Draft HOME-ARP Allocation Plan

On March 11, 2021, President Biden signed the American Rescue Plan (ARP) into law, which provides over $1.9 trillion in relief to address the continued impact of the COVID-19 pandemic. To address the need for housing assistance and supportive services, Congress appropriated $5 billion in ARP funds to be administered through the HOME grant to perform activities that primarily benefit individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. This grant is referred to as HOME-ARP and is administered by the Housing and Urban Development Department (HUD).

The following activities are eligible for funding by HOME-ARP, as stated by HUD in Notice CPD 21-10-

- development and support of affordable housing;
- tenant-based rental assistance;
- provision of supportive services;
- acquisition and development of non-congregate shelter units;
- and planning and administration

The City of Austin is eligible for $11,441,252 in HOME-ARP funding. In accordance with HUD requirements, the City has prepared the following Allocation Plan that describes the process of gathering feedback, analyzes the needs of populations who are unhoused or experiencing housing insecurity, and proposes a spending plan for HOME-ARP.

This draft Allocation Plan was made available for public review from May 3 - June 10, 2022. A record of the comments received on the plan is included in Attachment B of this document. A second public comment period was held from October 6 – October 21, 2022 with a revised draft Allocation Plan. Revisions were made to Section III: Needs and Gaps Analysis, Section IV: HOME-ARP Activities, and Section V: Preferences in order to clarify the City's justification for proposed activities and methods of distributing funding. A third public comment period will be held from December 28 - January 11, 2023. A public hearing will be held with the Community Development Commission on January 10, 2023.

A proposal for how to spend the $11,441,252 HOME-ARP grant is included in Section IV: HOME-ARP Activities, and Attachment E: Budget Page.

Table of Contents

Section I: Consultation

Section II: Public Participation

Section III: Needs Assessment and Gap Analysis

Section IV: HOME-ARP Activities

Section V: Preferences

Section VI: HOME-ARP Refinancing Guidelines

Attachments

Attachment A: Austin Homeless Advisory Council Survey Summary
Attachment B: ARPA Investment Priorities Survey- SpeakUp Austin
Attachment C: Draft Allocation Plan Comments- SpeakUp Austin
Attachment D: Austin/Travis County 2022 Needs and Gaps Report
Attachment E: Texas Department of Public Safety 2018 Crime in Texas- Family Violence Report
Attachment F: University of Texas Institute on Domestic Violence and Sexual Assault Study on Resources for Texas Sexual Assault Survivors
Attachment G: SF424s and Certifications
Attachment H: Budget Page

Section I: Consultation

Before developing its plan, a PJ must consult with the CoC(s) serving the jurisdiction's geographic area, homeless and domestic violence service providers, veterans' groups, public housing agencies (PHAs), public agencies that address the needs of the qualifying populations, and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities, at a minimum. State PJs are not required to consult with every PHA or CoC within the state's boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Describe the consultation process including methods used and dates of consultation:

Summarize the consultation process:
List the organizations consulted, and summarize the feedback received from these entities

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
Integral Care	Public agencies that address the needs of the qualifying populations; Public or private organizations that address the needs of persons with disabilities.	Staff from the Housing and Planning Department and Homeless Strategy Division met with Integral Care leadership staff via video call on March 16, 2022.	See summary below
Austin Tenants' Council	Public or private organizations that address civil rights and fair housing.	Staff from the Housing and Planning Department and Homeless Strategy Division met with housing advocates at the Austin Tenants' Council (ATC) via video call on March 17, 2022.	See summary below
Building and Strengthening Tenant Action	Public or private organizations that address civil rights and fair housing.	Staff from the Housing and Planning Department and Homeless Strategy Division met with a representative from Building and Strengthening Tenant Action (BASTA) via video call on March 17, 2022.	See summary below
SAFE Alliance	Domestic violence service provider	Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from	See summary below

		SAFE Alliance via video call on March 21, 2022.	
Housing Authority of the City of Austin	Public Housing Agency	Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from the Housing Authority of the City of Austin (HACA) via video call on March 22, 2022.	
Housing Authority of Travis County	Public Housing Agency	Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from the Housing Authority of Travis County (HATC) via video call on March 30, 2022.	See summary below
Austin Ending Community Homelessness Coalition (ECHO)	Continuum of Care	Staff from the Housing and Planning Department and Homeless Strategy Division presented information about HOME-ARP to the Austin ECHO Leadership Council on April 4, 2022.	See summary below
Caritas	Homeless service provider, veterans' service provider	Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from Caritas via video call on April 6, 2022.	See summary below
Austin Latino Coalition	Public or private organizations that address civil rights	Staff from the Housing and Planning Department and Homeless Strategy Division presented information about HOME-ARP to the Austin Latino Coalition on April 6, 2022.	See summary below
Austin Area Urban League	Public or private organizations that address civil rights and	Staff from the Housing and Planning Department and Homeless Strategy	See summary below

	fair housing.	Division met with representatives from the Austin Area Urban League (AAUL) via video call on April 7, 2022.	
Mayor's Committee for People with Disabilities	Public organization that addresses the needs of persons with disabilities.	Staff from the Housing and Planning Department and Homeless Strategy Division presented information about HOME-ARP to the Mayor's Committee for People with Disabilities on April 8, 2022.	See summary below

Consultation Summaries

Each organization consulted by City staff received a presentation about HOME-ARP, including the amount of funding the City of Austin is eligible for, the possible uses of the grant, and the qualifying populations. The summaries below reflect the conversations that took place between staff from the Housing and Planning Department and Homelessness Services Division, and representatives from the organizations.

Integral Care

Integral Care provides mental health, drug and alcohol, and housing services to children and adults living with mental illness, substance use disorder and intellectual and developmental disabilities in Travis County. Staff from the Housing and Planning Department and Homeless Strategy Division met with Integral Care leadership staff via video call. Integral Care staff advocated for the allocation of funding towards both permanent supportive housing and ongoing supportive services. Discussion highlighted the need to acquire more affordable units dedicated to people exiting homelessness, along with sustainable funding for supportive services to accompany the units.

Austin Tenants' Council (ATC)

The Austin Tenants' Council fulfills thousands of requests each year for help with housing problems related to housing discrimination, tenant-landlord education and information, and housing repair and rehabilitation. Their mission is to ensure housing stability by rectifying Fair Housing Act violations and empowering tenants to exercise their rights through mediation, advocacy, and education. Staff from the Housing and Planning Department and Homeless Strategy Division met with housing advocates at the Austin Tenants' Council via video call. Discussion focused on the increase in housing insecurity Austin tenants have experienced through the pandemic. Housing advocates highlighted the end of local eviction moratoriums, lack of funding remaining for rental assistance, and dramatic increase in the price of rent over the past year as reasons for an uptick in evictions. Tenants' housing issues have become more complex through the pandemic. For instance, some tenants fear having an eviction on their record will make them ineligible for public benefits, so they preemptively leave their housing before an eviction takes place. Elderly tenants and tenants on fixed incomes have become more vulnerable to landlord

abuse. Advocates commented that they are working with clients being evicted into homelessness. They expressed a desire for more staff to help field the hundreds of calls ATC receives weekly.

Building and Strengthening Tenant Action (BASTA)

BASTA is a non-profit project that works with Austin renters to break down barriers to healthy and safe housing through advocacy, education, and organizing tenants' associations. Staff from the Housing and Planning Department and Homeless Strategy Division met with a representative from BASTA via video call. The BASTA representative commented that while there is an ongoing need for rental assistance, a more structural solution to the city's housing crisis is needed. Rental assistance programs should strategically target tenants who owe back rent and people who have recently been housed and are at risk of returning to homelessness. The representative mentioned Boston's Landlord Incentive Program as a way to increase housing available to people using vouchers. The representative also commented on the possibility for service providers to disseminate information on tenant's rights and available services for people recently moved into housing from homelessness. As a result of the affordability crisis, the representative commented on an uptick in landlord bullying and tenants accepting poorly maintained housing.

SAFE Alliance

SAFE Alliance is a human service agency in Austin that serves the survivors of child abuse, sexual assault and exploitation, and domestic violence. Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from SAFE Alliance via video call. The following information was shared by SAFE Alliance-

- There is a lack of housing available for people with vouchers, leaving many people on long waitlists. Properties that do accept vouchers often change hands between property owners, forcing tenants to move when a new property owner decides to stop accepting vouchers at the property.
- Public funding should support developers that apply lower screening requirements for tenants for all units of a development. Development subsidies should benefit people earning the lowest income levels. City funded projects should incorporate Violence Against Women Act protections into their developer requirements.
- The number of households fleeing abuse has greatly increased through the pandemic. SAFE is often the first organization survivors of domestic violence reach out to in the Austin area, so many of their clients are not initially in the HMIS/CoC system. Homelessness prevention strategies are needed for people not already entered into homelessness information systems.
- There is an epidemic of violence occurring for both housed and unhoused people, with many people experiencing chronic homelessness and domestic violence simultaneously. Shelters may not be a safe space for people who have experienced abuse, and there is a need for housing support for people exiting shelters.
- Grant compliance and reporting requirements are a burden on the capacity of SAFE alliance. A centralized training in grant management is needed, as well as more consistency in reporting expectations from year to year.

- Funding could go towards programs that prevent and divert homelessness, and this could help measure the actual need for assistance in the community.

Housing Authority of the City of Austin

Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from the Housing Authority of the City of Austin (HACA) via video call. The discussion focused on HACA's plan to redevelop the historic Rosewood Courts apartment complex, and remodel the housing portfolio for the federal Rental Assistance Demonstration program. HACA staff stated their intention to apply for Rental Housing Development Assistance funds from the City of Austin to assist with a funding gap in the Rosewood Courts redevelopment project. Concern was raised over the lack of private activity bonds coming to Austin in the upcoming year, limiting the number of Low Income Housing Tax Credit projects that will develop.

Housing Authority of Travis County

Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from the Housing Authority of Travis County (HATC) via video call. HATC representatives inquired about the City of Austin's Tenant Based Rental Assistance program, specifically asking what supportive services are provided along with the rental assistance that targets people exiting homelessness.

Austin Ending Community Homelessness Coalition (ECHO)

Austin ECHO is a non-profit organization and is the lead agency that plans and implements community-wide strategies to end homelessness in Austin and Travis County. Staff from the Housing and Planning Department and Homeless Strategy Division presented information about HOME-ARP to the Austin ECHO Leadership Council. Council members discussed spending deadlines for various entitlement grants, including the Emergency Solutions Grant. A Council member commented on the importance of allowing homelessness funding to be spent outside of Austin's official full purpose jurisdiction.

Caritas

Caritas provides housing, food, education, employment, and veterans assistance services to unhoused people living in Greater Austin. Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from Caritas via video call. Caritas representatives commented on the need for funding to bolster existing employment and education services provided to their clients. They mentioned a large gap in funding for onsite supportive services for the population of people they serve who have experienced chronic homelessness.

Austin Latino Coalition (ALC)

ALC was established in 2013 as an alliance of Latino organizations and individuals to promote civic involvement and self-determination by Latinos in the City of Austin. ALC members include approximately a dozen community-based organizations and more individuals who have joined to advocate for issues that improve the quality of life for the Latino community and all of Austin. Staff from the Housing and Planning Department and Homeless Strategy Division presented information about HOME-ARP to the

Austin Latino Coalition. Coalition members questioned the use of eligibility requirements for federally funded programs that prevent certain demographics from receiving assistance. Members asked how City staff will coordinate with Travis County's planned programs that address homelessness. Members asked how HOME-ARP funds will be leveraged with existing anti-displacement funding the City is focusing on transit corridors.

Austin Area Urban League (AAUL)

The AAUL is one of more than 90 affiliates of the National Urban League providing direct services that improve the lives of thousands in the Central Texas region. The Austin Area Urban League seeks to meet the needs of underserved populations in the Austin/Central Texas region by focusing on programming and services in the areas of education and youth development, workforce and career readiness, health, housing, justice, and advocacy. Staff from the Housing and Planning Department and Homeless Strategy Division met with representatives from the Austin Area Urban League (AAUL) via video call. AAUL representatives discussed the logistics of funding a collaborative made up of smaller organizations working to address the needs of unhoused community members. Representatives stated it wasn't in the best interest of the community for a single organization to be tasked with addressing homelessness, but that there are many smaller scale organizations doing vital work to sustain the community. These smaller organizations are often ineligible for federal grants or do not have the administrative capacity to apply for the funding.

Mayor's Committee for People with Disabilities

The Mayor's Committee for People with Disabilities is an advisory body to the city council and city manager regarding problems affecting persons with disabilities in the Austin area. Staff from the Housing and Planning Department and Homeless Strategy Division presented information about HOME-ARP to the Mayor's Committee for People with Disabilities. Committee members had questions regarding how many people with disabilities are being served by the City's programs. Committee members commented that the Housing and Planning Department should prioritize people with disabilities who are also low income earners for federally funded services.

Section II: Public Participation

PJs must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP allocation plan of no less than 15 calendar days. The PJ must follow its adopted requirements for "reasonable notice and an opportunity to comment" for plan amendments in its current citizen participation plan. In addition, PJs must hold at least one public hearing during the development of the HOME-ARP allocation plan and prior to submission.

For the purposes of HOME-ARP, PJs are required to make the following information available to the public:

• The amount of HOME-ARP the PJ will receive,

• The range of activities the PJ may undertake.

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:

First Public Comment Period:

- **Date(s) of public notice:** May 2, 2022
- **Public comment period:** May 3, 2022 - June 10, 2022
- **Date(s) of public hearing:** May 10th with the Community Development Commission; June 9th with the Austin City Council

Second Public Comment Period:

- **Date(s) of public notice: September 22nd, 2022**
- **Public comment period: October 6th, 2022 – October 21st, 2022**
- **Date(s) of public hearing: October 11th with the Community Development Commission**

Third Public Comment Period:

- **Date(s) of public notice: December 14, 2022**
- **Public comment period: December 28th, 2022 - January 11, 2023**
- **Date(s) of public hearing: January 10th, 2023**

On June 10, 2021, the Austin City Council adopted Resolution No. 20210610-077, which instructed the City Manager to gather feedback from the public regarding the proposed American Rescue Plan Act (ARPA) homelessness spending framework. The proposed spending framework allocates $106.7M towards addressing homelessness, including the allocation of $11.4M from HOME- ARP. The Homeless Strategy Division of Austin Public Health and the Housing and Planning Department worked together to engage the public on the possible uses of HOME-ARP in a process outlined below.

AHAC Consumer Survey

In August, the Homeless Strategy Division of Austin Public Health collaborated with the Downtown Austin Community Court to craft a survey for distribution to the Austin Homeless Advisory Council (AHAC). The Austin Homeless Advisory Council routinely responds to staff inquiries regarding quality of service, systems improvement, and the priorities of those with lived experience of homelessness. AHAC has championed a variety of initiatives to serve people experiencing homelessness, including Violet KeepSafe Storage, which is now an element of the City's public camping compliance activities.

The ARPA investment priorities survey designed for AHAC incorporated rank choice voting that empowered members to prioritize 63 specific service concepts within eleven categories and provided space for narrative responses. Each AHAC member received an incentive for offering their guidance and expertise. Thirteen completed surveys were returned to the Homeless Strategy Division on September 13, 2021. A summary of the survey responses are included in this document in Attachment A.

Public Comment- SpeakUp Austin! Website Engagement Page and Surveys

On October 11, 2021, the Homeless Strategy Division launched English and Spanish versions of an ARPA investment priorities landing page and stakeholder survey on the City's public engagement website, *SpeakUp Austin!* The page included a summary of the ARPA spending framework, links to background documents, and registration links to two virtual public meetings.

The ARPA homelessness investment priorities survey was completed by 276 residents and stakeholders by the survey close date – Oct. 27. The English and Spanish survey instrument remained publicly accessible for 15 days, spanned 26 data points, and incorporated skip logic. Staff designed the survey to introduce participants to the ARPA spending framework, assess awareness of strategic initiatives, evaluate general sentiment related to the City's homelessness communications, ascertain expenditure priorities, and gather respondent demographics. Staff also utilized the survey to compile a list of contacts who expressed interest volunteering in the event of prolonged inclement weather should such a pool of contacts be necessary to support emergency shelter operations. A summary of the survey responses are included in Attachment B of this document.

The following proposed ARPA homelessness investment categories were included in the survey and on the *SpeakUp Austin!* webpage for the public to consider-

- **Building new housing units** that are specifically set aside for people exiting homelessness.
- **System capacity building** to improve effectiveness and efficiency by enhancing data quality and analysis, communications, recruiting new providers and frontline workers, and strengthening existing organizations.
- **Crisis services** such as homelessness prevention, emergency shelter, street outreach and diversion.

- **Core housing programs** including short, medium, and long-term rental assistance and case management along with landlord outreach and incentives.
- **Supportive services** including intensive mental health services, substance use disorder treatment, employment programs, and help with accessing public benefits such as Social Security and Medicaid.

Additionally, from May 3rd, 2022 to June 10, 2022, the public was invited to submit feedback on the draft HOME-ARP allocation plan. The Housing and Planning Department put out a notice of the public comment period on May 2, 2022. The draft plan was available online at https://publicinput.com/HOME-ARP-Draft, and in paper form at the following locations-

-Austin City Hall
-Austin Central Library
-Asian American Resource Center
-Gus L. Garcia Recreation Center
-Housing Authority of the City of Austin
-Dove Springs Recreation Center
-Carver Branch Austin Public Library
-St. John's Branch Austin Public Library
-Rosewood Zaragosa Neighborhood Center

The draft plan included the amount of HOME-ARP funds the City is eligible for, and the range of activities the City proposes to undertake with the funding.

All comments on the draft plan are included in Attachment C of this document.

Public Hearings

June 10, 2021: At the Austin City Council meeting on June 10, 2021, the Council voted to approve a spending framework for ARPA funding, including the City's proposed $11.4M HOME- ARP grant. Advance notice of the meeting was issued, and the public was invited to testify virtually on the items related to ARPA spending at the virtual Council meeting. Members of the public spoke to the needs of the community and proposed uses of ARPA funds.

July 13, 2021: At the meeting of the Community Development Commission on July 13, 2021, City staff gave a briefing on the proposed ARPA spending framework. The public received advance notice of the meeting agenda, and had the opportunity to sign up to testify virtually at the meeting.

May 10, 2022: At the meeting of the Community Development Commission on May 10, 2022, City staff gave a briefing on the draft HOME-ARP Allocation Plan, and a public hearing was held to receive feedback from the community on the proposed use of the HOME-ARP funds. No members of the public testified. Commissioners had questions and comments regarding the HOME-ARP plan. Commissioners asked about how families fleeing domestic violence access homeless services. City staff responded that services can be accessed through the local service provider, SAFE Alliance, as well as through Austin ECHO. A commissioner also asked how organizations interested in partnering with the City can be

involved in HOME-ARP programs. City staff informed the commission that a series of solicitations are going out for the larger pool of American Rescue Plan funding dedicated to homelessness. This will include HOME-ARP funded services. A commissioner asked for clarification about what a non-congregate shelter is. City staff explained that non-congregate shelters provide private rooms for people seeking shelter, as opposed to traditional shelters that have many people in one large room. Private rooms allow for more privacy and help with social distancing. The City currently operates two non-congregate shelters that were converted from hotels. Staff also commented that HOME-ARP regulations allow non-congregate shelter to be converted to affordable rental housing in the future.

June 9, 2022: At the Austin City Council meeting on June 9, 2022, a public hearing will be held to receive feedback from the community on the proposed use of the HOME-ARP funds. No comments were received by the public at this public hearing.

Describe any efforts to broaden public participation:

Virtual Engagement Sessions

The Homeless Strategy Division hosted two public engagement sessions in collaboration with the City of Austin's Public Information Office, Downtown Austin Community Court, and Housing and Planning Department.

Session 1 was held on Oct. 14 and attended by 81 registered stakeholders. The City of Austin's Homeless Strategy Officer, Dianna Grey, presented for 45 minutes on homelessness response, demographics, trends, and system planning. Throughout the presentation, participants were invited to interact with staff via a typed Question and Answer function. Following the presentation, participants were invited to comment or ask questions for 45 minutes.

Session 2 was held on Oct. 18 and attended by 69 registered stakeholders. Additional attendees gained access to the session through volunteer advocates stationed at encampments who made their phones available to people currently experiencing homelessness. Throughout the 90-minute session, staff responded to typed questions via the webinar platform's Q&A function. A slight format change enabled participants to comment or ask questions before and after the core presentation by Homeless Strategy Officer, Dianna Grey.

During both sessions, Dianna Grey made note of the HOME-ARP allocation during the live presentation portion of the program as one pool of funding within the ARPA Homelessness spending framework.

A PJ must consider any comments or views of residents received in writing, or orally at a public hearing, when preparing the HOME-ARP allocation plan.

Summarize the comments and recommendations received through the public participation process:

As described above, in October of 2021, the Homeless Strategy Division launched an ARPA investment priorities landing page and stakeholder survey. The page included a summary of the ARPA spending framework, links to background documents, and registration links to two virtual public meetings. Participants in the survey favored a balanced approach to investing in both shelter and housing. Participants (both through the survey and comments expressed during the two virtual meetings) place a high priority on the following two investment areas related to placing and retaining people experiencing homelessness in long term housing situations.

- Additional social and health services (mental health, substance use disorder treatment, employment, benefits)
- Crisis services and outreach (short-term shelter, street outreach)

A summary of survey responses is included in Attachment B of this document.

In addition to the ARPA spending framework survey, a public comment period on the draft HOME-ARP Allocation Plan took place from May 3rd, 2022 to June 10, 2022. The public comment period included an online survey that asked participants to comment on the proposed spending plan for HOME-ARP. A total of 99 comments were received via the online survey.
-36 comments advocated for increased funding towards affordable rental housing development;
-19 comments advocated for increased funding towards supportive services for unhoused people and people in need of support finding housing;
-8 people advocated for the prioritization of programs that prevent homelessness;
-5 comments mentioned the need for more short-term or transitional housing for people experiencing homelessness
-5 comments supported increased funding for rental payment assistance;
-23 comments criticized the allocation of 15% of HOME-ARP towards administration and planning.
A record of all comments received through the public comment period are included in an attachment to this document.

In the second public comment period, which took place from October 6th - October 21st, one comment was received, which advocated for the prioritization of elderly people experiencing homelessness and at risk of homelessness. The comment can be found in Attachment C of this document.

Summarize any comments or recommendations not accepted and state the reasons why.

All comments and recommendations received from the public were considered by City staff. No comments were not accepted.

Section III: Needs Assessment and Gap Analysis

PJs must evaluate the size and demographic composition of qualifying populations within its boundaries and assess the unmet needs of those populations. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services. The PJ may use the optional tables provided below and/or attach additional data tables to this template.

Table 1: Homeless Needs and Inventory Gap Analysis Table

Homeless													
	Current Inventory					**Homeless Population**				**Gap Analysis**			
	Family		**Adults Only**		**Vets**	**Family**	**Adult**	**Vets**	**Victims of DV**	**Family**		**Adults Only**	
	# of Beds	**# of Units**	**# of Beds**	**# of Units**	**# of Beds**					**# of Beds**	**# of Units**	**# of Beds**	**# of Units**
Emergency Shelter	358	110	561	561	45								
Transitional Housing	143	48	47	47	0								
Permanent Supportive Housing	232	69	1275	1275	852								
Other Permanent Housing	131	96	299	299	0								
Sheltered Homeless						287	688	89	280				
Unsheltered Homeless						654	2391	206	1433				
Current Gap										4	35	-395	-395

The data in Table 1 is provided by Austin ECHO and is based on the 2022 Housing Inventory Count (HIC), which includes data from 2022, and the estimate of the unsheltered and sheltered homeless population as of July 2022.

"According to the 2022 HIC, there are a total of 3,077 beds for people experiencing homelessness through Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs in Austin. As of January 2022, PSH projects reported being at 81% capacity, meaning there were approximately 282 available beds to fill. RRH projects reported being at 100% capacity, meaning that they had no current openings and new enrollments would occur as clients exited the program. Austin ECHO estimates there were approximately 3,247 people experiencing homelessness in that timeframe, leaving a gap of 2,965 more people experiencing homelessness than available beds. This estimate does not account for whether clients are prioritized for PSH or RRH, household size, any overlap between people experiencing homelessness who are already enrolled in RRH or PSH, or the rate at which RRH exits and new enrollments occurred. Additionally, most project types have seen a modest to moderate increase in capacity since the data was collected for the last HIC."

-2022 TX-503 Austin/Travis County Continuum of Care Needs and Gaps Report (Attachment D)

Disclaimer: This plan relies on three primary data sources to measure the number of individuals and families experiencing sheltered and unsheltered homelessness. Each data source uses different time periods to measure the size of the population and, therefore, there is some variation throughout the report in the number of reported individuals and families experiencing sheltered and unsheltered homelessness. The bullets below specify the primary data sources and the corresponding time period for measurement.

- The ECHO Needs and Gaps Report: Reported 3,247 people experiencing homelessness based on data from the last 10 days in January of 2022.
- ECHO Dashboard as of July 2022: Reported 4,022 individuals experiencing homelessness based on July 2022 Homelessness Management Information System Data
- ECHO Racial Disparities Report: Reported 13,208 individuals experiencing homeless based on the number of clients that interacted with the Homelessness Response System through 2021

Table 2: Housing Needs Inventory and Gap Analysis Table

Non-Homeless			
	Current Inventory	**Level of Need**	**Gap Analysis**
	# of Units	**# of Households**	**# of Households**
Total Rental Units	232,615		
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	8,493		
Rental Units Affordable to HH at 50% AMI (Other Populations)	20,890		
0%-30% AMI Renter HH w/ 1 or		28,020	

more severe housing problems (At-Risk of Homelessness)			
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)		26,570	
Current Gaps- *Number of Households at 50% AMI (80,704) minus number of units available to Households at 50% AMI and below (20,890)*			59,814

Data Sources

-Rental Unit Inventory: 2016-2020 ACS Five Year Estimates

-Renters with 1 or more Severe Housing Cost Burden: 2014-2018 CHAS

https://nlihc.org/gap

https://www.austinmonitor.com/stories/2022/06/new-report-dives-into-the-details-of-housing-in-austin/

Describe the size and demographic composition of qualifying populations within the PJ's boundaries:

Qualifying Population: Homeless as defined in 24 CFR 91.5

The Ending Community Homelessness Coalition (ECHO) is the Austin/Travis County Continuum of Care lead agency tasked with planning and coordinating community-wide strategies to end homelessness in the Austin and Travis County geographic region. According to ECHO's Austin/Travis County Homelessness Dashboard, in July 2022, 3,047 people were experiencing unsheltered homelessness, and 975 people were experiencing sheltered homelessness.

ECHO's Austin / Travis County Racial Disparities Report (Report), published in July 2022, breaks down the characteristics of the population experiencing homelessness. Males represent 58% of the population experiencing homelessness, females make up 42% of the population, and nonbinary individuals make up 0.002%.

The report also provides a full breakdown of the race and ethnic composition of clients that accessed services recorded in the Homelessness Management Information System in 2021. According to the report, "there are three racial/ethnic groups that together comprise over 90% of the total population actively engaged in the Homelessness Response System in 2021: non-Hispanic Black clients (32%), Hispanic/Latinx clients (32%), and non-Hispanic White clients (27%)." The Black/African American population in Austin/Travis County is overrepresented among people experiencing homelessness compared to the total population in the area. The probability of experiencing homelessness in Travis County for a Black/African American person is approximately six times then that of a white person.

The report also found that race/ethnicity has a statistically significant relationship with age, with Hispanic/Latinx and Black clients significantly more likely to be younger, and White clients significantly more likely to be older ($p < 0.001$). Notably, a majority of both Black clients (54%) and Hispanic/Latinx clients (65%) are under the age of 35, and a majority of White clients (69%) are 35 and older.

Table 3: Intersections of Race and Ethnicity Among 2021 Homelessness Services Clients

Race/Ethnicity Category	Hispanic/Latinx	Not Hispanic/Latinx	Not applicable	Total
Asian	0% (8)	1% (127)	0% (0)	1% (135)
Black	2% (323)	32% (4,231)	0% (21)	35% (4,575)
Indigenous/ Native American	1% (80)	1% (73)	0% (2)	1% (155)
Pacific Islander	0% (12)	0% (18)	0% (0)	0% (30)
Two or more races	1% (173)	3% (453)	0% (0)	5% (626)
White	27% (3,559)	27% (3,532)	0% (42)	54% (7,133)
Not applicable	1% (127)	0% (26)	3% (401)	4% (554)
Total	32% (4,282)	64% (8,460)	4% (466)	100% (13,208)

Qualifying Population: At Risk of Homelessness as defined in 24 CFR 91.5

Per 24 CFR §91.5, an individual or family is considered at-risk of homelessness if their income is below 30% area median family income, they do not have sufficient resources or support networks, and meets one of the following conditions:

> (A) has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
>
> (B) Is living in the home of another because of economic hardship;
>
> (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
>
> (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
>
> (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
>
> (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

Data on Median Family Income (MFI) is readily available. In Austin, according to 2020 American Census Survey data, there are over 50,000 individuals who live alone and make less than 30% MFI. Table 4 below shows the race and ethnicity composition of this population. Every race and ethnicity group within the population of people living alone and earning less than 30% MFI, except for white people, are overrepresented relative to the general population in Austin.

Table 4: Individuals who live alone and make less than 30% of MFI in Austin by Race

Race/Ethnicity	Column A- % of population making less than 30% MFI	Column B- % of total population of Austin
Black/African American	12.2%	8.3%
Asian/Asian American	7.9%	5.5%
White	37%	59.4%
Hispanic	30.8%	18.1%
Another Race	6.7%	3.6%
Multi-racial	5.3%	5.1%

When analyzing families in Austin, over 26,000 family households have multiple members with incomes less than 30% of the MFI. Table 5, which shows the race and ethnicity composition of the population of families making less than 30% MFI, highlights that Black, Hispanic, and family households of another race are overrepresented relative to their share of all family households in Austin.

Table 5: Families with multiple members making less than 30% of MFI in Austin by Race

Race/Ethnicity	Column A- % of population of family households making less than 30% MFI	Column B- % of total population of family households in Austin
Black/African American	13.6%	6.5%

Asian/Asian American	5.7%	7.3%
White	19.3%	46.7%
Hispanic	45.7%	28.3%
Another Race	11.9%	6.7%
Multi-racial	3.8%	4.4%

While income data is readily available, it is difficult to assess and quantify data to measure the other two elements of the definition of "At Risk of Homelessness" - (1) lacking the social support to maintain housing and (2) meeting one of the (A) through (G) criteria included above. However, there are data that provide us with insights into the size of the low-income population that is At Risk of Homelessness.

According to Eviction Lab, the average number of evictions in the first month after Austin's eviction moratorium lapsed on March 1, 2022 was 77% higher than monthly evictions rate between January 2020 and March 2022. As of September 10, 2022, evictions were 32% higher than the average number of evictions between January 2020 - September 2022. This uptick in eviction filings is a result of many factors. Two of the biggest factors are income loss resulting from the pandemic and an increasingly tight housing market soaring rental rates. Furthermore, BASTA, a City of Austin-funded eviction protection and housing rights program, stated, "Of the more than 200 calls we received through our intake line, over half were for assistance on individual housing needs, most notably support with eviction defense and rising rents." These data highlight that it is very likely that many people living below 30% of MFI At Risk for Homelessness.

Qualifying Population: Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

For HOME-ARP, as defined by the Department of Housing and Urban Development, populations fleeing or attempting to flee domestic violence include any individual or family who is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. This includes cases where an individual or family reasonably believes that there is a threat of imminent harm from further violence based on dangerous conditions or an incidence of violence that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return or remain within the same dwelling unit.

According to the Texas Department of Public Safety report on Family Violence, there were 197,023 cases of family violence incidents in Texas in 2018, involving 212,885 victims. Of the victims whose sex was known, 28.4% were male and 71.6% were female. The age group with the highest number of victims was the 25-to-29 year-old bracket. Of the victims whose ethnicity was known, 39% were Hispanic and 61% were not Hispanic. Of the victims whose race was known, 68.5% were white, 28.9% were Black, and 2.6% were American Indian, Alaskan Native, Asian, or Native Hawaiian/ Other Pacific Islander.

Sex trafficking is also a significant criminal and social justice problem in Texas. The national human trafficking hotline noted that one-third of all trafficking cases reported to them involved trafficked youth from Texas. There were over 2,400 trafficking victims identified in Texas in 2019, and the University of Texas estimated that there are roughly 79,000 victims of young adult and minor sex trafficking in Texas at any given time, ranking Texas as one of the top three states in the country for trafficking activity.

SAFE Alliance, a human service agency in Austin that serves the survivors of child abuse, sexual assault and exploitation, and domestic violence, provided the following figures (Table 6) to demonstrate the size of the population served by the agency in Austin. While the number of people who have contacted the SAFEline - a 24/7 to anyone seeking assistance for themselves or others in cases of domestic violence, sexual assault, sex trafficking, and child abuse - has increased, especially between 2019-2020, the capacity of the agency to provide services and resources for the population has not matched the increase in need. In 2020, SAFE Alliance also reported serving 119 trafficking survivors.

Table 6: Size of Population Served by SAFE Alliance

	Number of People who Contacted SAFEline	Number of Youth and Adults Served Overall
2018	19,513	6,168
2019	19,617	6,628
2020	21,744	6,373

Additionally, in 2020, the Austin Police Department and Travis County Sheriff's Office reported 9,147 total family violence cases and 669 sexual violence cases.

Qualifying Population: Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined by HUD in the Notice

While the exact population of households who are at risk of housing instability is difficult to calculate, it is clear the amount of people experiencing housing instability has increased through the course of the Coronavirus pandemic. In response to COVID-19, the City of Austin worked with the Housing Authority of the City of Austin to implement the RENT (Relief of Emergency Needs for Tenants) Program to provide emergency rental assistance to income-eligible households impacted by the pandemic. Over a 15-month period, the RENT Program received applications from over 36,000 households and provided $77,153,685 in rental assistance to 10,746 unique households. Of the unique households served by RENT, 58% reported income below 30% of the Area Median Income. The number of applications relative to the households that received services, coupled with the Eviction Lab data on evictions noted earlier, serves

as a proxy demonstrating that additional services and housing supports are needed to prevent housing instability and homelessness.

Table 7 and 8 below shows the racial and ethnic demographics, respectively, of the 10,746 unique households served by the RENT program.

Table 7: Race of Households Served by RENT Program

Race	# of Households who received rental assistance	% of Households who received rental assistance
African American	2,630	24.47%
Asian	314	2.92%
Hawaiian/Pacific Islander	29	0.27%
Multiracial	374	3.48%
Native American	100	0.93%
Not disclosed	802	7.46%
Other	1,294	12.04%
White	5,203	48.42%
Total	**10,746**	**100.00%**

Table 8: Ethnicity of Households Served by RENT Program

Ethnicity	# of Households who received rental assistance	% of Households who received rental assistance
Did not disclose	685	6.37%
Hispanic	4,043	37.62%
Not Hispanic	6,018	56.00%

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing:

Congregate and non-congregate shelter units and beds

The City of Austin's current congregate and non-congregate shelter units and beds are mostly prioritized for individuals who are homeless (QP1); however, there are some shelters in Austin that limit access to individuals who are fleeing or attempting to flee domestic violence. Different shelter projects also prioritize access to congregate shelter beds by gender or households with minor children, or other subpopulations of individuals experiencing homelessness. These shelter spaces are funded by a combination of funding streams, including the City of Austin General Funds, City of Austin Emergency Solutions Grant (ESG) funds, ESG Cares Act funding, Department of Justice funding, State of Texas ESG, and private philanthropy.

The FY2020 Housing Inventory Count (HIC) identified 1,029 available year-round Emergency, Safe Haven, and Transitional Housing beds for individuals experiencing homelessness. The same HIC in FY2021 counted 930 beds; the reduction primarily being driven by the demobilization of protective lodge beds that the City stood up during the COVID 19 pandemic.

Supportive Services

Supportive services, excluding those services tied directly to housing programs such as Rapid Rehousing and Permanent Supportive Housing, are targeted to sheltered and unsheltered individuals experiencing homelessness and individuals At Risk of Homelessness or facing housing instability.. Support Service projects vary in access based on the intention and funding of the project, with some projects, such as tenant's rights mediation and eviction mediation, being accessible to all Qualifying Populations, and other projects, such as emergency rental assistance and homelessness prevention programs, prioritizing individuals At Risk of Homelessness (QP2) or Other Populations requiring service or Housing Assistance to Prevent Homelessness. During the pandemic, the City of Austin used emergency federal funding (e.g., CARES Act) and City General Funds to support emergency rental assistance and eviction protection efforts.

The City of Austin's capacity for Community Services with General Funds has increased from the FY19-20 budget of $4,482,003 to an FY 20-21 budget of $5,762,954 .

Tenant Based Rental Assistance and Rapid Rehousing Projects

Individuals or families experiencing homelessness (QP1) or fleeing, or attempting to flee domestic violence (QP3), are prioritized for local Tenant Based Rental Assistance and Rapid Rehousing Programs through the community's Coordinated Entry process. These programs assist individuals to quickly locate permanent housing options with supported case management and housing search and location services, as well as financial assistance to obtain housing. In aligning with best practices, these services are provided in accordance with Housing First and trauma-informed care. These projects are funded with HOME TBRA funds paired with local service dollars, Continuum of Care, ESG, and City of Austin General Fund. According to the 2022 TX-503 Needs and Gaps Report**,** produced by ECHO as the CoC lead agency, there are 1,570 rapid rehousing beds in the community.

Affordable and permanent supportive rental housing

The City of Austin supports the development of affordable housing for all Qualifying Populations with locally approved Affordable Housing Bond dollars, by approving projects for submission for state tax credit applications, and with direct capital investment. According to the City of Austin's Housing & Planning Department's Affordable Housing Online Search tool, there are 39,132 income-restricted units currently within the City of Austin. Comparing this to the estimated 50,000 Austinites living below 30% area median income, creates a gap of an additional 10,868 affordable housing units needed.

