terminated;
 - (iv) lives in a hotel or motel;
 - (v) lives in severely overcrowded housing;
 - (vi) is exiting an institution; or
 - (vii) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

To meet the definition of “at risk,” an individual must meet criteria of part A and B, and meet one criterion listed in part C.¹⁶⁵ Some criteria are rather broad, such as §401(1)(B): “Has insufficient resources immediately available to attain housing stability” and §401(1)(C)(vii): “Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.” Broad criteria expose the definition of “at risk” to subjective interpretation. Broad criteria also allow local-level providers and state agencies enough flexibility to use specialized field- and geography-specific knowledge when designing prevention strategies. In implementing programs under the HEARTH Act, HUD has narrowed the broader guidelines under the definition of “At Risk”. Under the Emergency Solution Grants (ESG) Program, HUD places boundaries on broader categories. For §401(1)(C)(i) to allow an individual to qualify as at risk, the person must have moved for economic reasons “two or more times during the 60 days immediately preceding the application for homelessness prevention assistance.” The regulations for ESG, 24 CFR §576.2, contain the complete program definition for “at risk of homelessness.”¹⁶⁶

The HEARTH Act definition recognizes that no single characteristic or risk factor reliably predicts an individual's likelihood of falling into homelessness. For instance, discharge from a prison facility may place an individual at a higher risk of homelessness; a prison record may act as a barrier to employment and stable housing. However, barriers do not alone predict episodes of homelessness. In a study of individuals exiting the New York State prison system to New York City locations, 11.4 percent used shelters in the two years following release.¹⁶⁷ Another study in Philadelphia reported a lower rate: 4.3 percent of individuals released from state prisons used shelters.¹⁶⁸ In Texas, a study of 210 men exiting prisons and jails and returning to Houston found that three percent of men reported experiencing homelessness at some point within eight to ten months of release.¹⁶⁹ The same study followed 142 women returning to Houston. Five percent of women used transitional facilities or halfway houses within eight to ten months following release, two percent reported using a shelter, and one percent reported being homeless or living on the street.¹⁷⁰ These figures show that incarceration places individuals at greater risk of homelessness, but they do not help with identifying individuals most likely to experience homelessness. However, a person's history of shelter use prior to incarceration best predicts his or her likelihood of homelessness or shelter use upon release from a correctional facility. Age also helps with the identification of at-risk persons: older inmates are more likely to use shelters upon release.¹⁷¹

More research, with a focus on risk factors in Texas, will help TICH craft a more precise definition of "at risk" that will guide successful prevention initiatives. For instance, annual PIT Counts show that family violence has higher prevalence among persons experiencing homelessness in Texas (around 22 to 23 percent) than the national average (about 10 percent); while the HEARTH Act definition of "At Risk" makes no mention of family violence, Texas' definition will need to consider this as a factor. Multivariate regression analysis of the characteristics of persons receiving homeless assistance services, based on data contained in Texas' HMIS implementations, may help identify traits unique to persons experiencing homelessness. Identification of different groupings of characteristics shared among homeless persons has the potential to help agencies and local providers target prevention services to persons most at risk of homelessness. Increased dialogue with local-level providers will also help TICH and state agencies use the expertise of front-line workers to develop sharper policies for identifying individuals and families at risk of homelessness.

Local Education Agencies (LEAs, a term for entities governing public schools) do not usually address homelessness prevention. The Texas Homeless Education Office (THEO), however, works to ensure that school districts and charter schools serve homeless students. This requires helping teachers and other school personnel to recognize students who possibly qualify for homeless education services. THEO, in conjunction with Region 10 Education Service Center and the Texas Education Agency, will work with TICH to provide input on the definition of "at risk of homelessness" that reflects realities in Texas schools. In addition, THEO will share information with TICH to develop strategies for preventing students living in doubled up arrangements from becoming literally homeless. Prevention involves identifying at-risk students and helping them navigate the educational system efficiently and effectively. Increased interagency communication can help LEAs identify at-risk families with children in public schools.

Successful homelessness prevention strategies require the involvement of all available local and state resources. The complex multiple causes of homelessness, unique in every individual's case, mean that multiple state agencies oversee programs that may provide resources critical for preventing homelessness. Some agencies directly administer homelessness-related programs. Other agencies deliver resources that sometimes assist homeless and at-risk individuals without doing so expressly.

TICH recommends that state agencies in Texas adopt a common definition of “at risk” in order to better identify which persons served may become homeless, recognize at-risk individuals’ complex needs, and coordinate with other state agencies to most effectively prevent episodes of homelessness.

TICH will promote its definition of “at risk” in conjunction with other aspects of the common language it develops regarding homelessness. After developing a preliminary data and research-based definition, TICH will solicit feedback from decision makers at state agencies. Language describing “at risk” will not attempt to dictate the use of resources or suggest that agencies obligate their funds for individuals designated as such. Rather, the definition will help agencies recognize the potential for using their resources in a coordinated effort to prevent homelessness.

OBJECTIVE 2 | INCREASE AWARENESS OF OPPORTUNITIES FOR PREVENTING HOMELESSNESS AMONG STATE AGENCIES

To better coordinate prevention activities among state agencies, we must first know what resources exist. In the development of *Pathways Home*, the council distributed a survey among all member agencies. TICH’s state-agency survey will gather information on all services available to homeless and at-risk individuals. Data from this survey will form a centralized catalog of prevention resources that will help frontline service workers and policymakers recognize the full constellation of programs available to at-risk individuals. Knowledge of existing resources will help TICH identify gaps in preventive services, highlight opportunities to use existing resources for prevention, and guide interagency coordination. In an ideal model, at-risk individuals would receive resources strategically bundled from across multiple agencies to resolve complex crises that would lead to homelessness.

