

Integral Care Housing Plan



Lack of access to housing impacts a person's health and well-being. With the foundation of a home and tools like physical and mental health care, everyone can reach their full potential. Integral Care's Housing Plan provides an overview of how Integral Care works to meet the needs of clients experiencing homelessness and those at risk of homelessness.

The Integral Care Board of Trustees appointed a Board Ad Hoc Committee on Housing and Homelessness in FY2021 to develop a clear and consistent vision for Integral Care to meet the housing needs of our clients. In FY2022, the Board Ad Hoc Committee developed this Housing Plan with support from a Staff Housing Work Group. The Board Ad Hoc Committee includes board members Luanne Southern (Chair), Hal Katz, and Emmitt Hayes as well as staff members Dawn Handley, David Weden, Kathleen Casey and Anne Nagelkirk.



TABLE OF CONTENTS

Executive Summary.....	3
Client Snapshot.....	5
Client and Community Engagement.....	8
Integral Care Housing Interventions.....	9
Integral Care & Community Planning...	15
Looking Ahead.....	17

Executive Summary

Integral Care's Board of Trustees approved a vision that integrates a housing lens across all services to prevent and end homelessness. This vision, outlined on the following page, directs the organization to help all those we serve achieve housing stability.

Our community has set a goal of housing 3,000 people within three years. This ambitious \$515 million initiative creates opportunities for Integral Care. In 2019, Integral Care opened Terrace at Oak Springs, the first single-site Housing First Model in Central Texas. This permanent supportive housing (PSH) property provides 50 apartment homes to people who were chronically homeless and who live with disabling conditions including mental illness, substance use disorder, or chronic medical issues. The community plan to house 3,000 people in three years calls for replicating this model. Between now and 2025, Integral Care expects to operate two additional PSH properties.

While 19% of Integral Care clients are homeless, many more live below the federal poverty level. The high cost of living in Austin makes it difficult for those we support to find affordable housing. Integral Care helps clients access housing resources by collaborating with affordable housing developers and landlords, and by maximizing the use of housing vouchers for clients. In FY22, Integral Care added questions about housing stability to client assessments to help make sure our clients have safe and stable housing.

Integral Care is committed to working across our agency and the community to address the housing needs of those we serve.