As highlighted in Table 1, the 2022 TX-503 Needs and Gaps Report showed 3,077 total RRH and PSH beds as determined by the HIC. However, most of these beds support existing clients (i.e., clients currently enrolled and moved into housing). Based on the January 2022 Point In Time HIC snapshot, PSH projects reported being at 81% capacity (meaning there would be approximately 282 available beds to fill), and RRH projects reported being at 100% capacity. Therefore, only 282 of 3,077 beds for permanent housing programs are open for occupancy.

As of July 2022, the ECHO homelessness dashboard estimated that there were approximately 4,022 people experiencing sheltered and unsheltered homelessness. Therefore, given the current inventory of permanent housing beds and current capacity, the need for additional affordable housing beds exceeds the current supply by over 3,700 beds.

Permanent Supportive Housing within the community is prioritized for individuals and families meeting the definition of chronic homelessness. These intensive projects assist individuals with complex housing stability barriers by helping them obtain and maintain housing and providing wrap-around case management services for as long as the household might need. PSH services are funded through two main funding streams: the Continuum of Care program and the City of Austin general funds. These services are paired with housing vouchers, either project-based or scattered sites, supplied through the two local Public Housing Authorities and the federal government. As noted in Table 1, Austin currently has 1,344 units of PSH for adults and families.

The Finding Home ATX Initiative

In early 2021, the City, community leaders and stakeholders, CoC members, service providers, and individuals with lived expertise of homelessness, convened to develop a community implementation plan to effectively and significantly reduce unsheltered homelessness in Austin. The plan, which is called the "Finding Home ATX Initiative'', is committed to the goal of systemically building and scaling the community's Homelessness Response System to incrementally house 3,000 people experiencing unsheltered homelessness; develop 1,300 affordable housing units for permanent supportive housing programs; and make investments into the system to improve equity objectives, invest in prevention, and improve data-driven decision making. The Initiative has developed a detailed action plan to achieve these goals and calls for $515 million in investments over a three-year period ending in December 2024.

As of August 2022, our community has raised nearly 85% of this goal (or $434 million) from a variety of public and private sources. The City of Austin has dedicated over $200 million to the Finding Home

Initiative through a combination of funding, including City General Funds, Government Obligation Bonds, and $95 million in American Rescue Plan Act State and Local Fiscal Relief Funds.

While funding dedicated to the Finding Home ATX Initiative will support programs and services throughout the community's Homelessness Response System, the majority of the resources are dedicated to building and maintaining permanent housing capacity for individuals experiencing homelssness (i.e., Permanent Supportive Housing and Rapid Rehousing Programs), in line with the aim to use this initiative to move our system toward the ultimate goal of achieving functional zero.

Describe the unmet housing and service needs of qualifying populations, including but not limited to:

-Homeless as defined in 24 CFR 91.5

-At Risk of Homelessness as defined in 24 CFR 91.5

-Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

-Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability as defined by HUD in the Notice

-Homeless as defined in 24 CFR 91.5

According to ECHO's Austin/Travis County Homelessness Dashboard, in July 2022, there were 3,047 people experiencing unsheltered homelessness in Austin/Travis County, and 975 people were experiencing sheltered homelessness. Given the large number of unsheltered and sheltered people, there is a significant need for more services across our community's entire Homelessness Response System, from outreach to emergency shelters to affordable housing units to wrap around support services for permanent housing programs.

Emergency Shelter: The need for emergency shelter beds within the Austin community is particularly acute. As noted in Table 1, there are currently only 919 shelter beds available in Austin for the 4,022 people experiencing homelessness, leaving a gap of 3,103 shelter beds. The need for shelter beds was heightened in 2021, when Austin voters approved Proposition B making it a criminal offense for anyone to sit, lie down, or camp in public areas and the Texas State Legislature passed HB 1925 in September 2021, which created a statewide camping prohibition. Both of these laws have compounded the need for additional emergency shelters for people experiencing homelessness. The current inventory of shelter beds are rarely vacant and, therefore, with these two new laws in place, there is no temporary lodging for people experiencing unsheltered homelessness to go.

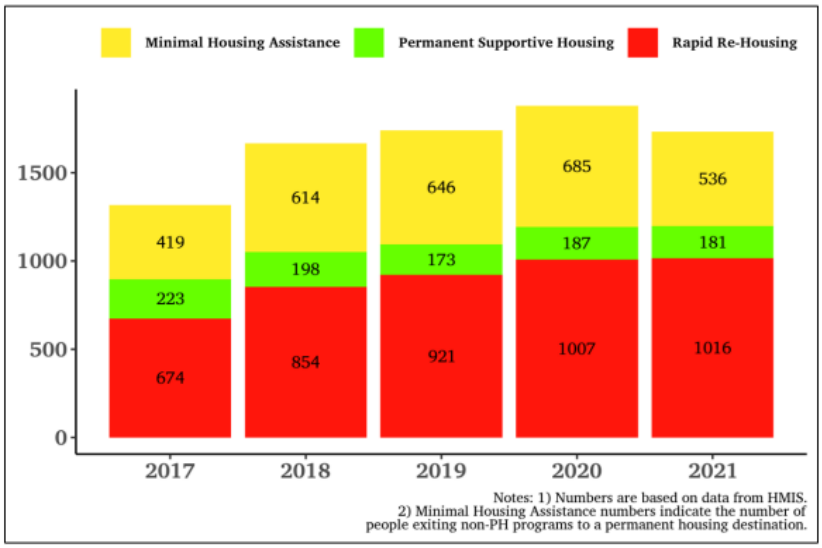
Permanent Housing Programs:

Based on the strong national and local research base, we know that coupling affordable housing and supportive services through programs like Permanent Supportive Housing and Rapid Rehousing is the best solution to ending household homelessness. However, Austin's Homelessness Response System currently lacks the inventory of permanent housing beds and programming capacity to meet the needs of the homeless population. As noted in Table 1, there are currently only 1774 units of PSH and Other

Permanent Housing, and the Needs and Gaps Report identified 1,570 units of Rapid Rehousing, leaving a current gap of 678.

Figure 12 below was taken from Austin ECHO's 2022 Needs and Gaps Report, which breaks down the number of people in the Coordinated Entry System that moved into permanent housing from 2017 to 2021 by assistance type (Minimal Housing Assistance, Permanent Supportive Housing, and Rapid Re-housing).

Figure 12: 2021 Permanent Housing Program Move-Ins



The report states that while funding for and needs of the homelessness system has increased overall in 2021, Emergency Shelter, Permanent Supportive Housing, and Rapid Re-housing move-ins have remained relatively similar to 2022, and Minimal Housing Assistance (MHA) move-ins decreased from 2020 to 2021. Austin's extremely tight real estate market has significantly influenced this reality, as providers are finding it extremely expensive to build or rent an affordable housing unit for people experiencing homelessness. The report, which used January 2022 data, indicated that 3,247 people experienced unsheltered and sheltered homelessness, but only 1,733 people were moved into permanent housing in the 2021 calendar year. This underscores the unmet need for additional permanent housing units.

However, thanks to the Finding Home ATX Initiative noted previously, our community is starting to make real progress on closing the permanent housing unit gap. Currently, there are 1,000 affordable housing units in the development pipeline dedicated to permanent housing programs for people experiencing homelessness, which leaves us 300 units short of the Finding Home ATX goal of developing 1,300 new affordable units. The majority of the 1,000 units currently being developed will not be ready for occupancy until 2024. Therefore, there remains a short-term need to secure both temporary and permanent housing solutions for the 3,047 people experiencing unsheltered homelessness in Austin.

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

Unmet needs for survivors of domestic violence include emergency shelter, transitional housing, legal services, and other supportive services. Staff from the Housing and Planning and Austin Public Health departments met with staff representatives of SAFE Alliance, a local non-profit domestic violence service provider, to discuss how HOME-ARP funding could support this vulnerable population. SAFE Alliance staff commented on the lack of housing available for people with housing vouchers. Though the community has strong policies and practices with both local public housing authorities, the Housing Authority of the City of Austin and the Housing Authority of Travis County both allocate housing vouchers to the Continuum of Care as both Move-On vouchers and housing vouchers paired with support services for permanent supportive housing, many local fair market landlords reject accepting housing choice vouchers as valid sources of income, exacerbating the need for more affordable housing programs. Additionally, staff commented on the need for funding for low-income housing for people not entered into the HMIS system.

The University of Texas at Austin Institute on Domestic Violence and Sexual Assault (IDVSA) surveyed providers who serve survivors of sexual violence, with a focus on service availability and gaps in services. The report, titled *Resources for Texas Sexual Assault Survivors*, identified the need for emergency shelter and transitional housing options to serve the unique needs of individuals and families fleeing domestic violence as a key finding. Service providers discussed challenges with finding shelters designed for survivors of human trafficking and sexual assault. Due to the lack of affordable housing options or other permanent housing services, many survivors reside in emergency shelter spaces longer than necessary.

Table 9 below reflects the percentage of service providers who reported an unmet need for a service category. Travis County was included in the region of Central Texas. According to the report, 67% of organizations from Central Texas that participated in the survey believed the need for "other services" exceeded the level of service that is available. Other Services include shelter, transitional housing, and permanent supportive housing.

Table 9: Percent of Service Providers Reporting Unmet Need for Services by Service Category

	Accompaniment - in person support for interactions with law enforcement, court officials, and medical professionals	**Crisis Intervention/ Hotline**	**Advocacy/ Assistance**	**Therapy**	**Outreach/ Prevention**	**Forensic or Medical**	**Legal**	**Other Services**
Total for Texas	48.70%	43.60%	33.20%	60.70%	58.20%	41.80%	54.70%	51.70%
Central Texas	52.90%	47.00%	41%	75.00%	70.50%	42.60%	75.50%	66.70%

Additionally, the 2022 TX-503 CoC Needs & Gaps Report indicated that, of households in programs designated to assist individuals experiencing homelessness and/or fleeing domestic violence, 2,189 households, or 40%, identify as fleeing domestic violence, but not currently receiving rapid rehousing or permanent supportive housing assistance. When we look at projects which assist households in gaining access to permanent housing options, 40% of that population, or 1,217 households, identify as fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking.

*Populations at Risk of Homelessness **and** Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability as defined by HUD in the Notice*

According to Eviction Lab, the average evictions between January 2020 through September 10th, 2022, were 32% higher than the historical average. This uptick in eviction filings is a result of many factors, including income loss resulting from the pandemic and an increasingly tight housing market in Austin that incentivizes landlords to raise rents. The FY21 Austin-Round Rock- Georgetown MSA County and Precinct Analysis for Bastrop, Caldwell, Hays, Travis (the County Austin is in), and Williamson County by the local nonprofit HousingWorks Austin found that "in all counties but Bastrop, over 1 in 4 households are housing cost burdened, defined as paying more than 30% of their income to housing costs. Furthermore, over 10% of households in all counties but Bastrop pay more than half of their income to housing costs (extremely cost burdened)." Between 2020 and 2021, Austin's housing costs have risen by over 36% across the MSA. These findings illustrate the structural and economic pressures that many low-income residents are facing.

With local eviction prevention measures expired in May 2022, many more low-income renters now face eviction and the need for additional assistance remains high. As described in the section above, the City of Austin administered emergency rental assistance through multiple iterations of the RENT (Relief of Emergency Needs for Tenants) program. In total, between May 2020 - July 2021, the City's RENT Program received 36,738 applications for assistance and provided $77,153,685 in rental assistance to 10,746 unique households. Of the unique households served by RENT, 58% reported income below 30% of the Area Median Income. While only 10,746 applications were funded, this leaves an approximate gap of 25,992 applications that did not receive rental assistance. The gap between applications and unique households supported clearly indicates that the demand for rental assistance and support services is greater than the level of support available funded than the City.

Here are additional data that points to the need for additional services for this population:

- In 2020, the City of Austin's Strategic Direction 2023 plan created an outcome measure to assess the "Number and percentage of residents that are living in an area considered to be a "Complete Community." A complete community is defined as areas that provide amenities, transportation, services, and opportunities that fulfill all residents' material, social, and economic needs. As of 2020, when this measure was first analyzed, only 11% of residents were considered to live in a "Complete Community." This indicates that individuals/households may not have access to the infrastructure and services to ensure they remain stable.

- 2-1-1 Texas, a program of the Texas Health and Human Services Commission, is an information center accessible through the internet or phone designed to connect individuals to basic needs assistance such as food, housing, child care, or emergency services such as shelter or rental assistance. From May 2020 to May 2021, 2-1-1 received 147,585 requests from households in Travis County, of which 32% requested Housing and Shelter assistance. Of those, 56% requested rental assistance.
- HUD's System Performance Measures as mandated by the McKinney Vento Homeless Assistance act requires communities to assess the number of individuals who have experienced homelessness for the first time within the last 24 months of system assessment. Between 2015 - 2019, an average of 3,343 persons experienced homelessness for the first time within the community. This data point illustrates that there is a lack of support systems and services for households and individuals At Risk of Homelessness. Though the average number of people experiencing homelessness for the first time was lower for 2020 and 2021 (2,636), this decrease can be attributed to the local eviction moratoriums and COVID specific emergency rental assistance available in the community. Given that the eviction moratorium has expired, we expect the number of individuals experiencing homelessness for the first time to increase.

Identify any gaps within the current shelter and housing inventory as well as the service delivery system:

Shelter Inventory

The need for emergency shelter beds in Austin is particularly acute. As noted in Table 1, there are currently only 919 shelter beds available in Austin for the 4,022 people experiencing homelessness, leaving a gap of 3,103 shelter beds, and only 106 of those shelter beds are available for the 1,713 victims of Domestic Violence identified in Table 1. The need for shelter beds was exacerbated in 2021, when Austin voters approved Proposition B making it a criminal offense for anyone to sit, lie down, or camp in public areas and the Texas State Legislature passed HB 1925 in September 2021, which created a statewide camping prohibition. Both of these laws have compounded the need for additional emergency shelters for people experiencing homelessness. The current inventory of shelter beds are rarely vacant and, therefore, with these two new laws in place, people experiencing unsheltered homelessness have very few places to find shelter. An increase in emergency shelter units is necessary to reduce the number of individuals experiencing unsheltered homelessness, especially in light of the State ban on camping which creates criminal offenses for individuals experiencing unsheltered homelessness.

The three-year Finding Home ATX Initiative, described earlier in the proposal, has prioritized investments to develop more affordable housing units and increase the capacity of permanent housing programs, specifically Permanent Supportive Housing and Rapid Rehousing. Increased capacity developed by this initiative will help accelerate the pathways and decrease the time by which an individual experiencing homelessness is connected to housing. However, these investments will take time to materialize, as the majority of new affordable housing units will begin enrolling in 2024; leaving a short-term gap in both temporary and permanent housing options for populations experiencing homelessness.

Housing Inventory

The need for additional housing units in Austin is significant.

The demand for housing units among individuals experiencing homelessness, including individuals fleeing domestic violence, was 2,965 greater than the supply of available housing units[1] during the last 10 days in January 2022, the timeframe of the 2022 HIC. Austin ECHO estimates there were approximately 3,247 people experiencing homelessness, with 1,217 of that population identifying as survivors of domestic violence, during this duration, and, according to the 2022 Austin ECHO Needs and Gaps Report, "there are a total of 3,077 beds for people experiencing homelessness through Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs in Austin." However, the vast majority of the PSH and RRH beds are occupied and not available for move-in. During this timeframe, PSH projects reported being at 81% capacity, meaning there were approximately 282 available beds to fill. RRH projects reported being at 100% capacity, meaning that they had no current openings and new enrollments would occur as clients exited the program. Therefore, the vast majority of the 3,247 individuals experiencing homelessness in Austin during the last 10 days in January of 2022 did not have timely access to housing to help them stabilize and end their homelessness. This point was made in the 2022 Needs and Gaps Report: "Even though the total amount of housing units (project "beds") programmatically available to permanently house people has increased since 2020, the Austin / Travis County geographic area's housing market does not have a sufficient amount of affordable housing units for program participants to rent. In other words, an available slot in a permanent housing project does not mean there is an available or accessible affordable unit in Austin / Travis County for that client to rent due to the tight and increasingly unaffordable rental market as well as discrimination faced by people exiting homelessness." As noted earlier, the Finding Home ATX initiative, which aims to build 1,300 new affordable housing units and add new units through the rental market, will help close this gap but the need for more housing will persist after the three-year initiative.

There is also a need for more affordable housing for households earning 50% or below the Area Median Income (AMI). While there are 80,704 households at or below 50% AMI, there are only approximately 20,890 units available in Austin that are affordable for people at this income level, leaving a gap of 59,814 units.

Service Delivery System

The Service Delivery System in Austin has become more integrated in the last few years to support not only the individuals experiencing homelessness and individuals fleeing or attempting to flee domestic vioelnce, dating violence, sexual assault, and human trafficking , but also individuals that are at risk of homelessness and unstably housed. However, because the service delivery system is funded through a variety of public and private sources, all of which have different eligibility and programmatic criteria, gaps remain in the system. Additionally, Austin is beginning to build a more robust set of prevention

[1] This demand for housing units through the Homelessness Response System does not distinguish between Permanent Supportive Housing or Rapid Rehousing needs.

programs, spurred in large part by federal emergency and stimulus funds. However, continued investments in prevention are needed to ensure people have the support they need to thrive.

As noted in Table 1, there are 2,616 emergency shelters, transitional housing, and Permanent Supportive Housing beds (not including 1,570 rapid-rehousing year-round beds reported in the 2022 Needs and Gaps report) within Travis County for individuals experiencing homelessness and/or fleeing domestic violence across the community. These projects all include support services, such as access to housing stability case management, housing search and location services, connection and access to basic needs and mainstream benefits, and connection to behavioral health care services provided in accordance with Housing First service delivery philosophy and trauma-informed care best practices, in order to quickly stabilize an individual/household experiencing homelessness. These services are necessary to assist individuals, especially individuals with complex trauma due to extensive histories of experiencing homelessness, in obtaining and maintaining housing. The data tells us these services are effective. Since 2019, individuals/households that received these services have returned to homelessness at a rate of only 16.9% across all housing services interventions.

The $515 million Finding Home ATX Initiative is supporting a significant expansion of Austin's homeless permanent housing programs. Over the next three years, the plan calls for $56 million to be invested in Permanent Supportive Housing and another $85 million invested in Rapid ReHousing. This level of investment will significantly increase the capacity of Austin's permanent housing support services and, when coupled with new affordable housing developments and units acquired in the rental market, will help house and stabilize 3,000 individuals. The challenge and gap Austin faces is identifying funds to provide support services for the unsheltered population not engaged in permanent housing programs and directing more support services toward prevention to support the populations that are unstably housed and At Risk of Homelessness.

Under Section IV.4.2.ii.G of the HOME-ARP Notice, a PJ may provide additional characteristics associated with instability and increased risk of homelessness in their HOME-ARP allocation plan. These characteristics will further refine the definition of "other populations" that are "At Greatest Risk of Housing Instability," as established in the HOME-ARP Notice. If including these characteristics, identify them here:

The City of Austin is not suggesting expanding the program eligibility beyond the populations noted above and those at greatest risk of housing instability (under 30% AMI and severely cost-burdened) as provided by HUD in CPD Notice 21-10.

Identify priority needs for qualifying populations:

Staff from the Housing and Planning Department and Homeless Strategy Division of Austin Public Health met with various organizations to collect feedback on the priority needs of unhoused and housing insecure populations. Additionally, a survey was conducted online to collect feedback on homelessness investment priorities related to the American Rescue Plan Act. This consultation and public engagement is described in detail in Sections I and II of this document.

Based on the feedback received through the consultation and public engagement processes, the following priority needs are identified for populations qualifying to benefit from HOME-ARP:

- Emergency Non-Congregant Shelter options to address immediate unsheltered needs
- Permanent supportive housing for people experiencing homelessness and fleeing domestic violence
- Quality affordable housing for low income residents and voucher holders
- Sustainable funding for supportive services for individuals and families At Risk of Homelessness, Fleeing Domestic Violence, Experiencing Homelessness, or Other Housing Instability
- Rental assistance for people experiencing housing insecurity and people recently moved into housing from homelessness
- Affordable housing and services for people with disabilities earning low income
- Legal services and protections for tenants facing eviction

Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined.

Data on shelter, housing inventory, and service delivery systems were taken from the Housing Inventory Count (HIC). The HIC, which is conducted annually during the last ten days in January at the same timeframe as the Point in Time (PIT) Count, and provides a snapshot of the Homelessness Response System's capacity to provide housing and supportive service assistance. The HIC report tallies the number of beds and units available on the night designated for the count by program type and includes beds dedicated to serving persons who are homeless as well as persons in permanent housing projects.

Shelter and housing unit data were compared to estimates of the number of people experiencing homelessness provided by Austin ECHO, which is based on data from the Homelessness Management Information System (HMIS). HMIS captures information from people who have engaged with projects in the Homelessness Response System at some point in time (note: we believe this is a more accurate measure of the number of people that flow through our Homelessness Response System relative to the Point-In-Time (PIT) Count, especially since Austin hasn't conducted a traditional PIT count since January 2020 due to the pandemic.)

This plan relies on three primary data sources to measure the number of individuals and families experiencing sheltered and unsheltered homelessness. Each data source uses different time periods to measure the size of the population and, therefore, there is some variation throughout the report in the number of reported individuals and families experiencing sheltered and unsheltered homelessness. The bullets below specify the primary data sources and the corresponding time period for measurement.

- The ECHO Needs and Gaps Report: Reported 3,247 people experiencing homelessness based on data from the last 10 days in January of 2022.
- ECHO Dashboard as of July 2022: Reported 4,022 individuals experiencing homelessness based on July 2022 Homelessness Management Information System Data

- ECHO Racial Disparities Report: Reported 13,208 individuals experiencing homelessness based on the number of clients that interacted with the Homelessness Response System through 2021. The report estimates that 28%, or roughly 3,804 individuals, are fleeing domestic violence.

The affordable rental housing gap was based on the needs analysis conducted as part of the City of Austin's Consolidated Plan, HousingWorks (a local housing advocacy group) annual report[2], the City of Austin's BluePrint housing plan, and data from the American Community Survey. Specifically, we compared the number of households under 30% of area median income as reported in the 2020 American Community Survey compared to the number of available income-restricted units as related to the Housing and Plannings Affordable Housing Online Search tool.

The need for support services was based on a number of different variables and datasets. The 2020 TX-503 Needs and Gaps Report, produced by ECHO per the CoC requirements found at 24 CFR 578, analyzed the capacity and systems flow through rates of emergency shelter, rapid rehousing, permanent supportive housing, and other crisis response and housing services for the population experiencing homelessness and those fleeing, or attempting to flee domestic violence. Additionally, the City gathered qualitative data from organizations providing direct services to the qualified population to better understand the service needs and gaps from providers.

To understand the supportive services gap outside of the City's Homelessness Response System (i.e., emergency shelter, rapid rehousing, or permanent supportive housing programs), the City analyzed data of the City's RENT program from May 2020 to July 2021. The City received 36,738 applications for assistance and provided $77,153,685 in rental assistance to 10,746 unique households.

Additionally, the City also reviewed data on the people experiencing homelessness for the first time. Between 2015 and 2019, an average of 3,343 persons annually experienced homelessness for the first time within the community. This data point illustrates the lack of available social services, especially for households and individuals At Risk of Homelessness, to assist these households with the necessary resources in avoiding eviction or homelessness.

[2] HousingWorks annually releases an affordable housing booklet comparing current affordable housing inventory and development against low-income population needs.

Section IV: HOME-ARP Activities

Describe the method(s)that will be used for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors:
The Housing and Planning Department (HPD) will coordinate with Austin Public Health (APH) to use HOME-ARP funds to expand the supply of housing and services available for people experiencing homelessness, and low-income residents. HOME-ARP funds may be leveraged with local and private funding sources to support the provision of supportive services and assistance to qualifying populations. HPD and APH will continue working with partners such as the Housing Authority of the City of Austin to assist very low-income households and households at risk of homelessness.

HPD and APH will primarily solicit applications through several Request for Proposals seeking developers or subrecipients. City departments have experience working together to solicit both housing developers and service providers for projects that serve people experiencing homelessness. In a collaboration between APH and the Austin Housing Finance Corporation, the City of Austin has recently completed a solicitation to select a housing developer and a separate service provider to construct and operate a permanent supportive housing facility for individuals experiencing homelessness. The success of that venture will be considered when identifying developers and service providers for the HOME-ARP non-congregate shelter and rental housing projects. Operating costs of HOME-ARP funded non-congregate shelters will be supported through other funding sources.

HOME-ARP funds for supportive services will be awarded to nonprofit organizations or City departments based on the merit of proposals. Applications received as part of the larger American Rescue Plan RFP process may also be considered. The locations of activities will be determined after subrecipients are selected and prioritized.

Describe whether the PJ will administer eligible activities directly:
The City of Austin will utilize HOME-ARP to acquire a facility suitable to serve as a non-congregate shelter. The shelter will operate as an emergency shelter for households experiencing homelessness. Operation and services for the facility will be carried out by a subrecipient identified through solicitation utilizing other funding. The City intends to fund the development of affordable rental housing with HOME-ARP to increase the stock of units available to individuals experiencing homelessness. These funds may be utilized by the City for acquisition or construction, most likely leveraged with other funding to support larger development plans to support qualifying populations.

The City will not administer services provided within these facilities directly, but will solicit services from nonprofit organizations through a competitive bid process to identify qualified candidates to provide services.

If any portion of the PJ's HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or

contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:
Not applicable.

PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits. The following table may be used to meet this requirement.

See table below.

Table 10: Uses of HOME-ARP Funding			
	Funding Amount	**Percent of the Grant**	**Statutory Limit**
Supportive Services	$725,064.20		
Acquisition and Development of Non-Congregate Shelters	$8,000,000.00		
Tenant Based Rental Assistance (TBRA)	$0.00		
Development of Affordable Rental Housing	$1,000,000.00		
Non-profit Operating	$0.00	0%	5%
Non-profit Capacity Building	$0.00	0%	5%
Administration and Planning	$1,716,187.80	15%	15%
Total HOME-ARP Allocation	**$11,441,252**		

Describe how the PJ will distribute HOME-ARP funds in accordance with its priority needs identified in its needs assessment and gap analysis:
The City of Austin has identified necessary investments in Non-Congregate shelter, Affordable Rental Units, and Supportive Service to address the priority needs identified in the needs assessment and gap analysis. The City will allocate $8,000,000 for Non-Congregate Shelter, $1,000,000 for Affordable Rental Housing, $725,064.20 for Supportive Services, and $1,716,187.80 for administrative and planning uses. The size of these allocations are based on the proportional need in our community.

Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

Non-congregate Shelter: $8,000,000

As described in Section III: Needs Assessment and Gaps Analysis, there is an acute and disproportionate need for more emergency shelter for single and family households experiencing homelessness in Austin. As noted in Table 1, there are currently only 919 shelter beds available in Austin for the 3,467 people experiencing homelessness, with only 145 of those beds dedicated to households fleeing or attempting to flee domestic violence for the 1,217 people who are experiencing homelessness and identify as fleeing domestic violence. This leaves a gap of over 2,500 shelter beds. According to ECHO's Austin/Travis County Homelessness Dashboard, in July 2022, a disproportionate number of individuals experiencing homelessness are experiencing unsheltered homelessness (76%) as opposed to those residing in shelter spaces (24%).

There are significant human, community, and financial costs of not providing additional emergency shelter options for the current unsheltered population, especially in light of the state and local camping ban ordinances. At the human level, the unsheltered population are routinely and regularly living in places not meant for human habitation, which amplifies the populations already complex medical and behavioral health needs. Additionally, individuals experiencing homeless that are utilizing emergency shelters are better connected to and more frequently utilize support services, such as accessing healthcare services, acquiring vital documents necessary to sign a lease, and connecting to a housing-focused case manager, that help pave the pathway to permanent housing. The unsheltered population is very unconnected from critical support services; this is especially true now with the camping ban in place, as the unsheltered population is less concentrated downtown, which is where most of the support services organizations are located.

Since the camping bans went in place, the City (and broader community to an extent) is spending an extraordinary amount of time, energy, and financial resources to humanely enforce the law, to help relocate individuals to shelter or permanent housing, to clean up and collect trash from campsites occupied by the unsheltered population, to provide storage accommodations, and to deploy outreach staff to better connect the unsheltered population to services offered with the Homelessness Response System. This work is further complicated by the fact that the camping bans have created a situation whereby the unsheltered homelessness population is constantly being displaced from one location to the next. This reality has increased the staffing, coordination, and funding needs to help manage the population's needs. The City has recently set up special processes and procedures to coordinate and synchronize actions to support the unsheltered population across 15 City departments.

The citizens of Austin are also frustrated with the perceived lack of progress in assisting people transition from the streets to permanent housing, especially as the population experiencing homelessness is very visible throughout the City. Over the next two to three years, the $515 million community-driven Finding Home ATX plan will greatly increase the housing inventory and associated support services that will help stabilize the population. However, the outcomes from this Initiative will take time to materialize, leaving a significant need to increase the emergency shelter capacity in the near-term to immediately support the disproportionate number of individuals who are experiencing unsheltered homelessness.

Households fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking share many of the same barriers and needs as households experiencing homelessness. The possible single greatest differentiating factor, though, is that this population may stay in unsafe situations for longer durations in the event that safe shelter space is unavailable. These increases in duration for this population, whose size is notoriously difficult to accurately estimate based on both the increased threat of harm if members are unsuccessful in connecting to shelter, but also because of the many protections necessary to keep the population safe after fleeing, highlight the necessity that increases in available beds from the 145 available to the population is of paramount importance.

The issues identified here, and included in the the Needs and Gaps section of the report, highlight the necessity of acquiring more shelter capacity. $8,000,000 in HOME-ARP Non-Congregate shelter will help address the current community need for more emergency shelter beds to assist those experiencing homelessness and/or fleeing, or attempting, to flee domestic violence, especially those experiencing unsheltered homelessness. This investment in the non-congregate shelter, prior to conversion to affordable housing, will complement the $515 million Finding Home ATX Initiative (and the City's $200 million investment toward this plan) that focuses on building our community's permanent housing capacity. Furthermore, the HOME-ARP allowability for non-congregate shelters conversion to affordable housing will enable the community to address the immediate crisis while allowing the eventual conversion to Permanent Support Housing units. This approach allows the City to meet our immediate crisis for more emergency shelter, while also supporting our community's long-term strategy to end homelessness by having an adequate supply of affordable housing units that are paired with support services.

Supportive services to participants of these non-congregant shelter units will be provided through City of Austin General Funding, Emergency Solutions Grant funding, or other identified funding sources, not HOME ARP funding.

Affordable Rental Housing for People Experiencing Homelessness: $1,000,000

As noted in the Needs and Gap section, the demand for housing units among individuals experiencing homelessness is approximately 3,000 greater than the supply of available housing units. Austin's red hot real estate market makes it a very challenging environment to develop new affordable housing units and/or acquire units from the private rental market. The Finding Home ATX will help our community take a giant step forward to closing the affordable housing gap for people experiencing homeless. The Initiative will support the development of 1,300 new affordable housing units and acquire additional rental units for Rapid Rehousing projects. We have made good progress to date. There are currently 1,000 units of affordable housing in our development pipeline, but we are short of our goal by 300.

The HOME-ARP allocation of $1,000,000 will help address the need for additional affordable housing as described here and in the Needs and Gaps section of this plan. Given the resources the Finding Home ATX Initiative is raising to build 1,300 affordable housing units, there is an opportunity to cost-effectively leverage the HOME-ARP funds to achieve the Initiative's affordable housing goals. The City City plans to leverage the $1,000,000 in HOME-ARP funds to fill funding gaps in one of the many affordable housing

development projects already in the pipeline, which will accelerate the timeline for which these units are ready for occupancy.

For example, the HOME-ARP allocation could help accelerate the close of one of the seven affordable housing development projects that are part of the Travis County Supportive Housing Collaborative. Travis County has allocated $110 million of American Rescue Plan Act funding to this Collaborative, which [lans to develop nearly 2,900 affordable housing units, of which approximately 1,100 will be dedicated to individuals experiencing homelessness. Travis County's $110 million allocation will not fully fund the seven projects the Collaborative is developing, and there is need for additional capital to ensure project completion. Given the City's priority on homelessness, the City has a vested interest in supporting the Collaborative projects that will build affordable housing for people experiencing homelessness. This is one example of how the HOME-ARP affordable rental housing funding could be leveraged to ensure sufficient resources are identified to ensure project completion.

Supportive Services for People Experiencing Homelessness and Housing Instability: $725,064

The service delivery system in Austin has become more integrated in the last few years - both in terms of service coordination and the populations receiving support. However, because the service delivery system is funded through a variety of public and private sources, all of which have different eligibility and programmatic criteria, gaps in the system remain. Austin is also just beginning to build a more robust set of prevention programs, spurred in large part by federal emergency and stimulus funds. However, continued investments in prevention are needed to ensure people have the support they need to thrive.

The $515 million Finding Home ATX Initiative is supporting a significant expansion of Austin's permanent housing programs for people experiencing homelessness. Over the next three years, the plan calls for $56 million to be invested in Permanent Supportive Housing and another $85 million invested in Rapid ReHousing. This level of investment will significantly increase the capacity of Austin's permanent housing support services and, when coupled with new affordable housing developments and units acquired in the rental market, will help house and stabilize 3,000 unsheltered individuals.

With the Finding Home ATX Initiative focusing on permanent housing programs (i.e. wrap around support services attached to housing) for individuals experiencing homelessness, Austin faces a support services funding gap for (a) the unsheltered population not engaged in permanent housing programs and (b) populations that are unstably housed and At Risk of Homelessness.

The magnitude of need for the unstably housed and At Risk of Homelessness populations is evident based on data from the City's RENT Program. The Program received 36,738 applications for assistance but was only able to help 10,746 unique households, leaving over 29,000 households unserved (note: not all of the applicants that applied were eligible for RENT). Furthermore, data from the Eviction Lab indicates that the average number of monthly evictions were 32% higher, relative to the historical average, after Austin's eviction moratorium expired in March 2022. We believe this trend will continue given the sharp rise in the rental housing market, warranting additional support in order to help people maintain stable housing.

Additionally, reviewing the First Time Experiencing Homelessness System Performance Measure provided another important data point. Between 2015 and 2019, an average of 3,343 persons experienced homelessness annually for the first time within the community. This data point illustrates the need for additional social services, especially for households and individuals At Risk of Homelessness, to assist these households to maintain housing stability.

The City of Austin's investments in supportive service projects with HOME-ARP funds will provide needed support to all qualifying populations to help them retain their housing and/or eliminate housing barriers through programs such as rental assistance, utility assistance, landlord mediation, rental or utility debt assistance and negotiation, tenants rights education, and housing search or location services.

HOME-ARP Production Housing Goals

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:
Through the above allocations, the City of Austin plans to develop between 28-35 affordable rental housing units limited to serving households experiencing homelessness exclusively through HOME-ARP investments. Based on the HOME-ARP Housing Production Goal Calculation Worksheet, the City will be able to develop 28 rental housing units, after accounting for ongoing operating costs or operating cost assistance reserves, with an $8 million investment in non-congregate shelter for eventual conversion to rental housing and $1 million direct investment in rental housing, assuming that each unit will affordable housing rental unit will cost $225,000 to develop. However, our intent is to leverage the HOME-ARP with funds with other funding sources to maximize unit creation and, therefore, have included a range for our production goals.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ's priority needs:

As described in the proposal earlier, the community's Finding Home ATX Initiative has an explicit goal of developing 1,300 affordable housing rental units to move our system to the eventual goal of getting to functional zero. To date, funds have been secured and the development process has been initiated for approximately 1,000 units. The HOME-ARP investments will help our community move closer toward the goal of bringing 1,300 units online by December 2024.

Based on the system modeling work that our community has comleted, this increase in affordabel rental housing units for individuals and households experiencing homelessness and individuals and households fleeding or attempeting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking will address the prirotiy needs of these populations. The current lack of affordable housing units within the community, specifically of units with dedicated supportive services attached to these units funded through other funding sources to act as Permanent Supportive Housing units, has prolonged the experiences of homelessness, housing instability, and risks of violence to these two

groups. The availability of these new units, as supported by this HOME-ARP allocation, will result in safe and stable housing opportunities for these two priority populations.

Section V: Preferences

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

Non-Congregate Shelter: The City of Austin will apply an eligibility limitation to households, either single households or multi-member households, experiencing homelessness (QP1).

- Prioritization within the limitation:households experiencing homelessness specifically individuals or families who lack a fixed, regular, and adequate nighttime residence, will be prioritized for Non-Congregate Shelter access.

Rental Housing Units created through Non-Congregate Shelter Conversion: The City of Austin will apply an eligibility limitation to individuals and households experiencing homelessness (QP1) and/or Fleeing or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (QP3) .

- Prioritization: households and individuals experiencing homelessness and/or Fleeing or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking will be prioritized for access to vacant units through the local Coordinated Entry System, which will be expanded to assess for the needs of QP#1 and #3 as defined in CPD Notice 21-10. The Coordinated Entry System prioritizes households in accordance with 24 CFR 578, CPD-Notice-16-11, and CPD-Notice-17-01. Households are prioritized for services and housing interventions by chronic homelessness status, participant choice, and Austin Prioritization Index assessment score. The Austin Prioritization Index is the local needs and vulnerability assessment tool utilized by the local Coordinated Entry System to ensure resources and units are prioritized for households of greatest need at the time of resource availability. Households Fleeing or Attempting to Flee, Domestic VIolence, Dating Violence, Secual Assault, Stalking, or Human Trafficking are able to access the local Coordinated Entry System anonymously or directly, depending on households preference, and are granted access to vacant units and services through the same prioritization outlined above.

Developement of Affordable Rental Housing: The City of Austin will apply an eligibility limitation to households experiencing homelessness (QP1) and/or Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (QP3), as defined by HUD in Notice CPD-21-10 .