Critical to raising awareness of prevention opportunities, state agencies must recognize homelessness risk factors of persons served. As a starting point, TICH recommends that agencies include questions within intake instruments that help frontline workers and policymakers identify persons at risk of homelessness. This will help agencies recognize the degree to which they serve at-risk individuals. It will also set the groundwork for a system that responds rapidly to housing crises. Identifying at-risk persons will allow agencies to prioritize the use of resources to help stabilize individuals’ housing. Stable housing is critical for the successful use of agency resources. Once individuals become homeless, the services they receive become less effective and more difficult to use, rendering the use of state resources less efficient.¹⁷² For the most effective use of state resources, service users must retain their housing. It is in the best interest of Texas’ taxpayers and agencies for mainstream services to engage in coordinated homelessness prevention efforts.

OBJECTIVE 3 | INCREASE THE COORDINATION OF STATE AGENCY SERVICES TO ENHANCE THE STATE'S PREVENTIVE CAPACITY

Effective homelessness prevention will require engagement with multiple state agencies and non-government organizations. A single agency program alone may not prevent an episode of homelessness. But when paired strategically with other resources, a bundle of services may provide a more effective means for keeping at-risk persons housed. Further prevention-related research will help agencies recognize the most effective methods for pairing resources. Such coordination has precedents: Utah paired mainstream Temporary Assistance for Needy Families (TANF), Medicaid, and other mainstream resources to increase the efficacy of Homeless Prevention and Rapid Re-Housing Program (HPRP) services.¹⁷³

In the case of families, the primary characteristics distinguishing homeless families from other poor families include extremely low incomes, lack of access to housing subsidies, and fewer social networks that may provide assistance. While availability of social networks is difficult to assess and quantify, an extremely low-income family should not prove hard to identify. Research shows that homeless families are less likely to receive public benefits like TANF than housed low-income families.¹⁷⁴ This suggests that mainstream income-assistance programs, when actively targeted towards lowest-income families, can perform a critical role in helping to prevent family homelessness.

EMERGENCY SNAP BENEFITS

Emergency SNAP benefits are also known as expedited SNAP because the benefits are given faster to those in an emergency situation, such as:

- A family with resources worth \$100 or less, and monthly income less than \$150.
- A family with resources and monthly income that are less than the most recent monthly expenses for rent/mortgage and utilities.
- A family that includes a migrant or seasonal farm worker who has \$100 or less in resources and very little income.

Quoted from HHSC's website:

<http://www.hhsc.state.tx.us/help/food/foodstamps/index.html>

Multiple barriers may prevent at-risk persons and families from accessing mainstream services. Coordination of state resources for purposes of homelessness prevention will require that the state minimize these barriers. Barriers may include complexities of application processes; time elapsed between application and initiation of benefits; lack of public transportation linking individuals' places of residence to offices where they may apply for assistance; stigmatization; and eligibility requirements.¹⁷⁵ Housing crises are time sensitive: a program slow to meet an applicant's needs may not initiate the service until he or she already loses housing. As one method for minimizing barriers, TICH recommends that providers of mainstream benefits work with CoCs to allow persons to apply for mainstream benefits at entry points for targeted homelessness prevention programs such as ESGP. Over the next few years, HUD will push CoCs to implement coordinated or centralized intake systems to streamline case management for persons needing homeless assistance. In this transitional period, state agencies have an opportunity to partner with CoCs to coordinate state agency intake procedures with CoCs to ensure

individuals access appropriate resources. State agencies may also consider expediting the application process for persons deemed at risk of homelessness. Expedited service delivery has precedent: in Texas, the Supplementary Nutrition Assistance Program (SNAP) offers emergency food stamps to families demonstrating financial crises.¹⁷⁶

OBJECTIVE 4 | INCREASE THE CAPACITY OF STATE INSTITUTIONS TO PREVENT INSTANCES OF HOMELESSNESS AND SHELTER USE UPON DISCHARGE FROM FACILITIES

Individuals leaving institutions often face barriers to successfully obtaining housing. Landlords and employers, for instance, may hesitate to house and hire an individual with a criminal history. TICH recommends that state, local, and non-government institutions develop comprehensive discharge plans that prevent persons from relying on shelters or sleeping in places not meant for human habitation upon exit. Institutions include Texas Juvenile Justice Department (TJJD) facilities, foster care, prisons administered by the Texas Department of Criminal Justice (TDCJ), county jails, hospitals, and state mental health hospitals operated by the Department of State Health Services (DSHS). TDCJ and TJJD already have discharge plans and planning committees.¹⁷⁷ Partnerships among institutions and service providers will help link persons exiting facilities to services that will keep them housed. To recognize individuals most at risk, institutions need to monitor data on discharged populations: A year out of a facility, how many persons become homeless or use shelters? What characteristics best describe discharged individuals who become homeless? Answers to these questions will help institutions identify at-risk persons and target intensive resources to support their release.

Within the criminal justice system, there are numerous housing opportunities for offenders who are on some form of supervision (probation or parole). For offenders who are released from incarceration without any supervision requirements, the same opportunities do not exist. The Texas Department of Criminal Justice has targeted a significant amount of reentry resources towards assisting offenders who discharge their sentences and require post release support, including housing. Unfortunately, once the discharged offender is released from TDCJ custody, the agency has no legal authority over the individual and cannot enforce or ensure the individual's compliance to the post release reentry plan.

