Homelessness Response System 101: Housing is Healthcare

Ending Community Homelessness Coalition (ECHO)
Presenter

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Pronouns: She, Her, Hers

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https://www.facebook.com/atxecho/

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ECHO and HFH Team Overview

Homelessness in Austin/Travis County

The intersection between Housing and Healthcare

Homelessness Response System Foundation Information

Connecting clients to the system and resources
• Our Mission is to provide dynamic, proactive leadership that engages policymakers and the community to end homelessness.

• We are a 501(c)(3) non-profit organization and the lead agency that plans and implements community-wide strategies to end homelessness in Austin and Travis County.

• We are the backbone for the homeless services system and work closely with nonprofits and government agencies to coordinate assistance and housing for people experiencing homelessness in our community.
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Connecting clients to the system and resources
How is Homelessness defined?
Homelessness defined

Category 1: Literal Homelessness
• An individual residing in an Emergency Shelter or in a place not meant for human habituation

Chronic Homelessness
• Continuously homeless for at least 12 months or at least 4 separate occasions in the last 3 years totaling 12 months or more.
• Diagnosed with a disabling condition

Category 4: Domestic Violence
• Any individual or family who: Is fleeing, or is attempting to flee, domestic violence; Has no other residence; and Lacks the resources or support networks to obtain other permanent housing

Important to Note:
Client can be considered chronically homeless if they have been residing in an institutional facility for FEWER than 90 days and meets ALL of the criteria above, before entering that facility

SAFE Alliance
Call: 512-267-SAFE (7233)
Text: 737-888-7233
SAFElife Chat:
https://thesafeallianc.wpengine.com/chat
*Available 24/7

HUD: Homeless Definition
Individuals experiencing Literal Homelessness in Austin/Travis County: 2021 HMIS Snapshot Results

**HMIS Method Estimates of Homelessness**

- **2019**
  - ProLodges: 1169
  - Sheltered: 2262
  - Unsheltered: 2238

- **2020**
  - ProLodges: 932
  - Sheltered: 1855
  - Unsheltered: 713

- **2021**
  - ProLodges: 209
  - Sheltered: 2238
  - Unsheltered: 209

**Percent of People Experiencing Homelessness by Subpopulation**

- Veteran: 9%
- Living in Youth-Headed Household: 11%
- Family with Children: 34%
- DV Survivor: 41%
- Chronically Homeless: 51%
- Living with a Disability: 69%

**Percent of People Experiencing Homelessness by Race, Ethnicity, Disability Status, and Veteran Status (2021)**

- **Living with a Disability**
  - Asian: 7%
  - Black: 8%
  - White: 8%
  - Hispanic or Latino: 8%
  - Living with a Disability: 34%
  - Veteran: 5%

- **Veteran**
  - 9%

- **Living in Youth-Headed Household**
  - 11%

- **Family with Children**
  - 34%

- **DV Survivor**
  - 41%

- **Chronically Homeless**
  - 51%

- **Living with a Disability**
  - 69%

**PIT Data**
What Causes Homelessness?
Causes of Homelessness

Housing
More than at any other time, there is a lack of housing that low-income people can afford. Without housing options, people face eviction, instability and homelessness.

Income
Low-income households often do not earn enough to pay for food, clothing, transportation and a place they can call home.

Health
Health and homelessness are inextricably linked. Health problems can cause a person’s homelessness as well as be exacerbated by the experience. Housing is key to addressing the health needs of people experiencing homelessness.

Domestic Violence
Many survivors of domestic violence become homeless when leaving an abusive relationship.

Racial Inequity
Most minority groups in the United States experience homelessness at higher rates than Whites, and therefore make up a disproportionate share of the homeless population.

NAEH: Causes of Homelessness

ECHO: Racial Disparities Report 2021
1. **Lack of Affordable Housing**
   A minimum wage worker in Austin would have to work **125 Hours** a week to afford an average 1-bedroom apartment. Austin’s minimum wage is the same as the federal minimum wage of $7.25 an hour.
   
   Source: National Low Income Housing Coalition

2. **Poverty**
   People experiencing homelessness and seeking housing programs make **15%** of Austin’s average monthly income.
   That’s $13,175 a year.
   **52%** have zero monthly income.
   