- Prioritization: households experiencing homelessness and/or Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking will be prioritized for access to vacant units through the local Coordinated Entry (CE) System. Households are prioritized for services and housing interventions by participant choice Austin Prioritization Index assessment score. The Austin Prioritization Index is the local needs and vulnerability assessment tool which produces a numerical score, between 1 - 21, as a quantifier

of an individual's needs and vulnerability. This prioritization is utilized to ensure resources and units are prioritized for households of greatest need at the time of resource availability to services and units as these resources communicate vacancies. Households Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking are able to access the local Coordianted Entry System anonymously or directly, depending on households' preference, and are prioritized alongside other CE participants. The CE system prioritizes households in accordance with 24 CFR 578, CPD-Notice-16-11, and CPD-Notice-17-01.

Supportive Services: The City of Austin will ensure equal access to all Qualifying Populations for services and there will be no preferences within any Qualifying Populations.

The City of Austin will comply with all applicable fair housing, civil rights, and non-discrimination requirements, including but not limited to these requirements listed in 24 CFR 5.105(a) including the Equal Access Rule.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ's needs assessment and gap analysis:

Consistent with the content of the Needs and Gaps Section, the City believes that the limitations (and methods of prioritization) will address the most pressing unmet needs in our community.

Non-Congregate Shelter, Rationale for applying an eligibility limitation to QP1: In order to address the large number of individuals experiencing unsheltered homelessness within the City of Austin (identified in the Needs and Gaps Section as 3,047 unsheltered to 975 sheltered), it is paramount to ensure that these critical life-saving resources are prioritized for households currently living in places not meant for habitation. Limiting access to non-congregate shelter to households experiencing homelessness will reduce the number of people living on the streets, will help connect those households to housing-focused services available in shelter and to support services in the homelessness response system, and will reduce the cumulative length of time an individual experiences homelessness.

Affordable Rental Housing and Rental Housing Units created through Non-Congregate Shelter Conversion; Rationale for applying an eligibility limitation to QP1 and QP3: Applying the limitation and prioritization described in the previous question will address the identified housing inventory and services delivery gap identified in Section III. Specifically, there are 2,965 people experiencing homelessness that do not have access to an affordable rental unit due to supply-side constraints. Furthermore, the proposed approach will ensure equal access to housing units for households experiencing homelessness and fleeing various types of violence, and the prioritization of housing and service resources will be vulnerability-based, as determined by the community's adopted assessment tool.

Supportive Services; Rationale for NOT applying a limitation or preference and, therefore, providing equal access to all Qualifying Populations: There is a clear gap in social services for all qualifying populations. The supportive service projects will serve all qualifying populations to increase the housing stability of participants. As illustrated through the Needs and Gaps section, Austinites who fall within the different QPs face significant barriers to maintaining their housing through evictions, unpaid utility or rental debt, legal proceedings related to loss of housing, or other factors that would either result in or prolong an experience of homelessness.

If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference:

The City has determined that a limitation on access for non-congregate shelter and rental housing is necessary to address the acute unmet needs and gaps in benefits and services for those experiencing homelessness, especially unsheltered homelessness.

In order to ensure that other qualifying populations not included in the limitation for non-congregate shelter and rental housing, specifically individuals and families At Risk of Homelessness (QP2) or Other populations who do not qualify under any of the populations above but meet one of the following criteria: (A) Other Families Requiring Services or Housing Assistance to Prevent Homelessness or (B) those At Greatest Risk of Housing Instability (QP4), the city of Austin will invest HOME-ARP supportive services funding to assist all Qualifying population to address housing instability, maintain permanent housing, and/or eliminate barriers to housing.

Section VI: HOME-ARP Refinancing Guidelines

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with 24 CFR 92.206(b). The guidelines must describe the conditions under with the PJ will refinance existing debt for a HOME-ARP rental project, including:

Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity

The City of Austin does not intend to use HOME-ARP funds to refinance existing debt secured by rental housing being rehabilitated with HOME-ARP funds.

Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.

Not applicable, the City of Austin does not intend to use HOME-ARP funds to refinance existing debt secured by rental housing being rehabilitated with HOME-ARP funds.

State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.

Not applicable.

Specify the required compliance period, whether it is the minimum 15 years or longer.

Not applicable.

State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.

Not applicable.

Other requirements in the PJ's guidelines, if applicable:

Attachment A: Austin Homeless Advisory Council Consumer Survey

The following ARPA investment priorities survey was distributed to AHAC. Thirteen completed surveys were returned to the Homeless Strategy Division on September 13, 2021.

Table 1

Service Category	AVERAGE RANK, 1 = Highest Priority
Disease Prevention	11.00
Food & Nutrition	**2.00**
Healthcare Access	**4.00**
Homeless System Navigation	6.00
Housing	**1.00**
Hygiene	5.00
Life Skills	7.00
Shelter	**3.00**
Social Support	8.00
Substance Use Services	9.00
Technology	10.00
Food & Nutrition	**AVERAGE RANK, 1 = Highest Priority**
SNAP	**1.00**
Walk-Up Prepared Meals	**4.00**
Mobile Water Delivery	**2.00**
Mobile Food Delivery	**3.00**
Vitamins	5.00
Substance Use Services	**AVERAGE RANK, 1 = Highest Priority**
Alcohol Sobering Services	**1.00**
Injection Drug Risk Reduction	**4.00**
In-Patient Rehabilitation	**3 (TIE)**
Opioid Replacement Therapy	5.00
Out-Patient Support	**2.00**
Wound Care	**3 (TIE)**
Communicable Disease	**AVERAGE RANK, 1 = Highest Priority**
Hepatitis C Testing, Treatment	**3 (TIE)**
HIV/AIDS Testing, Treatment	**4.00**
SARS-2/COVID-19 Vaccination	**1.00**

	Rank, 1 = Highest Priority	Helper Column (Reverse Rank)
Housing	**1**	11
Food & Nutrition	**2**	10
Shelter	**3**	9
Healthcare Access	4	8
Hygiene	5	7
System Navigation	6	6
Life Skills	7	5
Social Support	8	4
Substance Use Services	9	3
Technology	10	2
Communicable Disease	11	1

Vitamins	5.00	1
Walk-Up Prepared Meals	**4.00**	2
Food Distribution	**3.00**	3
Water Distribution	**2.00**	4
SNAP	**1.00**	5

Opioid Replacement Therapy	5.00	1
Injection Drug Risk Reduction	**4.00**	2
In-Patient Services	**3**	3
Wound Care	**3**	3
Out-Patient Services	**2.00**	4
Alcohol Dependency Services	**1.00**	5

COVID-19 Vaccination	**1.00**	5
STI Testing, Treatment	**2.00**	4
Hepatitis C Testing, Treatment	**3 (TIE)**	3

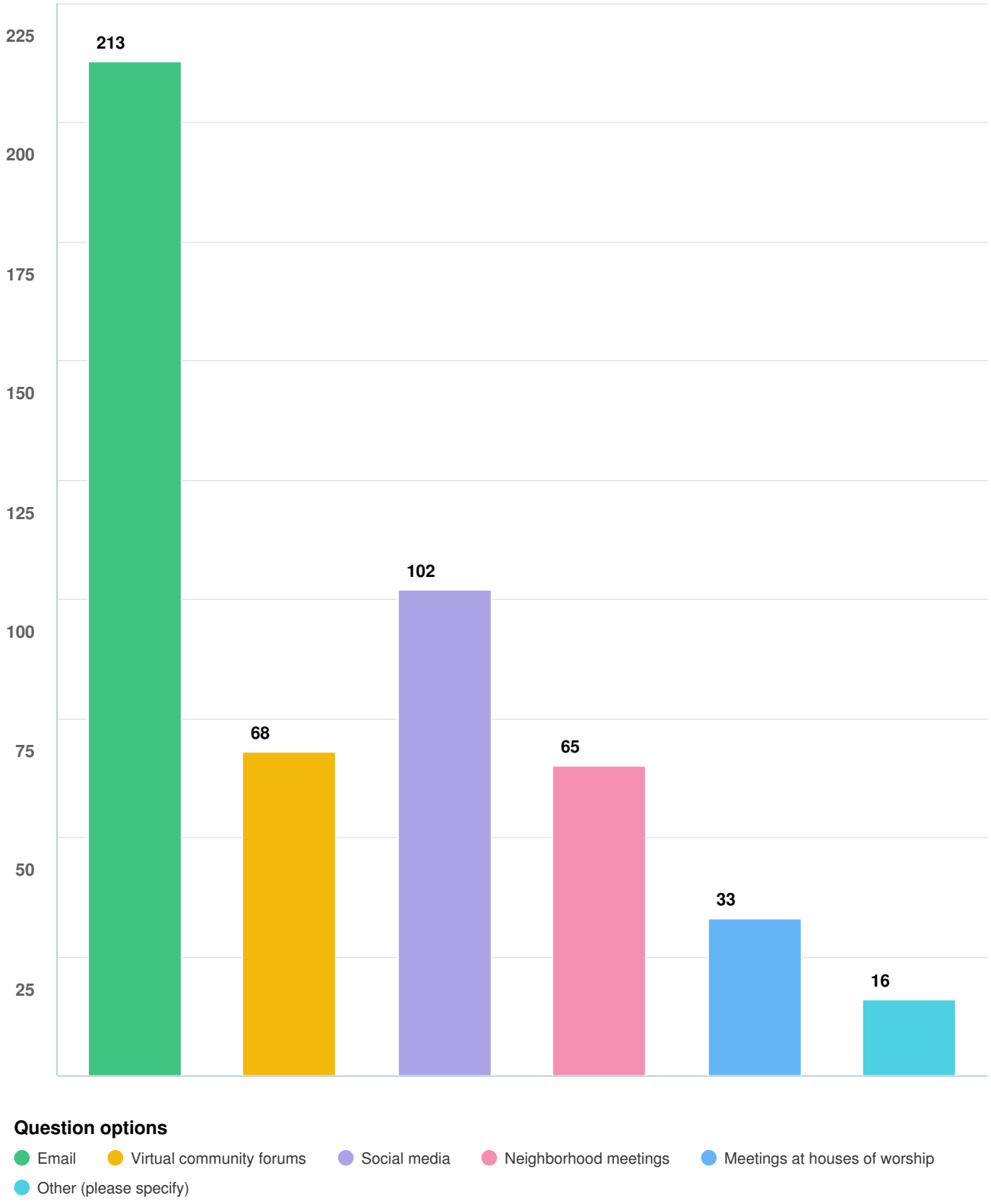
Routine Vaccinations	**3 (TIE)**
STI Testing, Treatment	**2.00**
Tuberculosis Testing, Treatment	5.00
Healthcare Access	**AVERAGE RANK, 1 = Highest Priority**
Counseling, Therapy	**2.00**
Medical Equipment	7.00
In-Patient Mental Health Services	6.00
Medical Access Program	**1.00**
Mobile Medical Services	5.00
Medication Adherence	**4.00**
Physical Therapy	8.00
Transportation to Appointments	**3.00**
Hygiene	**AVERAGE RANK, 1 = Highest Priority**
Hygien Supplies	**2.00**
Laundry Access	**4.00**
Portable Bathrooms	**3.00**
Showers	**1.00**
Income	**AVERAGE RANK, 1 = Highest Priority**
Job Application & Resume Assistance	**4.00**
Job Search	**2.00**
Job Skills	**3.00**
Assistance Applying for Public Benefits	**1.00**
Homeless System Navigation	**AVERAGE RANK, 1 = Highest Priority**
Drop-In Locations	**4.00**
ID & Documentation	**1.00**
Mobile Coordinated Assessment	**3.00**
Multi-Service Coordination	**2.00**

Routine Vaccinations	**3 (TIE)**	3
HIV/AIDS Testing, Treatment	**4.00**	2
Tuberculosis Testing, Treatment	5.00	1
Medical Access Program	**1.00**	8
Out-Patient Mental Health	**2.00**	7
Medical Transportation	**3.00**	6
Medication Adherence	**4.00**	5
Mobile Medical Services	5.00	4
In-Patient Mental Health	6.00	3
Medical Equipment	7.00	2
Physical Therapy	8.00	1

Life Skills Training	AVERAGE RANK, 1 = Highest Priority
Cooking & Shopping	**4.00**
Healthy Relationships	**3.00**
Good Neighbor & Tenant	5.00
Literacy	**1.00**
Money Management	**2.00**
Shelter	**AVERAGE RANK, 1 = Highest Priority**
Bridge	**1.00**
Congregate	5.00
Designated Camping	**3.00**
Non-Congregate	**4.00**
Micro-Shelter with Hard Walls	**2.00**
Housing	**AVERAGE RANK, 1 = Highest Priority**
Deeply Affordable Units	**1.00**
Eviction Prevention	**4.00**
Boarding/Group Home	5 (TIE)
Permanent Supportive Units	**2.00**
Rapid Rehousing Units	5 (TIE)
Temporary Financial Assistance	6.00
Tiny Home Communities	**3.00**
Technology	**AVERAGE RANK, 1 = Highest Priority**
Phone Chargers	**3.00**
Backup Battery	**4.00**
Computer Access	**2.00**
Mobile Phones	**1.00**
Social Support	**AVERAGE RANK, 1 = Highest Priority**
Faith-Based	**3.00**
Mentoring	**2 (TIE)**
Peer Support	**2 (TIE)**
Support Group	**1.00**
Volunteering	**2 (TIE)**

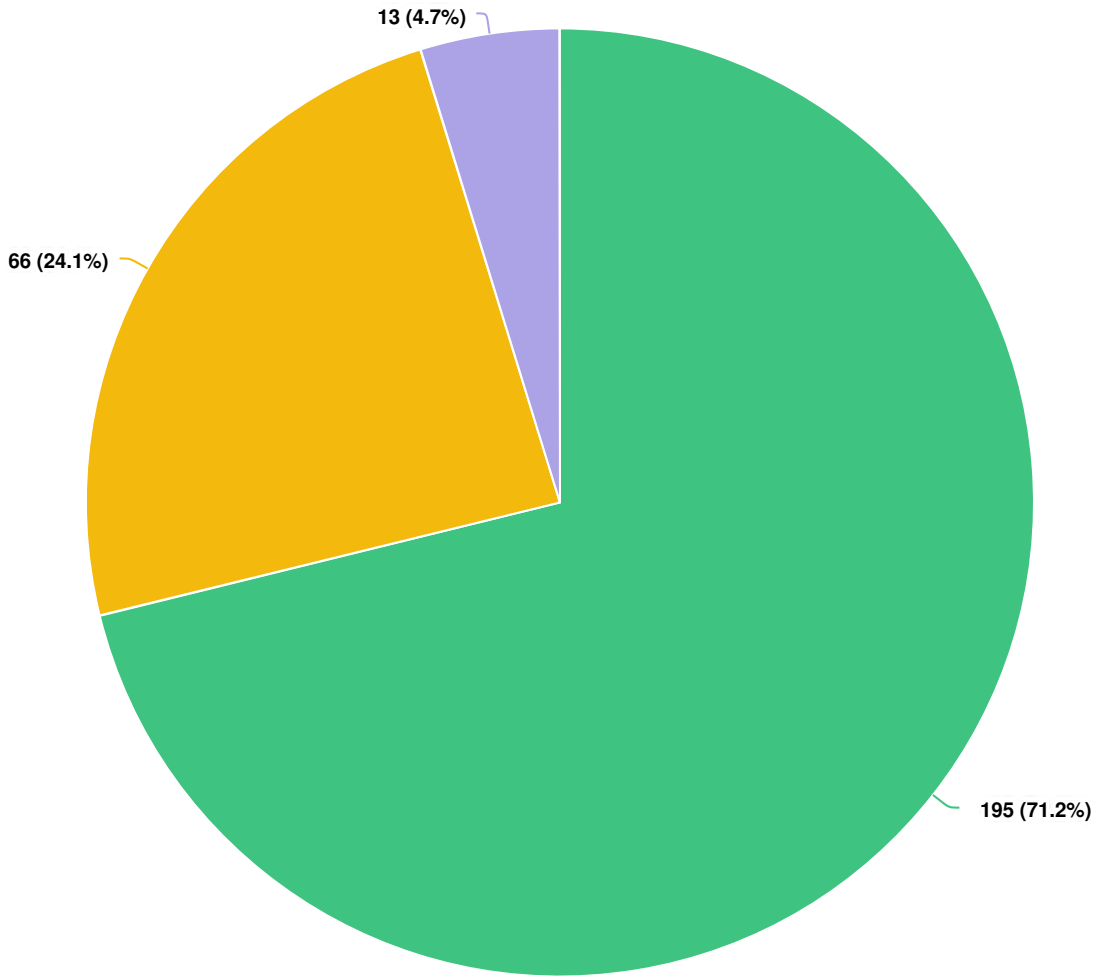
Attachment B: ARPA Homelessness Investment Priorities Survey

Q1 **The City of Austin intends to provide regular community and stakeholder updates regarding progress to rehouse individuals experiencing homelessness. How would you like to receive this information?**



Optional question (272 response(s), 4 skipped)
Question type: Checkbox Question

Q3 How frequently would you like to receive progress updates from the City of Austin?



Question options

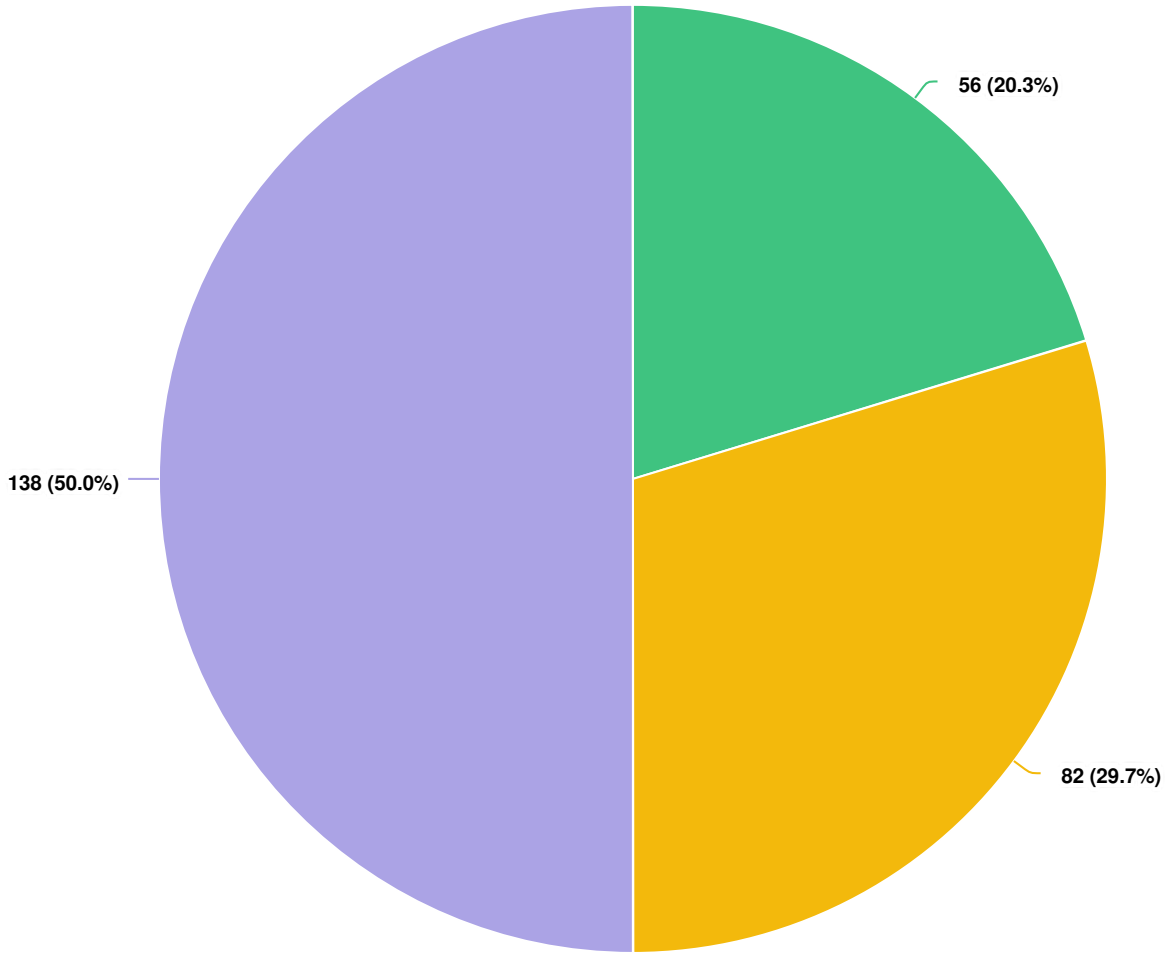
Monthly Quarterly Twice per year

Optional question (274 response(s), 2 skipped)
Question type: Radio Button Question

Q6 Shelter is a form of short-term crisis relief for people experiencing homelessness. Shelter offers a place to sleep and provides access to essentials like food, showers, and other basic needs.

Housing is a long term solution to homelessness that resolves an individual's reliance upon short-term shelter and other crisis services.

Thinking about our overall plans for expanding the homelessness response, which option below best reflects your preference for the City of Austin's investments?

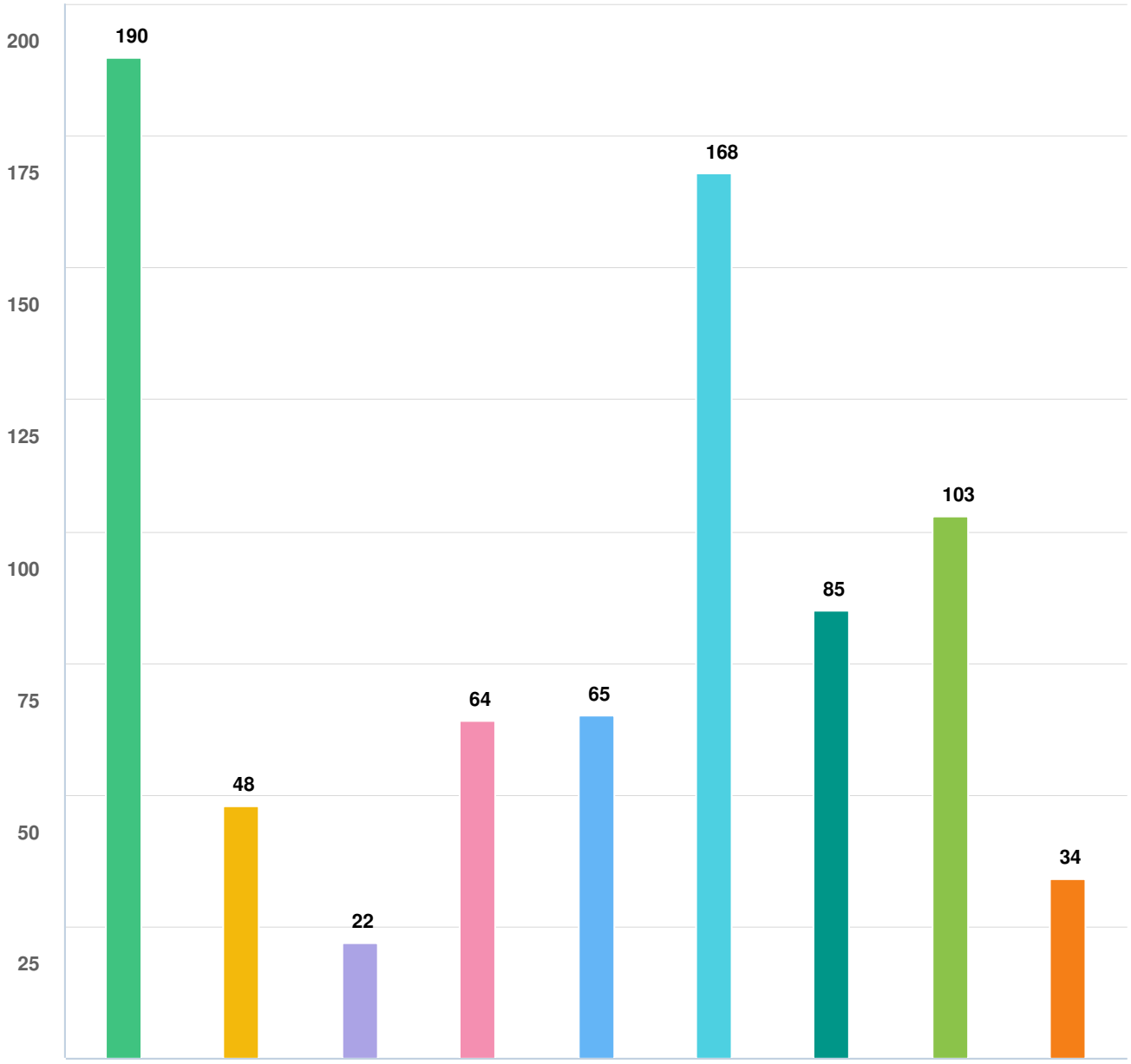


Question options

- Investments in short term shelter and crisis services.
- Investments in long term housing and supportive services that help individuals remain housed.
- A balanced approach to investments in both shelter and housing.

Mandatory Question (276 response(s))
Question type: Radio Button Question

Q7 **Currently most people experiencing homelessness in our community are unsheltered and do not have easy access to resources.How do you think the City should invest its money in crisis services? Indicate your top three priorities.**

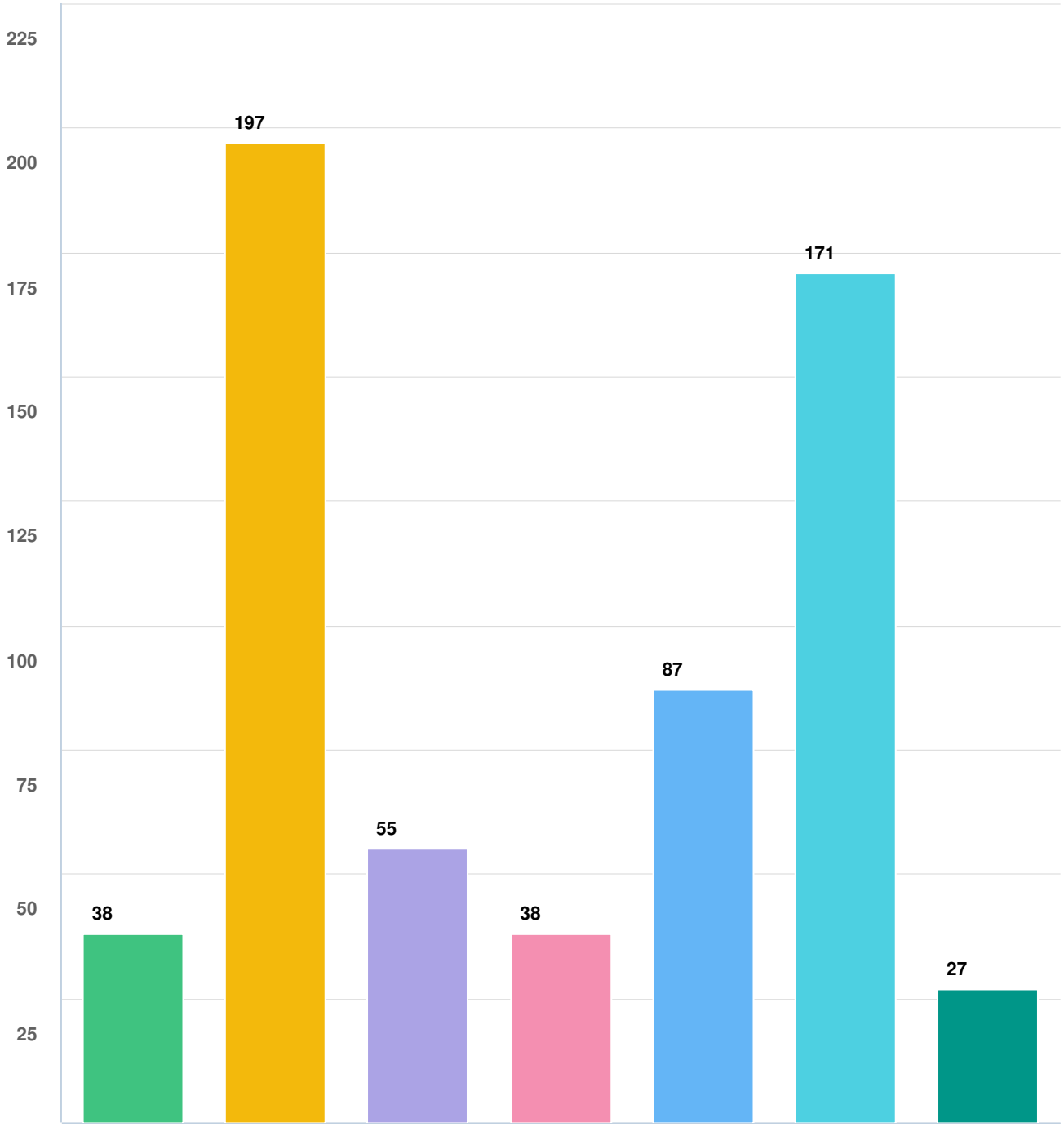


Question options

- Shelter (short term place to sleep and bathe while seeking housing and assistance)
- Hygiene (restrooms, showers, laundry, etc.)
- Potable water
- Food (shelf stable, prepared, walk-up)
- Essential health care (health screenings, wound care, vaccinations)
- Essential mental health care (psychiatric, substance abuse disorder treatment, emotional well-being)
- Outreach (wellness checks, housing assessments, referrals, connection to services)
- Help with documentation (replacement of identification cards, Social Security card, a place to receive mail)
- Other (please specify)

Mandatory Question (276 response(s))
Question type: Checkbox Question

Q8 People are experiencing homelessness across our city. What do you think are the best three location-based strategies for deploying crisis services?



Question options

- One single centralized location
- Small resource hubs or drop-in locations strategically located throughout the city
- Houses of worship and faith-based organizations
- Downtown
- One location in each Austin City Council district
- Through mobile teams who meet people where they are
- Other (please specify)

Mandatory Question (276 response(s))
Question type: Checkbox Question

Q9 The City of Austin and its partners have established five priority areas to broaden our efforts and reach our community-wide goal for rehousing 3,000 individuals in the next three years. ARPA investments in the amount of $106.7 million will help the City and response partners reach this goal.

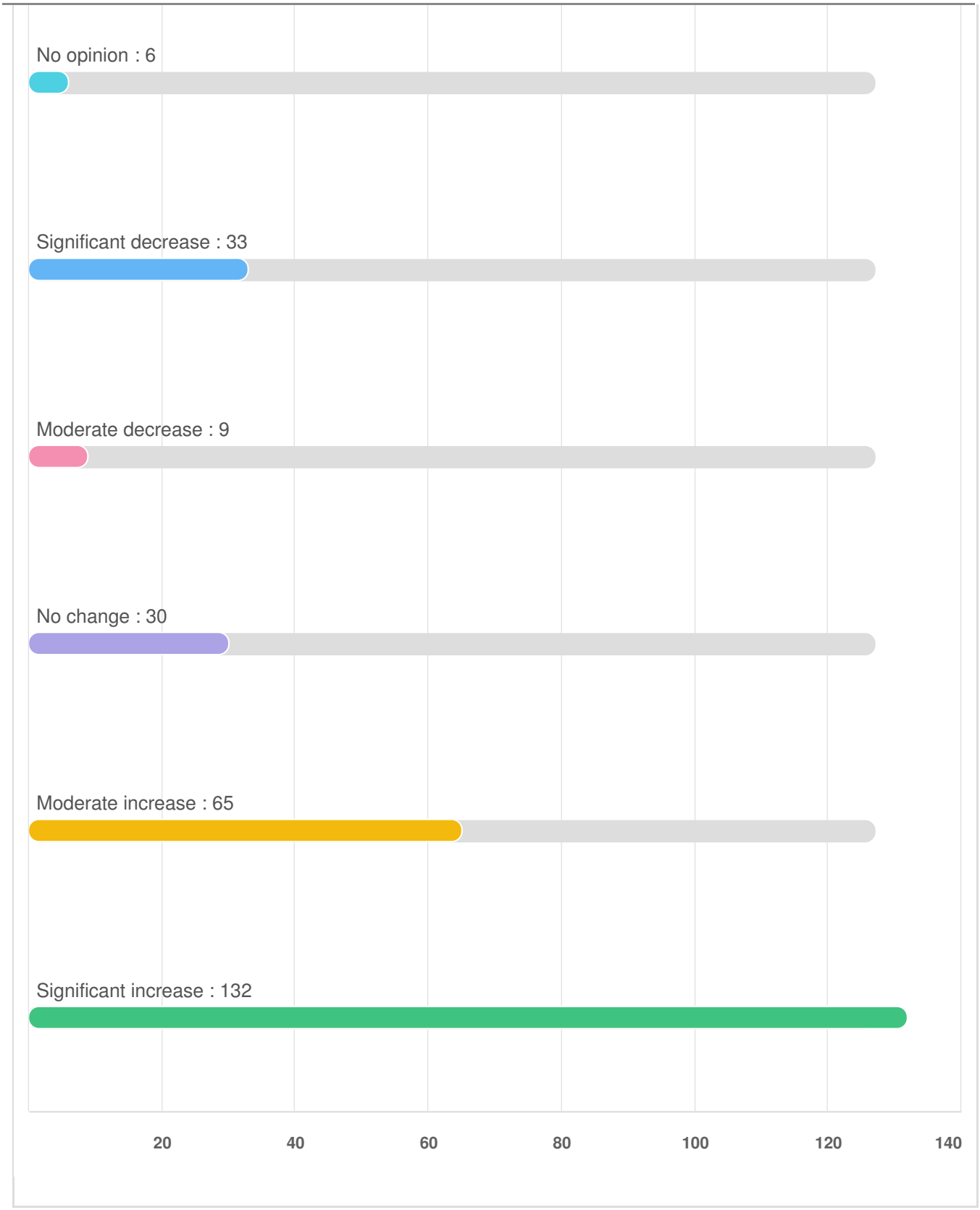
How would you distribute funding to the five priority areas summarized below?

Mandatory Question (275 response(s))
Question type: Likert Question

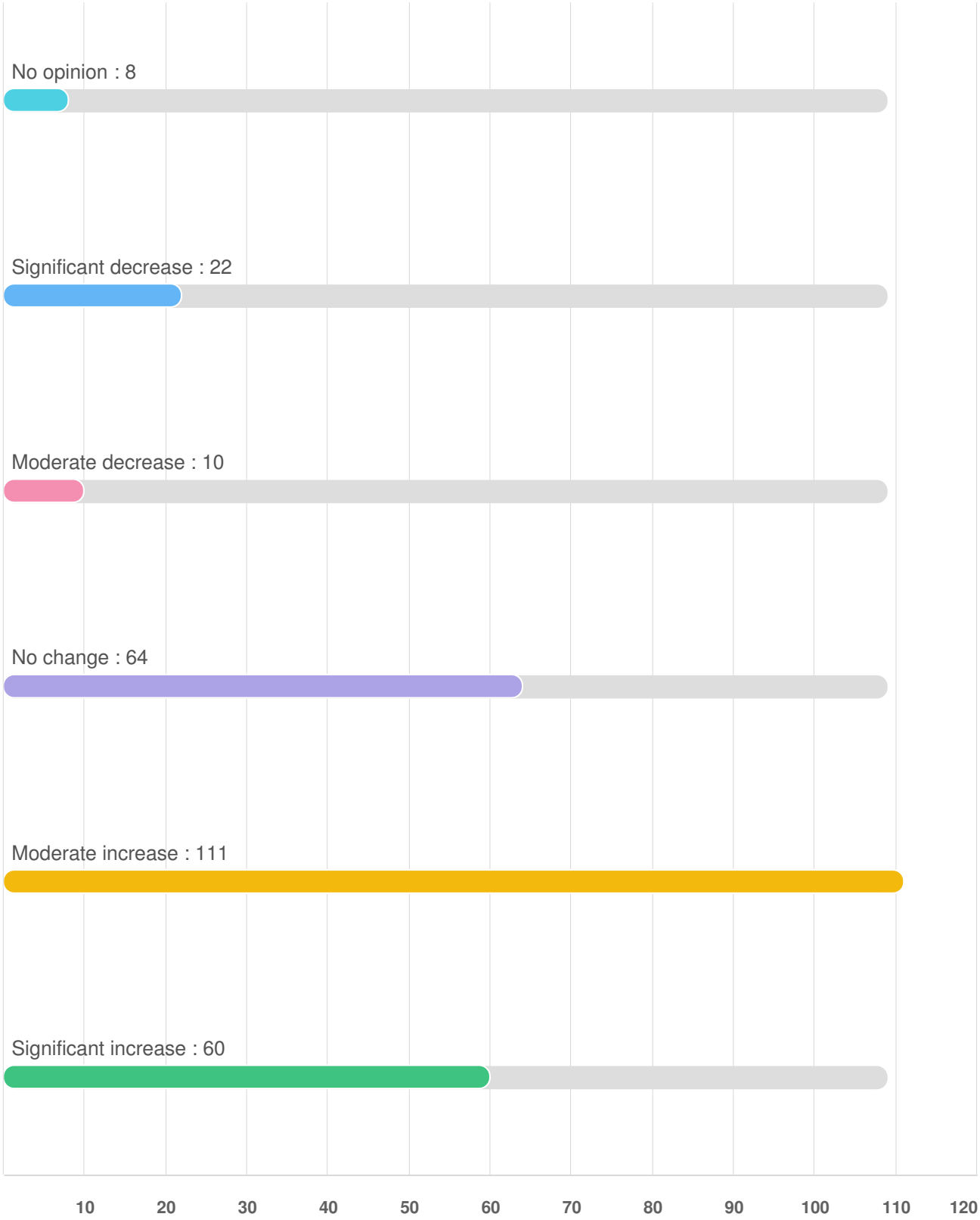
Q9 **The City of Austin and its partners have established five priority areas to broaden our efforts and reach our community-wide goal for rehousing 3,000 individuals in the next three years. ARPA investments in the amount of $106.7 million will help the City and response partners reach this goal.**

How would you distribute funding to the five priority areas summarized below?