The TDCJ has in part addressed this issue through the establishment of a statewide Reentry Task Force. The task force is comprised of 23 members who represent state agencies, special interest groups, elected local officials, law enforcement, and education. One of the primary goals of the task force is to address housing issues impacting offender populations. In addition to the lack of affordable housing, exclusionary criteria used by public and private entities to keep offenders from renting or residing in certain locations presents a major obstacle to successful reentry. Efforts to address this problem at the local, state and federal level of governments should be a priority for the Reentry Task Force.

A significant percentage of offenders with medical and mental impairments may have experienced homelessness. A 2005 study by the Bureau of Justice Statistics (BJS) found that in both state prisons and local jails across the US, offenders with a mental illness were twice as likely to have a history of homelessness in the year before arrest. In state prisons, 6 percent of offenders without mental illness

and 13 percent of offenders with a mental illness had been homeless in the year prior to incarceration. In local jails, 9 percent of offenders without mental illness and 17 percent of offenders with mental illness had been homeless in the previous year.¹⁷⁸ An offender's history of homelessness needs consideration when identifying needed services and developing a plan for meeting his or her treatment, rehabilitative, and educational needs.

At the moment, Texas has limited data on rates of homelessness among individuals discharged from facilities, including state prisons. One method for identifying individuals who exit institutions into homeless situations involves facilitating data sharing between the state's Homeless Management Information Systems (HMIS) and state institutions like TDCJ.

Persons leaving facilities need state IDs to access resources. State legislation now requires TDCJ to provide identification papers to all persons exiting correctional facilities.¹⁷⁹ The cost of a state ID may prevent some youth leaving TJJD facilities from receiving identification. Without an ID, youth cannot access education, employment, and federal assistance programs. TICH recommends a Memorandum of Understanding between TJJD and the Department of Public Safety (DPS) that allows youth leaving TJJD correctional facilities to purchase a state ID from DPS at a discounted rate.

Education on life skills and independent living is a key component to preventing youth homelessness following discharge from foster care or correctional facilities. Transitional centers usually work with youth moving from foster care to independent living. However, all transitional centers in Texas have indicated that they would work with TJJD youth and probation youth to help prepare them for independent living.¹⁸⁰ Transitional centers must receive additional funding before accepting this additional function.

DATA, RESEARCH, AND ANALYSIS

As the U.S. Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH) emphasize, precise data must drive all planning to prevent and end homelessness. Federally-funded homelessness programs require accurate and timely performance reports from recipients. The federal government relies on this data to craft policies for its programs. A statewide data-collection effort will produce a richer image of homelessness in Texas, thereby helping federal, state, and local-level decision makers design programs and funding policies to match local-level realities. TICH's planning and reporting will benefit similarly from more comprehensive and accurate data. Furthermore, a finite reservoir of state and federal resources means that we can only afford to invest in the most cost-effective and efficacious practices. Quality data on homelessness and the performance of related services will help policymakers and providers develop high-performing programs.

Despite the critical role of data for planning and policymaking, data on homelessness in Texas remains incomplete. Methodological inconsistencies, limited technical resources, difficulties inherent to tracking a mobile and often hidden population: all hinder the state's data-collection system. The Point-in-Time Count (PIT) and Homeless Management Information System (HMIS) provide the two most significant sources of data on homelessness. Methodological challenges limit the precision of both sources.

The Point-in-Time (PIT) Count occurs biennially during the last week of January. The state's Continuum of Care (CoCs) organize the count and report results to HUD. The count relies on volunteers to canvass the state and literally count homeless individuals and families they encounter. It offers a vital tool for surveying the homeless population. Several factors, however, hinder count accuracy: regions throughout Texas do not use uniform instruments to survey demographic information; some regions vary in count date and methodology; homeless populations living in campsites within greenbelts and other hidden locations evade volunteers; many rural areas lack resources to conduct the count accurately; and the count's measure of a single point in time does not allow data to reflect seasonal variations in homelessness.¹⁸¹

The Homeless Management Information System (HMIS) collects data on clients participating in HUD-funded homeless service systems. HMIS gathers more sophisticated data than the PIT. But HMIS data also have limitations. Data entry is subject to human error. The data reflects only persons who receive services from providers. HMIS does not cover homeless individuals unable to enter an overcrowded service system. Furthermore, not all providers that serve homeless families and individuals use HMIS, although coverage is rapidly expanding. Emerging policies in HUD and other federal agencies require providers to gather and report data in HMIS for funding programs that previously did not require the system. Yet, while HMIS use becomes more extensive, no system currently aggregates Texas' HMIS data: CoCs submit data directly to HUD, bypassing state entities. Aggregating HMIS data at the state level is critical for advancing the statewide effort to prevent and end homelessness.

A few homeless assistance programs use separate data-management systems. Health and Human Service (HHS) programs for runaway and homeless youth use a system called Runaway and Homeless Youth Information Management System (RHYMIS), a data system similar to HMIS. Family violence programs also collect data on individuals served. To ensure victims' safety, however, the Violence Against Women Act (VAWA) prohibits programs from reporting client-level data in HMIS. Through Local Education Agencies (LEAs, a term for an entity governing public schools), the Texas Education Agency (TEA) gathers data on homeless students in public schools. LEAs use the Public Education Information Management System (PEIMS) to gather data on the number of students in Texas identified as homeless and who receive services funded through Title I. TEA must report data on homeless children in Texas schools for the No Child Left Behind (NCLB) *Consolidated State Performance Report*. Additional data collection occurs through the McKinney-Vento Homeless Education Assistance Improvement Act subgrants. Data for the subgrants covers educational services provided to homeless students, statewide assessment results, and the number of homeless students served in other programs.