   Source: HMIS database, U.S. Census Bureau

3. **Racial Disparities**
   In Austin/Travis County, roughly 1 in 10 people is Black/African American, compared to people experiencing homelessness.
   **1 in 3** people experiencing homelessness.
   Structural racism in housing, criminal justice, healthcare, and other systems means a Black/African American Austinite is much more likely to experience homelessness than a white neighbor.
   
   Source: HMIS database, U.S. Census Bureau

4. **Trauma and Abuse**
   70% of people say their homelessness was caused by trauma or abuse.
   
   Women and nonbinary people report even higher rates, and about 1 in 3 are currently fleeing domestic violence when entering homelessness.

5. **Instability in Household**
   66% of people say their homelessness was caused by an unstable relationship.
   
   Unstable housing, family conflict, separation from parents, and other factors in childhood are causally linked to homelessness in adulthood.

6. **History of Homelessness**
   45% of people experiencing homelessness report experiencing it more than once in the past three years.
   
   Source for #4-6: HMIS database
How do we end Homelessness?
“The solution to homelessness is straightforward: **housing**”

NAEH

Interventions that End Homelessness

- Housing
- Still Housing

NAEH: Solutions
“By connecting people experiencing homelessness to housing and services, they have a platform from which they can address other areas that may have contributed to their homelessness — such as employment, health, and substance abuse.”

NAEH: Housing
Terms and Interventions

WHAT YOU NEED TO KNOW
Terms to Know

Prevention
Prevention is the intervention utilized when a client is at imminent risk of losing housing
Not yet homeless

Diversion
Diversion is the intervention utilized when a client is requesting shelter
At the “front door” of the System

Interventions could look like
- Case Management
- Mediation
- Financial Assistance
- Family Reunification

Housing First
An approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible — and providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

Prevention and Diversion 101
Housing First
Rapid Rehousing (RRH)
RRH provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed.

Permanent Supportive Housing (PSH)
PSH is a long-term intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people.

These are both Housing First interventions (offered without preconditions such as employment, income, absence of criminal record, or sobriety).
Terms to Know

Coordinated Entry (CE)
The Interim Rule defines Coordinated Entry as a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

Coordinated Assessment (CA)
The Coordinated Assessment is a comprehensive and standardized assessment tool utilized to assess vulnerability.
Our CoC utilizes the API
Coordinated Entry Core Elements

Access → Assessment → Prioritization → Referral

- Prevention and Diversion
- Coordinated Assessment is completed with client to determine vulnerability
- Coordinated Entry
- Client is prioritized and matched with housing intervention(s)
- Client is Housed
Coordinated Entry Program Matching

- Youth
  *Client is 24 years and younger*
- PLWH
- Veterans
- Aging
  *Client is +55*
How do we achieve housing stability and positive outcomes?

Housing Stability

Community Engagement

Service Connection

Housing First

Health Outcomes

Quality of Life
Gaps identified by the Community

- Hospice Housing
- Medical Respite
- Assisted Living
- Housing for IDD
The intersection between Housing and Healthcare

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Connecting clients to the system and resources

Homeless Response System Foundation Information
The Intersection between Housing and Healthcare
Foundation Knowledge

Maslow’s Hierarchy of Needs

- **Self-actualization**: desire to become the most that one can be
- **Esteem**: respect, self-esteem, status, recognition, strength, freedom
- **Love and belonging**: friendship, intimacy, family, sense of connection
- **Safety needs**: personal security, employment, resources, health, property
- **Physiological needs**: air, water, food, shelter, sleep, clothing, reproduction

Social Determinates of Health (SDOH)

- **Economic Stability**
  - Employment
  - Income
  - Expenses
  - Debt
- **Neighborhood and Physical Environment**
  - Housing
  - Transportation
  - Safety
  - Parks
  - Playgrounds
  - Walkability
  - Zip code / geography
- **Education**
  - Literacy
  - Language
  - Early childhood education
  - Vocational training
  - Higher education
- **Food**
  - Hunger
  - Access to healthy options
- **Community and Social Context**
  - Social integration
  - Support systems
  - Community engagement
  - Discrimination
  - Stress
- **Health Care System**
  - Health coverage
  - Provider availability
  - Provider linguistic and cultural competency
  - Quality of care

Source: Kaiser Family Foundation 2018 Issue Brief: Beyond Health Care: The Role of Social Determinants In Promoting Health and Health Equity, Figure 1

CSH: Understanding Social Determinants of Health Training Recording can be found [here](#)
How can poor health contribute to homelessness?