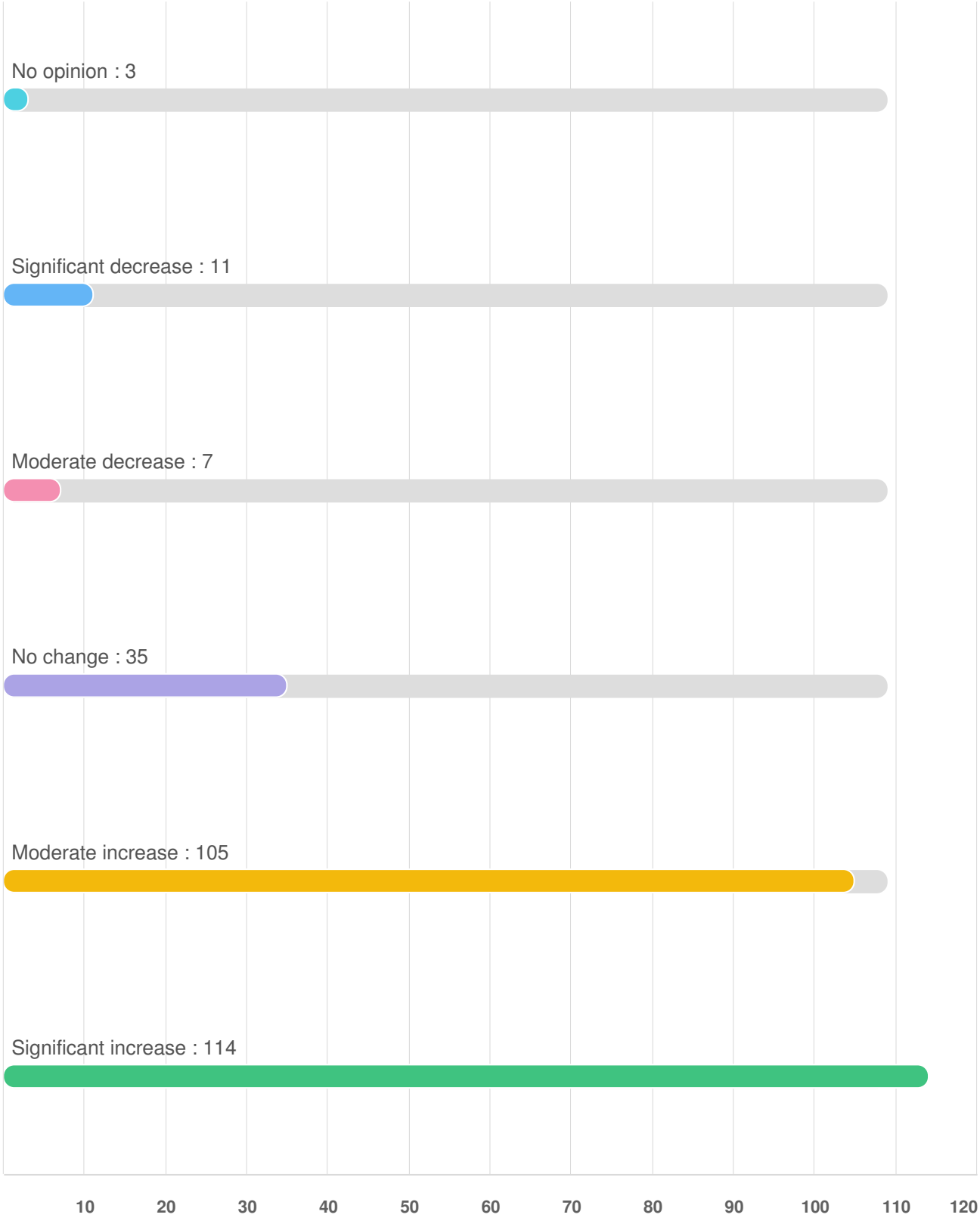
Building new affordable housing (to create units specifically for individuals exiting homelessness)



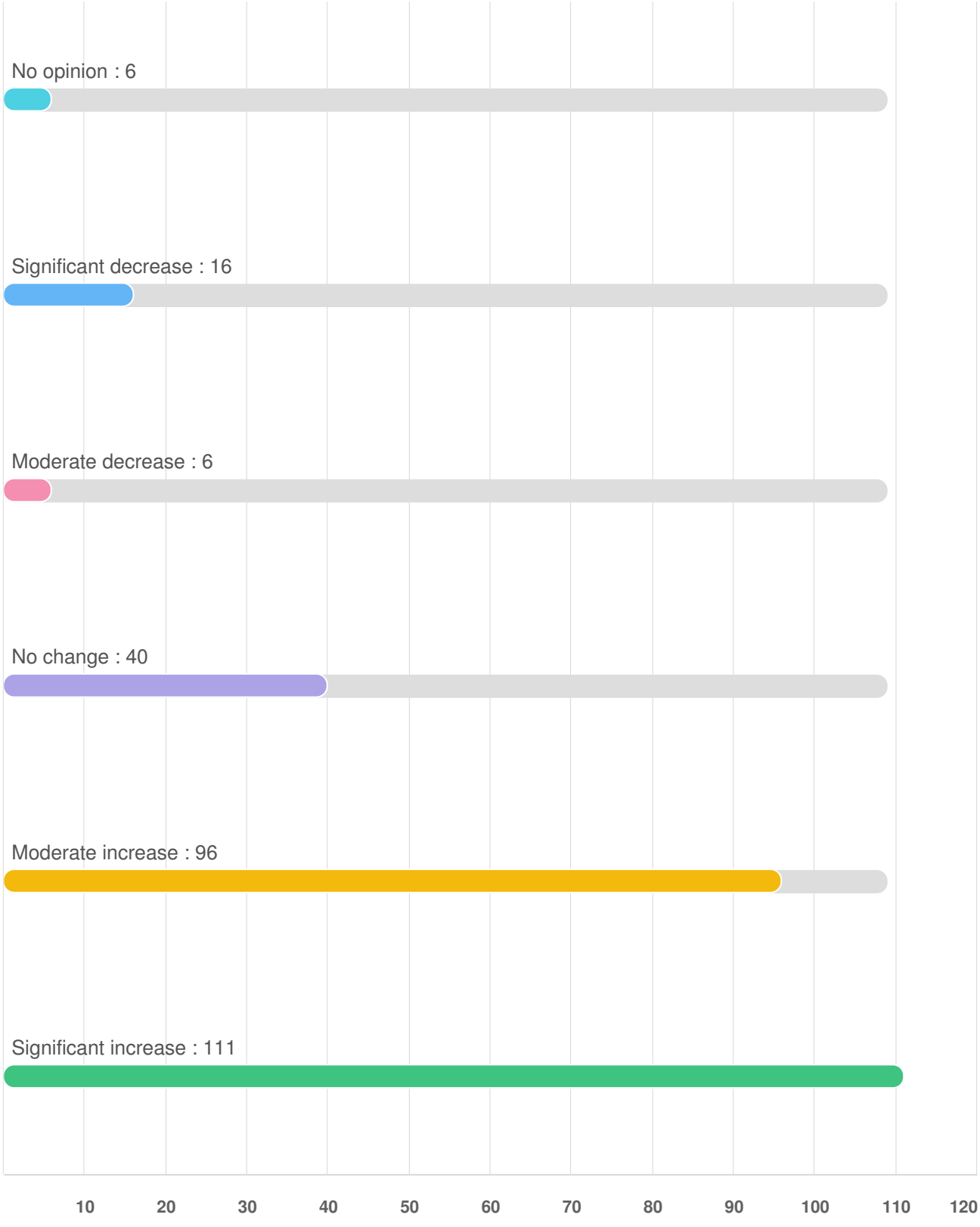
Capacity building (improving the efficiency and effectiveness of service providers, data quality, communications)



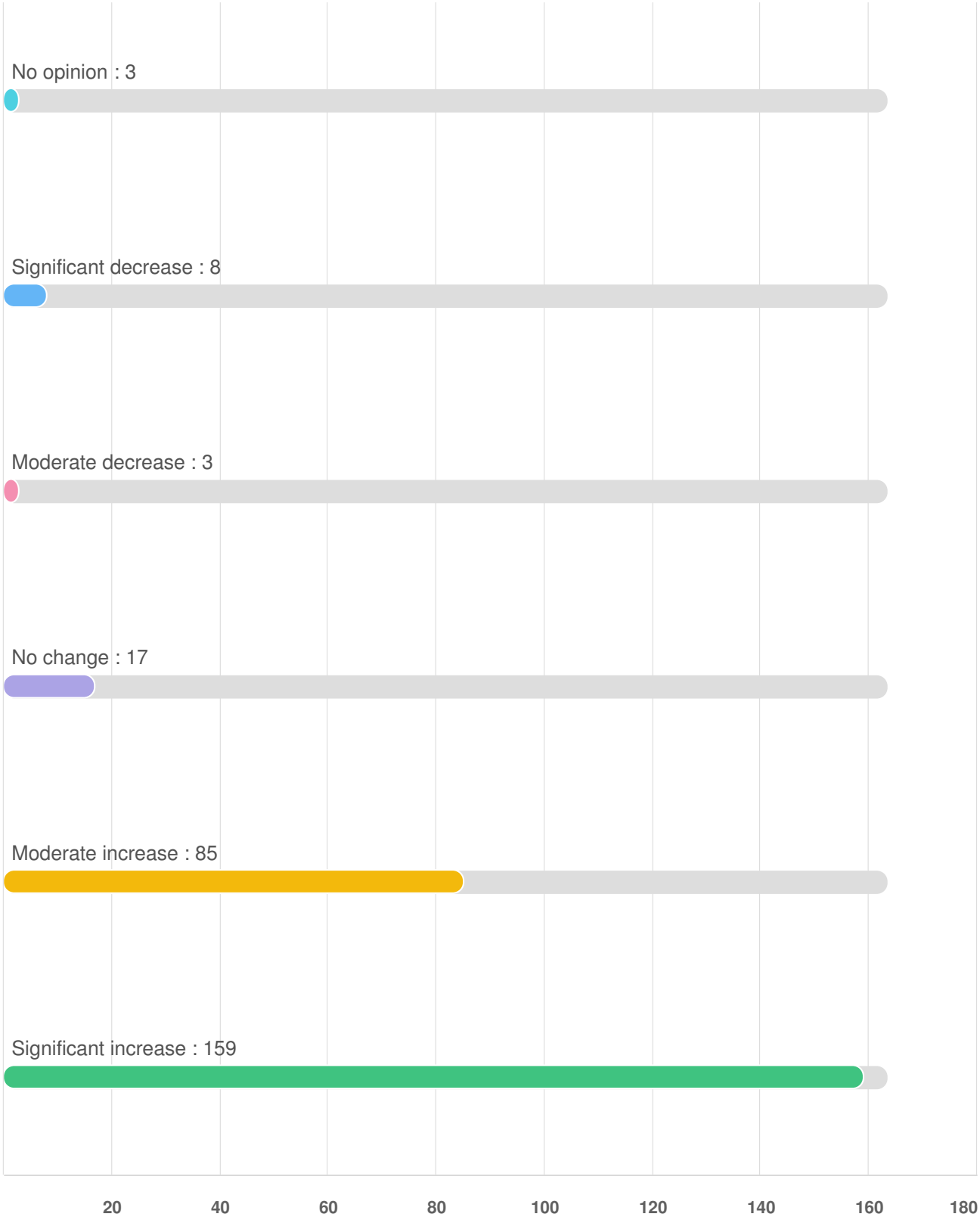
Crisis services and outreach (short-term shelter, street outreach)



Core housing programs (prevention, rehousing, case management)



Additional social and health services (mental health, substance use disorder treatment, employment, benefits)

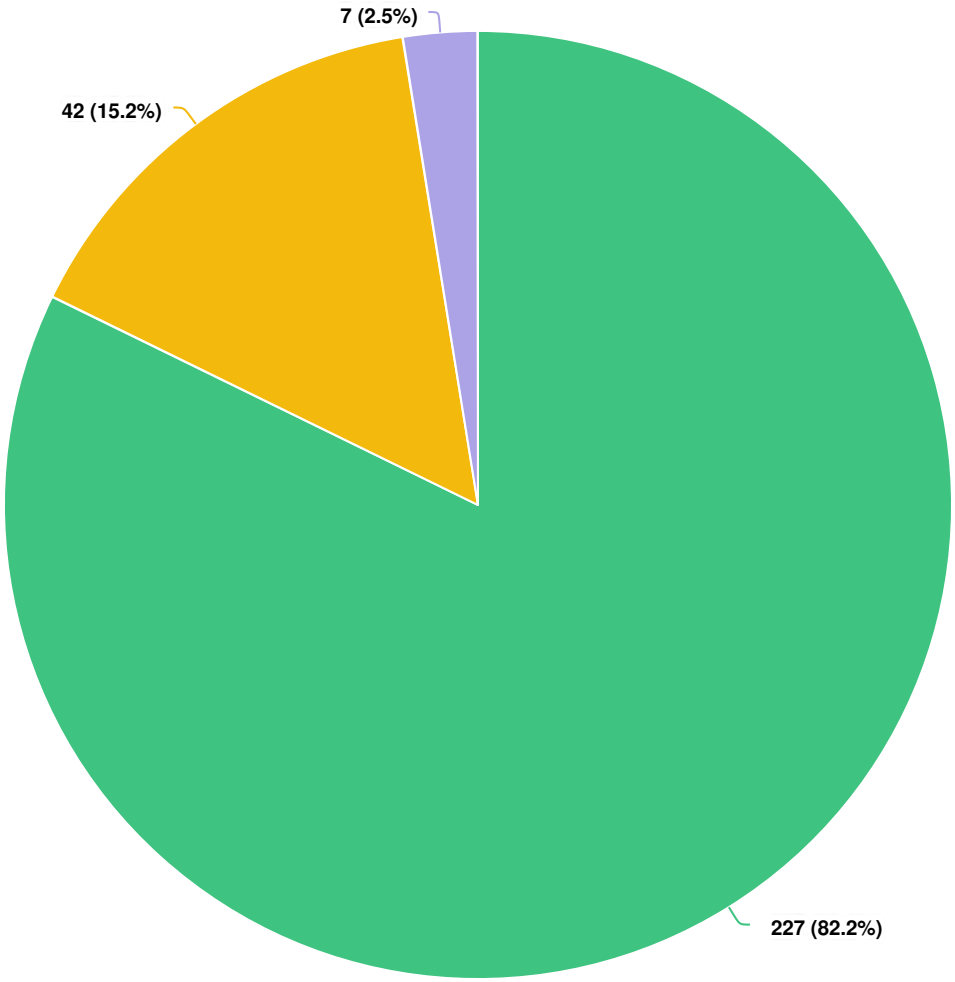


Q10 **Please rank the same funding priority areas from highest priority to lowest priority. (1 = highest, 5 = lowest)**

OPTIONS	AVG. RANK
Additional social and health services (mental health, substance use disorder treatment, employment, benefits)	2.67
Crisis services and outreach (short-term shelter, street outreach)	2.78
Core housing programs (prevention, rehousing, case management)	2.90
Building new affordable housing (to create units specifically for individuals exiting homelessness)	2.93
Capacity building (improving the efficiency and effectiveness of service providers, data quality, communications)	3.72

Mandatory Question (275 response(s))
Question type: Ranking Question

Q11 What is your current housing status?

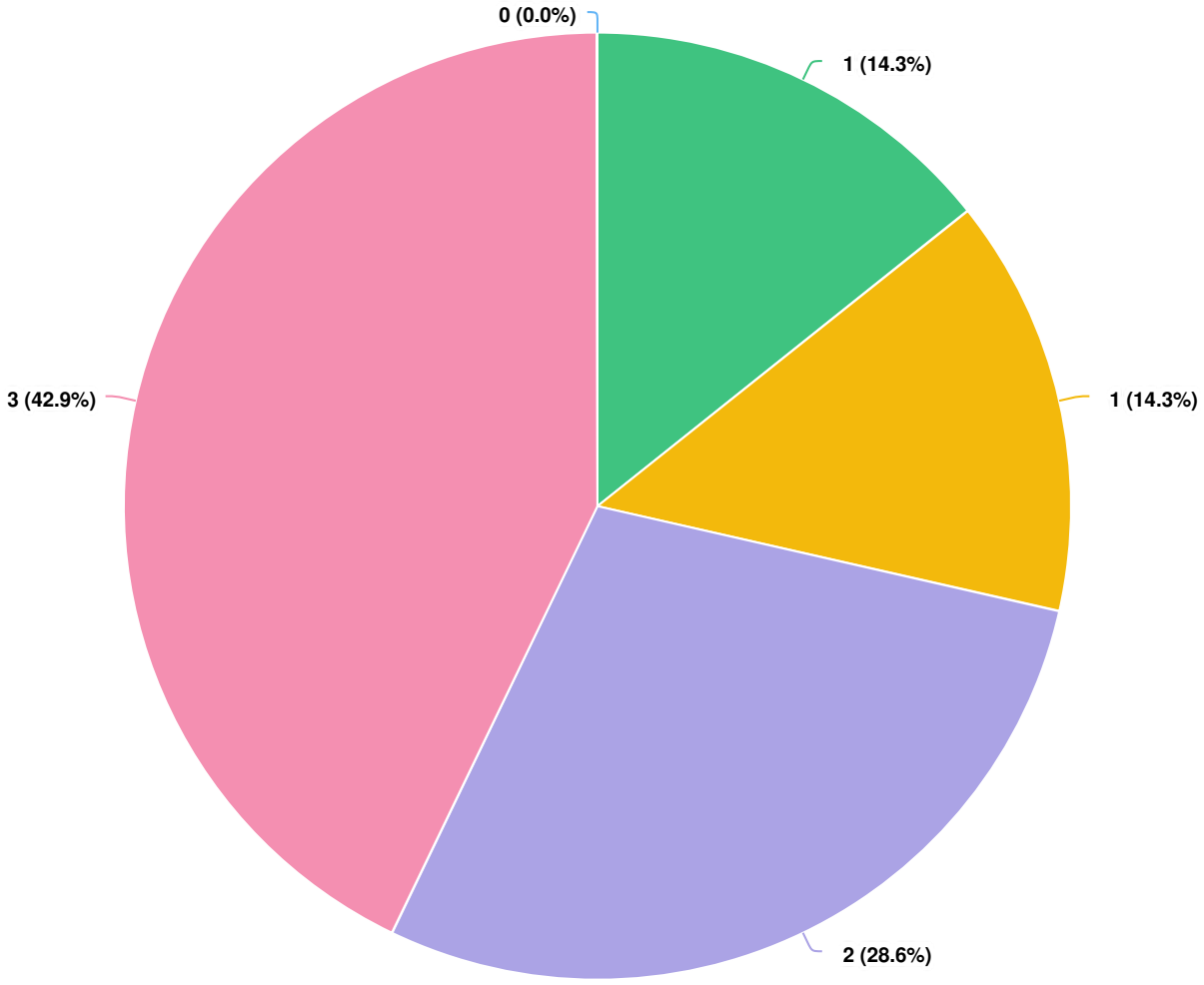


Question options

- I am currently experiencing homelessness.
- I am housed, but have experienced homelessness in the past.
- I am housed and have never experienced homelessness.

Mandatory Question (276 response(s))
Question type: Radio Button Question

Q13 **You indicated that you are currently experiencing homelessness. Where are you staying right now?**

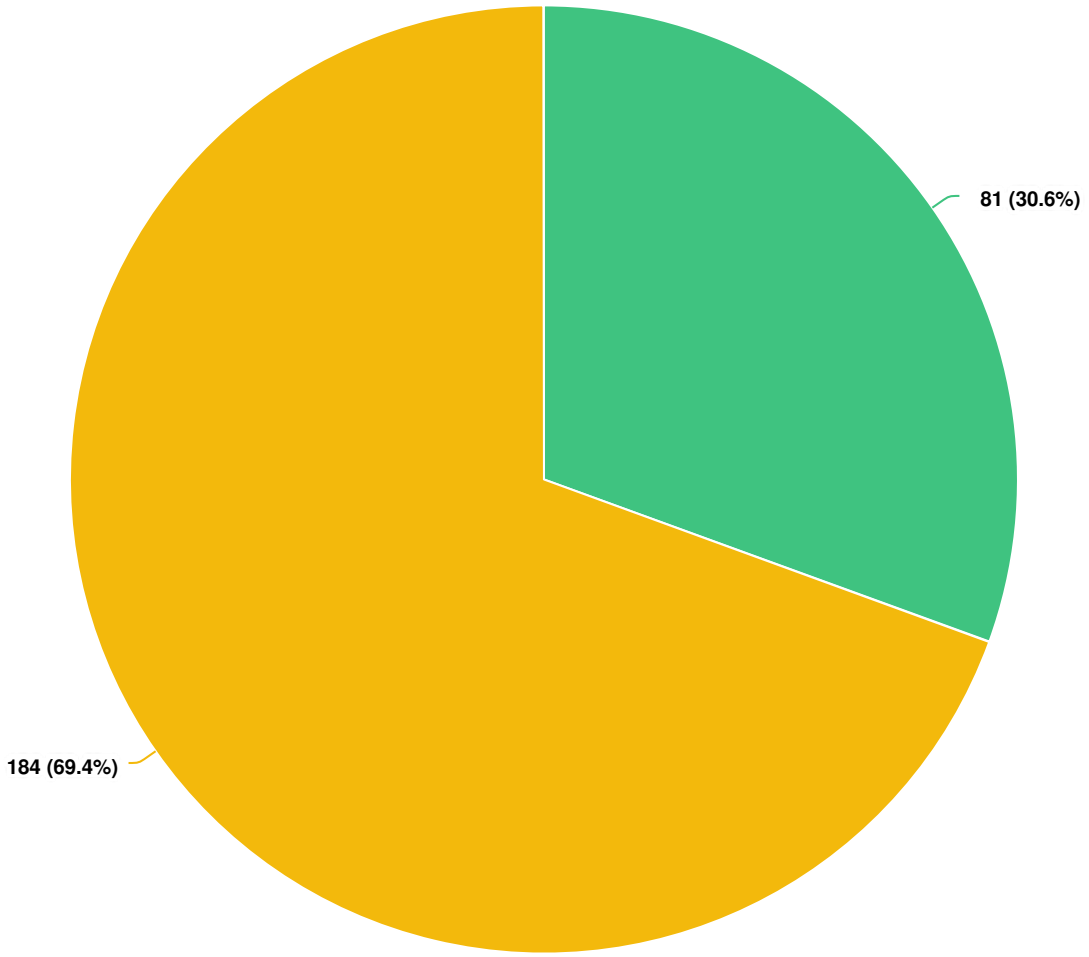


Question options

Vehicle | Other (please specify) | Temporarily with family or friend | Encampment | Shelter

Mandatory Question (7 response(s))
Question type: Radio Button Question

Q15 Do you rent or own your primary residence?

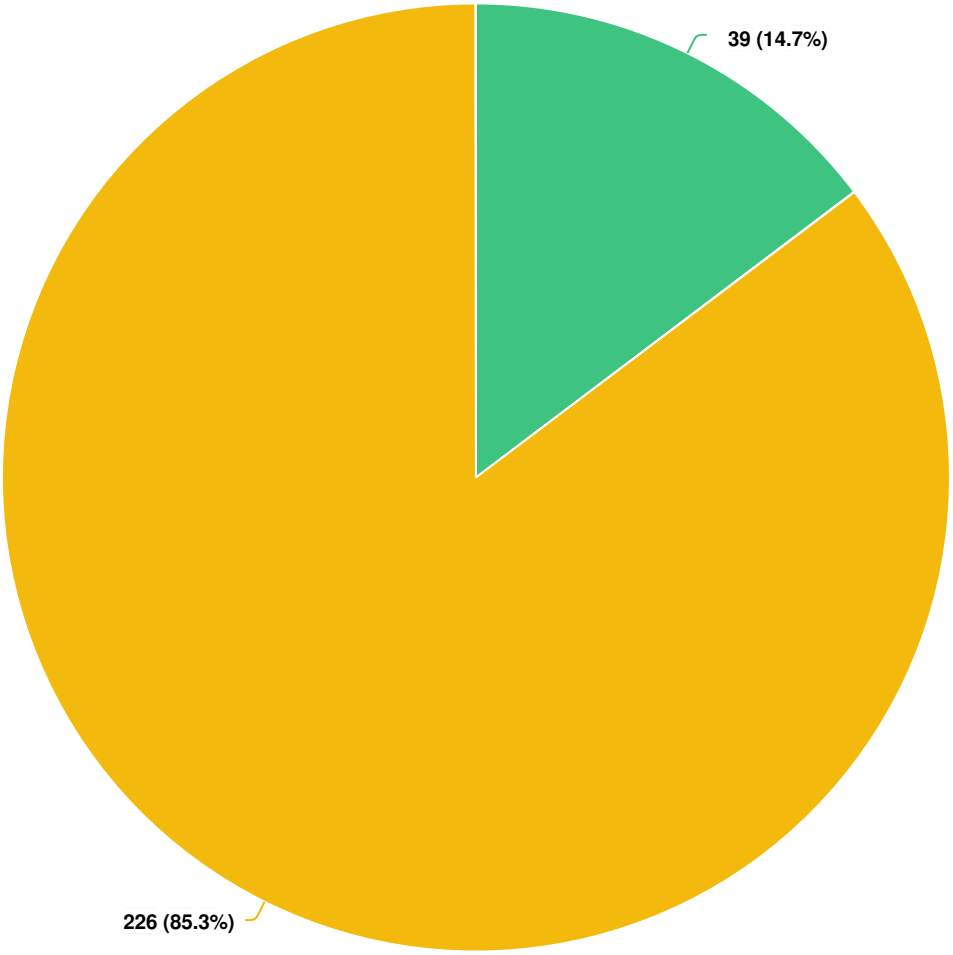


Question options

Own Rent

Mandatory Question (265 response(s))
Question type: Radio Button Question

Q16 Are you the owner or agent of any rental property in the City of Austin?

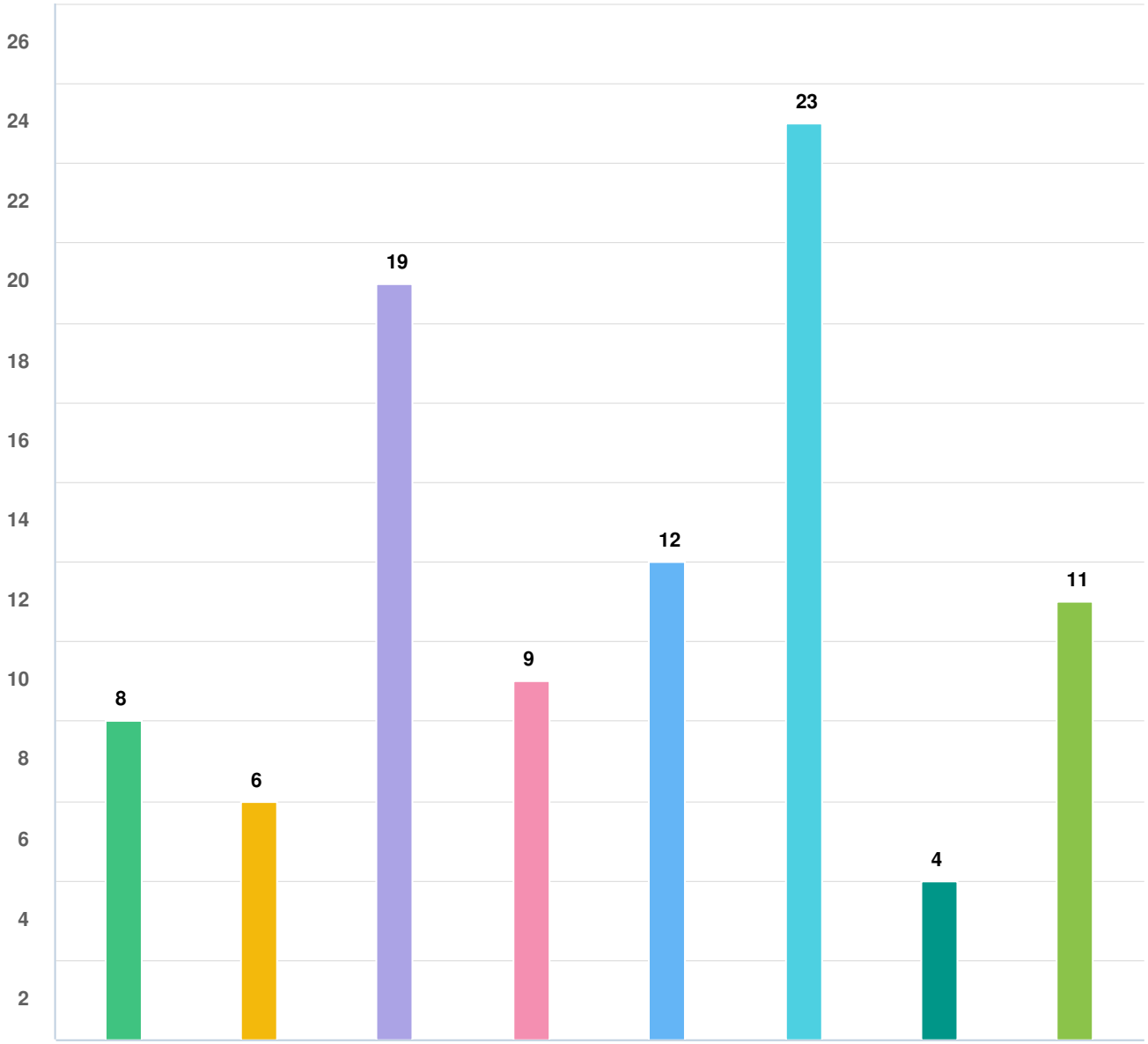


Question options

No Yes

Mandatory Question (265 response(s))
Question type: Radio Button Question

Q17 As a property owner or agent, what three options below would provide the most incentive to lease to someone who is being rehoused after experiencing homelessness?

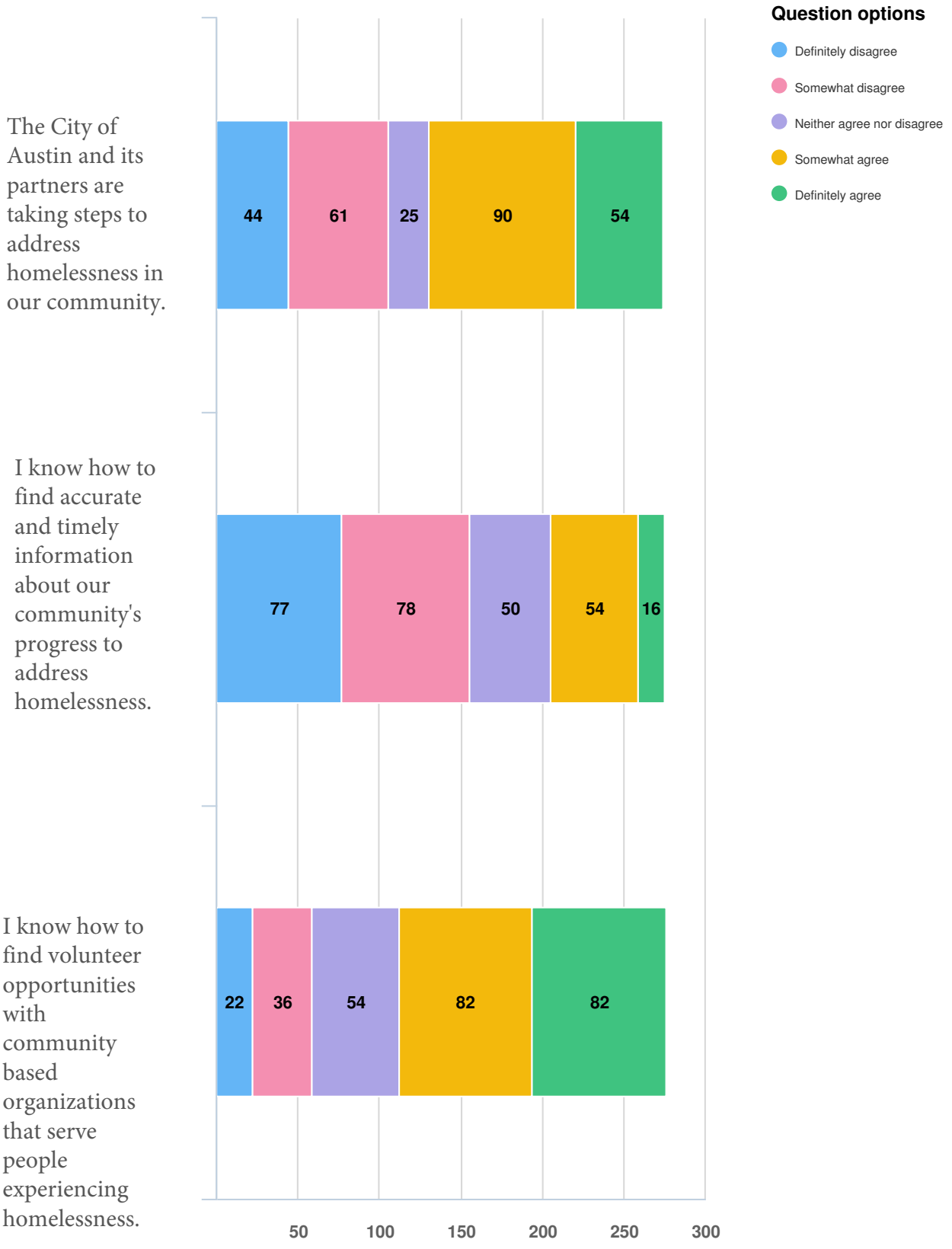


Question options

- Other (please specify)
- Expedited City of Austin permitting (faster review of upgrades, rehabilitation, and code compliance remediation)
- Fair market compensation (additional payment up to fair market rent value)
- Landlord liaison helpline (a single point of contact for technical assistance and tenant concerns)
- Unanticipated vacancy mitigation (compensation for missed days of rental income)
- Damage cost relief (to cover certain damage in excess of security deposit)
- Holding deposit (to reduce financial risk in the event a prospective tenant does not sign lease or move in)
- Upfront leasing bonus (as an incentive for leasing to a person exiting homelessness)

Mandatory Question (39 response(s))
Question type: Checkbox Question

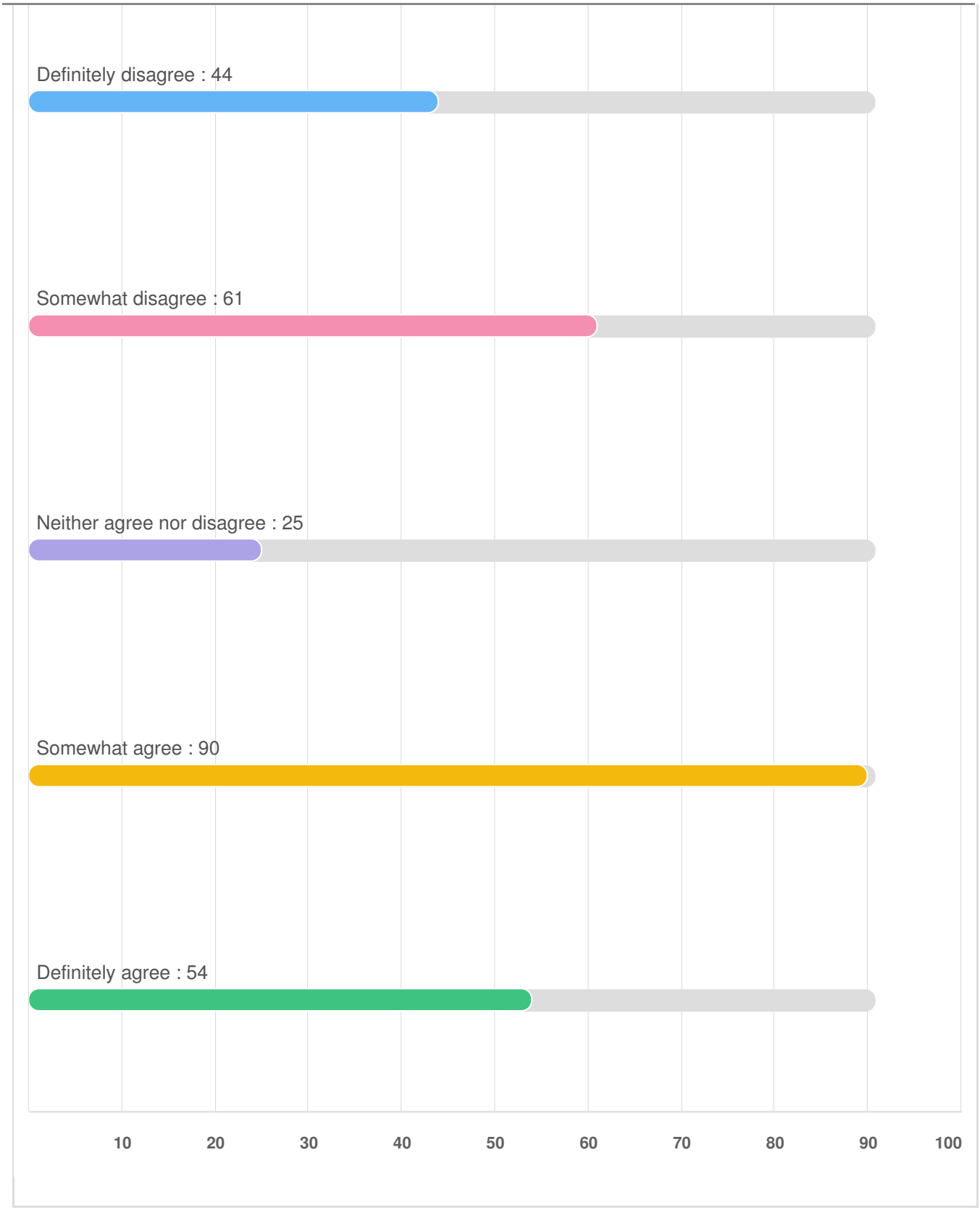
Q18 **To what extent do you agree or disagree with the statements below? Your responses will help City leaders evaluate progress on communicating with you and your fellow Austinites.**