Pathways Home presents three objectives to help Texas expand its data-gathering capacity:

- Evaluate the quality of homelessness-related data;
- Facilitate coordinated data collection policies and procedures for all sources of data; and
- Coordinate timely data collection, reporting, and analysis.

These objectives support TICH's planning efforts. They will allow for more detailed, precise reports on homelessness and facilitate more nuanced policy recommendations in the future.

OBJECTIVE 1 | EVALUATE THE QUALITY OF HOMELESSNESS-RELATED DATA

At the moment, most information on data quality comes in broad brushstrokes. National-level reports from consultants, research groups, and the Government Accountability Office provide much of this information.¹⁸² Communication among service providers on data-collection methodologies will facilitate the development of more nuanced strategies for improving data systems. For PIT counts, TICH will examine all survey tools the state's CoCs use. The council will identify inconsistencies among tools and, in dialogue with CoC leadership, work to develop a common tool. To facilitate ease of implementation, the survey will diverge as little as possible from the current models in use.

TICH will review data from state agencies, HMIS, and PIT counts to compare homelessness statistics from each source. The review will require TICH to gather datasets from state agencies and CoCs. Council members will identify data elements common to the three systems and analyze findings. Comparing data across systems will help with evaluating the accuracy of data sources and exploring each source's potential for supporting meaningful statistical analysis concerning homelessness.

Through the implementation of a state agency survey, TICH has already begun this analysis. TICH distributed a survey instrument among all agencies in July 2011. The survey asks questions about the extent to which each agency serves persons experiencing and at risk of homelessness. It inquires about specific data elements that agencies use. In response to the survey, agencies have submitted sample data reports and intake forms to the council. TICH has been holding interviews with staff at each agency to expand on information contained in agencies' completed surveys. Preliminary results from the survey show that some agencies' data will help TICH gain a deeper understanding of homelessness in the state.

For addressing HMIS data, TICH proposes a "Homeless Information Collaborative" (see next section). The collaborative will facilitate dialogue among HMIS administrators, CoCs, and state agencies. Through the collaborative, TICH will gather information from HMIS users and CoCs to better understand barriers to accurate reporting and data collection. From this conversation, TICH will recommend uniform HMIS policies for CoCs in Texas.

OBJECTIVE 2 | FACILITATE COORDINATED DATA COLLECTION POLICIES AND PROCEDURES FOR ALL SOURCES OF DATA

Coordination among sources of data offers the most readily achievable and effective starting point for improving data quality. The implementation of a uniform point-in-time survey tool will allow for the aggregation of more complex statewide statistics. Currently, statewide data merely show the number of persons in homeless families; individual adults experiencing chronic homelessness; unaccompanied homeless youth; veterans experiencing homelessness; and homeless persons who report having severe mental illness, substance abuse disorders, HIV/AIDS, or a history of family violence. A uniform survey instrument and methodology would produce more statewide statistics, including reason for becoming homeless, family type, duration of homelessness, employment status, public assistance received, race, ethnicity, gender, age, and access to medical insurance. CoCs in Texas capture this information in their PIT counts. Variations in surveys' structures and parameters

make aggregating results from each CoC difficult. Coordinated count methodologies and a uniform survey will allow for a more accurate and descriptive point-in-time image of homelessness in Texas. TICH will propose a survey much like existing survey tools for all CoCs to adopt. The survey would include a core set of questions that all CoCs use, though each CoC could then add additional questions where desirable.

Coordination among the state's HMISs will improve longitudinal data on homelessness. Currently, no entity in Texas has access to all data emerging from the HMIS implementations of the state's CoCs. Yet HMIS offers the most sophisticated source of data on homelessness. The PIT count offers at best an estimate of how many experience homelessness. HMIS gathers information systematically and frequently on all persons entered into homelessness-related systems funded by HUD and soon the Department of Veterans Affairs (VA) and Health and Human Services (HHS). The formation of a centralized database, or data-warehousing project, will allow TICH and state decision makers to better understand the characteristics of Texas' homeless population and analyze trends in individuals who stay in shelters and transitional housing or benefit from other homelessness-related services. HMIS data for rapid re-housing services will help policymakers identify strategies that helped programs successfully exit clients to permanent housing, thereby ending episodes of homelessness. The prevention and re-housing sections of *Pathways Home* demonstrate the need for statewide HMIS data to guide planning and program implementation.

Developing a data warehouse will require consensus from HMIS administrators and CoC leadership. Increased levels of communication among CoCs may facilitate agreement on data-sharing policies. To achieve necessary levels of communication, TICH proposes the formation of a Homeless Information Collaborative: a summit to engage CoC leadership and HMIS administrators in periodic dialogue regarding data-sharing strategies and concerns.

Implementing standardized homelessness data-collection policies among state agencies would introduce to the state a third, new source of information on homelessness. Linking HMIS datasets with administrative datasets for programs like TANF or workforce development would allow opportunities for assessing long-term outcomes for persons who may move out of the homeless service system.¹⁸³ Administrative data on homelessness will also allow state agencies to better understand how their departments intersect with issues of homelessness. Monitoring the housing status of clients within mainstream systems can help the state evaluate the effectiveness of agency services at preventing or ending homelessness. Furthermore, cross-referencing administrative datasets with HMIS data may offer the best opportunity for evaluating the housing status of individuals taken into agency systems. Most instances of homelessness are periodic; a state agency's intake assessment may occur at a moment when an individual who was or will soon become homeless is in fact momentarily housed. Therefore, intake assessments may undercount the number of homeless persons an agency serves.¹⁸⁴ HMIS data would show that an individual has a recent history of homelessness, even if he or she is momentarily housed.