- Injury or Illness
- Not able to maintain work schedule or functions
- Loss of employment
- Without funds to pay for healthcare
- One can not heal to work again
- One remains ill
- Without income from work, an injury or illness becomes a housing problem

National Health Care for the Homeless Council Homelessness and Health
How does homelessness create new health problems or exacerbate existing conditions?

- Living on the street or in crowded homeless shelters is extremely stressful and made worse by being exposed to communicable disease, violence, malnutrition, and harmful weather exposure.

- Chronic health conditions such as high blood pressure, diabetes, and asthma become worse because there is no safe place to store medications properly.

- Maintaining a healthy diet is difficult in shelters as the meals are usually high in salt, sugars, and starch (making for cheap, filling meals but lacking nutritional content).

National Health Care for the Homeless Council: Homelessness and Health
Injuries that result from violence or accidents do not heal properly because bathing, keeping bandages clean, and getting proper rest and recuperation isn’t possible on the street or in shelters.

Minor issues such as cuts or common colds easily develop into larger problems such as infections or pneumonia.

Behavioral health issues or substance use disorders can develop and/or are made worse in such difficult situations.

Poor health, high stress, unhealthy and dangerous environments, and an inability to control food intake often result in frequent visits to emergency rooms and hospitalizations.
Cost Analysis
Studies report: **Housing is the cost avoidance solution**

According to the Pay for Success Feasibility report, Local Austin/Travis County supportive housing initiatives have observed:

- **70% or more reductions** in emergency room visits, EMS transports and inpatient and psychiatric hospitalizations after six months in the program
- **50% reductions** in jail bookings in the year following entry into housing
- **68% reduction** in jail bed days in the two years following supportive housing entry
- **80% reductions** in Downtown Austin Community Court cases in the year after housing
- **75% reduction** in emergency shelter utilization
Studies report: **Housing is the cost avoidance solution**

Among chronically homeless persons with physical and/or psychiatric conditions in Seattle, overall Medicaid charges were reduced by 41% in the year after entering supportive housing.

In Massachusetts, a statewide pilot of chronically homeless individuals showed a reduction in mean Medicaid costs from $26,124 per person annually before entering supportive housing to $8,499 in the year after entering supportive housing.

A study of 100 chronically homeless individuals in Denver found that supportive housing led to a 76% reduction in the number of days spent in jail. Supportive housing resulted in total cost offsets of $31,545 per person over a two-year period.

The Chicago Housing for Health Partnership study found a 41% reduction in nursing home days used (from 10,023 to 5,900) when comparing the years pre and post supportive housing.

*Pay for Success: Feasibility Report*
Studies report: **Housing is the cost avoidance solution**

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**Demonstrated cost avoidance for hospitals partnering with medical respite programs**

- **Los Angeles, CA**: $3 million total annual cost avoidance for hospitals[^1]
- **Portland, OR**: $3.5 million total cost avoidance over three years for one hospital[^2]
- **Cincinnati, OH**: $6.2 million total annual cost avoidance for three hospitals and the community[^3]
- **San Diego, CA**: $800,000 total annual cost avoidance for 20 patients studied over the course of a year[^4]
- **Atlanta, GA**: $185,000 total cost avoidance based on length of stay reductions for 154 patients[^5]
- **Sacramento, CA**: $1.07 million total annual cost avoidance for 119 patients[^6]
- **Richmond, VA**: $11.2 million total cost avoidance over 2 years for 3 health systems[^7]
- **Salt Lake City, UT**: $5.5 million total annual cost avoidance[^8]

[^1]: [Source 1]
[^2]: [Source 2]
[^3]: [Source 3]
[^4]: [Source 4]
[^5]: [Source 5]
[^6]: [Source 6]
[^7]: [Source 7]
[^8]: [Source 8]
The Solution: Housing is Health Care

- Housing and health care work best together and are essential to preventing and ending homelessness.
- Health care services are more effective when a patient is stably housed, and in turn, maintaining housing is more likely if proper health care services are delivered.
- While there are many factors that influence health, stable housing is a key “social determinant of health” that directly impacts health outcomes.
- Communities that invest in affordable housing incur lower public costs, achieve better health outcomes, and work to prevent and end homelessness.
Connecting clients to the system and resources

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Connecting clients to the system and resources
Prevention and Diversion
To prevent homelessness: Contact 211 for the most up to date resources
**Diversion**