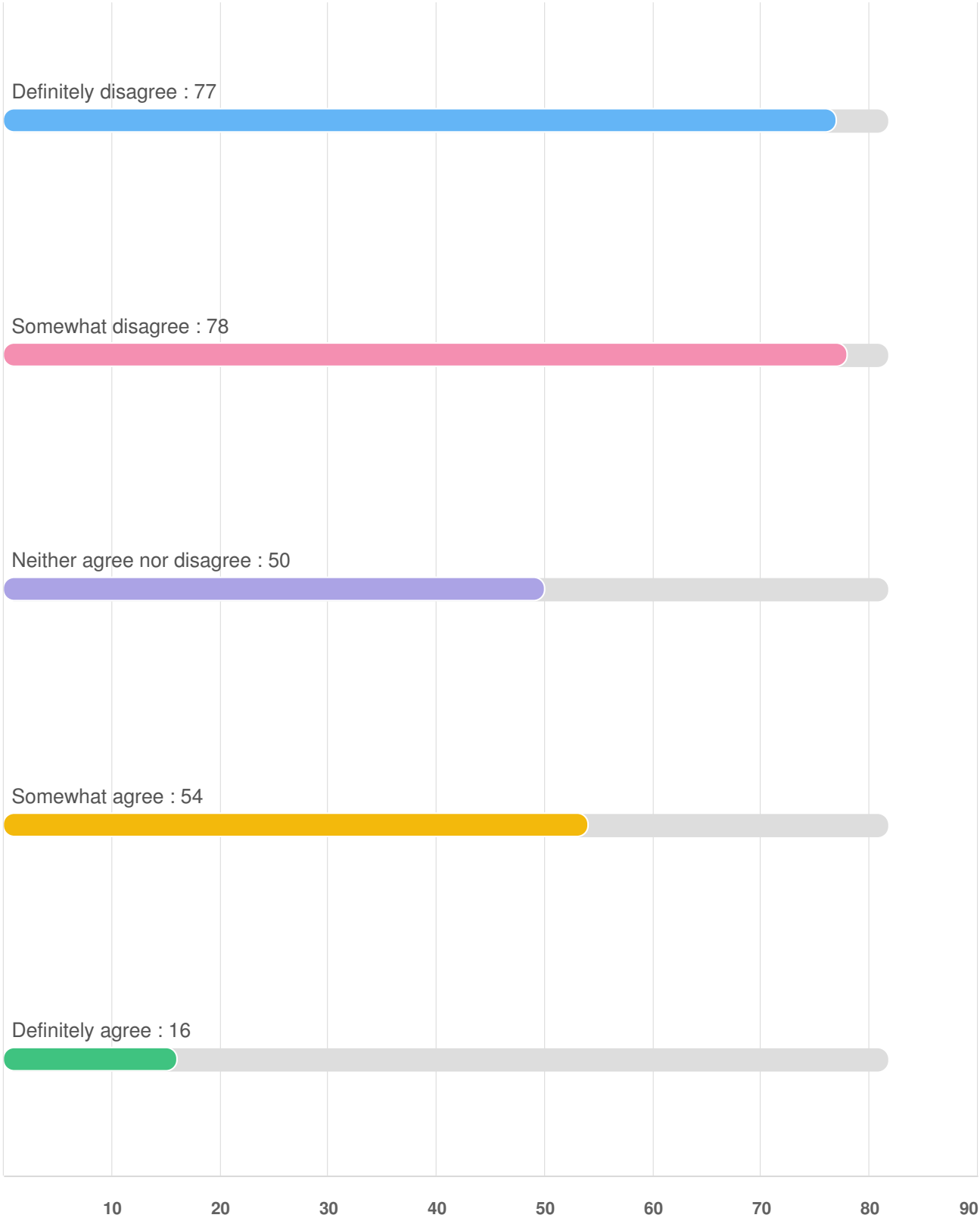
Optional question (276 response(s), 0 skipped)
Question type: Likert Question

Q18 **To what extent do you agree or disagree with the statements below? Your responses will help City leaders evaluate progress on communicating with you and your fellow Austinites.**

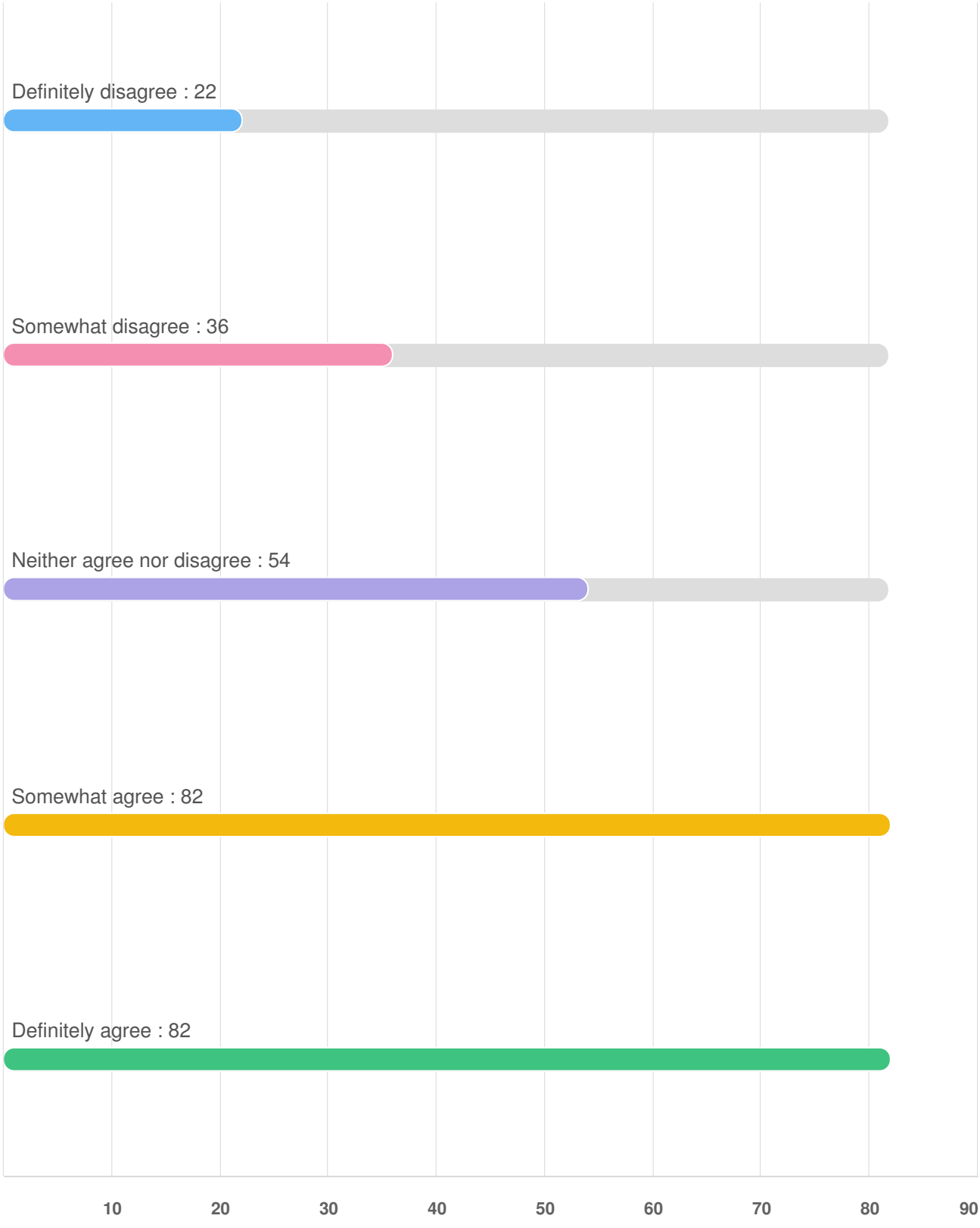
The City of Austin and its partners are taking steps to address homelessness in our community.



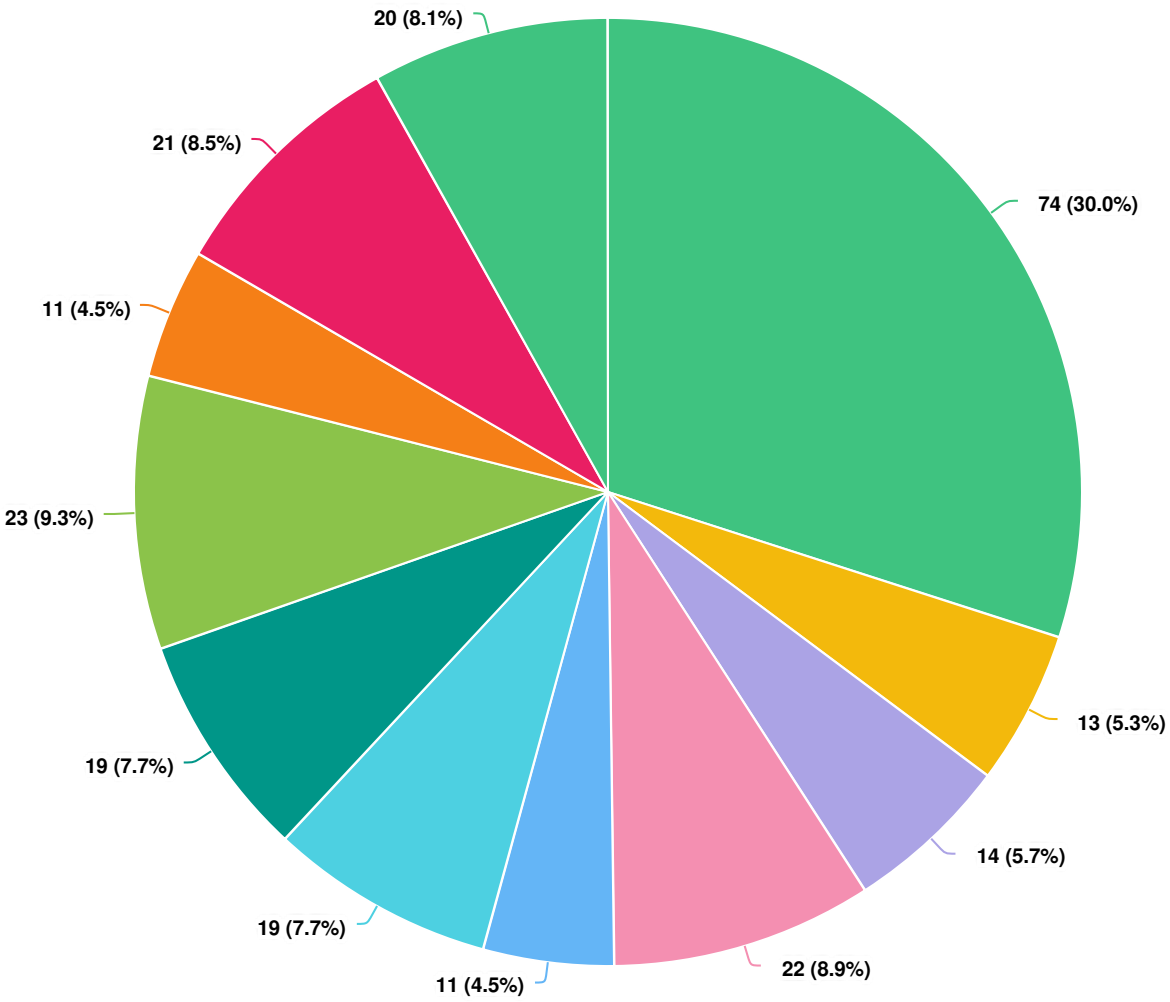
I know how to find accurate and timely information about our community's progress to address homelessness.



I know how to find volunteer opportunities with community based organizations that serve people experiencing homelessness.



Q19 Council district

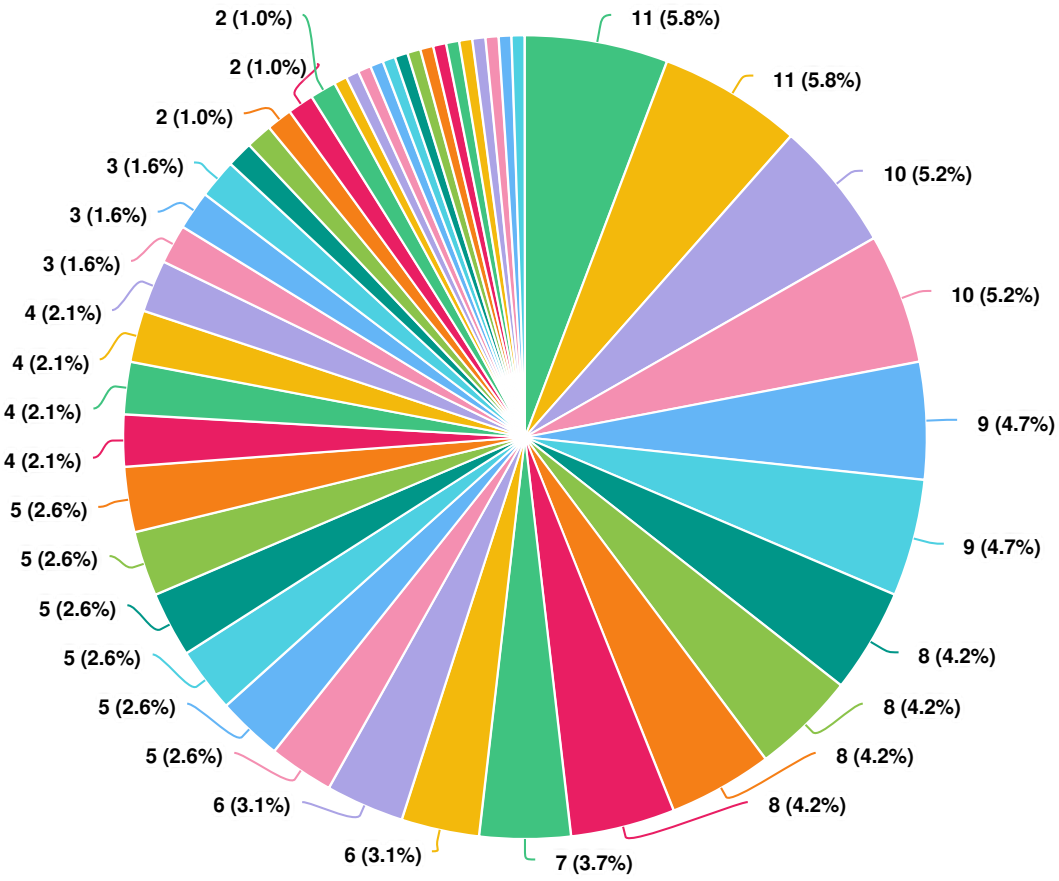


Question options

District 10 · District 9 · District 8 · District 7 · District 6 · District 5 · District 4 · District 3 · District 2 · District 1 · Not Sure

Optional question (247 response(s), 29 skipped)
Question type: Dropdown Question

Q20 Zip code

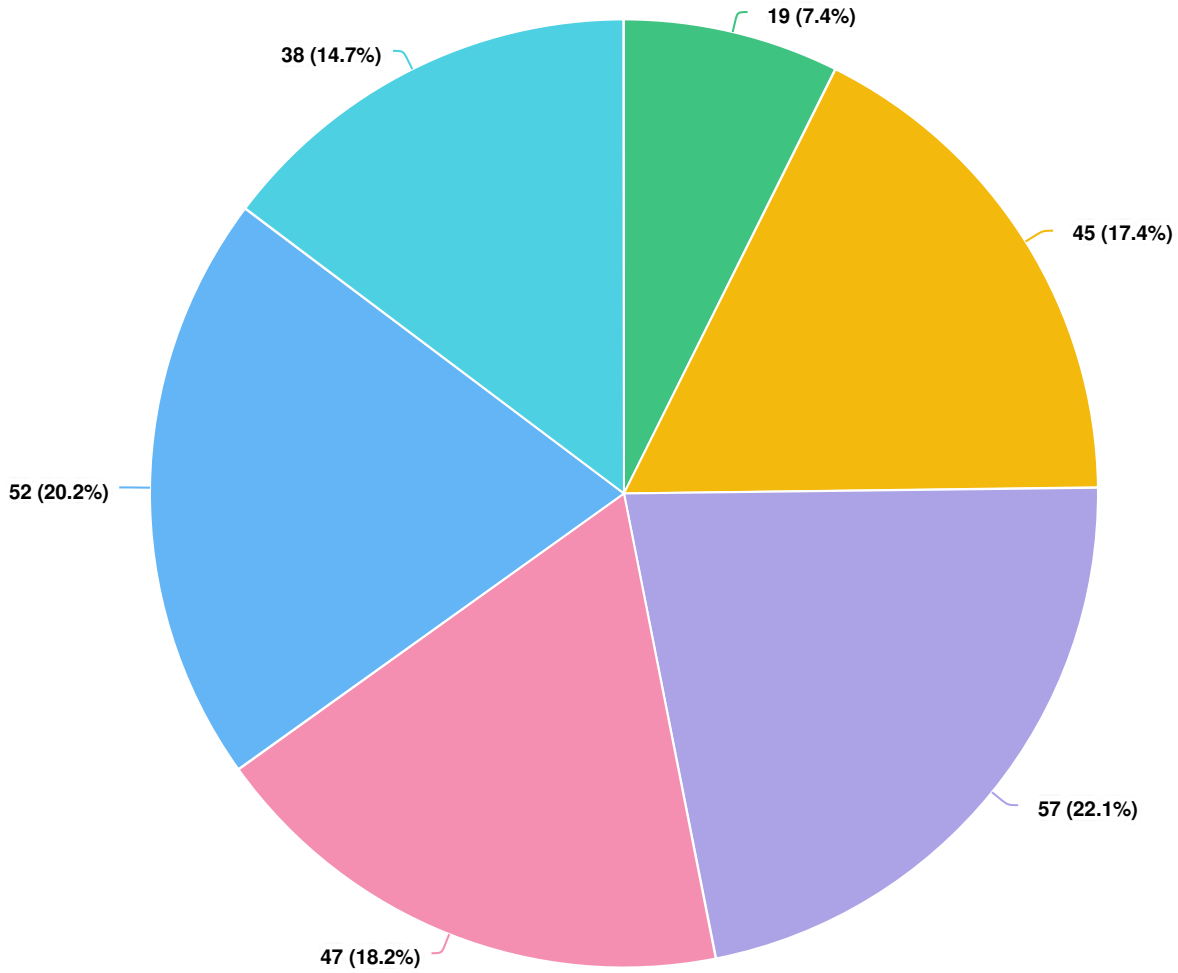


Question options

Leander, TX 78641 | Austin, TX 78768 | Georgetown, TX 78626 | Austin, TX 78746 | Austin, TX 78725
Georgetown, TX 78633 | Del Valle, TX 78617 | Marble Falls, TX 78654 | Kyle, TX 78640 | Manor, TX 78653
Tarrytown, TX 78703 | Round Rock, TX 78665 | Bastrop, TX 78602 | Austin, TX 78735
Cedar Park, TX 78613 | Austin, TX 78728 | San Marcos, TX 78666 | Austin, TX 78717 | Oak Hill, TX 78749
Austin, TX 78726 | Austin, TX 78754 | Pflugerville, TX 78660 | skipped | Austin, TX 78747
Austin, TX 78744 | Austin, TX 78752 | Austin, TX 78748 | Austin, TX 78757 | Austin, TX 78729
Austin, TX 78703 | Austin, TX 78753 | Austin, TX 78731 | Austin, TX 78727 | Austin, TX 78705
Austin, TX 78751 | Austin, TX 78702 | Austin, TX 78721 | Austin, TX 78701 | Austin, TX 78749
Austin, TX 78758 | Austin, TX 78741 | Austin, TX 78759 | Austin, TX 78750 | Austin, TX 78723
Austin, TX 78745 | Austin, TX 78704

Optional question (188 response(s), 88 skipped)
Question type: Region Question

Q21 What is your age?

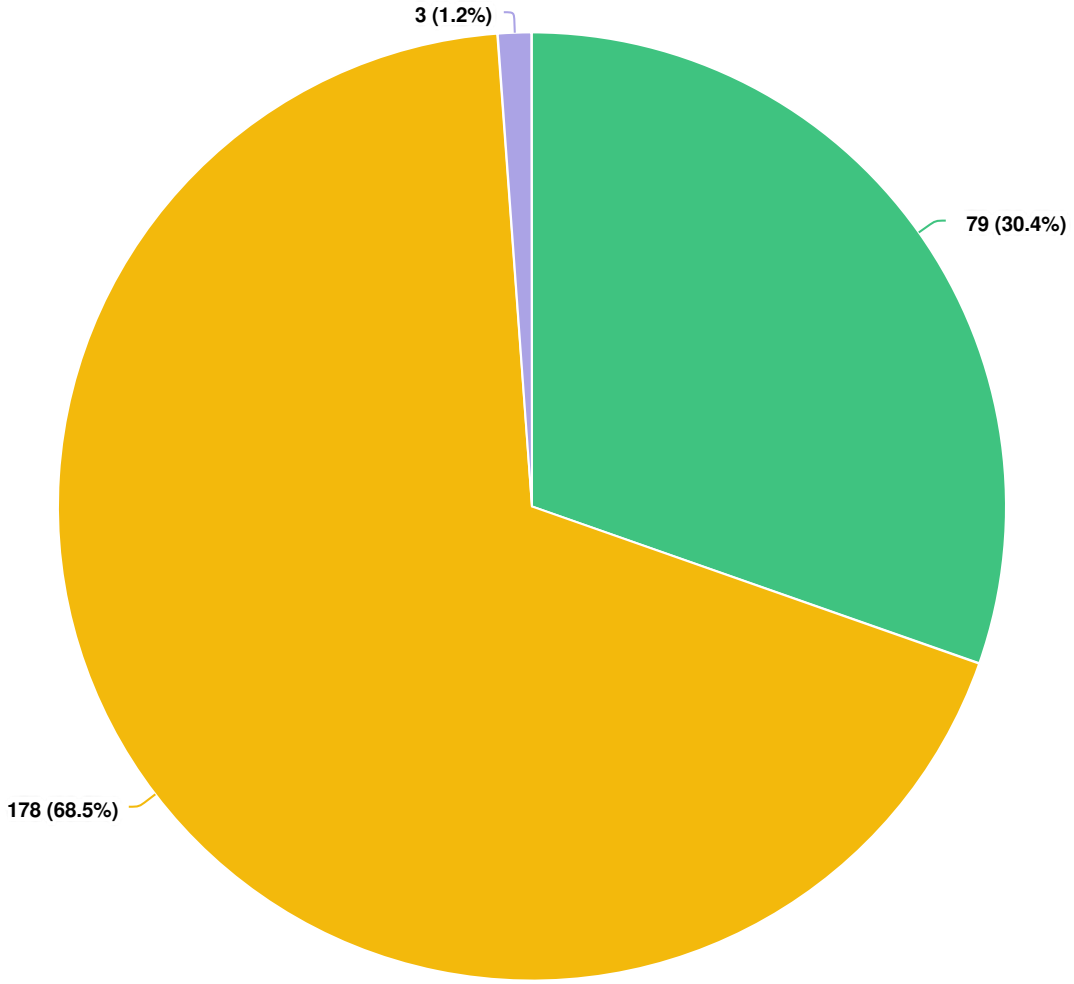


Question options

65+ 55-64 45-54 35-44 25-34 18-24

Optional question (258 response(s), 18 skipped)
Question type: Dropdown Question

Q22 What is your gender?

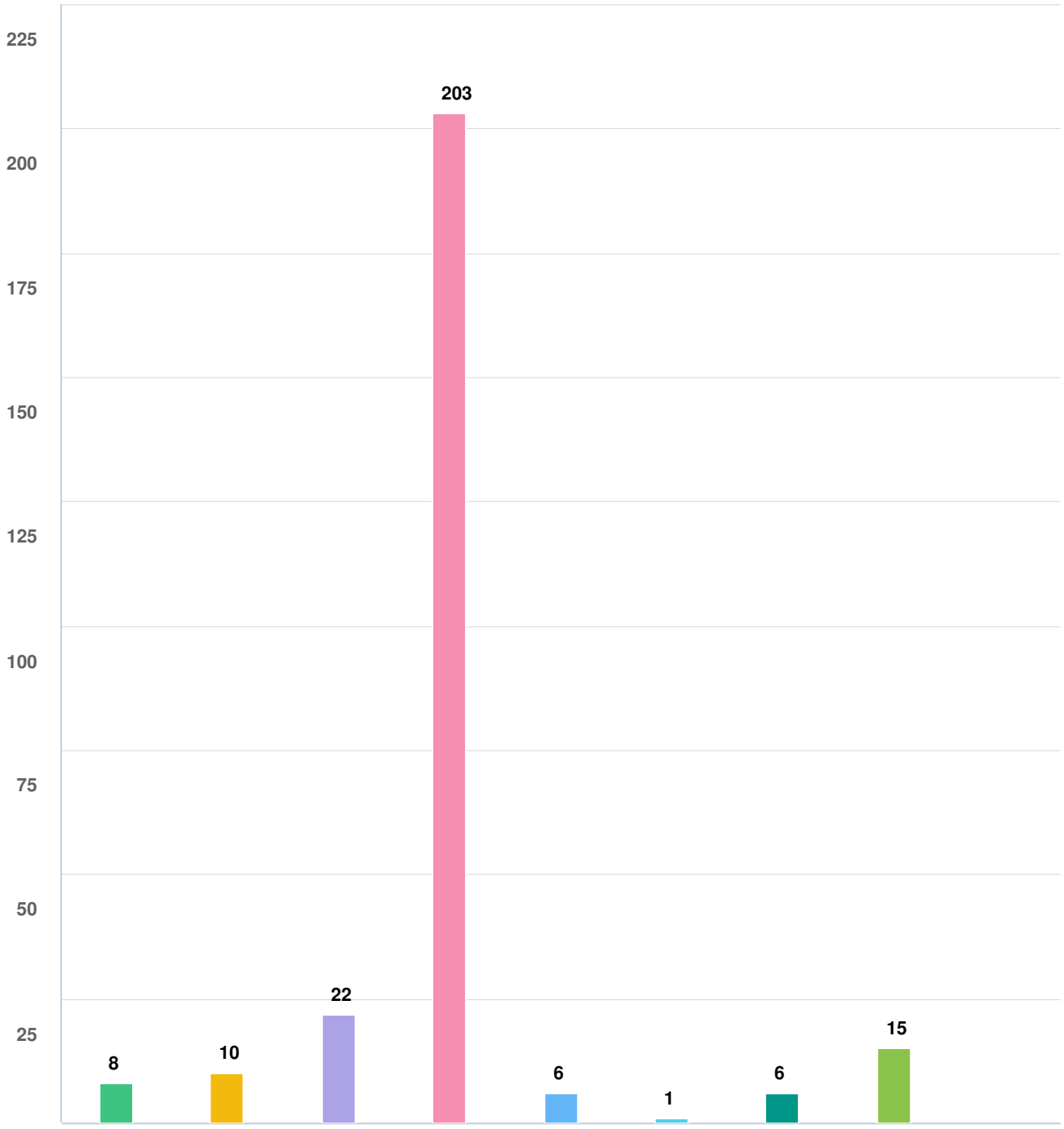


Question options

Self Identify (please specify) Woman Man

Optional question (260 response(s), 16 skipped)
Question type: Dropdown Question

Q23 Please indicate your race. You may select multiple options.

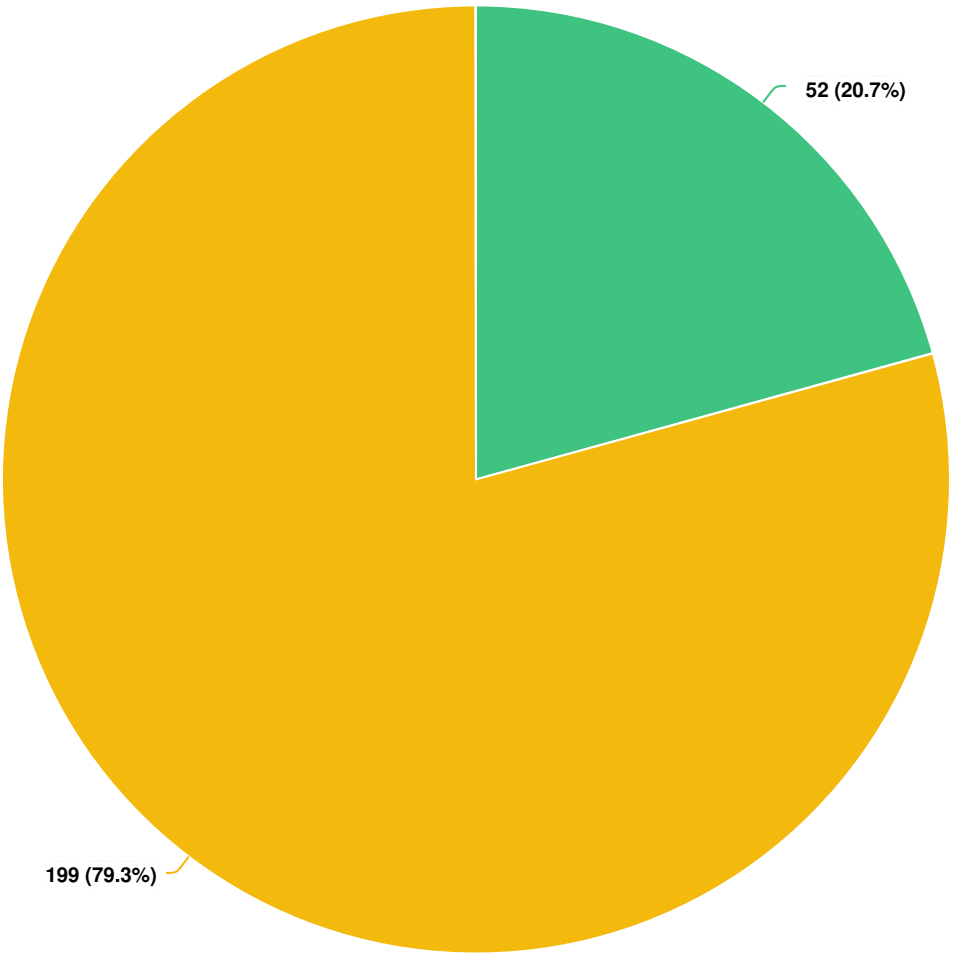


Question options

- Native Hawaiian or Other Pacific Islander
- Other (please specify)
- Black or African American AND White
- Asian AND White
- American Indian or Alaska Native AND White
- White
- Black or African American
- Asian
- American Indian or Alaska Native

Optional question (254 response(s), 22 skipped)
Question type: Checkbox Question

Q24 What is your ethnicity?



Question options

Not Hispanic/Latino(a)(x)
Hispanic/Latino(a)(x)

Optional question (251 response(s), 25 skipped)
Question type: Radio Button Question

Attachment C: Public Comment Period Promotion and Feedback

The following press release was published on the Housing and Planning Department website to announce the first public comment period for the draft HOME-ARP Allocation Plan.

Home

About

Housing & Displacement Prevention

Zoning & Urban Design

Inclusive Planning & Program Delivery

Policy, Plans, & Data

Resource Library

CITY OF AUSTIN

FOR IMMEDIATE RELEASE
Release Date: May. 02, 2022
Contact: Housing and Planning Department **5129743100 (tel:5129743100)** **Email (/email/hpd)**

The draft plan for the HOME-ARP grant is available for public view and comment from May 3 to June 10; Public hearing scheduled on May 10

Austin, Texas — The City of Austin is eligible to receive $11.4 million of HOME-American Rescue Plan (ARP) funds and asks the community to review the city's proposal—referred to as an allocation plan—and provide comments on the draft. The public comment period for the allocation plan draft is open from May 3rd through June 10th with a Community Development Commission public hearing scheduled for May 10th, and a City Council public hearing on June 9th.

The American Rescue Plan allocated $5 billion to assist people who are homeless, at risk of homelessness, and other populations experiencing housing insecurity. This one-time funding—up to $11.4 million for Austin— can be spent on various projects with the goal of reducing homelessness and increasing housing stability. The following activities are eligible for funding by HOME-ARP-

- Supportive services;
- Acquisition and development of non-congregate shelters;
- Tenant-based rental assistance (TBRA);
- Development of affordable rental housing;
- Non-profit operating expenses; and

- Non-profit capacity building.

To comply with federal funding requirements, the city must submit an allocation plan to the Housing and Urban Development department via an amendment to the **FY2021-2022 Action Plan (/sites/default/files/files/FY%202021-22%20Final%20Action%20Plan-%20HOME%20Sale%20Price%20Limit%20Update.pdf)**, which states how the city plans to use the $11.4 million grant and describes the process to gather community feedback.

For more information, and to view and comment on the draft HOME-ARP Allocation Plan, visit the following link: **PublicInput.com/HOME-ARP-Draft (https://publicinput.com/HOME-ARP-Draft)**

The draft HOME-ARP Allocation Plan can be found under the *Documents* section of the webpage linked above. A description of the proposed use of the $11.4 million grant is included on the webpage and can be found in Section IV: HOME-ARP Activities of the draft Allocation Plan document.

About Housing and Planning Department
The **Housing and Planning Department (http://austintexas.gov/hpd)** provides resources related to planning, zoning, housing, and community development to enhance the quality of life of all Austinites. Equitable, efficient, and comprehensive planning with displacement prevention as a prioritized focus is the Department's core charge in delivering housing services to the community.

###

Share

**(https://www.addtoany.com/share#url=https%3A%2F%2Fwww.aus
homelessness&title=%20%20Public%20Input%20Sought%20%E2%8(
(/#facebook) (/#twitter)**

Get information or assistance (/department/311)

Give feedback on our website (/page/austintexasgov-feedback)

Site Map (/sitemap)

Public Records (https://services.austintexas.gov/edims/search.cfm)

City Council Message Board (https://austincouncilforum.org/)

Visit Austin (https://www.austintexas.org/)

City Directory (/contact-us)

Jobs (https://www.austincityjobs.org/)

Legal Notices (/page/legal-notice)

Privacy Policy (/page/privacy-policy)

Se busca la opinión del público: la propuesta de la ciudad para la financiación del Plan de rescate estadounidense (ARP) para abordar la falta de vivienda

Hogar

Sobre

Prevención de Vivienda y Desplazamiento

Zonificación y Diseño Urbano

Planificación y ejecución de programas inclusivos

Política, planes y datos

Biblioteca de recursos

CIUDAD DE AUSTIN

PARA PUBLICACIÓN INMEDIATA
Fecha de lanzamiento:Mayo. 02, 2022
Contacto: Departamento de Vivienda y Planificación **5129743100 (tel:5129743100)** **Correo electrónico (/email/hpd)**

El borrador del plan para la subvención HOME-ARP está disponible para consulta pública y comentarios del 3 de mayo al 10 de junio; Audiencia pública programada para el 10 de mayo

Austin, Texas — La ciudad de Austin es elegible para recibir $11,4 millones de fondos del HOME-American Rescue Plan (ARP) y solicita a la comunidad que revise la propuesta de la ciudad, denominada plan de asignación, y proporcione comentarios sobre el borrador. El período de comentarios públicos para el borrador del plan de asignación está abierto del 3 de mayo al 10 de junio con una audiencia pública de la Comisión de Desarrollo Comunitario programada para el 10 de mayo y una audiencia pública del Concejo Municipal el 9 de junio.

The American Rescue Plan allocated $5 billion to assist people who are homeless, at risk of homelessness, and other populations experiencing housing insecurity. This one-time funding—up to $11.4 million for Austin— can be spent on various projects with the goal of reducing homelessness and increasing housing stability. The following activities are eligible for funding by HOME-ARP-

- Supportive services;
- Acquisition and development of non-congregate shelters;

- Tenant-based rental assistance (TBRA);
- Development of affordable rental housing;
- Non-profit operating expenses; and
- Non-profit capacity building.

To comply with federal funding requirements, the city must submit an allocation plan to the Housing and Urban Development department via an amendment to the **FY2021-2022 Action Plan (/sites/default/files/files/FY%202021-22%20Final%20Action%20Plan-%20HOME%20Sale%20Price%20Limit%20Update.pdf)**, which states how the city plans to use the $11.4 million grant and describes the process to gather community feedback.

For more information, and to view and comment on the draft HOME-ARP Allocation Plan, visit the following link: **PublicInput.com/HOME-ARP-Draft (https://publicinput.com/HOME-ARP-Draft)**

The draft HOME-ARP Allocation Plan can be found under the *Documents* section of the webpage linked above. A description of the proposed use of the $11.4 million grant is included on the webpage and can be found in Section IV: HOME-ARP Activities of the draft Allocation Plan document.

Acerca del Departamento de Vivienda y Planificación
El Departamento **de Vivienda y Planificación (http://austintexas.gov/hpd)** proporciona recursos relacionados con la planificación, zonificación, vivienda y desarrollo comunitario para mejorar la calidad de vida de todos los habitantes de Austin. La planificación equitativa, eficiente e integral con la prevención del desplazamiento como enfoque prioritario es el cargo central del Departamento en la prestación de servicios de vivienda a la comunidad.

###

Cuota

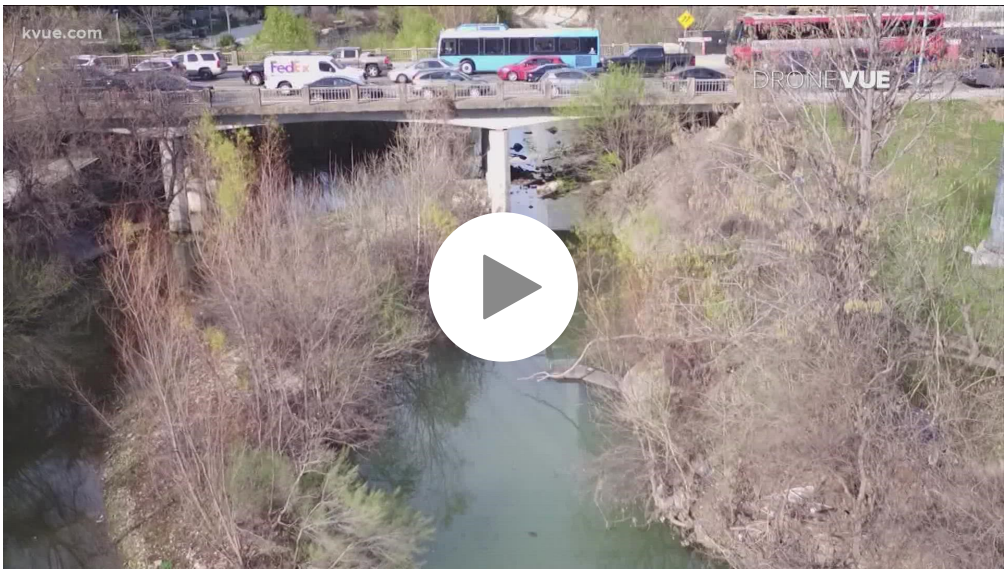
**(https://www.addtoany.com/share#url=https%3A%2F%2Fwww.aus
homelessness&title=%20%20Public%20Input%20Sought%20%E2%8(
(/#facebook) (/#twitter)**

The following article was published by KVUE to promote the first public comment period for the draft HOME-ARP Allocation Plan.