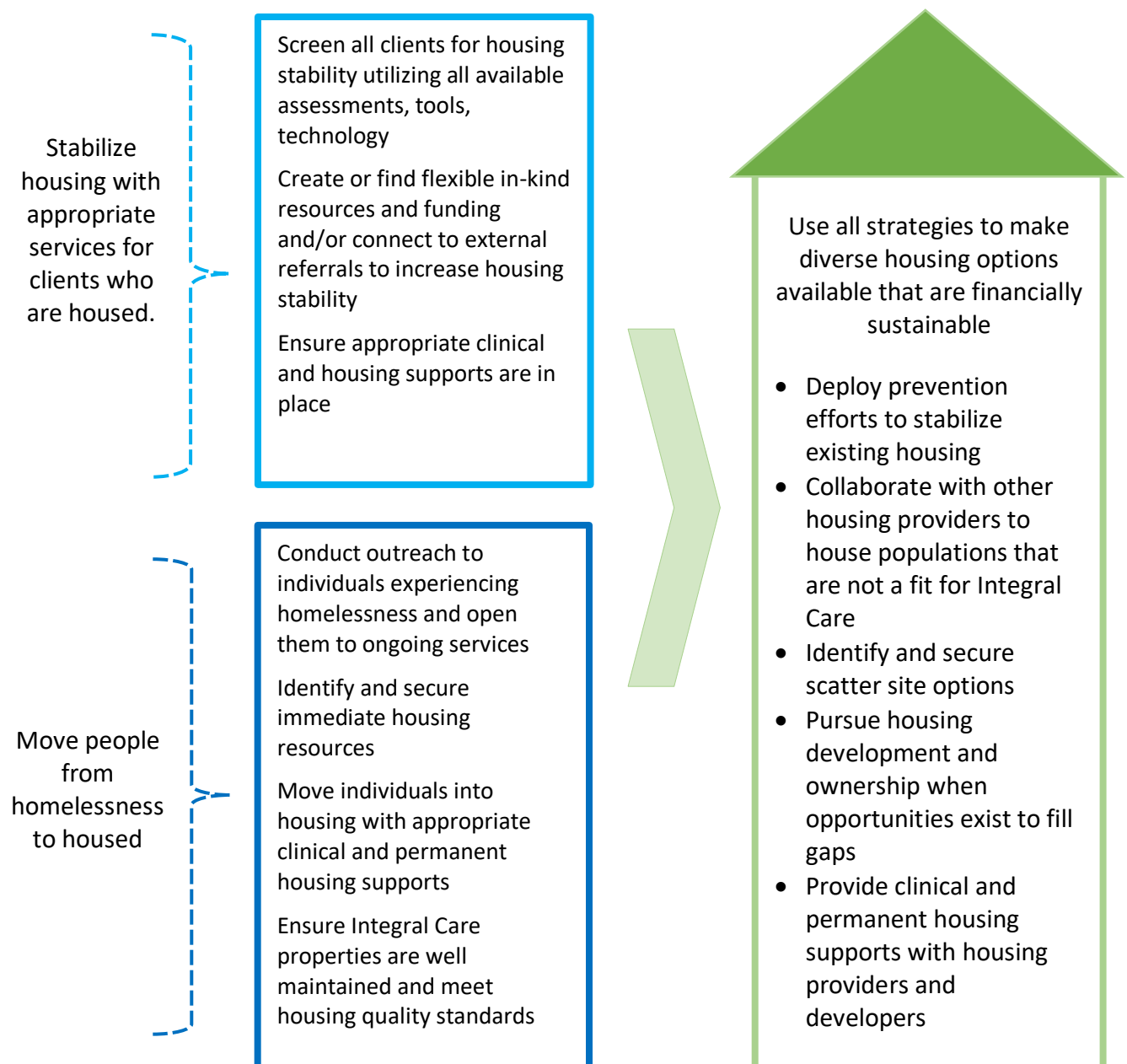


Integral Care Vision for Housing and Homelessness

(Approved by the Integral Care Board of Trustees July 2021)

Integral Care will integrate a housing lens across all services to prevent and end homelessness.

Integral Care will ensure healthy living for everyone by taking a systems approach that monitors and addresses gaps and racial inequities in services and housing for the people Integral Care serves.

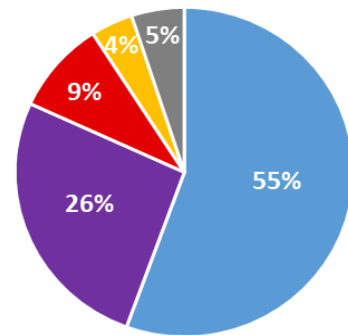
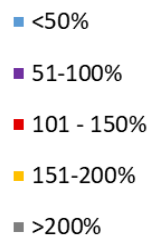


Client Snapshot

Integral Care supports adults and children with mental illness, substance use disorder and intellectual and developmental disabilities (IDD). In FY2021, Integral Care provided services to 31,908 adults and children in Travis and surrounding counties. The majority of Integral Care clients (81%) live below the federal poverty level, so finding and maintaining stable housing can be challenging in a city with ever increasing housing costs.

In FY2021, 6,133 (19%) of our clients were experiencing homelessness. Without a home, it is even more difficult to achieve health and stability.

Federal Poverty Level of Integral Care Clients



Source: Integral Care Population Health



19% of Integral Care clients are experiencing homelessness.

Demographics of clients experiencing homelessness

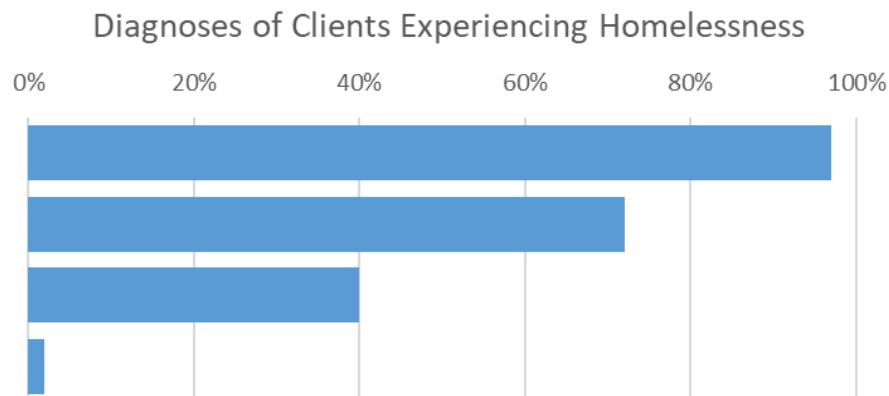
Clients who are Alaskan Native/American Indian and Black/African American experience homelessness at higher rates than the overall Integral Care population.