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Important to note</th>
<th>Next Steps</th>
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</thead>
<tbody>
<tr>
<td>A client must meet the HUD definition for Category 1 or Category 4</td>
<td>Diversion must always be safe and <strong>appropriate</strong>.</td>
<td>Contact Mariane Elzy Community Diversion Coordinator at <a href="mailto:marianeelzy@austinecho.org">marianeelzy@austinecho.org</a> and CC Alesandra, Associate Director of the Crisis Response System at <a href="mailto:alesandradominguez@austinecho.org">alesandradominguez@austinecho.org</a></td>
</tr>
<tr>
<td>Stated they have a safe place to live, but lacking transportation funds</td>
<td>Diversion is intended to be permanent, but at minimum 30 days.</td>
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Connecting to the Homelessness Response System
Connecting to the Homelessness Response System

The primary ways to connect a client experiencing literal homelessness to the Homelessness Response System is through:

- Coordinated Assessment Access in the Community
- Drop-in Locations
- Emergency Shelters

**Important to note:** These are not immediate crisis interventions and will have a wait time
Additional Coordinated Assessment Access in the Community

- DACC
- CHP
- VA
- The Charlie Center
  *Formerly Mosaic Street Outreach
- TOOF
- SAFE Alliance
- LifeWorks
- Integral Care
  *Specific Programs
- Front Steps
- SA
- Trinity Center
- Sunrise

Coordinated Assessment Access in the Community
Drop-in Resource Locations

Sunrise Navigation Center
4430 Manchaca Rd
Open Mon-Fri from 9-1

Downtown Austin Community Court (DACC)
Temporary Location: 505 Barton Springs Rd
Open Mon-Fri 8-5

Trinity Center
304 E 7th St
Open Mon-Fri from 9-1

Lifeworks Youth Resource Center
Note: For 26 and younger
835 N Pleasant Valley Rd
Open Mon-Thu 12-4
Connecting clients to Resources
This document is a one stop shop resource guide for Case Managers and individuals experiencing homelessness in Austin/Travis County to utilize to get connected to:

- Emergency Shelter Resources
- Healthcare Resources
- Mental Wellness and Substance Use Resources
- Additional Community Resources
  - Housing
  - Case Management
  - Benefits
  - Legal Assistance

The HFH Resource Guide can be found on the ECHO Website here: [https://www.austinecho.org/get-help/other-resources/](https://www.austinecho.org/get-help/other-resources/)
Healthcare Resources
CommUnity Care Healthcare for the Homeless (HCH) is the leading community clinic in Austin/Travis County offering services for individuals who have or are experiencing homelessness.

HCH Services include:
- Access to Health Care and Psychiatric Services
- Hepatitis C Treatment
- Access to Substance Abuse Counseling
- Medication Assisted Therapy (MAT)
- Assistance with Securing Identification
- Assistance with SNAP, Social Security, MAP Card and Benefit Enrollment
- Case Management and Social Work Services

Location: CommUnity Care  Direct Hotline: 512-978-8850
Integral Care is the Mental Health Authority for Austin/Travis County and provides support for adults and children living with mental illness, substance use disorder and intellectual and developmental disabilities in Travis County.

Integral Care Services include:

- **24-hour Helpline** for anyone who needs immediate support
- **Ongoing Counseling** to improve mental health
- **Drug and Alcohol Treatment** to help with recovery
- **Housing** to regain health and independence

**Psychiatric Emergency Services Location:** 1165 Airport Blvd., Second Floor, Austin, TX 78701

**Direct Hotline:** 512-472-HELP (4357)
Central Health is the local public entity that connects low-income, uninsured Travis County residents to high-quality, cost-effective health care.

MAP Benefits Include:
- Primary Care
- Intensive Case Management
- Specialty Care (including Palliative and Hospice Care)
- Dental Services
- Pharmacy Services
- Behavioral Health Services
- Urgent Care and Hospital Services (Inpatient and Outpatient)
- Post-Acute Care (Skilled nursing, Physical Therapy, Home health and Recuperative care (for members experiencing homelessness))

Apply for MAP: MAP Application  Connect a Client with Map to Services: Map Electronic Referral

Central Health Eligibility Services team: 512-978-8130
SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Benefits of connecting to Social Security

- Income
- Health Insurance
- Housing
- Education
- Employment

SOAR Local Lead for Austin/Travis County: La Shandraia Dwyer, SOAR System Liaison
Email: lashandraiadwyer@austinecho.org