Through a state agency survey, TICH will assess the current homelessness-related data that state agencies gather. Following this assessment, TICH will propose data elements for agencies to gather. It is also a critical step for allowing TICH to implement a charge from Texas Government Code §2306.906(a) of TICH's enabling legislation: "Each agency represented on the council shall report to the Department a standard set of performance data, as determined by the department, on the agency's outcomes related to homelessness." Pursuant to §2306.908, TICH will use findings to

prepare an annual report to the governing bodies of its member agencies (see State Infrastructure, pg. 72).

OBJECTIVE 3 | COORDINATE TIMELY DATA COLLECTION, REPORTING, AND ANALYSIS

Texas will benefit from a systematized data-collection process that compiles data to support planning and reporting. To develop an annual report, as required by statute, TICH needs standardized data that the council can compare across years. Sources must report data by yearly deadlines to allow the council time to process information and write the report. To implement standardized reporting procedures, TICH will work with CoC leadership, HMIS administrators, state agencies, and statewide nonprofits to reach agreement on reporting deadlines and processes. For instance, TICH will work closely with the Texas Homeless Network (THN) to develop procedures for aggregating PIT data. THN already compiles results from portions of CoCs' PIT counts. The council will build upon this relationship to develop processes for aggregating more data gathered through the PIT count.

In partnership with THN, *Pathways Home* proposes training and technical assistance for HMIS administrators and users to ensure high data-quality standards. After identifying barriers to accurate reporting, TICH will work with THN to develop a training program that helps administrators and front-line workers use HMIS effectively. Now is a critical moment for training: programs like the Emergency Solutions Grant Program (ESGP) are incorporating policies introduced through the Homelessness Prevention and Rapid Re-Housing Program (HPRP). HPRP required more detailed and frequent reporting from service providers. HUD held HPRP recipients to higher data quality standards. TICH and THN will work together to supply training that eases this transition. An Information Collaborative may provide an ideal setting through which to provide this assistance.

The Texas Homeless Education Office (THEO), in conjunction with Region 10 Education Service Center and the Texas Education Agency, proposes working with the Texas Homeless Network (THN) to analyze common data points from homeless education, to develop and present a common training program between the two entities, and to establish new sources of professional development training for homeless education providers.

Finally, partnerships with universities in Texas may help fill gaps in research and data analysis. Professors in public policy or social work could design research seminars that target major gaps in knowledge about homelessness or produce studies on costs related to homelessness.

STATE INFRASTRUCTURE

Reaching objectives for data gathering, homelessness prevention, and housing and supportive services requires heightened communication and collaboration among state agencies; non-government entities; and local, state, and federal units of government. *Pathways Home* recommends frequent and substantive communication among these entities.

To strengthen the abilities of state agencies to assist efforts to prevent and end homelessness, they must determine how best to integrate resources with local-level efforts. This cannot happen without frequent dialogue among providers within CoCs and decision makers at state agencies. To frame this

communication, TICH recommends that agencies adopt a common language regarding homelessness that resonates with language used among local providers, as well laws governing federally-funded programs.

Three objectives aim to develop the state’s infrastructure:

- Increase coordination and communication among state agencies through promoting a common language for communicating information on homelessness;
- Increase coordination and communication among local, state, and federal government and non-government entities; and
- Raise awareness of homelessness among state agency boards of directors, executives, other decision makers, and the public.

OBJECTIVE 1 | PROMOTE A COMMON LANGUAGE FOR COMMUNICATING INFORMATION ON HOMELESSNESS TO INCREASE COORDINATION AND COMMUNICATION AMONG STATE AGENCIES

Federal and state agencies use different definitions of homelessness, which may hinder communication among agencies. The McKinney-Vento Homeless Education Assistance Improvements Act definition of “homeless,” differs from the definition used by non-education entities, most notably HUD. Whereas the education definition considers students homeless if living in doubled-up housing arrangements, the HUD definition only considers an individual homeless if living unsheltered, in an emergency shelter, or in transitional housing. The Texas Homeless Education Office (THEO), in conjunction with Region 10 Education Service Center and the Texas Education Agency, proposes working with TICH to ensure that differences in definition neither impede service delivery nor interfere with effective data collection, analysis, and reporting.

To facilitate accurate communication among state and non-state entities, TICH proposes a “Housing Status Continuum” (see Figure 18). The Continuum helps to illustrate the complexity of homelessness and the range of housing situations individuals and families may face. It offers a framework for identifying which populations an agency’s programs address. For agencies that do not usually consider issues related to homelessness, it may help decision makers to see where their efforts fall within the state’s efforts to prevent and end homelessness.

In addition to developing and promoting the housing status continuum, TICH will promote an evidence-based definition of “at risk of homelessness.”