HOMELESS

Austin providing homeless strategy updates, seeking public input

City leaders are looking for input on how to use American Rescue Plan funding.



Author: **Drew Knight**
Published: **12:41 PM CDT May 2, 2022**
Updated: **6:56 PM CDT May 2, 2022**

AUSTIN, Texas — The City of Austin is eligible to receive $11.4 million of HOME-American Rescue Plan (ARP) funds, and it's asking for your input on how it will distribute that money to address homelessness across the city.

The City's draft plan is now available for public viewing, and the comment period is open from May 3 to June 10. A Community Development Commission public hearing is also scheduled for May 10, with a city council public hearing on June 9.

Sponsored Links

The only platform connecting data and doers with Everyday AI

Dataiku is the only platform connecting data and doers through Everyday AI.

Dataiku

The ARP allocated $5 billion to assist those experiencing homelessness, at risk of homelessness and other populations experiencing housing insecurity.

"This one-time funding – up to $11.4 million for Austin – can be spent on various projects with the goal of reducing homelessness and increasing housing stability," City leaders said in a press release.

Related Articles

One year after voters reinstated the camping ban, Austin's homelessness woes continue

New report provides details on Travis County deaths in 2020

'I'm at my wit's end.' People continue to get priced out of Austin

The following activities are eligible for funding:

- Supportive services
- Acquisition and development of non-congregate shelters
- Tenant-based rental assistance (TBRA)
- Development of affordable rental housing
- Non-profit operating expenses
- Non-profit capacity building

To comply with federal requirements, Austin must submit its allocation plan to the Housing and Urban Development Department, which states how the City plans to use the $11.4 million grant and describes its feedback-gathering process.

For more information and to view the draft plan, click here.

The City of Austin is also giving an update on its homelessness initiative Monday night. The homeless strategy division is hosting two virtual meetings this week, with plans to give a progress report on how Austin addressed homelessness over the past few months. It's also giving the public an opportunity to ask questions.

The Housing-focused Encampment Assistance Link, or HEAL, initiative; ARP Act investment framework; social service and housing solicitations; cold weather shelters; and the camping ordinance enforcement are all on the agenda. The meeting starts at 6:30 p.m.

To register for Monday's meeting, click here. To register for Tuesday's, click here.

PEOPLE ARE ALSO READING:

Freer rattlesnake handler dies from bite at Rattlesnake Roundup

Driver of Atlanta 'pedal pub' arrested, charged with DUI following rollover crash that injured 15

'I'm sorry that she couldn't hang on until today' | Naomi Judd inducted into Country Music Hall of Fame

Amazon Has Millions of Prime Subscribers — But Few Know About This Savings Trick

Capital One Shopping | Sponsored

Read More

Prime Is Now $139, But Few Know This Saving Trick

Amazon Prime has millions of subscribers, but only few know about this amazing savings trick!

The following press release was published on the Housing and Planning Department website to announce the second public comment period for the draft HOME-ARP Allocation Plan.

City Seeks Input on Proposal for American Rescue Plan Funding to Address Homelessness

Home

Services

Programs

Divisions

Media

News

FAQ

CITY OF AUSTIN

FOR IMMEDIATE RELEASE
Release Date: Sep. 22, 2022

Traducción al Español disponible a continuación

Draft plan for the HOME-ARP grant is available for public view and comment from October 6 to October 21; Public hearing scheduled on October 11

The City of Austin is eligible to receive $11.4 million of HOME-American Rescue Plan (ARP) funds and asks the community to review the city's proposal—referred to as an allocation plan—and provide comments on the recently revised draft. The second public comment period for the revised allocation plan draft will be open from October 6th through October 21st with a Community Development Commission public hearing scheduled for October 11th.

The American Rescue Plan allocated $5 billion to assist people who are homeless, at risk of homelessness, and other populations experiencing housing insecurity. This one-time funding—up to $11.4 million for Austin— can be spent on various projects with the goal of reducing homelessness and increasing housing stability. The following activities are eligible for funding by HOME-ARP-

- Supportive services;
- Acquisition and development of non-congregate shelters;
- Tenant-based rental assistance (TBRA);
- Development of affordable rental housing;

- Non-profit operating expenses; and
- Non-profit capacity building.

To comply with federal funding requirements, the city must submit an allocation plan to the Housing and Urban Development department via an amendment to the **FY2021-2022 Action Plan (https://www.austintexas.gov/sites/default/files/files/FY%202021-22%20Final%20Action%20Plan-%20HOME%20Sale%20Price%20Limit%20Update.pdf)**, which states how the city plans to use the $11.4 million grant and describes the process to gather community feedback.

The revised HOME-ARP allocation plan draft will be available at the following link starting October 6, 2022. Using the link below, the public can view the revised HOME-ARP allocation plan and submit comments on the proposal. A description of the proposed use of the $11.4 million grant is included on the webpage and can be found in Section IV: HOME-ARP Activities of the draft Allocation Plan document. **https://publicinput.com/HOME-ARP-Draft (https://publicinput.com/HOME-ARP-Draft)**

The public is also invited to testify at a public hearing with the Community Development Commission on October 11th. Public comment will be accepted in-person or remotely by telephone, and speakers will be allowed up to three minutes to provide their comments. Registration no later than noon the day before the meeting is required for remote participation. Pre-registration is not required for in-person participation. To register, call or email the board liaison at 512-974-1606 or **jesse.gutierrez@austintexas.gov (mailto:jesse.gutierrez@austintexas.gov)**

ADA and Equal Opportunity Compliance Statement
The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. Meeting locations are planned with wheelchair access. If requiring Sign Language Interpreters, translation services, or alternative formats, please give notice by calling 512-974-1606 at least 2 days prior to the meeting date. TTY users route through Relay Texas at 711. For more information on the Community Development Commission, please contact Jesse Gutierrez at 512-974-1606.
CDC Commissioners may contact CTM for email/technology assistance: 512-974-4357.

About Housing and Planning Department
The Housing and Planning Department provides resources related to planning, zoning, housing, and community development to enhance the quality of life of all Austinites. Equitable, efficient, and comprehensive planning with displacement prevention as a prioritized focus is the Department's core charge in delivering housing services to the community.

Se solicita opinión de la comunidad - Propuesta de la Ciudad para el Financiamiento del Plan de Rescate Estadounidense para abordar los problemas de las personas sin hogar

El borrador del plan para la subvención HOME-ARP está disponible para lectura y comentarios del público desde el 6 hasta el 21 de octubre; la audiencia pública está programada para el 11 de octubre.

Austin, Texas — La Ciudad de Austin califica para recibir $11.4 millones de los fondos del Plan de Rescate Estadounidense (HOME-ARP, por sus siglas en inglés) y solicita a la comunidad que revise la propuesta de la ciudad, a la que se hace referencia como plan de asignación, y brinde sus comentarios sobre el borrador recientemente revisado. El segundo periodo de comentarios públicos para el borrador del plan de asignación revisado estará abierto desde el 6 hasta el 21 de octubre con una audiencia pública de la Comisión de Desarrollo Comunitario programada para el 11 de octubre.

El Plan de Rescate Estadounidense asignó $5,000 millones para ayudar a las personas sin hogar, en riesgo de indigencia y otras poblaciones que están experimentando inseguridad de vivienda. Este financiamiento por única vez, hasta $11.4 millones para Austin, puede usarse en varios proyectos con el objetivo de reducir la indigencia y aumentar la estabilidad de vivienda. Las siguientes actividades califican para financiamiento de HOME-ARP:

- Servicios de apoyo;
- Adquisición y desarrollo de refugios no congregados;
- Asistencia al inquilino para el pago de alquiler (TBRA, por sus siglas en inglés);
- Construcción de viviendas de alquiler económicas;
- Gastos operativos sin fines de lucro, y
- Desarrollo de capacidades sin fines de lucro.

Para cumplir los requerimientos del financiamiento federal, la ciudad debe presentar un *plan de asignación* ante el Departamento de Vivienda y Desarrollo Urbano a través de una enmienda al **Plan de Acción del Año Fiscal 2021-2022 (https://www.austintexas.gov/sites/default/files/files/FY%202021-22%20Final%20Action%20Plan-%20HOME%20Sale%20Price%20Limit%20Update.pdf)**, el cual estipule cómo es que la ciudad planea usar la subvención de $11.4 millones y describa el proceso para recoger los comentarios del público.

El borrador del plan de asignación HOME-ARP revisado estará disponible en el siguiente enlace a partir del 6 de octubre de 2022. Usando el enlace más abajo, el público puede ver el plan de asignación HOME-ARP revisado y enviar sus comentarios sobre la propuesta. Se incluye una descripción del uso propuesto para la subvención de $11.4 millones en la página web y puede encontrarse en la Sección IV: Actividades de HOME-ARP del documento en borrador del Plan de Asignación, **https://publicinput.com/HOME-ARP-Draft (https://publicinput.com/HOME-ARP-Draft)**

También se invita al público a testificar en una audiencia pública ante la Comisión de Desarrollo Comunitario el 11 de octubre. Se aceptarán comentarios del público en persona o por vía remota, por teléfono, y los que llamen tendrán tres minutos para brindar sus comentarios. Se requiere la inscripción a más tardar al mediodía del día anterior a la reunión para la participación remota. No se requiere una inscripción previa para la participación en persona. Para inscribirse, llame o envíe un correo electrónico al enlace de la junta al 512-974-1606 o **jesse.gutierrez@austintexas.gov (mailto:jesse.gutierrez@austintexas.gov)**

Declaración de Cumplimiento de ADA e Igualdad de Oportunidades en el Empleo
La Ciudad de Austin está comprometida con el cumplimiento de la Ley de Estadounidenses con Discapacidades. Se brindarán modificaciones razonables y acceso igualitario a las comunicaciones a solicitud. Los lugares de reunión se planifican con acceso para sillas de ruedas. Si requiere servicios de intérpretes de lengua de señas, servicios de traducción o formatos alternativos, por favor, indíquelo llamando al 512-974-1606 por lo menos 2 días antes de la fecha de la reunión. Los usuarios de TTY (teléfono para sordomudos) pueden comunicarse a través Relay Texas al 711. Para obtener más información sobre la Comisión de Desarrollo Comunitario (CDC, por sus siglas en inglés), por favor comuníquese con Jesse Gutierrez al 512-974-1606. Los comisionados de la CDC pueden comunicarse con CTM por correo electrónico/asistencia tecnológica: 512-974-4357.

Información sobre el Departamento de Vivienda y Planificación
El **Departamento de Vivienda y Planificación** ofrece recursos relacionados con planificación, zonificación, vivienda y desarrollo comunitario para mejorar la calidad de vida de todos los austinianos. La tarea primordial del Departamento es la entrega de servicios de vivienda a la comunidad con una planificación equitativa, eficiente e integral con prevención de desplazamiento como un enfoque prioritario.

###

Share

**(https://www.addtoany.com/share#url=https%3A%2F%2Fwww.aus
plan-funding-address-homelessness-
1&title=City%20Seeks%20Input%20on%20Proposal%20for%20Ameri
(/#facebook) (/#twitter)**

The following text was published in the Austin American Statesmen newspaper to promote the second public comment period for the draft HOME-ARP Allocation Plan.

Bids & Proposals

an emissions inventory for non-road equipment used in the mining and quarrying sector for 2020-2030 for the Austin-Round Rock-Georgetown, Texas, Metropolitan Statistical Area, which includes Bastrop, Caldwell, Hays, Travis and Williamson counties.
All proposals must be emailed to ghoekzema@capcog.org no later than 5 p.m. CDT, Monday, Oct. 17, 2022 with "Attention Mine and Quarry Emissions Inventory RFP" in the email's subject line. A complete request for proposals packet is at https://www.capcog.org/divisions/administrative-services#doing-business.

9-23, 9-30/22

The Pflugerville Independent School District will accept responses to its Request for Proposals (RFR) from firms interested in providing services related to the district's:

MEP & Commissioning Services
on Wednesday, October 05, 2022 @
2:00 p.m.

Responses may be submitted (by mail or hand carry) to:
PfISD Purchasing Dept.
1401 West Pecan
Pflugerville, TX 78660
Attn: Craig Pruett

Proposals may be picked up in person or downloaded from the PfISD website at: https://www.pfisd.net/Page/259.

9-23, 9-26/22

Public Input Sought – City's Proposal for American Rescue Plan (ARP) Funding to Address Homelessness
The City of Austin is eligible to receive $11.4 million of HOME-American Rescue Plan (ARP) funds and asks the community to review the city's proposal—referred to as an allocation plan—and provide comments on the recently revised draft. The second public comment period for the revised allocation plan draft will be open from October 6, 2022 through October 21, 2022 with a Community Development Commission public hearing scheduled for October 11, 2022.

The American Rescue Plan allocated $5 billion to assist people who are homeless, at risk of homelessness, and other populations experiencing housing insecurity. This one-time funding—up to $11.4 million for Austin— can be spent on various projects with the goal of reducing homelessness and increasing housing stability. The following activities are eligible for funding by HOME-ARP-
• Supportive services;
• Acquisition and development of non-congregate shelters;
• Tenant-based rental assistance (TBRA);
• Development of affordable rental housing;
• Non-profit operating expenses; and
• Non-profit capacity building.

To comply with federal funding requirements, the city must submit an allocation plan to the Housing and Urban Development department via an amendment to the FY2021-2022 Action Plan, which states how the city plans to use the $11.4 million grant and describes the process to gather community feedback.

The revised HOME-ARP allocation plan draft will be available at the following link starting October 6, 2022. Using the link below, the public can view the revised HOME-ARP allocation plan and submit comments on the proposal. A description of the proposed use of the $11.4 million grant is included on the webpage and can be found in Section IV: HOME-ARP Activities of the draft Allocation Plan document. https://publicinput.com/HOME-ARP-Draft

The public is also invited to testify at a public hearing with the Community Development Commission on October 11th. Public comment will be accepted in-person or remotely by telephone, and speakers will be allowed up to three minutes to provide their comments. Registration no later than noon the day before the meeting is required for remote participation. Pre-registration is not required for in-person participation. To register, call or email the board liaison at 512-974-1606 or jesse.gutierrez@austintexas.gov

ADA and Equal Opportunity Compliance Statement
The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. Meeting locations are planned with wheelchair access. If requiring Sign Language Interpreters, translation services, or alternative formats, please give notice by calling 512-974-1606 at least 2 days prior to the meeting date. TTY users route through Relay Texas at 711. For more information on the Community Development Commission, please contact Jesse Gutierrez at 512-974-1606. CDC Commissioners may contact CTM for email/technology assistance: 512-974-4357.

About Housing and Planning Department
The Housing and Planning Department provides resources related to planning, zoning, housing, and

The following articles were published by the Austin Monitor and KVUE to promote the second public comment period for the draft HOME-ARP Allocation Plan.

Fully-Local • Non-Partisan • Public-Service Journalism

AUSTIN MONITOR

Money for the homeless: How should it be spent?

FRIDAY, SEPTEMBER 23, 2022 BY ELIZABETH PAGANO

The city is asking for the community's help in allocating a potential $11.4 million in American Rescue Plan dollars earmarked for the homeless in Austin. Starting Oct. 6, the public can review the revised allocation plan that will be open for comment through Oct. 21. There is also an opportunity to offer public comment at an Oct. 11 meeting of the Community Development Commission, either in person or by emailing the board liaison at jesse.gutierrez@austintexas.gov. According to a press release from the city, Austin's share of the $5 billion in federal dollars may be spent on:

- Supportive services
- Acquisition and development of non-congregate shelters
- Tenant-based rental assistance
- Development of affordable rental housing
- Nonprofit operating expenses
- Nonprofit capacity building

JOIN YOUR FRIENDS AND NEIGHBORS

We're a nonprofit news organization, and we put our service to you above all else. That will never change. But public-service journalism requires community support from readers like you. Will you join your friends and neighbors to support our work and mission?

DONATE TODAY

Tweet Share 0 Share Share

HOMELESS

City of Austin asking for feedback on planned use federal funds to address homelessness

The funding can be spent on various projects with the goal of reducing homelessness and increasing housing stability, according to the City.

Author: **KVUE Staff**
Published: **3:48 PM CDT September 22, 2022**
Updated: **5:22 PM CDT September 22, 2022**

AUSTIN, Texas — The City of Austin is eligible to receive millions in HOME-American Rescue Plan (ARP) funds to help addresses homelessness. But, first, the City wants the community to review its allocation plan and provide comments on the recently revised draft.

The City said the second public comment period for the revised draft will be open from Oct. 6 through Oct. 21, with a Community Development Commission public hearing scheduled for Oct. 11.

Ad removed. Details

The public is invited to testify at the Oct. 11 hearing in person or remotely. Registration is required no later than noon on Oct. 10 for remote participation, but pre-registration is not required to participate in person. To register, call 512-974-1606 or email jesse.gutierrez@austintexas.gov.

The City said the ARP allocated $5 billion to assist people experiencing homelessness and other populations experiencing housing insecurity. This one-time funding – up to $11.4 million for Austin – can be spent on various projects with the goal of reducing homelessness and increasing housing stability, according to the City.

Related Articles

Austin City Council passes resolution regarding resources to fight sex trafficking in homeless community

HEAL Initiative passes goal of connecting 200 to shelters but more than half returned to homelessness, city data shows

21 Austin nonprofits receive grants to address homelessness, improve services

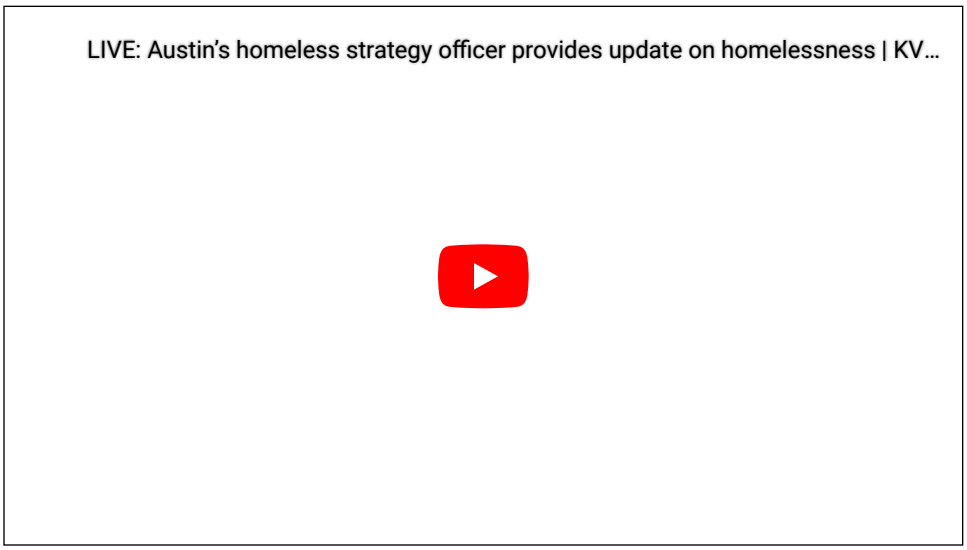
These activities are eligible for funding by HOME-ARP:

- Supportive services
- Acquisition and development of non-congregate shelters;
- Tenant-based rental assistance
- Development of affordable rental housing
- Nonprofit operating expenses
- Nonprofit capacity building

The City said to comply with federal funding requirements, it must submit an allocation plan to the U.S. Department of Housing and Urban Development by way of an amendment to the fiscal year 2021-22 Action Plan, which states how the City plans to use the $11.4 million grant and details the process to gather feedback from the community.

The City said the revised allocation plan draft will be available at this link starting on Oct. 6. The public will be able to view the revised plan and submit comments on the proposal.

On Thursday, the City's homeless strategy officer provided an update on homelessness in Austin. Hear from Dianna Grey below:



KVUE on social media: Facebook | Twitter | Instagram | YouTube

PEOPLE ARE ALSO READING:

Kyle man arrested, accused in threatening voicemails to Austin Waldorf School

Nurses at Ascension Seton Medical Center officially unionize

Attempted patrol vehicle break-in leads to struggle, constable injured

What is the sticky stuff on my car? It's not tree sap

Amazon Has Millions of Prime Subscribers — But Few Know About This Savings Trick

Capital One Shopping | Sponsored

Read More

Here Are 23 Of The Coolest Gifts For 2022

Public Comment Period Feedback

From May 3rd, 2022 to June 10, 2022, the public was invited to submit feedback on the draft HOME-ARP allocation plan. The comments listed in the pages below were submitted to the *SpeakUp Austin!* webpage that included the draft HOME-ARP allocation plan and summary information. Comments were submitted in response to the following prompt.

Please provide your thoughts about the proposed plan to spend $11.4 million on projects related to homelessness and housing instability.

HOME-ARP Budget

HOME-ARP Funds	Allocation	Percentage
Sources		
Projected HOME-ARP Award	$11,441,252	
Uses		
Acquisition and Development of Non-Congregate Shelters	$8,000,000	70%
Development of Affordable Rental Housing	$1,000,000	9%
Supportive Services	$725,064.20	6%
Planning and Administration*	$1,716,187.80	15%
Total	$11,441,252	100%

**Planning and Administration cannot exceed 15% of the total grant.*

Comment
In addition to being a single mother who does not receive child support, I am also an underpaid Austin ISD teacher, a victim of physical, mental, and financial abuse that spanned for 15 years and still going due to my daily therapy and constant medical appointments. They call me a survivor because I escaped the abuse, but I sure don't feel like one. My ex-husband's 2 year restraining order just expired and I still suffer from medically-diagnosed severe PTSD, generalized anxiety disorder, and major depression. With these mental issues, I have developed several physical medical issues like severe tremors, stuttering, night terrors, panic attacks, and the list goes on. I was placed on mandatory therapy through Austin ISD's Employee Assistance Program, but 4 short phone talk therapies do nothing but maybe give you a reminder that you should not lose hope. I am not a local, but not by choice. I am from El Paso and was recommended by the Crime Victims Unit to relocate cities for mine and my son's safety. I had to leave my home and beloved teaching job, sell what I could for pennies, and with partial assistance from the program, was able to accept the first job that came up here in Austin to teach Special Education. After not being able to work and being placed in a Safe House for 3 long months, we finally made our way here to what we were told was definitely an affordable living and better environment for us. Well, that has been FAR from the case. With high hopes, I came to Austin with my son after having to make thousands of dollars in an upfront payment to the apartment complex where I live now (until eviction I suppose) in order to have a home. This was due to the financial ruin my ex put my finances and credit history through without my knowing. Call me ignorant, naive, weak, whatever, but I have always been a mother first and a teacher second- that is what I focused on because it made it easier on my child and kept me busy with school activities so that the storm at home was as calm as possible. In the aftermath, I realize my mistakes, but after being in Austin for 2 years now, I am in a worst financial scenario than I was at the beginning. Right away, when I got my first paycheck and saw all the deductions, I knew there was no way I could afford where I was living even though it was considered "reasonable rent" at the time at $1770. After a few months, I had to apply to the Texas Rent Relief program, was accepted, and they helped get caught up to that point. I will be grateful to them forever. However, my troubles did not end. The stress from having to work two full-time teachibg positions for the salary of one due to no funding, teacher shortages, etc., put my health at even more severe risk. I finally collapsed at school during my class from severe exhaustion. After the EAP assistance, I still had to suffer months before I could get any sort of doctor-led therapy. I had to file for FMLA and have gone through my sick leave. I'm in a sort of "wait list" therapy program and still on a wait list for a psychiatrist. I have no income coming in and have not been able to pay rent here in almost two years. I have applied for it all and once funding ran out, I was waitlisted and still am through the RENT program. I sure hope I don't lose my place in line. We live in fear everyday that we will be kicked out onto the streets. Since I moved here, the rent has risen to $2300 plus tons of extra fees. Every month, this amount plus daily late fees just keeps getting added and added to my arrears. I have tried to move, but due to my credit would have to pay thousands up front. I don't have any income right now, but have applied for several assistance programs. I am still an employee of AISD on FMLA, but my doctor has not released me yet because I have not been able to start a program due to the high volume and staff shortage. I have always paid my taxes, always followed the law, been a dedicated award-winning English teacher, been an excellent mother, and even dealt with the hell of an abusive man due to his mental disabilities he acquired for his service to the US Marines. Out of fear, I never filed charges on him, but the state did. I don't understand how the Attorney General has not been able to retrieve child support from his VA medical disability payments. His disability payments are higher than my salary and I have a master's degree. He hasn't worked in many years and surely

traveling the country happily without thinking his son needs food and clothes. SNAP benefits- don't qualify. TANF- don't qualify. I have delivered groceries on the side for extra money, but it destroyed my already bad bone injuries. I never quit and I am always willing to help even now, that I can't offer much. I am not the only victim of domestic violence who ends up penniless with all her kids and an ex who just stops paying to raise his children. While I support the end to all homelessness, more support and resources need to be in place for us! We have always worked, paid taxes, been good citizens, and what....due to leaving my abuser now I am facing homelessness? This is a nationwide crisis. I yell loud as hell for all women in my position. Help us and our children and give us back our ability to be hardworking, motivated individuals without so many stress-related health issues that are eventually killing us. I have never been homeless and have never been in a shelter and it terrifies me. Why was it suggested my law enforcemet that this would be better? I am in a panic and we need assistance NOW...I am grateful to this apartment complex for letting us stay here for now, but that is only because of the protection we have had with rental assistance laws and mandates that keep getting updated. That will soon end. I can't even afford to relocate for a better paying job in an affordable city. I'm stuck here....please help us out of here so we can get our lives back and be productive citizens again. This situation has destroyed almost all of me. It is a lonely world out there, especially when you have dedicated your life to help others and then face the reality that the others are not there for you.
N/A
Just go and talk with those who run Mobile Loaves and Fishes. They have a great plan in place. You could help them continue what they are doing. Go to https://mlf.org/
I recommend more towards the development of affordable rental housing and perhaps small single family or duplex homes.
And more AFFORDABLE shared housing complexes for single seniors. Community kitchen and living area with private rooms/bathrooms.
Would recommend more allocated to the development of affordable rental housing.
The biggest problem is the lack of affordable housing in Austin but the City is allocating less on this line item than for planning and admin. Shelters are necessary, but where are people supposed to go after shelter? There is not much we can do for people at risk of homelessness, including those fleeing family violence, if there is nowhere to live long-term. The City keeps awarding permits to destroy affordable housing and build luxury units and to renovate affordable apartments into luxury units. The City needs to address the problem they have created with these decisions and build affordable housing, Most of the money should be moved out of shelter and into affordable housing.
Re-define affordable.
If affordable housing is not addressed as a top priority, other than supportive services or at risk homelessness there is going to be a way bigger homeless crisis her in Austin, Tx than there is now. Most not all, of the homeless population have either a drug addiction or mental illness. Some develop mental problems throughout time from being homeless. There needs to be a strategic plan to address that at another level that can help those in those predicaments to recovery. Especially when they have one of their main homeless shelters housed directly around bars making them more vulnerable to drugs and alcohol. Yet, here we are the great Capital of Texas at the same time making the average working person not even able to afford the high rental rates, which can lead to more homelessness, higher crime if those people become desperate to survive and even mental instability due to the pressure of staying employed while your stressed out if you don't even know where your going to live. It's sad, and unfortunately all their brainstorming on how to use funds they can't see it or maybe they can but that's not really a concern. Maybe, it's nothing more than funding for show. Show me a plan that adds up to the amount funded, So the books are lined up right. Because if those in charge of making a difference to better the outcomes of the homeless, the high rental rates, family violence etc

they would find a solution. Not to mention how even those with past convictions no matter how many years old they are can't get places to live or jobs due to bad decisions in their past. People should not be held accountable for a lifetime due to past Poorly made decisions. If they have a continuous record I could understand the risk. But, if the record shows different than that also needs to be addressed. Because in my opinion that's entrapment to keep people from being successful in re-entry to living their lives more productive. That also leads to more homelessness and crime. Pressure bust pipes!!! This all in a whole needs to be addressed and funding needs to be used appropriately for those needs. If Austin wants to be successful not only on the tech side, but for all it's citizens than get to work on where it matters most. Even the poorest of its citizens pay taxes, Without the average joe working the hardest labor jobs in any city there would be No city period!!! Thoughts to ponder on folks 🤔
There needs to be a reduction in barriers to qualify for lease. There need to be units available to those w/ poor credit, unstable rental history, and criminal history/history of incarceration. And individuals and families need a place to stay in the short term until they can get into an affordable apartment. Often this means they need financial assistance to afford a hotel, and supportive services to help them apply for housing or leases.
seems like a drop in the bucket for impacting the need for affordable rental housing - I'm assuming when you say "at risk of homelessness" you mean 'experiencing housing instability' and the lack of affordable rental housing makes this a reality for so many.
More affordable rental housing should alleviate the need for some of the homeless shelters. More money should be focused on preventing homelessness.
Why are you putting so much money into re-inventing the wheel when Alan Graham with Community First is making great strides in decreasing homelessness? Many need mental health, not just shelter! Have you spent time on the streets like Alan has? Give him the money to increase his program! Why are you prioritizing providing shelter for homeless rather than increasing police, fire, EMS, and mental health services???!!!!
Why did Community First build a home for a family with two small children, straight from Illinois? This is child endangerment to expose those children to that environment. https://mailchi.mp/8b3c7dd19449/a-faithful-presence-august-edition?fbclid=IwAR3JvRlq0A-hBP-j7U8pGI-dZhzGhBZ7oIjs9p29sAaLOWFp1vSrIUHNqXo
Was very surprised he wasn't consulted especially with the new land he's obtaining too.
Aren't non-congregate shelters just a short-term solution to a long-term problem? They are a necessity, but does the city really want to spend 70% of their funds on this? People who want housing but do not have resources to obtain it or keep it should be prioritized. People who are experiencing homelessness and dealing with mental health issues need supportive services so they can live safely. Those who do not want housing should be prioritized last.
The City of Austin's developments process is a major factor in the lack of new housing that in turn drives housing prices higher.
We need more temporary shelter space
Supportive Services should be priority. Of all the priorities budgeted, supportive services is the most difficult to fund and sustain. As well, there are other sources of funding for development of affordable housing. While I understand why Austin might want to use HOME ARP for shelter, Support Services should be prioritized over shelter. Supportive Housing provision is a more effective strategy for ending homelessness, than shelter. With this relatively small allocation, Austin should use as much HOME ARP as possible for support services connected to permanent/deeply affordable housing.
Yes, that is what I feel. The caseworkers are overloaded and turnover is interesting (burn-out?). I would like for any agency that sees this, needs people like me, boots on the ground, commercial real

estate experience, marketing materials, etc. and how may I apply for assistance to meet with apartments owners, investors, associations, etc.
Apply more to development of affordable rental housing and less to planning and administration. Help groups get land and property that is affordable more than the administration of it. Other funding sources exist for that.
How is putting only 6% towards Supportive Services and 9% towards Affordable housing even make sense?? 70% towards Non-congregate shelters that would take time to build. while the lack of services to help those who need it to keep from becoming homeless, which will end up adding to the homeless population if not more is put towards supportive services or affordable housing. And why is it that when it comes to it's own citizens, The funding is never enough to really make a change. But then billions if not trillions can be funded for other stuff easily. Don't make no sense
Help the actual homeless people who actually want the help. Don't help the lazy, or the the druggies that are just taking advantage of the free stuff, that doesn't help anyone in the long run.
Cut planning and administration.
Reduce overheard in "Planning and Administration", do not buy hotels, designate city managed temporary housing and help people get off their drug habits and rehabilitate people with mental health issues so they can reintegrate to society. Stop wasting taxpayer money!
Its about time
The time for non-congregate shelter for COVID-19 has past. The money from the American Rescue Plan Act (ARPA) was not meant to purchase real estate. Furthermore, your previous survey seems to have only been taken by a select few hundred. Just another wash-out to spend this money frivolously, Nonprofit organizations are squandering the money period.
I honestly don't think the money from the American Rescue Plan Act (ARPA) was meant for real estate.
I think this plan is failing to look at the issue from a long term perspective. The lack of affordable housing is leading to homelessness for a lot of families in the Austin area given the rising cost of rent. Providing funding for shelters is a band aid for the larger problem - lack of affordable housing. I feel shelters are used as a way for communities to "hide" the more visible homeless population. Those living in their cars or couch surfing won't see relief from homelessness without access to affordable housing in Austin. Families are also hesitant to use shelters. I strongly urge the City of Austin to allocate more funds towards affordable housing, supportive housing, and support services.
I would advocate for more development for affordable housing and homelessness prevention.
Homelessness & Homelessness Prevention
Priority should be given to long term solutions like housing, not short term fixes like shelter
I would prioritize much more of this funding for development of affordable housing and support services. While we need to find places for our homeless brothers and sisters - temporary housing is only temporary and I want to make sure that the rising costs in Austin and the support services the homeless need to keep them housed do not make the problem worse.
15% for administration is excessive. Total admin should not exceed 10%.
This budget is suitable so far as I am concerned.
50% 25% 25%
15% for Planning and Administration is a statutory limit, not a target. This amount should be reduced.
While the emphasis on shelters is appreciated, I would prefer if a greater proportion of the funds to go to long term development of affordable rental housing
I agree with another post that we should allocate funds to Alan Grahams project that has proven track record of success. Any supportive funds need to be coupled to accountability and quantifiable outcomes to self sufficiency

understand the need to create a prioritized list, but all of these elements work hand in hand and not very well independently.
There needs to be more options. I like San Antonio's approach with a large shelter. Homeless would have the option to go to the shelter or receive a bus ticket to somewhere else if they prefer the options elsewhere.
Should not receive a bus ticket to another city. That's part of the reason why Austin numbers spiked.
Develop more emergency congregate shelters for street folks & make non congregate shelter dependent on the applicant meeting specific treatment or other milestones (job etc)
Need to focus on low income families struggling to stay housed. More affordable housing & rent assistance programs. Also Why can't we do what San Antonio has for the unsheltered? They seem to be helping people
Needs to be more priority on helping working families stay sheltered with rental assistance & affordability efforts. Haven for hope & congregate shelters would work to get people off the streets & in treatment
Highest priorities should be given to the projects that prevent future homelessness. That will free up future funds. 2022 is going to be a tough budget cycle we must optimize our state and federal monies.
A plan to assure shelters are utilized is very important. Understand that current shelters are not the first option for many due to violence, mental health, and drug issues. Supportive services seem like they would be more help than purely purchasing shelters to "act like we're doing something". As usual: planning and administrative costs reflect a bloated city and consultant class; supportive services should be double the administration budget rather than the other way around.
N/A
I would prefer to see development of affordable housing take priority. If we can increase the supply of affordable housing the cost of housing for everyone will decrease. Build up, not out.
I think it's important to address people who are at risk of becoming homeless or who are having housing or rental instability. It cost much more money and takes much more resources to bring people back once they are homeless. So initially we need to stop the homeless ranks from growing. That will give us the greatest yield for these funds.
administration should not get the most. it should go to tiny home communities not throwing money at band aid "solutions" cleaning up homeless camps they just go back to
There has to be other City plans that areBrainerd? In regards to affordablehousing, homelessness, and all thr other aforementionedtopics, why are we not analyzing those and adapting them to the Austin area? Seems like a no brainer?
Allow for some owner occupied assistance. People can't afford the homes they already have
Fund more of the administration/planning costs from local sources and reallocate more of the ARPA funding to supportive services & development of rental housing
Please bring down the costs of Planning and Administration. There is a lot of fat that can be cut.
Would prefer if more money went to affordable housing than shelters.
Build affordable housing. The City Council has promised this for far too long and yet every year fails to deliver.
It would seem to me that the solution to homelessness is homes. Shelters, while useful, are not a long term solution
The vast majority of this great funding should be allocated to helping current renters stay in their apartments and homes. That is why the City of Austin RENT Assistance Program that the City of Austin has engaged in should definitely continue. There can be no better use for those funds than to give Austin residents who are unable to fully pay for their rent the peace of mind and security in knowing

that their elected City Officials truly care about them and are using that funding to help prevent their eviction. Otherwise, they too would have to join the homeless population where there could be recourse from the City. Let's instead protect our elderly renters, many that can no longer work, as well as single parents with children and the disabled. We need your help! Please do not forsake us. Allocate more funding to the City of Austin RENT Assistance Program and the Development of Affordable Rental Housing. Thank you.
From the issues now being seen at the Candlewood in NW Austin, we need to pause and determine how the monies already allocated and/or used was spent. CoA's audit Department can provide fact-based data on how this money was used. All decisions made must include the use of fact-based data. This scientific methodology is widely acknowledged across all types of government, nonprofit, and private industries. My personal opinion is that we can do a better job. In today's current restrained environment we must make the highest and best use decisions on taxpayer funded projects. For me this includes not only money from Austin taxpayers but from the State of Texas and the Federal Government as well.
The Homeless Strategy division should be an intregal and permanent part of the Housing and Planning Dept and as such, funding for planning and admin should come primarily from the city's budget, not 15% of this one time ARP allocation. Having adequate and affordable housing, serving all types of populations, should be Austin's top priority. Quality of life in any city has to be measured by how ALL are served, not just the prosperous. The city should also consider joining with and supporting organizations like Community 1st and other non-profits to build upon current successes and achieve service results sooner.
I think the Planning and administration's reward is ridiculous! I'm a 66 year old woman, disabled, in a 55+ community and the City is kicking us out of our apartments to other apartments (to remodel), and I cannot find ANY Permanent Housing Solutions. I have the funding and have supportive services and THEY have very few options for us. Seriously? The least of money is going to Supportive Services to help ME from being homeless AGAIN. Development of Affordable Housing needs to be me, you or our Supportive Services being able to get out and speak to Landlords, Apartment Associations, Chambers and sell them on putting ME and others into their units/housing, etc. I may even have to live partially in a motel and (not again!) a storage unit. You people will not even help us help ourselves. I was a commercial real estate broker for 23+ years and I AM QUALIFIED TO HELP FIND MORE HOUSING UNITS. Help me with expenses for travel, provide marketing material, let my join these associations and let very supportive services know and I can represent them all: Caritas, Front Steps, Arch, Trinity Center, etc. and let me out there and at it. Why, oh, why is this not being done? I know this answer. The case workers are too overloaded to trod off to find access to these things I have mentioned. How may I apply for funding to help with this crisis. There is not enough real estate opportunities because no one is going out there beating the streets for this.....aaarrrggghhhh..... I hope you take me serious. I now a lot of folks on breathing machines, walkers, scooters, stage 4 cancer, mental illness, and productive people that work and volunteer. Many are homebound with service providers. What are they to do? I need 55+ communities that accept PSH, vouchers, % of retirement, veterans. Give me those and put me to work. Timing is of the essence to me. I am about to have a nervous breakdown just thinking about being displaced again. HELP me! Let me HELP YOU! By the way, I have been here 2 years. My lease expires June 30, 2022. I have 45 days to move or accept being displaced from my apartment. And, I am NOT moving to those places that do not even have transportation, grocery stores, pharmacies, my service provider, Integral Care, my Churches and volunteer work. I work with Mission Possiblel, Church Under the Bridge, Mobile Loaves & Fish/CommunityFirstVillage/GatheringChurch and starting Thursday at Esperanza. Let me go to work for MY community, Arbors on Creekside, for me and my neighbors that are choosing to move only once, therefor not being displaced for whatever time they cannot tell us. I pray their funding is not

granted for the remodeling of these units. It is so not appropriate at a time such as this. This being the unhoused crisis we already have. Many here have case managers and now our case managers are being burdened because we are going to be displaced! If the funding for remodeling is stopped then there are plenty of vacancies here that homeless people can move into. Front Steps helped me with this apartment, by the way.
Shelters without supportive service are useless or harmful. Divide the money 50-50 between preventive and curative. The pandemic has put tons of people at risk and it's well worth it to keep them housed and improve their situation through training, learning, support. And then spend 50% of the curative money on services (Mental health, substance abuse, self-sufficiency training) and 50% on housing (Start with additional camps, move up to additional shelters, and finally move up to more market-based affordable housing). The benchmark we've seen from city Council is insulting to taxpayers. Spending millions to house fewer than 100 in shelter. Completely unacceptable fiscally.
Cut Planning & Administration. Many Homeless are on the street because they want to be there. They have problems like drugs, & mental problems, etc. Give the Homeless more Supportive Services so they can grow to appreciate your housing.
I support more money for development of affordable rental housing and less for planning and administration.
Is this Home-ARP Allocation Plan in addition to the City of Austin's pilot program using taxpayer-funded (paid from property taxes) "guaranteed income" program to give 85 needy households $1000 per month for a yr to help them pay for household expenses and offset rising housing costs to prevent them becoming homeless. Doesn't the federal government and nonprofits offer this also? IF so, is Austin taking advantage of these programs also? Austin definitely needs affordable housing. Lastly, it appears the Planning and Administration costs are more than the Project awarded above.
The term affordable is not accurate or helpful.
Cut the planning and admin budget in half the money is meant for the homeless. Planning and admin gets twice as much as the homeless that's absurd. Those salary's are the reason that our community is in such crisis. While you sit on a cushy salary we starve and go without shelter are harassed and criminalized. Use that money to give rapid exit and diversion assistance to this that need it now. Aquire land and allow campers rvs tents and our vulnerable population will have safety respect dignity and care. We deserve to get what is meant for us and not have it stolen by city officials and desk sitting paper pushers. Diana Grey get off ur butt and put boots to the ground get dirty and give up you're huge wallet so that your community can actually become Sustainable
$8million is not really very much. I hope this is used to acquire as much real estate as possible since the value is only going to continue to rise. Second - Is $1.7 million really needed for planning or admin purposes? Don't we already have planners/administrators that could provide that portion and allow us to spend more in the other categories? Maxing out Admin funding seems opportunistic
Affordable housing is a vague term and the current laws aren't prioritizing it enough. Huge, rich developers are raking in profits hand over fist and we are letting them build without any contribution to the betterment of the City at large. Make them pay a building fee, and force 50% of all new units to be rent controlled. The current incentive allows these rich folk to pay out of the 'incentive' in order to get more square footage for a fraction of what that unit is actually worth. Make the laws stronger. Give residents a real option other than room mates or homelessness.
Please prioritize children and families who are unable to afford rent and or couch/ motel hopping
Recommend the city reduce the admin fee to put more money into affordable housing. Increase the the supportive service line item while reducing development of shelters line item.