SOAR Works SSA Phone: 800-772-1213 SSA Website: SSA
Additional Housing Resources
<table>
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<tr>
<th><strong>Community First! Village</strong></th>
<th>Community First! Village is a 51-acre master planned community that provides affordable, permanent housing and a supportive community for men and women coming out of Chronic Homelessness. For more information: <a href="#">Community First</a></th>
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<tr>
<td><strong>Foundation Communities</strong></td>
<td>Foundation Communities provides people with affordable housing and on-site support services for families, veterans, seniors and individuals with disabilities. For more Information: <a href="#">Foundation Communities</a></td>
</tr>
<tr>
<td><strong>Green Doors</strong></td>
<td>Green Doors owns 28 properties, serving more than 300 residents annually, including managing 50 housing rental assistance vouchers for low-income households. For more information: <a href="#">Green Doors</a></td>
</tr>
<tr>
<td><strong>Project Transitions</strong></td>
<td>Project Transitions operates two affordable, transitional housing programs for people living with HIV and AIDS and their families. Online scheduling and Intake: <a href="#">Apply for Services</a></td>
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<td><strong>Public Housing</strong></td>
<td>Current open waitlists include: VASH, Mainstream Voucher, Terrace at Oak Springs, Continuum of Care, HOME TBRA, and Mod-Rehab SRO. Pre-application for Public Housing: <a href="#">HACA My Housing</a></td>
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Today you’ve learned a lot

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ADVOCACY OPPORTUNITY

HOW TO HOUSE CAMPAIGN

We can significantly reduce the number of people experiencing homelessness and make housing a human right for everyone living in Austin through this partnership with the Austin Justice Coalition.

HERE’S HOW.
Become a Formal Partner with ECHO

Submit the HMIS interest form here and read through the HMIS Policies and Procedures

Sign the MOU

HMIS will schedule a virtual meeting with your team for strategic planning and technical assistance

Decide how many staff you would like trained in HMIS

Important to note: Each license allowing you to access HMIS is $600 annually

Complete additional Coordinated Entry Trainings

Trainings offered: Outreach and Navigation and Coordinated Assessment
# Current Austin / Travis County HMIS Agencies

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<thead>
<tr>
<th>Agency Name</th>
<th>Organization Type</th>
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<tr>
<td>A New Entry</td>
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<td>Any Baby Can</td>
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<td>Caritas of Austin</td>
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<td>Casa Marianella</td>
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<td>Capital Metropolitan Transportation Authority</td>
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<td>Catholic Charities of Central Texas</td>
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<td>City of Austin – APL, CDU, DACC, EMS, CIT, APH</td>
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<td>CommUnity Care</td>
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<td>Ending Community Homelessness Coalition (ECHO)</td>
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<td>Family Eldercare</td>
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<td>First Baptist Church Austin</td>
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<td>Foundation Communities</td>
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<td>Foundation for the Homeless</td>
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<td>Front Steps</td>
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<td>Goodwill Industries of Central Texas</td>
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<td>Green Doors</td>
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<td>Housing Authority – City (HACA)</td>
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<td>Housing Authority of Travis County (HATC)</td>
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<td>Integral Care</td>
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<td>LifeWorks</td>
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<td>LINC Austin</td>
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<td>Maximizing Hope</td>
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<td>Meals on Wheels and More</td>
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<td>Mobile Loaves and Fishes</td>
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<td>Mosaic Church Austin</td>
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<td>Refugee Services of Texas</td>
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<td>SAFE Alliance</td>
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<td>Saint Louise House</td>
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<td>Sunrise Homeless Navigation Center</td>
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<td>The Salvation Army</td>
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<td>Sobering Center</td>
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<td>The Other Ones Foundation</td>
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<td>Travis County – Health &amp; Human Services &amp; Veteran Services</td>
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<td>Travis County – Mental Health Public Defenders</td>
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<td>Travis County Public Defender’s Office</td>
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<td>Travis County Sheriff’s Department</td>
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<td>Trinity Center</td>
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<td>U.S. Department of Veteran Affairs</td>
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<td>Vivent Health</td>
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We’d love to see your agency listed here!
Ultimate Goal

End Homelessness
The numbers are staggering, and the need is staggering, but it can't deter us.

When we look at housing and healthcare as human rights...

You can’t tell me that we can’t make the choice to end homelessness here in our community.

Matt Mollica
ECHO Executive Director
HOUSING IS HEALTH CARE.