Clients experiencing homelessness are more likely to be male (65%) rather than female (34%).

Clients ages 40 to 54 experienced homelessness at the highest rate.

Diagnoses of clients experiencing homelessness

90% of clients experiencing homelessness had more than one active diagnosis or condition and 80% had diagnoses across diagnostic categories, such as substance use, mental health, chronic medical condition and IDD. This chart summarizes the diagnoses for Integral Care clients who experienced homelessness in FY2021.



Source: Integral Care Population Health, FY 2021 data

Utilization of services for clients experiencing homelessness

Clients experiencing homelessness use Integral Care services at a higher rate than clients who are housed. 52% of all crisis division services provided by Integral Care in FY21 were provided to clients experiencing homelessness, even though they represent 19% of the total client population. These clients also had a higher utilization of Adult Behavioral Health services. One-third of all Adult Behavioral Health services provided in FY2021 were provided to clients experiencing homelessness.

Integral Care clients experiencing homelessness have higher rates of medical inpatient admissions, Emergency Room visits, EMS encounters and psychiatric inpatient hospitalizations than the overall Integral Care client population. Even though clients experiencing homelessness represent 19% of all Integral Care clients, they represent 50% of clients who utilized the following services in FY21.

Encounter Type	Total Visits: Experiencing Homelessness	Total Visits: Integral Care Population	% of Total
Medical Inpatient Admission	741	2,004	37%
Emergency Room Visit	8,157	16,125	51%
EMS Encounter	5,657	10,655	53%
Psychiatric Inpatient Admission	767	2,151	36%
Total	15,322	30,935	50%

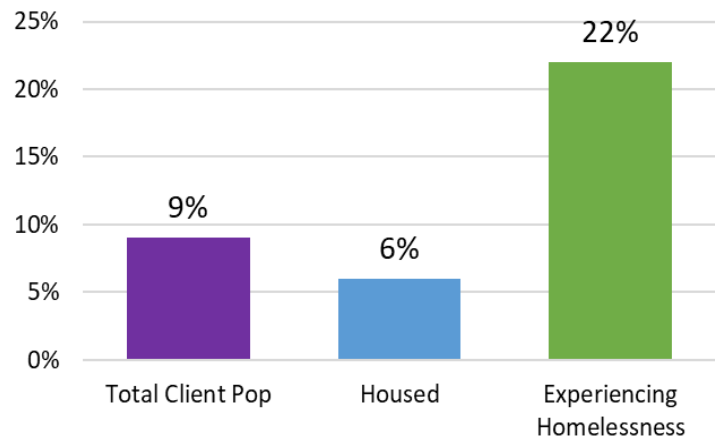
Source: Integral Care Population Health, FY 2021 data

Justice involvement for clients experiencing homelessness

Integral Care clients experiencing homelessness in FY21 were more likely to be arrested than clients who were housed. More than half of clients experiencing homelessness (who were arrested) were arrested more than once. Thirty-two people were arrested 10 or more times.

Black/African American clients were more likely to be arrested than other clients experiencing homelessness and were also overrepresented in the Travis County Jail. Having a criminal history makes it more difficult for people to move from homeless to housed and can also make it more difficult to secure employment.

Percent of Integral Care Clients Arrested in FY21



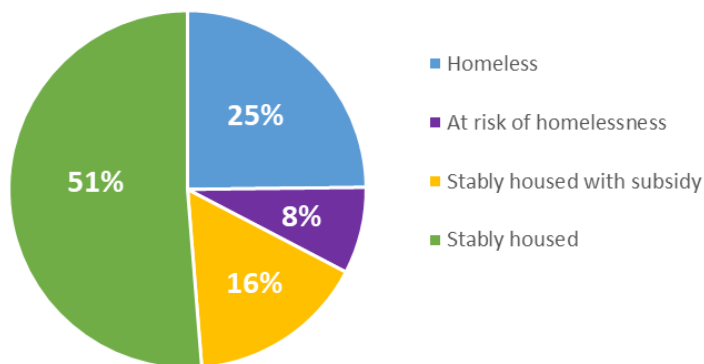
Source: Integral Care Population Health

Client and Community Engagement

Integral Care uses new housing assessment to identify clients' housing needs

Beginning in FY2022, Integral Care incorporated new questions about housing stability into client assessments. From October 1, 2021 to May 1, 2022, a subset of 983 unduplicated clients completed