Re-prioritize the line items budget, reduce the administration fee, reduce that in half put more money it's supportive services, put more money in developing a affordable rental housing reduce the shelter line item to accommodate recommendations for affordable rental development.
How about you spend the money on land, then let a developer build a 30 story apartment building with 900 units, 300 of which are rent controlled and owned by the city, for affordable housing. The city needs to be thinking about how to build denser, and better. More housing for all is the only way we will solve this. We need to be investing in the long term in city ownership of housing units.
We need more affordable housing. Period. Very wealthy people and businesses are moving into this city. Are they paying their share of taxes? Or are we giving them tax credits? We don't need to encourage any more companies to move here. They should be giving money to the city. We have grown too big for the current infrastructure and the city council/mayor seem paralyzed. Is anyone in charge? The income inequality is getting really scary here. Millionaires in downtown condos and scary slumlords in Northeast Austin.
Affordable housing is one of the biggest challenges facing the community, therefore more funds are needed in this area. We need to reduce the number of individuals and families at risk for homelessness. Also more resources are necessary to help individuals and families pay their monthly rent fees.
It's pretty much the opposite of what I would like to see, but any of this would be welcome in the community. I think slowing the corporate ownership of houses and offering those houses to actual people would be my biggest overall wish.
Austin's unbalanced housing inequity is going to crash and burn at some point in the future. Companies are made up of the CEO, the janitor, and everyone else in-between, each deserve affordable housing. It takes a diverse variety of people to make a city and communities within them healthy and vibrant.
Affordable housing is a huge issues. Rental assistance (or cracking down on vacant vacation homes and short-term rentals, or not allowing corporations to buy housing as investments to flip) is much more needed. Why is planning & administration a larger percentage than affordable housing and support services?
I believe we should focus the funding on Affordable Housing (9% in pic). At least 20% because it would prevent more homeless and better quality of life.
Planning and admin gets more than supportive services? That's crazy. What is non congregate shelters? How about get folks the services they need and do something to drive down costs in existing housing.
All of these things are incredibly important
Particular to Texas is that people with high incomes don't pay a fair share because property taxes are sole source of funding. People are becoming homeless because of taxes. This cruelty should change
I said before there should be a tax for those moving in out of state. If they're paying 200k over price, what's a tax gonna hurt?
I would prefer to see more balanced funding among Acquisition and Development of Non-Congregate Shelters and Development of Affordable Rental Housing.
While non-congregate shelters are better than congregate, affordable housing is a better long-term solution. I would like to see more money go towards affordable housing.
I disagree with people saying the planning an administration budget should be cut. Planning is important for getting this to actually work, and needs to be adequately funded.
As Austin is growing it is getting more difficult for low-income population and those who are living in range with 204% of poverty level to find a place as rent is increasing in Austin and surrounding and projection for 2022 is 17% increase in rent. there is un urgent need for affordable housing.

Why give the maximum allowable percentage to planning and administration? Is it not possible to reduce the percentage so there is more funding for other areas. I feel it would be possible.
I'd rather money from planning ad administration be distributed amongst the other uses ie supportive services, development of affordable rental housing.
I was frustrated by the quality of the report. There were no graphics or visual aids. Many photos in the appendix had text cut off so you could not read the survey questions. Acronyms were introduced and never spelled out. The site is not mobile optimized and links/navigation tools were not used to make navigation easier. I would have appreciated more detail on the budget. All of these factors made it incredibly difficult for me to learn about the project and the City's process.
I think more funds should be allocated to both supportive services and development of affordable rental housing. As Austin continues to grow and become more unaffordable for working and middle class people, equitable and effective solutions will be necessary to stem the tide of folks leaving for cities with a more affordable cost of living. These are the people that make Austin what it is: artists, musicians, service industry folks, and regular, everyday, essential workers (also the demographic most at risk of homelessness).
Too much admin fees. Get away from shelters. Provide housing
That doesn't seem like sufficient amount of money for services, especially if the plan is to serve a high risk population
I'd like to see the city get a better deal on acquiring spaces. I'd also like for abandon places or commercial places that could converted to multiuse spaces to be apart of the price evaluations. We need these places to turn profit so they can be more self sustaining. Example: hotels with conference rooms can be rented out for teams and people wanting to cowork. Hotels with restaurants can turn into a dining halls allowing small businesses to come in and out the week paying a vending fee. We could also include farming on the property to give some jobs, but also turn profit. I believe more long term and affordable housing/ shared housing is the move. I think if we put a lot of attention into shelters, there needs to be separation of "sane" people who need to get back on their feet in a month or two versus those with mental health issues. Mixing the two is chaotic and prolongs everything. We also need to start prioritizing those who've only been on the streets less because we could probably get them back off quickly. I know we want to go in order of who's on the list, but I see it as a disadvantage to make an very abled body wait years. They'll develop issues over time. I'd like to see tech be included in the supportive services, especially for tracking documents like licenses and socials. People will always loose those documents if they live on the street. Someone made a good point about how there's more funding for admin over services. Not budget related but I find it interesting I didn't see Mobile Loaves and Fishes on the consulting list when they have the village of tiny homes. Also, moving forward I think all registered voters in Travis county should receive notification of this project. I came across this randomly at 2 in the morning. Excuse any typos as I'm on my phone. Hope Austin gets this and the execution is on par.
Check out Mobile Loaves & Fishes, I like what they are doing. Let's empower the Homeless to help themselves. This could give them the confidence to grow & feel some pride.
I already tried to comment on this plan and it was inadvertently deleted. Why is the Planning and Administration so high? There is also typo in the chart above under acquisition, a "comma" is in the wrong place: "$8,0000,000.00." and should reflect $80,000,000.00. Does this plan relate to the Austin City Council pilot program they approved being launched using Austin taxpayer dollars (from property taxes) to send monthly checks of $1000 to 85 needy households for a year to prevent more people becoming homeless? Has the Austin City Council looked at federal funds and charitable contributions for the pilot? If not, why not? Other cities in Texas have. It is heartbreaking, as Austin grew in recent years, so did the number of these poor homeless people.

Austin ISD Teacher Facing Homelessness- In addition to being a single mother who does not receive child support, I am also an underpaid Austin ISD teacher, a victim of physical, mental, and financial abuse that spanned for 15 years and still going due to my daily therapy and constant medical appointments. They call me a survivor because I escaped the abuse, but I sure don't feel like one. My ex-husband's 2-year restraining order just expired, and I still suffer from medically diagnosed severe PTSD, generalized anxiety disorder, and major depression. With these mental issues, I have developed several physical medical issues like severe tremors, stuttering, night terrors, panic attacks, and the list goes on. I was placed on mandatory therapy through Austin ISD's Employee Assistance Program, but 4 short phone talk therapies do nothing but maybe give you a reminder that you should not lose hope. I am not a local, but not by choice. I am from El Paso and was recommended by the Crime Victims Unit to relocate cities for mine and my son's safety. I had to leave my home and beloved teaching job, sell what I could for pennies, and with partial assistance from the program, was able to accept the first job that came up here in Austin to teach Special Education. After not being able to work and being placed in a Safe House for 3 long months, we finally made our way here to what we were told was an affordable living and better environment for us. Well, that has been FAR from the case. With high hopes, I came to Austin with my son after having to make thousands of dollars in an upfront payment to the apartment complex where I live now (until eviction I suppose) in order to have a home. This was due to the financial ruin my ex put my finances and credit history through without my knowing. Call me ignorant, naive, weak, whatever, but I have always been a mother first and a teacher second- that is what I focused on because it made it easier on my child and kept me busy with school activities so that the storm at home was as calm as possible. In the aftermath, I realize my mistakes, but after being in Austin for 2 years now, I am in a worst financial scenario than I was at the beginning. Right away, when I got my first paycheck and saw all the deductions, I knew there was no way I could afford where I was living even though it was considered "reasonable rent" at the time at $1770. After a few months, I had to apply to the Texas Rent Relief program, was accepted, and they helped get caught up to that point. I will be grateful to them forever. However, my troubles did not end. The stress from having to work two full-time teaching positions for the salary of one due to no funding, teacher shortages, etc., put my health at even more severe risk. I finally collapsed at school during my class from severe exhaustion. After the EAP assistance, I still had to suffer months before I could get any sort of doctor-led therapy. I had to file for FMLA and have gone through my sick leave. I'm in a sort of "wait list" therapy program and still on a wait list for a psychiatrist. I have no income coming in and have not been able to pay rent here in almost two years. I have applied for it all and once funding ran out, I was waitlisted and still am through the RENT program. I sure hope I don't lose my place in line. We live in fear every day that we will be kicked out onto the streets. Since I moved here, the rent has risen to $2300 plus tons of extra fees. Every month, this amount plus daily late fees just keeps getting added and added to my arrears. I have tried to move, but due to my credit would have to pay thousands up front. I don't have any income right now but have applied for several assistance programs. I am still an employee of AISD on FMLA, but my doctor has not released me yet because I have not been able to start a program due to the high volume and staff shortage. I have always paid my taxes, always followed the law, been a dedicated award-winning English teacher, been an excellent mother, and even dealt with the hell of an abusive man due to his mental disabilities he acquired for his service to the US Marines. Out of fear, I never filed charges on him, but the state did. I don't understand how the Attorney General has not been able to retrieve child support from his VA medical disability payments. His disability payments are higher than my salary and I have a master's degree. He hasn't worked in many years and surely traveling the country happily without thinking his son needs food and clothes. SNAP benefits- don't qualify. TANF- don't qualify. I have delivered groceries on the side for extra money, but it destroyed my already bad bone injuries. I never quit and I am always willing to help even now, that I can't offer much. I am not the only victim of domestic violence who ends up penniless with

all her kids and an ex who just stops paying to raise his children. While I support the end to all homelessness, more support and resources need to be in place for us! We have always worked, paid taxes, been good citizens, and what.... due to leaving my abuser now I am facing homelessness? This is a nationwide crisis. I yell loud as hell for all women in my position. Help us and our children and give us back our ability to be hardworking, motivated individuals without so many stress-related health issues that are eventually killing us. I have never been homeless and have never been in a shelter and it terrifies me. Why was it suggested my law enforcement that this would be better? I am in a panic, and we need assistance NOW...I am grateful to this apartment complex for letting us stay here for now, but that is only because of the protection we have had with rental assistance laws and mandates that keep getting updated. That will soon end. I can't even afford to relocate for a better paying job in an affordable city. I'm stuck here.... please help us out of here so we can get our lives back and be productive citizens again. This situation has destroyed almost all of me. It is a lonely world out there, especially when you have dedicated your life to help others and then face the reality that the others are not there for you.

Second Public Comment Period Feedback

From October 6th to October 21st, 2022 the public was invited to submit feedback on the revised draft HOME-ARP allocation plan. Comments were accepted via email, phone, postal mail, and via the Speak Up Austin engagement website. A public hearing was held with the Community Development Commission on October 11th, 2022.

The following email was received as a comment on the HOME-ARP Allocation Plan, along with the attached report, Aging and Unhoused in Travis County.

Horstman, Max

From:
Sent: Wednesday, October 19, 2022 8:01 AM
To: Horstman, Max
Subject: comment on HOME-ARP Allocation Plan
Attachments: 06.02.22 Aging and Unhoused Final Report (1).pdf

*** External Email - Exercise Caution ***

Good morning Max. I was unable to attend the meeting last week for comments but wanted to share some work that has been going on regarding Aging and Homelessness and some thoughts regarding gaps in the HOME-ARP Allocation Plan.

As a Commissioner on the Commission on Aging, our group has made several recommendations in the past year regarding the need for an increased focus and a strategic plan to address issues of homelessness and risk for homelessness impacting adults 50 and older. There is currently no plan in place to address this high risk population. In the draft HOME-ARP plan there is mention of several groups with special needs including those who are Black or survivors of domestic violence but no reference to the older adult population. A significant gap in the plan.

I have additionally been the co-chair of the Aging and Unhoused Affinity Group of ECHO for a couple of years. A recent study completed by our group, shows several key issues:

- There is a high rate of older adults 50+ who are unhoused in Austin- 26% of the whole based on 2020 data.
- The needs of older adults experiencing homelessness are complex.
- There is a need for services and housing that specifically address the needs of older adults including: assistance with activities of daily living, meal prep, transportation, shopping, daily care, case management,dementia support and more by staff that are trained to work with this population.
- This population shows higher rates of return to homelessness than the general population which may be in part from not receiving adequate support when they are housed.

We would like to see more funds in the allocation plan being directed specifically to address this high risk group of older adults in all categories.

Thank you for the opportunity to provide input and please let me know if I can answer any questions.

Attached is the full Aging and Homelessness report with more data on the issues.

Find Cool Activities

CAUTION: This email was received at the City of Austin, from an EXTERNAL source. Please use caution when clicking links or opening attachments. If you believe this to be a malicious and/or phishing email, please forward this email to cybersecurity@austintexas.gov.

AGING AND UNHOUSED IN TRAVIS COUNTY

June 2022

Aging & Unhoused in Travis County

Background

In December 2021, the Aging and Homeless Affinity group of ECHO determined it wanted to engage formal and informal service providers and older adults, defined as those aged 50 years plus who have or are experiencing homelessness, to better understand the problems faced by older unhoused adults to develop potential solutions. The study included collecting quantitative data to demonstrate the scope of the problem as well as qualitative data to identify what is working and where the gaps are in the system for older adults experiencing or having recently experienced homelessness.

In particular, the group was interested in identifying:

- the number of older adults experiencing homelessness, their demographic information and trends;
- gaps in awareness of senior resources in Austin among formal and informal providers;
- the types of supports older adults who have or are experiencing homelessness need;
- particular challenges older adults face that may impact their ability to be housed (e.g. affordability, or living with an abusive caregiver); and
- barriers to staying housed.

A grant was provided from St. David's Foundation to Aging is Cool and Woollard Nichols & Associates (WNA) was engaged to research the questions and provide responses to the Affinity Group.

Methodology

To address the questions, WNA reviewed national research and local data from the Ending Community Homelessness Organization's (ECHO) Homeless Management Information System, conducted an online survey of frontline workers, and interviewed individuals ages 50 + and unhoused. The interviewed individuals were receiving services from: Sunrise Homeless Navigation Center, the Salvation Army, the Other Ones Foundation, SAFE and Front Steps.

Aging and Older Adult Population in Travis County

The overall population of older adults who are unhoused, which is defined as individuals being without a house to live in or lacking permanent housing, is rising by virtue of a rising aging population in the United States generally (Tsai et al., 2021). In Texas, it is projected that the population of individuals ages 65 and older will increase by 114.3% between 2010 and 2030.

In Austin/Travis County, an average of 66 older adults are newly[1] identified in the Austin/Travis County Homeless Management Information System (HMIS) per month (ECHO, *HMIS: Snapshot: Aging Population* presentation) of these an average of 22.5 older adults are housed per month.

[1] "New" is defined here as an Enrollment After Age 55; individuals who were not reported between 2017-2018 and were reported for the first time between January 2019 –June 2021 (this includes people who may have been enrolled but newly turned 55 and those experiencing homelessness for the first time (ECHO). Note: ACS Data were not available for the following racial categories: American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander. The ethnic category "Hispanic or Latino" was pulled out of the chart because individuals who identify with one of the racial categories and this ethnic category are counted twice. ACS did not have current data on racial categories that distinguished between those who identify as "Hispanic or Latino" and those that do not; therefore, this ethnic category was pulled out of the total count.

Reflecting broader trends of the unhoused older adult population, **individuals identified as "Black or African American" are disproportionately represented in the older and unhoused population relative to the general population in the Austin Metropolitan Area** (see Figure 1).

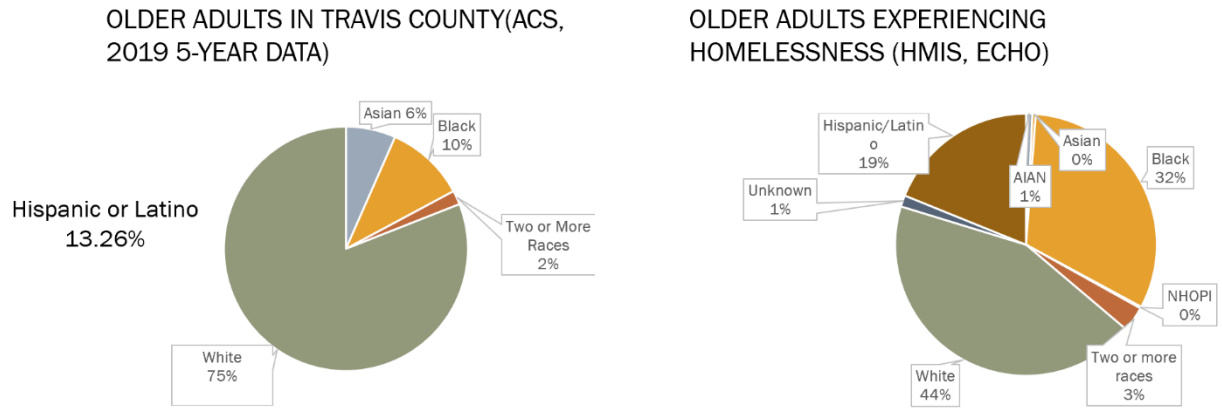


Figure 1. Racial/ethnic breakdown of unhoused older adult population in Travis County and HMIS

Defining the Problem

In 2021 Humphries and Canham conducted a review of the existing literature on unhoused older adults. They discovered that **unsheltered older adults require specific shelter and housing accommodations as their cases are particularly complex**. In addition, they found:

- Most older adults are unsheltered; those that are sheltered "reside in shelters, jails and transitional housing; cohabitate with family and friends; or are unstably housed in rental housing (at-risk; Lee et al., 2016).
- Women have greater social support and more likely to reside with family and friends
- **"Chronically homeless older adults are more likely to be men and 'difficult to house' due to substance use history, comorbid mental health and physical health issues and limited social support" (p. 168)**
- Newly homeless older adults are more likely to have informal social support but experience barriers to accessing information about homelessness, healthcare and community services (McDonald et al., 2007)

According to local HMIS data, approximately 70% of the unhoused older adult population in Austin/Travis County are men; close to half have some type of mental health condition (45%); and at least 10% have self-reported alcohol abuse issues (HMIS, n.d.). Thus, local trends appear to reflect what is being observed nationally.

Humphries and Canham (2021) note that one of the difficulties of providing adequate services to unhoused older adults is that they often have poorer health conditions and complex needs. Indeed, older adults in the Austin/Travis County have higher rates of the following compared to the overall unhoused population:

- any disabling condition (81% vs. 52%),
- HIV/AID (10% vs. 4%),
- alcohol abuse (10% vs. 4%),

- chronic health conditions (56% vs. 21%),
- physical disability (56% vs. 20%), and
- mental health condition (45% vs. 36%; HMIS, n.d.) compared to the younger population of unhoused adults.

Given the complexity of older adults needs, wrap around services required to allow them to "age-in-the-right-place" may be challenging to arrange and complicate the location of permanent housing placements (Humphries & Canham, 2012). In Austin/Travis County, 22 or 23 people over the age of 55 were housed per month from January 2019 to May 2021. Within a 24-month period, an estimated 13 older adults over the age of 55 returned to homelessness after exiting a program for unhoused adults, which is higher than for younger populations; thus, understanding and attending to the complex needs of older adults is essential to ensuring the permanent housing.

Several other **barriers to long-term care for older adults** were identified by Humphries and Canham (2021) including:

- Limited long-term care options
- Assessment processes that are not feasible for older adults residing in shelter and on the streets
- Lack of advocates for older adults who have limited familial and social support
- Lack of efficient service coordination between health and housing providers
- Lack of empirically based "training and screening through collaboration with all service levels and levels of government in long-term care facilities" for older adults.

Humphries and Canham (2021) also identified the following regarding s**helter use among homeless older adults and related needs:**

- Older adults use shelters more often and stay in shelters longer than younger people experiencing homelessness (Kimber et al., 2017; Rothwell et al., 2017; Stergiopoulos & Herrmann, 2003) – this may be indicative of more significant need for supports to manage rehousing (Rothwell et al., 2017)
- Older adults are more likely to remain homeless for longer periods of time relative to the younger subpopulation.
- **Older adults in shelters typically have poorer health and complex needs (Kimbler et al., 2017)**
- Shelter provides specific interpersonal and logistical challenges to meeting the complex needs of older adults (Burns, 2016; Stergiopoulos & Herrmann, 2003)
- Shelter providers have reported that education on the needs of seniors is largely unavailable to providers (Stergiopoulos & Herrmann, 2003)

The findings of this scoping review set the foundation of assumptions for subsequent inquiry into local needs in the Austin/Travis County area. In addition to exploring the issues specific to unhoused older adults in the area, local service providers were solicited for information about other issues they may face in arranging services and locating permanent supportive housing for older adult clients. The following section is a review of the major themes that emerged from a survey that was disseminated to front-line workers in service agencies serving unhoused individuals and/or older adults in the Austin/Travis County area.

Survey Findings: Frontline Service Provider Survey

Sample Characteristics

A total of 46 individuals representing 12 local organizations responded to the survey request. The organizations that participated in the survey all provide direct services with either a focus on older adults or on unhoused individuals. Services represented included: shelter, client navigation, and case management. According to self-report, most of the respondents represented organizations who primarily focus on unhoused adults (n=24), followed by those that primarily focus on *both* unhoused and older adults (n=19).

Perspectives on Becoming Unhoused

Rather than assume that all providers operate according to the same narrative of what drive homelessness, the survey asked respondents to identify the top reasons *they* perceive older adults become homeless. Similar to what Humphries and Canham (2021) found, the top three responses from local service providers were:

1) inability to pay housing costs (n=36),
2) substance abuse/mental health issues (n=34), and
3) lack of affordable of affordable housing (n=34; see the rankings for other issues in the chart below).

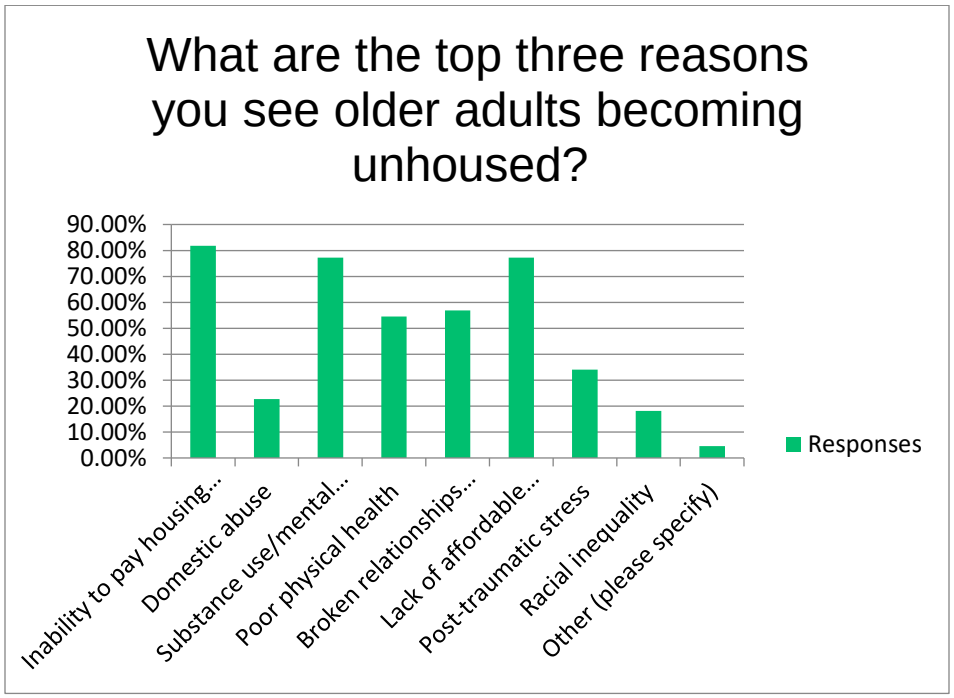


Figure 1. Top reasons that older adults become unhoused

Note: The "Other" respondents were that older adults lack official citizenship documentation; housing policy changes, lack of communication and transparency with housing providers

Perspectives on System of Care Functioning

Service providers were asked a series of questions to glean their perspective on what is working well and not so well in the current system of care for unhoused older adults. Respondents most often mentioned the quality case management and shelter options as aspects of the system that are working well. However, approximately 15% of the sample shared the perspective that "nothing much" is working in the current system which they view as not being "age-friendly" and significantly under-resourced.

Awareness of and Accessibility Information about Local Services & Assistance

The survey explored service providers' perspectives on the community referral system and their awareness of local supports and services for unhoused older adults. Respondents were asked to rate the system of community referrals on a scale of 1/not effective to 5/very effective, wherein **the average was 2.67 indicating a general perception that the community referral system is not functioning effectively.**

When asked how service providers locate relevant resources for older adult clients, the responses varied significantly. The most common source was "internet search" (n=35) followed by ECHO (n=21), indicating a **lack of awareness or accessibility of resource guides specific to unhoused older adult services and assistance.**

When asked what three organizations immediately come to mind when working with older adults, a service providers offered a varied list of local organizations. The most frequently cited were Family Eldercare (n=21) and CommUnity Care (n-13). It may be important to note that approximately 17% of the sample were unable to identify at least one organization, 22% were unable to identify two organizations, and 40% were unable to identify three organizations that provide services to unhoused older adults. This finding indicates **a lack of awareness of services and assistance available to unhoused older adults locally**.

Supports needed: Approximately three-quarters of respondents shared that there are supports (services and assistance) that are needed and currently unavailable to unhoused older adults. The most common responses was **"housing assistance and options" particularly those that are accessible and prioritize older adults who have limited to no income, have limited ability to perform activities of daily living (ADLs), and that have no insurance.** Second was lack of wrap around services, particular access to quality and comprehensive medical care that prevents older adults' ability to become and stay housed. Age-specific wrap around services were also identified as missing and critical. These include services such as cognitive impairment services and access to durable medical equipment. Finally, five of the respondents noted a critical need for substance use and mental health services accessible to unhoused older adults.

Discharges from Hospitals to Shelters

The Aging and Homelessness Affinity group identified the discharge process from hospitals to shelters as an issue of focus for this study. Therefore, service providers were asked a series of questions to glean more insight into the exact issues related to this process. Of those respondents that provided a response the following was identified:

What Works	What Needs Improvement
○ Good communication between social service organizations and hospitals (i.e., discharge paperwork/coordination,	○ Communication between hospitals, social service providers and medical providers after discharge

follow-up with hospital case managers/workers) ○ Connection to community medical partners (i.e., MAP, health care providers) ○ Understanding, building rapport	○ Lack of aftercare and follow-up from medical provider and lack of coordination with social service providers ○ Clients are often discharged from hospitals and dropped off at shelters without any notice to shelter staff which results in the turning away of clients when shelters are at capacity. ○ Better training for hospital staff on issues related to unhoused older adults

When asked if service providers' organizations have formal communication with healthcare providers about a discharged older adult (n=33), more than half responded "no" (60%).

> *"Establish a communication system between the hospital and the shelter with an established plan on how the shelter can help the patient once discharges. Stop leaving them off in front of the shelter on the sidewalk with no direction." Local frontline worker*

When asked what they think could be improved about the process of hospital to shelter discharges, the most common answer was improving communication and coordination with hospitals.

> *"We have HMIS, but not everyone is able to access it and therefore not every provider is able to communicate to provide continuity or care. We are supposed to request needed information from program managers, but I currently do not have a program manager and upper management is not on site. Our teams are focused on unhoused adults with mental health diagnoses, but we do not have a focus on older adults versus younger adults which can look very different." Local frontline worker*

Another recommendation was improving communication and coordination between shelters and community partners in such a way that would ease the case management planning process for shelter staff.

Barriers to Housing Older Adults

Similar to the Humphries and Canham (2021) review, local stakeholders noted that there are numerous barriers to connecting unhoused older adults to critical resources. Service providers were offered a list of known barriers to housing older adults and were asked to select those that they most frequently encounter in their work. The four top barriers identified were:

1) lack of income (n=40),
2) criminal background (n=38),
3) rental/eviction history (n=35), and

4) lack of available units (n=35)

Other barriers that were not included in this list but mentioned by frontline service providers included significant mental health issues, inability to self-apply for housing, and lacking documentation (specifically for undocumented older adults).

Understanding that documentation is a cross-cutting issue for service providers working with unhoused adults generally, service providers were asked to identify those documents that are most critical to their work of connecting older adults to services. The top three responses were

1) driver's licenses or other identification (n=41),
2) social security cards (n=40), and
3) birth certificates (n=39).

Transportation Barriers

Another cross-cutting issue for connecting older adults to services in Austin/Travis County is the accessibility of transportation for appointments. Service providers were asked to rate the accessibility of transportation for older, unhoused adults on a scale of 1/not accessible to 5/very accessible. The average of these responses indicates a general perception that transportation is inaccessible to older, unhoused adults (M=2.71).

Housing Older Adults with Cognitive Disabilities

In 2017 Hurstak E, Johnson JK, Tieu L, et al conducted a study on cognitive disabilities with individuals experiencing homelessness. They found that **"Older homeless adults displayed a prevalence of cognitive impairment 3–4 times higher than has been observed in general population adults aged 70 and older. Impaired cognition in older homeless adults could impact access to housing programs and the treatment of health conditions, including the treatment of alcohol use disorders**."

Approximately 83% of the survey respondents identified specific issues they encounter when trying to connect older adults with cognitive disabilities to housing which include:

- at initiation of services, several respondents reflected on the difficulty of completing paperwork due to memory loss or confusion.
- the lack of "age-appropriate" housing options that can provide the level of care needed as the most critical issue they encounter in their work. When asked if there were adequate housing options to accommodate individuals with cognitive disabilities, just under half the sample (48%) reported that they were "unsure" and 43% reported that they were aware of some options (i.e., Skilled nursing facilities and homes).
- Challenges maintaining housing which is related to the individuals' limited abilities to perform Activities of Daily Living (ADL'S) which are activities related to personal care and include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. ADLs, also show up in other ways including remembering appointments, keeping up with medications, and maintaining important documents.

A few respondents reported on behavioral issues as a barrier, recognizing the difficulty that some older adults with cognitive issues have in engendering and sustaining interpersonal relationships with landlords and neighbors that lead to eviction (i.e., conflict, property discussion).

Organizational Capacity

Accommodations for Older Adults with Physical and Cognitive Needs

When frontline workers who work in shelters were asked how often they encounter individuals that require care beyond what their shelter can provide, the most common answer was “always” (n=17), followed by sometimes (n=13), usually (n=11) and rarely (n=3). Of the 44 respondents that answered this question, not one respondent reported “never” encountering individuals with needs beyond their shelters’ ability to accommodate. When asked what they do in situations where they are ill-equipped to meet clients’ needs, providers most often responded with “we do the best we can” and that they refer out to community partners who can meet their clients’ needs.

When asked what healthcare needs organizations are able to accommodate, the most common response was “None” (n=15), followed by “Onsite clinic/medical support” (n=4), and mental health support (n=3). About a quarter of the sample (n=9) were unsure or indicated that this question was not applicable to their organization.

Respondents were asked to reflect on the most challenging accommodations for physical healthcare needs that they encounter. The most common answer was physical disabilities generally (i.e., wheelchair-bound clients) and individuals with limited ability to perform ADLs (i.e., adhering to medication, tending to wounds).

When asked to reflect on cognitive issues that are most challenging to accommodate, the most common responses were addiction and mental health issues, and dementia and memory loss.

Support Needed to Provide Better Physical and Cognitive Accommodations

Respondents were asked to think about supports they might receive that would increase their ability to meet the needs of older adults with physical and cognitive accommodations. The most frequent answers:

- increased organizational resources (i.e., care funding, increased staff) and
- better communication with community partners and service organizations.

In addition to organizational resources, respondents noted the lack of community resources for older adults, such as affordable housing, older adult-specific providers, and transportation services. Close to half the sample was “unsure” about what they would need to improve services.

Staffing for Older Adult Clients

Respondents were asked if their organization had sufficient staffing to meet the needs of older adult. Over half (68%) replied “no”. Respondents that were able to provide estimates of the number of staff that were specifically assigned to work with older adults provide a wide variety of ranges: 2-13 (n=5), more than 20 (n=3), more than 40 (n=1), and more than 50 (n=1). Five respondents replied that “everyone” works with older adults in their organization and four identified that “no one” is specifically assigned to work with older adults.

Language Accommodations

Respondents were asked if their organization had sufficient language services and support to meet the need of older adults who may not speak English – 59% replied “yes”. Those that replied “no” were asked to identify what languages they were in need of translation services for: Spanish (n=8), All languages (n=4), and American Sign Language (n=2).

Organization Outreach

Respondents were asked to reflect on their respective organizations' street outreach practices wherein the most common answer to frequency of outreach was daily (n=18) followed by never (n=9), and weekly (n=7). When asked about their organizations' shelter outreach practices (partnering with shelters or providing information about their organization's services to shelter clients), a majority of respondents (n=22) reported that they were "unsure" and just under half reported that their organization does shelter outreach (n=20).