CONCEPTUAL CATEGORY		OPERATIONAL CATEGORY		LIVING SITUATION		EXAMPLE
		1	People living in places not meant for human habitation	1.1	Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters, including makeshift shelter
Roofless	2	People in emergency shelter	2.1	Night shelter	People with no usual place of residence who make use of overnight shelter, emergency shelter	
			2.2	Emergency Disaster Housing	Homeless because of disaster	
Houseless	3	People in short-term housing for homeless people	3.1	Temporary youth housing	Where the period of stay is intended to be short-term, less than 24 months	
			3.2	Temporary housing		
			3.3	Transitional supportive housing		
	4	People in Family Violence Shelter	4.1	Family Violence Shelter	Victims of family violence accommodated due to experience of family violence and where the period of stay is intended to be short-term	
	5	People due to be released from institutions	5.1	Correctional Facilities	No housing available prior to release	
			5.2	Medical institutions	Stay longer than needed due to lack of housing or discharged without housing	
			5.3	Mental Health institutions	Stay longer than needed due to lack of housing or discharged without housing	
5.3			Foster Care; CPS custody	No housing identified (e.g., by 18th birthday)		
6	People receiving longer-term support (due to homelessness)	6.1	Supported accommodation for formerly homeless people	Long stay accommodation with care for formerly homeless people (normally more than one year)		
7	Persons evicted or home foreclosed	7.1	Being evicted/foreclosed within 7 days	Renters or homeowners that must leave their home within 7 days (legal proceedings)		
Insecure	8	People living in insecure accommodations	8.1	Temporarily with family/friends, doubled-up; couch surfing, extreme overcrowding	Living in conventional housing but not the usual place of residence due to lack of housing or economic hardship; no lease on unit	
			8.2	No legal (sub)tenancy	Occupation of dwelling with no legal tenancy, illegal occupation of a dwelling; living in abandoned property or foreclosed homes; living in mobile structure because of extreme hardship	
			8.3	Illegal occupation of land	Occupation of land with no legal rights	
	9	People living under threat of eviction	9.1	Notice to vacate (renters)	Where landlord has not yet filed for eviction	
			9.2	Re-possession orders pending (owners)	Where mortgagee has begun re-possession process	
10	Victims of Family Violence	10.1	Insecure based on status of experiencing family violence	Texas Family Code Section 71.004		
Inadequate	11	People living in temporary/non-conventional structures	11.1	Places not meant for human habitation or not meant as full-time permanent housing	Living in mobile structure because of extreme hardship; makeshift shelter, shack or shanty; semi-permanent structure, hut or cabin; housing is unsafe/unfit.	
Subsidized Housing	12	Persons living in extreme poverty	12.1	Subsidized Housing	Living in Public Housing, Section 8 Housing or other federally or state subsidized housing	
Stably Housed	13	Persons who have no need for housing assistance	13.1	No Assistance Needed	Home ownership, paying rent, living permanently with family/friends	

Figure 18: Housing Status Continuum

OBJECTIVE 2 | INCREASE COORDINATION AND COMMUNICATION AMONG LOCAL, STATE, AND FEDERAL GOVERNMENT AND NON-GOVERNMENT ENTITIES

Pathways Home calls for state agencies to support local efforts to prevent and end homelessness. Increased communication will produce better coordination among local and state entities. Service providers and frontline workers possess intimate knowledge of what works in efforts to prevent and end homelessness; state agencies can learn as much from these individuals as they can from published research. In the development of this document, TICH surveyed city- and county-level 10-year plans to identify ways state agencies could best support these efforts. This research guides many of the recommendations in *Pathways Home*. To identify more opportunities for the state to support local efforts, the state needs direct communication with service providers, CoC leadership, and state-level decision makers. As a coordinating body for state agencies, TICH could act as a hub that relates local knowledge to state agencies. In implementing *Pathways Home*, TICH will develop an infrastructure for systematically receiving information from CoC leads, service providers, frontline workers, and individuals experiencing and at risk of homelessness. Channels for communication include:

- Conference calls with stakeholders;
- Regional meetings with TICH representatives;
- Networking events that bring service providers and state agency representatives into the same room;
- The Homeless Information Collaborative (see page 69); and
- Direct outreach to service users and individuals experiencing homelessness.

A timeline, which repeats annually, could structure this communication. TICH proposes the following:

DATE	ACTION
January	Roundtable—in person and via conference call—involving leadership from the state’s homeless service providers and representatives from state agencies. This will serve as a follow up to TICH’s annual report (see November).
May	TICH holds a Homeless Information Collaborative conference involving all CoC leads and HMIS administrators.
June	CoCs submit an annual set of suggestions and comments to TICH. TICH will request that commentary focus on how state agencies can best support local efforts. TICH will compile the information and relate it to state agencies via an annual report.
August	Survey individuals experiencing homelessness—both sheltered and unsheltered persons—for suggestions on how to help prevent and end episodes of homelessness.
October	At THN’s annual conference, the Homeless Information Collaborative holds a second meeting to follow up on its April conference.
November	Publication of the TICH annual report to state agencies’ governing bodies.

To increase coordination among local providers and state agencies, TICH encourages local providers to help homeless and at-risk persons to access mainstream services. While state agencies must support local efforts, local providers can help in efforts to minimize barriers to mainstream

resources. One promising initiative would involve homeless service providers—for instance shelters—supplying applications for mainstream services to all clients at the point of entry into a homeless system and assisting clients in completing the application. Another approach would involve state agencies periodically locating some intake workers at homeless service sites.¹⁸⁵ TICH recommends dialogue among local providers and agency decision makers to determine how to best implement such strategies and to ensure they comply with agency policies.

OBJECTIVE 3 | RAISE AWARENESS OF HOMELESSNESS AMONG STATE AGENCY BOARDS OF DIRECTORS AND OTHER DECISION MAKERS

To raise awareness of homelessness in Texas, TICH will develop an annual report, which the council will present to state agency board members, directors, and other decision makers. The report will meet the requirements of Texas Government Code §2306.908, which calls on TICH to prepare an annual report for the governing bodies of its member agencies. The document will draw on all available data: HMIS, PIT Count, and state agencies' administrative datasets. It will also present information TICH gathers through its communication with service providers, individuals and families experiencing homelessness, and agency representatives. The report will focus on four areas: demographics of homelessness in Texas; existing programs that address homelessness; the evaluation of program and agency performance; and TICH's progress in implementing *Pathways Home*.