Integral Care Client Housing Assessments
10/1/21 - 5/1/22 n=983



Source: Integral Care Housing Team

housing assessments. One-third reported they were either homeless or at risk of homelessness. Two-thirds were stably housed, and 158 of those with stable housing reported receiving vouchers or other housing subsidies to help them meet their housing needs.

This new housing assessment provides valuable information about clients' housing needs. The goal is to address housing needs before they become a crisis.

Integral Care actively engages people experiencing homelessness

Integral Care has supported our homeless community for over 20 years. Integral Care proactively engages impacted communities through its PATH (Programs for Assistance in the Transition from Homelessness), HOST (Homeless Outreach Street Team), C.A.R.E. (Community AIDS Resources and Education), and M3 (Mobile Medical and Mental Health) programs. These teams are in the community daily building relationships with individuals living on the street to connect them to services that support their mental and physical health. Integral Care also has a program called Safe Haven that provides temporary housing for homeless veterans living with mental illness. Clients are referred by the PATH program. Integral Care participates in community resource fairs that connect people experiencing homelessness to community resources.

Integral Care Housing Interventions

How Integral Care helps clients find housing

Integral Care's Housing Plan focuses on four types of housing supports – *homelessness prevention*, *affordable housing*, *permanent supportive housing*, and *rapid rehousing*. The chart below shows the number of households served by Integral Care that are currently receiving various levels of housing support and the anticipated changes over the next three years. Each housing type is described on pages 10-14.

Type of Housing	Projected 2022	Projected 2023	Projected 2024	Projected 2025	% Increase or Decrease (2022 – 2025)
Homelessness Prevention	548	490	490	490	-11%
Affordable Housing	1234	1367	1674	1809	47%
Permanent Supportive Housing (PSH)	289	341	401	396	37%
Scattered Site PSH	239	241	241	236	-1%
Single Site PSH	50	100	160	160	220%
Rapid Rehousing	190	165	165	165	-13%
Total	2261	2363	2730	2860	26%

Homelessness Prevention

An unexpected emergency, illness, expense or loss of a job may put people at risk of losing their housing. Homelessness prevention initiatives provide funding to meet emergency needs so people can remain housed. Homelessness prevention efforts funded by the State of Texas include Short Term Rental Assistance (STRA), Temporary Assistance for Needy Families (TANF) Emergency Funding, and COVID-19 Supplemental Grant Program (HR-133). The TANF Emergency Funding was one program funded in response to the COVID-19 pandemic that is expected to end. The anticipated termination of TANF Emergency Funding explains the decline in the number of households expected to receive homelessness prevention support in coming years, as shown in the chart on page 9.

Cost and sustainability:

The community cost of supporting someone who is chronically homeless is considerably more than preventing that person from becoming homeless. Helping individuals and households maintain a safe and stable place to live also helps them maintain relationships, employment, and connections to health care. From September 1, 2021 through June 1, 2022, Integral Care spent \$751,712 helping 369 unique families and individuals keep their housing. The average assistance per household was \$2,037.

Many of the protections that helped people remain in housing and some of the emergency-pandemic response programs that allowed Integral Care to provide housing support to prevent homelessness are ending. To prepare for this and prevent housing crises, Integral Care has strengthened its homelessness prevention efforts by hiring four housing stability specialists to be imbedded in each of the four adult outpatient clinics.



Affordable Housing

Housing is considered “affordable” when it costs no more than 30% of a household’s total monthly income. For many people receiving care at Integral Care, this is not possible without housing subsidies or below market rate housing. Our community develops affordable housing for people with low income through multiple sources including local affordable housing bonds, HUD grants, HUD housing vouchers, and State tax credits that incentivize developers to build and offer housing at below market rates. Housing vouchers are the most common type of assistance to help make housing affordable to people with low and very low incomes. Almost 20,000 people in the greater Austin area receive housing vouchers from the Housing Authority of the City of Austin and the Travis County Housing Authority. People who receive a housing voucher may use their voucher at any housing property that will accept it. Integral Care staff work closely with federal, state, and local community partners to secure housing vouchers for as many clients as possible.