OBJECTIVES AND STRATEGIES

AFFORDABLE HOUSING AND SUPPORTIVE SERVICES

Identify opportunities for increasing housing options for homeless individuals and families who face multiple barriers to secure housing.

HOUSING | OBJECTIVE 1: IDENTIFY INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS AND PRIORITIZE THEIR HOUSING STABILITY

Strategy	
1.1.1	Monitor research and reports on homeless re-housing best practices
1.1.2	Continue to assess the unique re-housing and supportive service needs of families, youth, veterans, and chronically homeless individuals and their available resources
1.1.3	Conduct a state-level study comparing the cost of homelessness to the cost of permanent supportive housing and other strategies
1.1.4	Assess the capacity of state agencies to identify the housing status of individuals and families at intake
1.1.5	Develop methods for state agencies to accurately identify homeless individuals and families
1.1.6	Encourage state agencies to prioritize the housing stability of service users for more efficient and effective use of resources
1.1.7	Identify and address barriers preventing individuals and families from accessing affordable and permanent supportive housing
1.1.8	Publish a guide that allows state agencies to direct homeless individuals receiving services to affordable and supportive housing resources

HOUSING | OBJECTIVE 2: EXPLORE OPTIONS FOR INCREASING THE SUPPLY AND AVAILABILITY OF AFFORDABLE AND PERMANENT SUPPORTIVE HOUSING UNITS IN TEXAS

Strategy	
1.2.1	Identify public and private funding sources for developing affordable and permanent supportive housing units
1.2.2	Use accurate data to articulate the need for developing housing units
1.2.3	Hold Housing Policy Academies to train local providers in housing development strategies, which includes training on strategies specific to homeless subpopulations
1.2.4	Increase the capacity of local units of government and providers to obtain and layer funding for developing housing
1.2.5	Develop and use incentives for state housing or non-profit developers to prioritize the development of units affordable to individuals and families below 30 percent AMI

HOUSING | OBJECTIVE 3: PROMOTE THE STRATEGIC PAIRING OF STATE AGENCY, NON-PROFIT, AND PRIVATE SECTOR RESOURCES TO INCREASE SUPPORTIVE SERVICES LINKED WITH AFFORDABLE HOUSING UNITS

Strategy	
1.3.1	Use the state agency survey to identify all available resources and programs
1.3.2	Identify best practices for pairing state agency resources and programs
1.3.3	Analyze state and federal policies to identify possible uses for agency resources and recognize limits
1.3.4	Encourage agencies to strategically target resources to support homeless individuals and families moving into affordable housing
1.3.5	Explore means for expanding the availability of supportive services
1.3.6	Explore options for a 1915(i) state plan amendment to increase supportive services available through Medicaid

HOMELESSNESS PREVENTION

Develop a statewide crisis-response mechanism that identifies at-risk individuals and families in order to connect them with preventive resources.

PREVENTION | OBJECTIVE 1: REFINE AND PROMOTE A DEFINITION OF “AT-RISK” OF HOMELESSNESS THAT FITS TEXAS

Strategy	
2.1.1	Review and monitor research literature for best indicators of “at risk”
2.1.2	Analyze HPRP data and other sources for indicators of risk factors
2.1.3	Gather input from local-level providers (Continua of Care and Balance of State) on noticeable risk factors specific to Texas
2.1.4	Schedule and hold roundtables with state agency representatives and directors
2.1.5	Present a case for the use of a definition, seek feedback from representatives, and ask for agencies to ratify a definition

PREVENTION | OBJECTIVE 2: INCREASE AWARENESS OF OPPORTUNITIES FOR PREVENTING HOMELESSNESS AMONG STATE AGENCIES

Strategy	
2.2.1	Analyze results from the TICH state agency survey and identify gaps in prevention services
2.2.2	Identify agencies to fill the gaps in services
2.2.3	Hold meetings with agency representatives to discuss results, offer preliminary recommendations, and gather feedback
2.2.4	Incorporate all state agencies in TICH’s discussion of homelessness prevention
2.2.5	Suggest questions for state agencies to include in their intake paperwork to help identify clients at risk of homelessness
2.2.6	Gather data on homelessness risk factors across all agencies
2.2.7	Encourage state and local agencies to prioritize stable, affordable housing options for all individuals and families served

PREVENTION | OBJECTIVE 3: INCREASE THE COORDINATION OF STATE AGENCY SERVICES TO ENHANCE THE STATE'S PREVENTIVE CAPACITY

Strategy	
2.3.1	Strategically couple targeted prevention services with mainstream resources
2.3.2	Develop strategies to minimize barriers limiting at-risk-individuals' access to state resources
2.3.3	Identify best practices for prevention and identify ways state agencies can support these practices in local-level efforts
2.3.4	Identify instances of unnecessary duplication of programs and services
2.3.5	Identify agencies to fill gaps in services

PREVENTION | OBJECTIVE 4: INCREASE THE CAPACITY OF STATE INSTITUTIONS TO PREVENT INSTANCES OF HOMELESSNESS AND SHELTER USE UPON DISCHARGE FROM FACILITIES