Integral Care Landlord Outreach Teams also work with landlords to increase their willingness to accept residents with housing vouchers. In Austin’s tight housing market, landlords have few incentives to rent to people with housing vouchers when there so many other renters willing to pay market-rate rent.

Cost and sustainability:

Sustaining efforts to maintain and expand affordable housing options for Integral Care clients requires efforts on several fronts.

- Staff works with local and state housing authorities to obtain access to housing vouchers for individuals not experiencing homelessness. These include Housing Choice Vouchers, Non-elderly Disabled Vouchers, HUD Mainstream Vouchers, Project Access vouchers for people exiting State Hospitals and other population-specific vouchers.
- Integral Care engages landlords and encourages them to rent to people who may have a criminal history, an eviction history, and physical and behavioral health needs.
- Integral Care builds and nurtures relationships with affordable housing developers that use tax credits, local housing bonds and other avenues to create below-market rate housing properties. These developers can focus on building and creating affordable housing, while Integral Care focuses on providing the support systems that help residents of these communities maintain health and stability.
- There is a need for ongoing funding for support services. This is not only necessary for the health of clients but also provides assurance to landlords that residents’ needs are being met and makes them more willing to accept residents with housing vouchers.

Permanent Supportive Housing

Permanent supportive housing (PSH) provides long-term housing for people who are chronically homeless in conjunction with voluntary supportive services. Support services may include case management, benefits enrollment, employment assistance, mental health and substance use services, and outpatient health care. People who have experienced chronic homelessness often require intensive services, but it is also important to note that the decisions to accept services reside solely with the resident. In the permanent supportive housing model, treatment is available but not mandatory. People who receive PSH housing resources are identified through ECHO's Coordinated Entry System, the single point of entry for homeless services in our community.

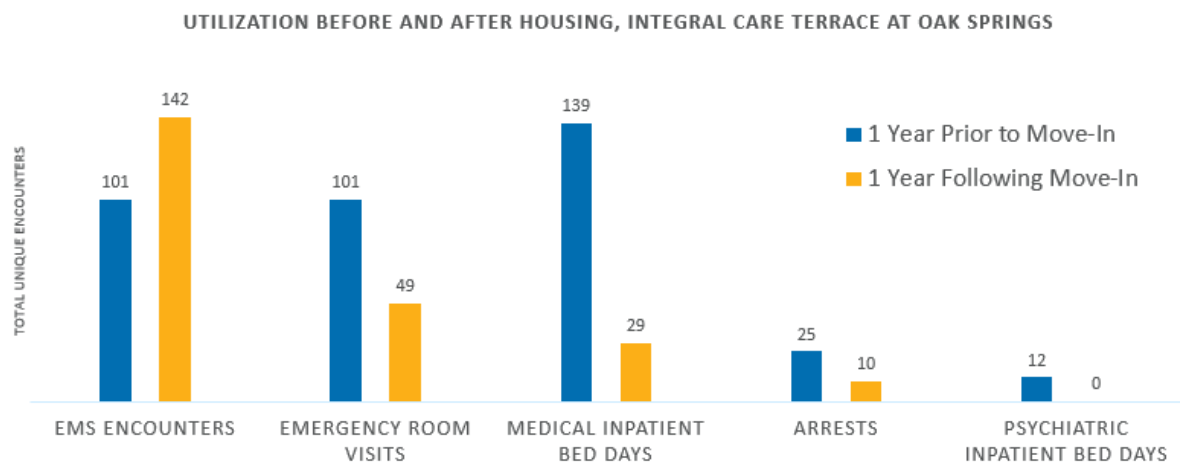
There are two types of PSH housing – scattered site PSH and single site PSH.

- **Scattered site PSH:** Integral Care staff provide services to clients who live in scattered site permanent supportive housing. Clients receive a PSH voucher through the Coordinated Entry System and are assigned an Integral Care Landlord Outreach Specialist. The Landlord Outreach Specialist will help them find a property that meets their needs and preferences from properties that accept residents with PSH vouchers. Integral Care staff help the clients with move-in costs, deposits and other expenses as well as engage the client in the support services, and the care and treatment they choose.
- **Single site PSH:** Integral Care has a proven track record and reputation for operating single site PSH properties. Integral Care owns and operates Terrace at Oak Springs (TAOS), a single site permanent supportive housing apartment community and Austin's first property devoted exclusively to providing low-barrier housing for people who are chronically homeless and also experience serious mental illness or substance use disorder. At TAOS, residents are offered mental health services, substance use treatment, primary care, psychosocial rehabilitation, life skills, employment services and more, but getting and keeping their home is not predicated on participating in these services. Even though participation in services is voluntary, many opt to engage in treatment and, even for those who choose not to engage, their well-being is significantly improved by living in a healthy, stable environment. Integral Care has contracted with the City of Austin to renovate, operate and manage a new single site PSH project called the Bungalows at Century Park. This former hotel is one of several that were purchased by the City of Austin to be transformed into PSH housing. The Bungalows will provide homes for 60 formerly chronically homeless individuals who also have serious mental illness, substance use disorder, IDD and/or chronic health issues. The projected annual increases in single site PSH in 2023 and 2024 represent this project with the City of Austin and an anticipated project with the Travis County Supportive Housing Collaborative.

Cost and sustainability:

In order to maintain fidelity to the PSH model, there must be ongoing, sustainable funding for support services. This is required for both scattered site and single site PSH. Without these services and supports, people are more likely to return to homelessness. While single-site PSH, such as TAOS and the forthcoming Bungalows at Century Park, provide the most expensive and intensive housing intervention, they provide significant cost savings to local systems.

Hospital and Emergency Service Utilization: Pre and Post



When we examined 41 residents' utilization of hospital and emergency services 12-months prior to moving into TAOS and 12-months after moving in, we found a sharp reduction in EMS encounters, Emergency Department visits, Medicaid inpatient bed days and arrests.

There was an average savings per resident of \$14,486.10 during the first year of being housed, totaling \$593,930 for 41 residents. Helping people who are chronically homeless gain this best-practice model of housing improves their health outcomes, brings humanity to the work, and creates a positive return on investment for the community.



Rapid Rehousing

Rapid rehousing programs rely upon intensive but short-term rental assistance and housing case management services to connect people experiencing homelessness to sustainable, permanent housing as rapidly as possible. Once people regain housing, they are in a much better position to directly address issues, such as a period of unemployment or an untreated medical condition, that contributed to their homelessness. These programs also focus on connecting people to long-term community supports outside of the homeless services system, such as community support groups, education programs, and counseling services for survivors of domestic violence. Rapid rehousing is considered an effective intervention for both individuals and families with children. Rapid rehousing is intended to be short-term, anywhere from three months to two years depending on the needs of the individual or family and the parameters of the program. As is the case with PSH, individuals are prioritized for rapid rehousing resources through the Coordinated Entry System.



Cost and sustainability:

Research data demonstrates that providing temporary financial assistance and case management support to families and individuals who have recently become homeless saves money by lowering the costs of services. The faster people can be re-connected with a stable home, the better for the person and the community. Homelessness is expensive for communities with increased costs for emergency room visits, ambulance visits, jail visits, mental health and substance use treatment and other costs.

Integral Care's role in community planning

Leadership

Integral Care has a long history of leadership in community planning efforts around homelessness and housing. Integral Care initiated and operated the community's Homeless Management Information System (HMIS) that allows service providers to share information about service provision across systems. This community tool for tracking homelessness response is now operated by ECHO.

Integral Care joined other community leaders to form ECHO over a decade ago and has engaged with ECHO's community planning efforts since then. Our Healthy Communities Collaborative grant helped finance ECHO's operations and launch the coordinated entry system required by HUD as a condition for funding. Practice Administrator Ruth Ahearn is a member of the Leadership Council for ECHO's Austin/Travis County Continuum of Care (COC), which is the primary decision-making body for the homeless response system and oversees funding from the U.S. Department of Housing and Urban Development. In addition to supporting the HUD Continuum of Care Council in Austin and Travis County, ECHO's role includes the development of [Austin's Action Plan to End Homelessness](#) and the operation of the [Coordinated Entry System](#), which provides a single point of entry to COC funded housing programs for people experiencing chronic homelessness.