Strategy	
2.4.1	Involve all state institutions in TICH's discussion of homelessness prevention
2.4.2	Develop comprehensive discharge plans for state and non-state institutions
2.4.3	Encourage institutions to assess the housing status of individuals taken into their facilities and systems
2.4.4	Encourage institutions to use information on previous housing status and other homelessness risk factors to target specialized resources to individuals most at risk of homelessness upon release
2.4.5	Identify opportunities for partnerships among institutions and state agencies to provide targeted services
2.4.6	Establish an MOU between TJJJ and Department of Public Safety to provide state IDs to youth leaving TJJJ

DATA, RESEARCH, AND ANALYSIS

Strengthen Texas' capacity to gather, analyze, and report precise data on homelessness systematically

DATA | OBJECTIVE 1: EVALUATE THE QUALITY OF HOMELESSNESS-RELATED DATA

Strategy	
3.1.1	Monitor and aggregate data from statewide sources: Point in Time Count; Homelessness Management Information Systems; and state agencies
3.1.2	Analyze results from a state-agency survey on data-collection regarding homelessness
3.1.3	Compare PIT surveys from all CoCs in Texas
3.1.4	Review Texas' HMIS data entry standards and practices

DATA | OBJECTIVE 2: FACILITATE COORDINATED DATA COLLECTION POLICIES AND PROCEDURES FOR ALL SOURCES OF DATA

Strategy	
3.2.1	Assess the ability of state agencies to gather data on homelessness
3.2.2	Form a collaborative of CoCs and HMIS leads to create shared data entry standards
3.2.3	Advocate for a uniform PIT survey tool for use among all CoCs in Texas
3.2.4	Propose data standards for state agencies to adopt for better reporting on homeless individuals served and taken into agency systems
3.2.5	Through the information collaborative, develop a centralized data warehouse where all CoCs in Texas submit data

DATA | OBJECTIVE 3: COORDINATE TIMELY DATA COLLECTION, REPORTING, AND ANALYSIS

Strategy	
3.3.1	Publish an annual report on statewide data using HMIS, PIT, and state agency data sources
3.3.2	Establish quarterly and annual reporting deadlines
3.3.3	Establish an annual submission deadline for PIT survey data
3.3.4	Establish an HMIS data submission deadline
3.3.5	Develop and provide training and technical assistance to HMIS administrators to ensure quality data reporting
3.3.6	Partner with universities to identify and fill gaps in research

STATE INFRASTRUCTURE

Increase communication and collaboration among all service providers and units of government in order to sustain TICH's planning efforts and aid in the implementation of Pathways Home.

INFRASTRUCTURE | OBJECTIVE 1: INCREASE COORDINATION AND COMMUNICATION AMONG STATE AGENCIES THROUGH PROMOTING A COMMON LANGUAGE FOR COMMUNICATING INFORMATION ON HOMELESSNESS

Strategy	
4.1.1	Finalize housing status continuum
4.1.2	Promote a statewide continuum for describing housing status
4.1.3	Promote a statewide definition of "at risk of homelessness"
4.1.4	Maintain a listing of state and non-state services and institutions relevant to those experiencing and at risk of homelessness

INFRASTRUCTURE | OBJECTIVE 2: INCREASE COORDINATION AND COMMUNICATION AMONG LOCAL, STATE, AND FEDERAL GOVERNMENT AND NON-GOVERNMENT ENTITIES

Strategy	
4.2.1	Study local 10-year plans and solicit communities' progress in implementation
4.2.2	Identify opportunities for state agencies to assist local efforts to prevent and end homelessness
4.2.3	Hold networking events or conferences that facilitate direct communication between state agencies and non-government providers
4.2.4	Encourage local providers to help clients access mainstream state benefits
4.2.5	Hold semiannual purpose-driven conference calls involving all state CoC leaders, HMIS administrators, TICH members and TDHCA staff
4.2.6	Monitor changes in federal policy and maintain dialogue with the U.S. Interagency Council on Homelessness

INFRASTRUCTURE | OBJECTIVE 3: RAISE AWARENESS OF HOMELESSNESS AMONG STATE AGENCY BOARDS OF DIRECTORS, EXECUTIVES, AND OTHER DECISION MAKERS

Strategy	
4.3.1	Compile relevant data from Point in Time Counts, Homeless Management Information Systems, and state agency performance measures for reporting
4.3.2	Prepare an annual report for the Office of the Governor, Lieutenant Governor, Speaker of the House, and state agencies' boards, executives, and decision makers
4.3.3	Expand and develop workshops or webinars that train service providers whose work addresses homelessness
4.3.4	Use outreach to educate the public about homelessness and hold an annual homelessness awareness day

NOTES

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Dallas and Austin make their PSH need estimate reports public, see:

- http://www.ci.austin.tx.us/housing/downloads/csh_austin_travis_model_rpt.pdf
- http://www.fortworthgov.org/uploadedFiles/Planning_and_Development/Comprehensive_Plan/Homelessness/CSH%20Study%20Combined.pdf.

A detailed explanation for the methodology is available in the following document, developed by Martha Burt and Carol Wilkins: http://documents.csh.org/documents/pubs/csh_estimatingneed.pdf.

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¹⁷⁹ Texas H.B. 1711 §495.028(2)

¹⁸⁰ TICH communication with Texas Youth Commission representative.

¹⁸¹ United States Government Accountability Office, "Homelessness: A Common Vocabulary Could Help Agencies Collaborate and Collect More Consistent Data," (GAO, June 2010).

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¹⁸⁵ Martha Burt et al., "Strategies for Reducing Chronic Street Homelessness," (Washington, DC: U.S. Department of Housing and Urban Development, Office of Policy Development and Research, January 2004).