In 2020, the City of Austin hired a consultant to analyze City investments to address homelessness and to make policy recommendations. In the report [Investing for Results: Priorities and Recommendations for a Systems Approach to End Homelessness](#), Barbara Poppe and Associates recommend creating more

Expand PSH development capacity by leveraging role of COA as equity source (HOME, LIHTCA, Trust Fund), HACA as provider of vouchers for operations support, and Integral Care as provider of support services.

Poppe, 2020

PSH communities with a Housing First approach. The report specifically identifies TAOS as the type of housing that our community needs more of. The report also specifically calls out Integral Care as a preferred provider of services to people who are moving from homelessness to housed. The Poppe report also recommends tying future local investments to the ECHO Action Plan to End Homelessness.

American Rescue Plan Act funding was infused into local and state governments during the COVID-19 pandemic. The City of Austin and Travis County each received about \$225 million. The Summit to Address Unsheltered Homelessness was convened in early 2021 to consider how our community could respond to this unique opportunity to meet the housing needs of our neighbors experiencing homelessness. Integral Care leaders participated in the summit which resulted in a community-wide goal to house 3,000 people in three years. The Summit Plan sets ambitious goals for investing in homelessness prevention, affordable housing, rapid rehousing, and permanent supportive housing.

Funding

As the Local Mental Health Authority (LMHA) for Travis County, Integral Care is uniquely positioned to play a vital role in community planning efforts to end homelessness. The State of Texas has designated funding for LMHAs for housing. Through its federal and state funding, Integral Care provides essential matching dollars to local City and County entities to leverage funding for housing, mental health and substance use services.

Integral Care has the infrastructure to write and execute grants of all sizes, both public and private. The agency is trained in best practices and in providing trauma-informed care. Integral Care has strong relationships with the Housing Authority of the City of Austin, the Travis County Housing Authority, the City of Austin, Travis County, Texas Health and Human Services Commission, the U.S. Department of Housing and Urban Development (HUD), the Substance Abuse and Mental Health Services Administration (SAMHSA), Texas insurance providers, other local non-profit organizations and both public and private affordable housing developers.



Addressing Equity in the community's homelessness response system

Due to systemic racism in housing, healthcare, policing, education, and many other systems, a Black person in Austin is at least 4.8 times more likely to experience homelessness than a white person. In examining its own data, ECHO discovered that the community's Coordinated Entry System was prioritizing more white people for housing and requiring Black people to wait longer for housing. In 2021, Austin/Travis County was one of eight communities nationwide to participate in a **Racial Equity Demonstration Project** organized by the U.S. Department of Housing and Urban Development. The result was that ECHO changed its prioritization index in the Coordinated Entry System to add a racial and gender identity equity lens. Integral Care, through its leadership roles in ECHO, participated in and contributed to these changes.

Looking Ahead

Community Goal to house 3,000 in 3 years

The infusion of American Rescue Plan Act funding into federal, state and local communities in response to the COVID-19 epidemic created opportunities for our community to take bold action to address homelessness. In 2021, the [Summit to Address Unsheltered Homelessness in Austin](#) developed a unified plan for addressing unsheltered homelessness. Integral Care worked with the City of Austin, Travis County, ECHO, affordable housing providers and other stakeholders to develop this \$515 million community plan to house 3,000 people in 3 years, by December 2024. This effort is known as “Finding Home ATX.” Integral Care will face aggressive timelines in responding to these opportunities. COVID relief funds and ARPA funds have infused the system with resources. Capitalizing on these opportunities requires that the agency remains flexible, assertive and ready to act quickly to ensure the greatest results for the clients we serve.

Collaboration pursues innovative public/private response to develop housing

Travis County Supportive Housing Collaborative

A New Entry
Austin Area Urban League
Caritas of Austin
Family Eldercare
Integral Care
LifeWorks
SAFE Alliance

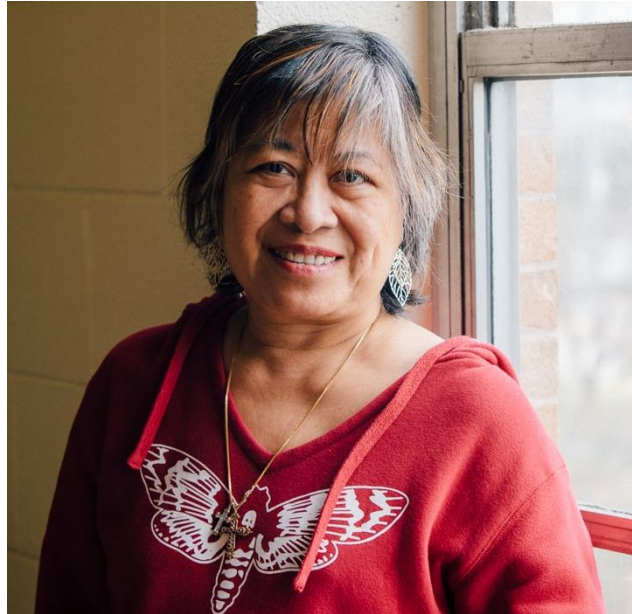
Capital A Housing
Travis County Housing Finance Corporation

The Travis County Supportive Housing Collaborative is an example of a new and innovative public-private initiative. A private housing developer, Capital A Housing, is working with Integral Care, the Travis County Housing Finance Corporation and six other non-profit organizations to develop mixed-use housing. The collaborative will provide 641 units of affordable housing, 548 units of homelessness response housing and 848 market-rate units. Combining market rate and subsidized units helps to make the projects financially feasible. Proposed tax partnerships with the Housing Authority of Travis County and housing vouchers are anticipated to provide up to 50% of the on-going, long-term cost of services to residents in the properties. The Collaborative is in the process of forming an LLC

so that it can apply directly for grants. Integral Care’s role in this housing development will be to build and operate 60 studio apartments as permanent supportive housing for people who are chronically homeless and who also have a disabling condition, such as persistent mental illness, substance use disorder, and/or medical issues.

Monitoring progress

Integral Care staff are experts in engaging and supporting people in our community who are experiencing homelessness. As the Local Mental Health Authority for Travis County, the organization is well positioned to participate in and contribute meaningfully to community efforts to expand housing for people experiencing or at risk of experiencing homelessness. Integral Care has remained flexible and responsive to opportunities and has invested in forming relationships with a variety of organizations. Integral Care's reputation and expertise in providing services to people with serious mental illness, substance use disorder and/or chronic medical conditions has positioned the organization to be a collaborator in a variety of housing initiatives.



The Ad Hoc Committee for Housing and Homelessness recommends the following:

1. Quarterly reports to the Board of Trustees with
 - a. an update on the Integral Care Housing Dashboard, including a racial and demographic breakdown of people receiving housing services, and
 - b. an environmental scan of new and relevant housing investments, developments and opportunities that are emerging.
2. Utilization of the housing matrix developed by the Ad Hoc Committee in FY2021 as a decision support tool for future housing investments.

By monitoring the housing stability of those we serve, Integral Care can better respond to housing needs before they become a crisis. This data and information will support our collaborative work to meet the needs of our community and help us advocate for policy changes that will open doors to stable housing for our clients. It will also be useful in fundraising and applying for grants to expand housing supports.

We know that a safe, stable home is the foundation we all need to do well physically, emotionally, socially, and financially. When people have tools like a home to regain health and stability, physical and mental health care, and job opportunities to reach their full potential, our community is stronger, and everyone thrives.

This report was developed with contributions from the following.

Board Ad Hoc Committee on Housing and Homelessness

Board Members:

- Emmitt Hays
- Hal Katz
- Luanne Southern, Chair

Staff Members:

- Kathleen Casey, Senior Director of Clinical Innovation and Development
- Dawn Handley, Chief Operations Officer
- Anne Nagelkirk, Chief Strategy Officer
- David Weden, Chief Administration Officer/Chief Financial Officer

Staff Committee for Housing and Homelessness

- Ruth Ahearn, Practice Administrator – Housing and Health Care for the Homeless Initiatives
- Marlene Buchanan, Director of Systems of Care
- Kathleen Casey, Senior Director of Clinical Innovation and Development
- Dawn Handley, Chief Operations Officer
- Kali Holyfield, Practice Administrator – ACT & Housing Administration
- Anne Nagelkirk, Chief Strategy Officer
- David Weden, Chief Administration Officer/Chief Financial Officer

Facilitated by Mary Dodd, Senior Planner