Specialty Training

Forty-three percent of respondents (m=19) reported that staff at their organization have been SOAR trained. Of those that have received the training, they rated in an average of 4.2 on a scale of 1/not useful to 5/very useful.

Perspectives on Solutions

Respondents were asked at the conclusion of the survey, "If resources were abundant and you had all the decision-making power, what 1-3 aspects of the current systems would you change to improve outcomes for older adults?" **The top answer was providing more, age-friendly affordable housing options (n=18), followed by an increase in critical wrap-around services (n=11**). Other solutions offered included shelters for older adults, older adult-specific community resources and providers, alternate healthcare options, policy amendments (i.e., for individuals who are undocumented or who have criminal histories), improved worker retention and well-being, increased resources for organizations (i.e., funding, training), prioritizing older adults in the service system, and increasing ease of access of transportation and identifying documentation (i.e., Texas State IDs).

> *"Affordable communities that exist are excellent (Foundation Communities). However, they usually have limited one-bedroom options (which are more affordable). We desperately need more affordable housing. I have many clients needing housing out on the streets and some that are in paid motels waiting for housing". Local frontline worker*

Although not mentioned frequently in responses to this specific prompt, one of the main issues identified by service providers centered on communication between case managers and hospitals and community partners.

Findings: Interviews with Older and Unhoused Adults

Characteristics of Participants

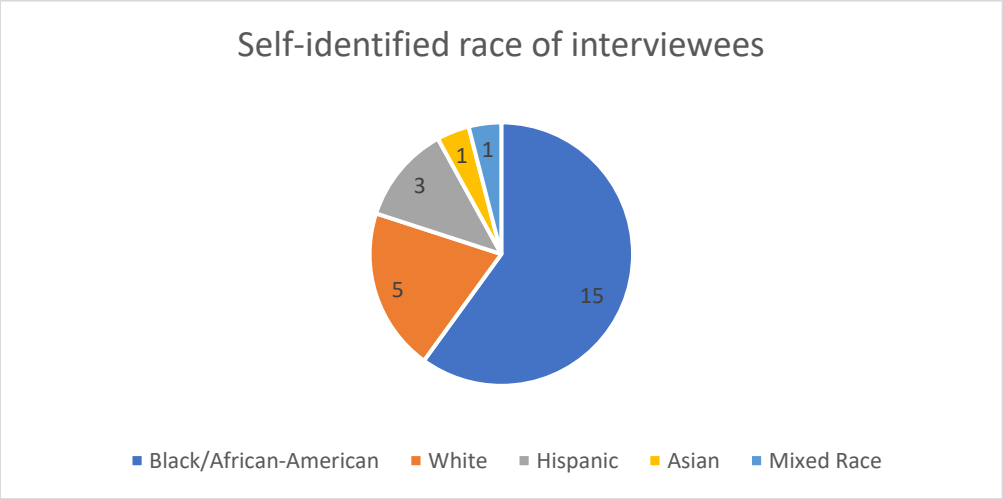
Individual interviews were conducted to hear directly from older unhoused adults about their experiences navigating the older adult and housing service systems in Travis County and understand their most pressing needs. A $25 visa gift card was given to each participant for their time and input. A total of 26 interviews were conducted. Of those interviewed, 21 were male and five were female. Forty eight percent originally became homeless in Austin and 52% outside Austin. Approximately half of those interviewed were still actively living on the streets while the others were in shelter. The average time

individuals have been in Shelters: 7-8 months at Frontsteps, 1-2 years at The Other Ones Foundation, 12 months at Salvation army.

Ages:

- 4 were aged between 50-54 years
- 9 were aged between 55 and 59 years
- 9 were aged between 60-64 years
- 2 were aged between 65-69 years
- 1 was aged between 70-74 years

The Race breakdown of interviewees: Since Black/African American individuals are overly represented in the unhoused older adult population, they were over-sampled in this study.



Individuals stated that their path to being unhoused was complex and generally not attributable to a single event. The most common reasons contributing to becoming unhoused:

- Job loss (30%)
- Marital breakdown (24%)
- Death of a loved one (24%)
- Lack of social support (20%)

Note that of the five women interviewed two identified mental health challenges as their primary reason for becoming unhoused. Three identified marital breakdown and/or domestic violence.

> *"My wife died. I couldn't handle it. I just walked away from my apartment and was on streets and then had a tent for 3 years." Shelter resident*

Overall, participants rated their health, with 1 being poor and 5 being excellent, as 3.1. Many cited issues with physical health, including mobility challenges, cancer diagnosis, diabetes, hepatitis C and various injuries.

Organizations that assisted WNA to locate individuals were:

- Sunrise Homeless Navigation Center

- Frontsteps (I-35 location)
- Frontsteps (Downtown location)
- The Other One's Foundation (TOOF)
- Salvation Army
- SAFE Alliance

All the individuals who participated in interviews mentioned they were grateful to these organizations and felt welcomed.

Key Findings from Interviews with Older Unhoused Adults:

The following themes emerged from the individual interviews.

- **History of Trauma**. Most interviewees reported personal stories that included a sense of lack of belonging or support; trauma and abuse; and/or grief from the death of a loved one. Either a single or accumulated incidence(s) led to homelessness, addiction, mental health issues, attempted suicide, job loss and/or prison time.
- **Feelings of Guilt and Shame** leading to low self-worth. These feelings resulted in unhoused older adults not taking help from adult children who offered it and a desire to not be a burden on other family members. They expressed that they felt as though they had often let these individuals down by their past actions and did not want to do so again.
- **Women stayed in unhealthy situations like domestic violence to avoid being unhoused and on the streets.** The women interviewed stated it took extreme circumstances to have them become unhoused and they reported that they would stay for long periods in violent situations until an opening could be found at a Shelter.
- **The longer someone has been on streets it becomes easier to be on the streets**. Several male participants indicated that the longer they are on the streets the harder it is for them to integrate back into housing and taking on day-to-day challenges such as paying bills and living by apartment complex rules. They noted that after a while there is a sense of community/tribe belonging on the streets and a comfort with having no responsibilities.
- **Lack of income***:* Many older adults desire or need an income. Many have not qualified for social security or social security disability and so they need employment but they report that the local employment programs tend to be geared to younger people and their physical or mental health ailments limit the types of work they can do.
- **Feel isolated when housed.** The individuals who had been recently housed discussed a sense of isolation and stated that they would often still send significant time on the streets as they felt isolated and alone in their apartments and desired the sense of community and belonging they felt on the streets.
- **Communication tends to be "word of mouth" or from case managers:** The primary way in which individuals living directly on the streets receive information is through word of mouth. Shelter residents primarily received their information from their case managers. They all expressed a desire for more formal communication, including bulletin boards with updated resources and case managers who are aware of and connect them to local resources.
- **Lack of affordability in Austin is deeply impacting people who are unhoused:** It was noted that benefits and wages are not keeping up with the cost of living. They indicated that it is almost

pointless to get a job as all the income goes into rent, and there is no money left for any other necessities. With rising rents and maintenance costs they feel they will be evicted either way.

Need affordable places to stay. Even people working cannot afford to stay in Austin. Sometimes apartment rental property gets sold, then they tell us go find a place to move soon but there is nothing to move to. Shelter resident

Service Needs

Interviewed participants indicated that the services they used the most either currently or in the last year are:

- Food
- Clothes
- Shelter
- bus passes
- healthcare (including Medicare, MAP cards, Community care clinic, Integral Care)

Clients residing in shelters mentioned that being sheltered by these organizations was the most helpful service provided to them. Other helpful organizations mentioned were Goodwill and Foundation Communities.

Desired Services by Male individuals living on the streets and under bridges:

- Connections to other senior, homeless, veteran programs
- Food in the evenings and weekends (they reported food was readily available at lunch times)
- Access to public bathrooms/showers. They noted Covid has had an impact and that porta potties are often locked and restaurants and hotels that used to let them in pre-covid, will not let them in now to use the restroom facilities.
- Free locked storage for their belongings to be able to go out and look for jobs and work. They noted that their belongings are frequently stolen.
- Protection from crime around the city
- More private or double occupancy shelters
- More places for free gaming/internet

Desired services by individuals residing in Shelters:

- **Case management** – individuals expressed concerns about their experience with case management in the following ways:
    - Due to the pandemic many case managers are working from home and so individuals lack a sense of personal connection with their case managers. They mentioned the need to be “seen” and “heard”.
    - Several participants mentioned case managers are “too young and don’t relate to me”. This was especially stated by Black male respondents
    - They are not proactive and sharing helpful resources
- **Coordinated information:** Individuals discussed a lack of a central location to get information about resources and most stated that the only way they get information is “word of mouth”. One respondent recommended that every facility should have a bulletin board focused on

information for the clients. It can be updated to keep them informed on issues that affect them versus they get misinformation through the grapevine.

- **Safe and private sleeping quarters:** A common sentiment shared was "I'd prefer to be on the street than be with too many people in a single shelter." There was a desire for private sleeping spaces in a safe location and separation from disruptions caused by individuals dealing with severe mental health or substance use issues.
- **Job training and education:** There was a desire to be connected to both job training and education, but with the caveat that they needed employment opportunities that could accommodate their physical or mental health challenges.
- **Support after being housed:** Interviewees stated that once they are housed they will need additional support such as home health care, assistance with mobility, and mental health support.
- **Social gatherings and positive reinforcement:** Interviewees talked about the stress of living on the streets and a desire for some releases in the form of access to recreation and positive messages and reinforcement.
- **Safe and speedy housing placement:** There was a desire for housing and frustration that affordable housing is not more available.

> *Give everyone affirmations, like I had in drug therapy every morning they brought a mirror for each of us and look in the mirror and say "I am somebody" "I am worthwhile" "I truly love myself" after 90 days I believed it and changed my attitude. Shelter resident*

Conclusions

Based on the data, there are several key findings:

- The needs of older adults experiencing homelessness are complex. They have often been on the street for longer and have more advanced physical, cognitive and mental health challenges.
- Black individuals are disproportionately represented in the unhoused older adult population and express concerns that they are not being provided services in a culturally sensitive manner.
- The top barriers that need to be addressed:
    - Lack of income,
    - mental health and substance use challenges and
    - the lack of affordable housing in the community .
- Early intervention is critical. The longer an individual is on the streets, the harder it is for them to acclimate back to being housed.
- Older unhoused women need increased access to domestic violence programs as they are staying in abusive relationships to avoid living on the streets
- Individuals between the ages of 50 and 65 are especially vulnerable as they do not have access to many of the resources available to those ages 65 and older.
- Systemic challenges need to be addressed including:
    - discharge from hospitals to the system serving unhoused older adults;
    - lack of overall awareness of and connection between available services for unhoused older adults; and
    - services and housing that are not specifically addressing the needs of older adults.

- The system serving unhoused older adults is under-resourced and there is often a mismatch between the age, race, and experience of the older adults who are unhoused and the case managers who are serving them leading to some frustration and lack of connection.

System Recommendations

Short-Term

- Increase relationship building between the aging providers and homeless serving organizations to increase knowledge of and referral to each other's services.
- Create a shared resource list for unhoused older adults. There are two existing resource guides that could be shared: *https://www.agingservicescouncil.org/guides and https://www.austinecho.org/get-help/other-resources/*

Medium Term

- Provide SOAR training for all individuals serving unhoused older adults
- Create relationships and processes to address hospital discharge of older unhoused adults
- Make access to HMIS available for all organizations serving older unhoused adults
- Increase access to safe storage

Longer Term

- Increase stock of and access to affordable housing designed to serve older adults
- Provide greater access to substance abuse and mental health services targeted to older adults
- Assess food availability for unhoused older adults, especially on the weekends and in the evenings

Service Recommendations

Short Term:

- Provide cross-training for case managers on generational and aging issues

Medium-Term

- Ensure all services are trauma informed
- Create sense of community and positivity within housing to help sustain housing retention
- Offer Peer support and navigation programs for older adults who are unhoused
- Connect with employment providers and provide access to job training and employment that are targeted to older adults

Appendices

A. References
B. Individual Interview Questions
C. Frontline Worker Survey Questions

Appendix A: References

ECHO. (nd). *HMIS Snapshot: Aging Population* [PowerPoint presentation]. Austin, Texas.

Humphries, J. & Canham, S. L. (2021). Conceptualizing the shelter and housing needs and solutions of homeless older adults. *Housing Studies, 36,* 157-179.

Hurstak E, Johnson JK, Tieu L, et al. *Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend*. 2017;178:562-570. doi:10.1016/j.drugalcdep.2017.06.002

Tsai, J., Mehta, K., Montgomery, A. E., Elbogen, E., & Hooshyer, D. (2021). Changing demography of homeless adult populations. *Perspectives in Public Health, 141,* 177- 184.

U.S. Census Bureau. (2020). *2015-2019 American Community Survey 5-year Estimates.* Retrieved from Census - Table Results

Appendix B: Individual Interview Questions

Taking this survey makes you eligible for a $25 gift card.

Aging is Cool and the Aging in Homelessness Affinity Group is working with WNA to directly hear the voices of older and unhoused adults. The goal of the survey is to understand what is working and the gaps in the aging and unhoused support systems. This survey is one method for getting this information. Please answer the following:

Name and Where do you stay at night

- ☐ Your house/apartment
- ☐ Someone else's house/apartment
- ☐ Tent
- ☐ Shelter
- ☐ Other _____explain

1. What is your age?
   - ☐ 50-54 years
   - ☐ 55-59 years
   - ☐ 60-64 years
   - ☐ 65-69 years
   - ☐ 70-74 years
   - ☐ 75-79 years
   - ☐ 80 years or older

2. How do you identify your race (choose all that apply)?
   - ☐ White
   - ☐ Black or African American
   - ☐ Native American or American Indian
   - ☐ Asian or Pacific Islander
   - ☐ Other
   - ☐ Prefer not to answer

3. Where do you get information about services available to you (choose all that apply)?
   - ☐ Word of mouth
   - ☐ Internet
   - ☐ Social media
   - ☐ Austin older adult programs and services
   - ☐ Austin unhoused programs and services
   - ☐ Faith-based organization/church
   - ☐ Medical doctor/professional
   - ☐ Other: _____

4. What services are you using now or have used in the last year?
   - ☐ Food assistance
   - ☐ Clothing
   - ☐ Shelter
   - ☐ Housing vouchers
   - ☐ Mental health assistance (including counseling, psychiatric support, etc.)
   - ☐ Substance use services (Including detox, outpatient, residential etc.)

- ☐ Other healthcare assistance?
- ☐ Transportation
- ☐ None
- ☐ Other: _____

5. What services have been most helpful?

6. What services are most difficult to access?

7. Are there services that you need but that are not currently offered?

8. What organizations or services are most important to you?

9. When you visit services:

   - ☐ Do you feel welcomed? Y/N If not, what are the concerns?

   - ☐ Any communication/language issues? Y/N

   - ☐ Is Transportation available? Y/N

   - ☐ Do you have needed paperwork/documentation to get benefits? Y/N

10. How did you become unhoused?

- ☐ Job loss?
- ☐ Marital breakdown?
- ☐ Domestic Violence?
- ☐ Illness?
- ☐ Death in the family?
- ☐ Lack of advocacy
- ☐ Evictions (for reasons other than non-payment of rent)?
- ☐ Not getting benefits
- ☐ Low social support
- ☐ Stigma prevented them from accessing social support
- ☐ Unable to find affordable housing?
- ☐ Other events
  _____
  ___

11. Where did you first become unhoused? (If person became unhoused outside Austin, how did you end up in Austin?

12. On a scale of 1-5, how would you describe your current state of health? 1 Poor to 5 Excellent.

13. Have you had a recent hospital stay? Yes/No
    If yes, how was your discharge experience? What went well; what didn't go well?

    Where did you go after you were discharged from the hospital?

14. If you were able to change 1 – 3 things about the current system to prevent additional people from becoming unhoused, what would they be?

Appendix C: Survey of Frontline Workers

Aging is Cool and the Aging in Homelessness Affinity Group have partnered with Woollard Nichols and Associates (WNA) to engage frontline workers who have direct experience with older adults who are unhoused. The goal of this survey is to understand what is working and the gaps in the current service system in supporting this population. This survey is one method for getting this information. Please answer the following:

Name:
Position:
Organization:
Contact Information:
Does your organization primarily focus on: Older Adults/Unhoused Adults/Both/Neither?

- **Structural barriers:**
  - What are the top three reasons you see older adults becoming unhoused?
    - ☐ Inability to pay housing costs
    - ☐ Domestic abuse
    - ☐ Substance use/mental health issues
    - ☐ Poor physical health
    - ☐ Broken relationships with family or partners
    - ☐ Lack of affordable housing
    - ☐ Post-traumatic stress
    - ☐ Racial inequality
    - ☐ Other (please explain)

  - On a scale of 1-5 with 1 not effective and 5 very effective, how effectively do you believe the communication and referral system is between the organizations who focus primarily on older adults and organizations who focus primarily on housing?

  - When you are working with someone over the age of 50, what are the top three organizations or partners that come to mind first?

  - Where do you find out about the services available to older and unhoused adults? Check all that apply.
    - ☐ 2-1-1
    - ☐ Aunt Bertha/FindHelp
    - ☐ Senior Resource Guide from the Aging Services Council
    - ☐ ECHO
    - ☐ Google/internet search
    - ☐ Internal organization resource guide
    - ☐ Other (please explain)

- On a scale of 1-5 with 1 not accessible and 5 very accessible, how accessible is transportation to services for older and unhoused adults?

- Are current language translation services and support enough to meet the need of older and unhoused adults that you work with? Yes/No. If no, what languages are most in need of translation?

- We have heard that lack of documents can lead to older adults being denied or delaying access to services. What documents are most often missing for older adults that creates barriers (check all that apply)
    - ☐ Birth certificate
    - ☐ Social security card
    - ☐ Driver's License or Other government ID
    - ☐ Proof of mailing address
    - ☐ Other – please explain

- Does your organization provide street outreach about services to older and unhoused adults? Yes, No. If yes how frequently: daily/weekly/monthly/quarterly/annually/other-please explain.

- Does your organization partner or outreach to shelters about services offered by your organization to older and unhoused adults? Yes/No.

    - If yes, what type of outreach occurs? i.e., Staff go to shelter, service information is provided through flyers, etc.

- What barriers do you experience housing older adults with physical or cognitive disabilities (I.e.,dementia)?

- Are there housing options that accommodate individuals with physical or cognitive disabilities (E.g. dementia)? If so, what are they?

- How often are older adults discharged from the hospital or a nursing home to your shelter
    - Do you track hospital discharge to your shelter?What works well and what does not work well in these transitions from hospital to shelter for older adults?
    - Is there formal communication with healthcare providers?

- What interventions are most successful in helping an older adult transition from hospital to shelter?
    - Have you thought of any solutions that hospitals or shelters can enact to improve this transition process? If yes, what?

- How often do you encounter homeless persons who require care beyond what can be provided in the shelter setting?
    - What happens in this situation? Can you share a specific example?

- **Capacity barriers:**
    - How many staff in your organization are specifically assigned to work with older adults or older unhoused adults?

    - Does your organization have sufficient staffing to meet the needs of older adults who are unhoused? Y/N

    - Is your staff SOAR trained?
        - If yes, was the SOAR training useful? Was there additional information you would have liked to obtain?

    - What type of support would increase your ability to service older adults with physical and cognitive disabilities (I.e., dementia)?

- **Eligibility barriers:**

    - Are there federal state or local policies that restrict what you are able to do in your role in assisting older or unhoused individuals?

    - What are the primary barriers to accessing subsidized housing you see for older unhoused adults?

        - ☐ Lack of available units
        - ☐ Criminal backgrounds
        - ☐ Rental/eviction history
        - ☐ Lack of income/inability to work
        - ☐ Poor health
        - ☐ Structural racism/inequality
        - ☐ Domestic abuse
        - ☐ Other please explain

- **Solutions:**
    - Can you think of 1-3 things you would change about the current system for older unhoused adults if you had the power/resources to do so?

Attachment D: TX-503 Austin/Travis County 2022 Needs and Gaps Report

AUSTIN / TRAVIS COUNTY CONTINUUM OF CARE NEEDS AND GAPS

By

Christopher Murray

Research & Evaluation Analyst

Ending Community Homelessness Coalition, Inc.

An Annual Report

Submitted to the Continuum of Care Board

TX-503 Austin / Travis County

In Fulfillment of the Requirements

Outlined in 24 CFR § 578.7(c)(3)

July 15, 2022

TABLE OF CONTENTS

Introduction 5
Background 5
Data 5
About ECHO 5
Acknowledgement of Contributions 6
Acknowledgement of Limitations 6
2021 Projects and Enrollments 7
Number of Projects by Type 7
Figure 1: Total Number of Projects by Type in 2021 7
Project Enrollments 8
Figure 2: Total Number of Project Enrollments by Type in 2021 8
Population Characteristics 9
Gender 9
Figure 3: Gender in 2021 9
Age Distribution 9
Figure 4: Age Distribution in 2021 9
Household Size 10
Figure 5: Household Size in 2021 10
Subpopulations 10
Figure 6: Subpopulations in 2021 10
Race and Ethnicity 11
Figure 7: Travis County and PEH Populations Race and Ethnicity 12
System Characteristics 13
Coordinated Entry System Flow 13
Table 1: Coordinated Entry System Flow 13
Heads of Household: Disabling Conditions 14
Table 2: Heads of Households Reporting Disabling Conditions by Program Type 14
Heads of Household: Subpopulations 14
Table 3: Heads of Households by Subpopulation by Program Type 14

System Analysis, Needs, and Project Capacities 15
Overview 15
Texas Housing Cost Burdens 17
Figure 8: Percent of Extremely Low-Income Renters with Severe Housing Cost Burdens in Texas 17
Average Rent in Austin 18
Figure 9: Seasonally Adjusted Average Rent in Austin 18
Evictions in Austin 19
Figure 10: Weekly Eviction Filings in Austin 19
Housing Inventory Count 20
Figure 11: Number of Year-Round Beds by Project Type per the HIC Report 20
Permanent Housing Program Move-Ins 21
Figure 12: 2021 Permanent Housing Program Move-Ins 21
Lack of Income, Benefits, and Health Insurance at Program Enrollment 22
Figure 13: Percent of Households Without Income, Benefits, or Insurance 22
System Performance Measures 23
Measure 1: Average Length of Stay 23
Figure 14: System Performance Measure 1 – Length of Stay in ES, SH, and TH 23
Measure 2: Returns to Homelessness 24
Figure 15: System Performance Measure 2 – Returns to Homelessness 24
Measure 3: HMIS Counts 25
Figure 16: System Performance Measure 3 – HMIS Counts 25
Measure 4: Increased Income for Leavers 26
Figure 17: System Performance Measure 4 – Increased Income for Leavers 26
Measure 5: First Time Homelessness 27
Figure 18: System Performance Measure 5 – First Time Homelessness Enrollments 27
Measure 7a1: Successful Street Outreach 28
Figure 19: System Performance Measure 7a1 – Successful Street Outreach 28
Measure 7B1: Successful Exits 29

Figure 20: System Performance Measure 7b1 – Successful Exits 29
Measure 7B2: Successful Exits From PH.....30
Figure 21: System Performance Measure 7b2 – Successful Exits 30
Addressing Key Needs & Gaps.....31
Centralized Housing Portfolio 31
Subpopulations.....32
Racial Disparities.....32
Fiscal Responsibility and Grant Management.....33
Glossary 34
References.....38
Full Text Hyperlinks 39

INTRODUCTION

BACKGROUND

This report provides an overview of the Homelessness Response System (HRS), how people utilize the services that are available, and what else is needed to end homelessness in Austin and Travis County. The HRS serves a diverse population with needs ranging from minimal housing assistance to permanent housing programs like Rapid Re-Housing (RRH)[1] and Permanent Supportive Housing (PSH).[2] Our goal is to make this report both technically comprehensive and colloquially accessible so that the Continuum of Care's (CoC) governance may use it for CoC planning and funding priorities, service providers may use it for strategic and operational planning, and other stakeholders and the public can also use it as an overview and reference guide for the Homelessness Response System.

DATA

The majority of this report analyzes data from the previous full calendar year (January 1, 2021 to December 31, 2021). Sections or measures with different reporting periods are noted in the text. Most agencies enter information into a secure, centralized database, the local Homeless Management Information System (HMIS).[3] Like the 2021 Needs and Gaps Report,[4] this report uses data exported from HMIS to analyze the broadest group of people experiencing homelessness for whom the HRS has comprehensive data. Reports in years prior to the 2021 report used a different data set of Coordinated Entry System (CES) assessments from people seeking entry to RRH and PSH programs. The 2022 report's analyses also do not exclude enrollments from project types such as Prevention, Supportive Services Only, and Other that may not require homelessness as an entry criterion.

ABOUT ECHO

The Ending Community Homelessness Coalition (ECHO)[5] is a 501(c)3 nonprofit organization that serves as the Austin / Travis County Continuum of Care (CoC) Lead Agency, CoC Collaborative Applicant, Coordinated Entry System manager, and local HMIS database administrator. We are tasked with planning and coordinating community-wide strategies to end homelessness in the Austin / Travis County geographic region. We work in collaboration with people with lived experience of homelessness, community nonprofits, and government agencies to coordinate services and housing resources for the people who are experiencing homelessness in our community. We use research and evidence-based practices to advocate for the resources to bring the local Homelessness Response System to scale and meet our community's goal of ending homelessness.

ACKNOWLEDGEMENT OF CONTRIBUTIONS

The Research and Evaluation department at the Ending Community Homelessness Coalition works collaboratively: this report was made possible through the expertise and support of Akram Al-Turk, our Director of Research and Evaluation, as well as Claire Burrus, our Research and Evaluation Manager. Furthermore, this report is based primarily on data exported from HMIS, which were gathered by our local service provider partners. In addition to the on-the-ground case management and direct assistance these agencies offer clients, the same staff who provide these services also record vital information in HMIS, which allows not only for their own agencies' required grant reporting but also for larger system analyses such as this Needs and Gaps report. ECHO is grateful for our partners' ongoing commitment to data quality.

ACKNOWLEDGEMENT OF LIMITATIONS

The Homelessness Response System is not a controlled laboratory environment. The most current HMIS data may be in flux if corrections are being made, missing values are being caught (or remain missing), or if information is either initially reported or recorded incorrectly. For these reasons it is possible that identical analyses conducted at different points in time could yield slightly different results, but which do not change the overall trends or big picture of what the data show. Since the following analyses are largely for the previous full calendar year, this allows us to confidently use the most stable and accurate data.

Furthermore, there are several concepts touched upon or mentioned in this report for which we would prefer to conduct deeper analyses, so we intend to conduct further studies to publish independent reports on these topics in the future, which may include but are not limited to:

- Coordinated Entry System Flow: especially for clients who have not been referred to permanent housing projects – and Coordinated Assessment access, geographic mapping, and utilization.
- Total funding amounts, proportions, and cost effectiveness analysis of dollars allocated to different intervention types.
- Further qualitative studies in collaboration with people who have lived experience of homelessness in our community.

Most importantly, the data we are working with are not just numbers, but real ***people*** and information about these people. Quantitative analyses cannot do justice to any of these individual people's personal experiences.

2021 PROJECTS AND ENROLLMENTS

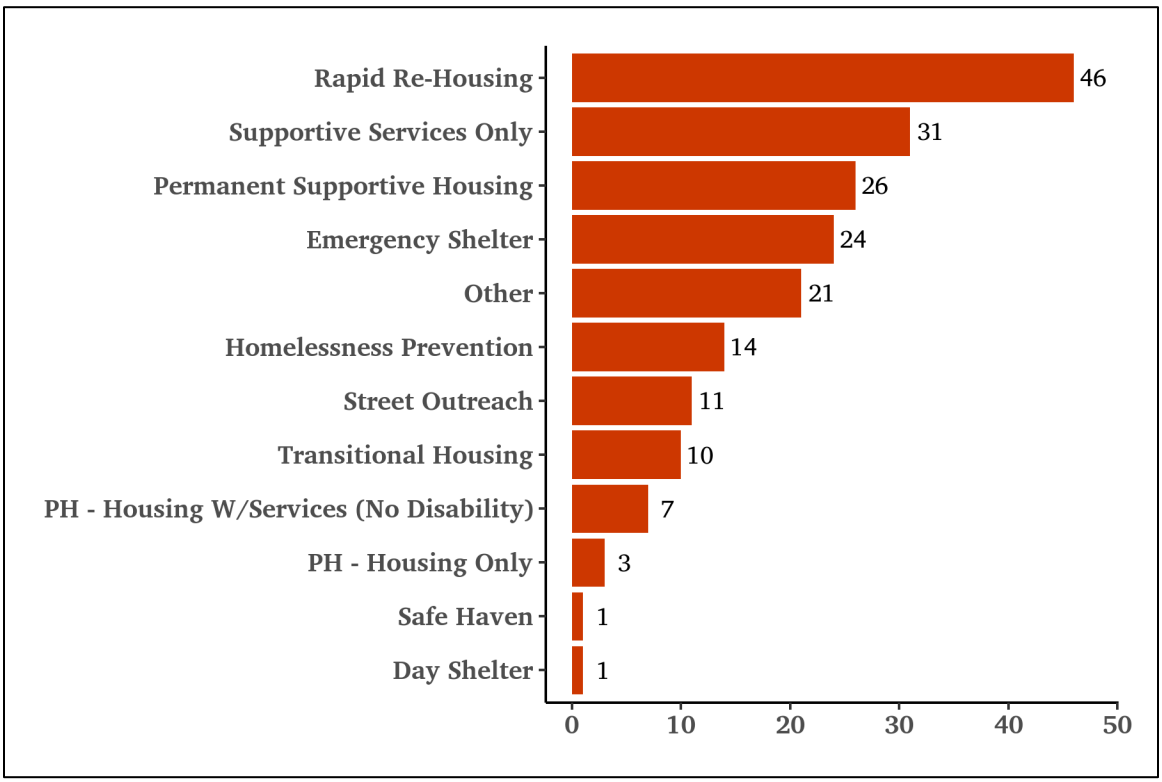
Per the United States Department of Housing and Urban Development's (HUD) current HMIS Data Standards,[6] there are 13 HMIS classifications for project types. Please see the glossary for HUD's definitions of these project types.

- Emergency Shelter
- Transitional Housing
- PH – Permanent Supportive Housing
- Street Outreach
- Services Only
- Other
- Safe Haven
- PH – Housing Only
- PH Housing with Services (no disability required for entry)
- Day Shelter
- Homelessness Prevention
- PH – Rapid Re-Housing
- Coordinated Entry

NUMBER OF PROJECTS BY TYPE

In 2021, of the active homelessness services projects in HMIS, approximately a quarter (23.6%) were Rapid Re-Housing projects, followed by Supportive Services Only projects (15.9%), Permanent Supportive Housing projects (13.3%), and Emergency Shelter projects (12.3%). Six projects do not have a project type assigned to them, and there is one Coordinated Entry project, for a total of 202.

Figure 1: Total Number of Projects by Type in 2021

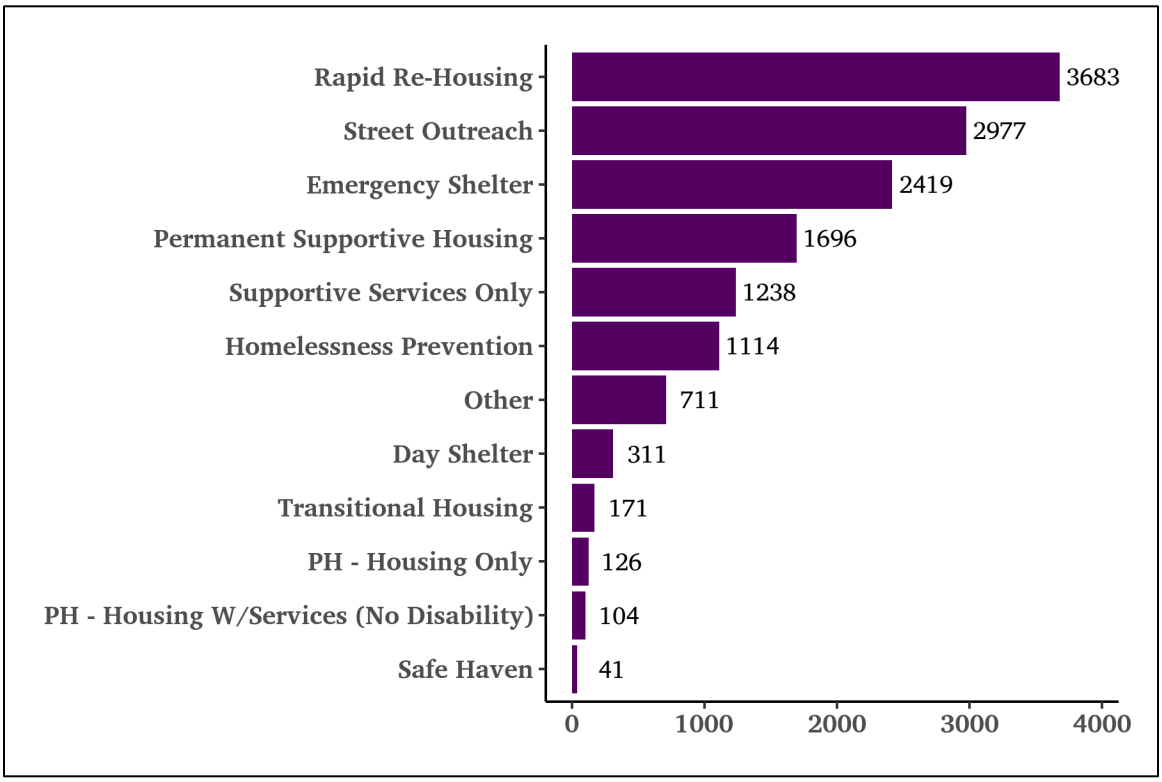


PROJECT ENROLLMENTS

Calculating utilization of projects by participants is nuanced given that there can be carryover for certain project types: for example, a participant in RRH may have been enrolled and housed in 2020 but continued receiving housing stability case management and rental assistance into 2021 until their exit that year. For the purposes of this report, the "universe" of enrollments examined for 2021 includes clients who were active in RRH and/or PSH projects during 2021 (whether newly enrolled that year or still enrolled having been enrolled in a previous year) and, for other project types, clients who were enrolled during the 2021 calendar year.

Rapid Re-Housing followed by the Street Outreach, Emergency Shelter, and Permanent Supportive Housing project types, respectively, had the highest total number of enrollments in 2021. Please note that in some cases the same individual may potentially enroll in multiple projects and/or in the same project more than once, so "total enrollments" are not always equal to "unique clients."

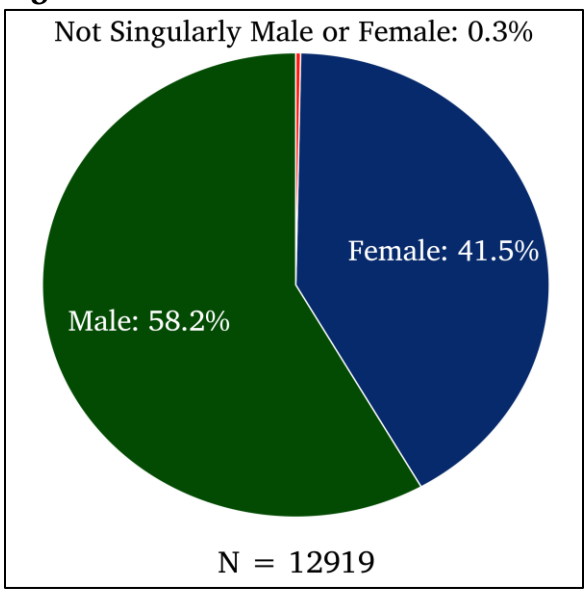
Figure 2: Total Number of Project Enrollments by Type in 2021



POPULATION CHARACTERISTICS

GENDER

Figure 3: Gender in 2021

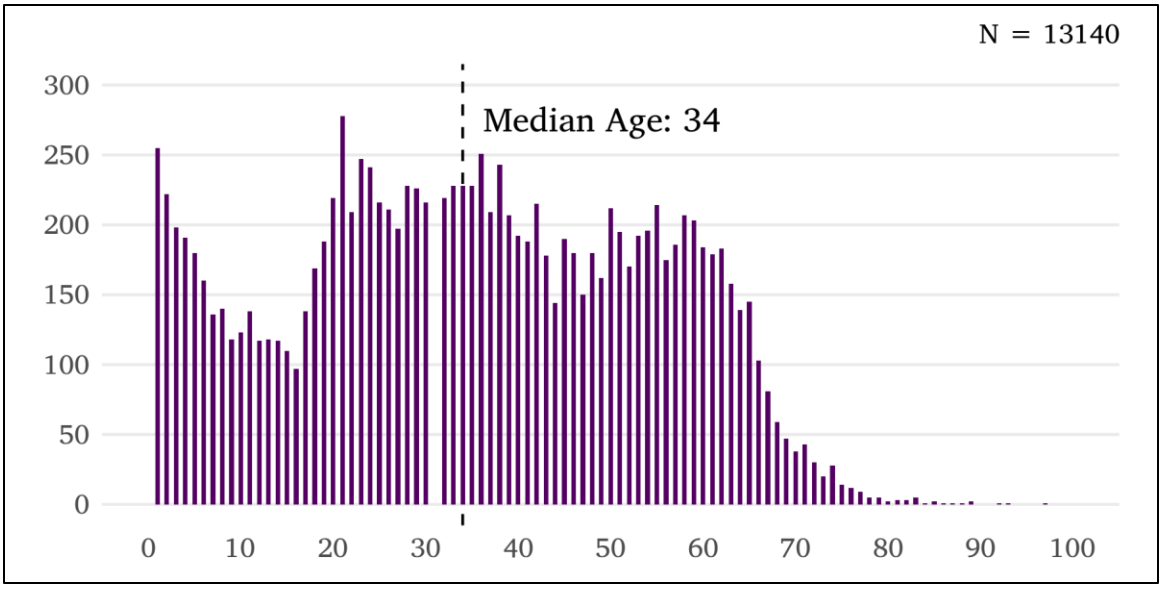


The difference between the percentage of male and female clients was smaller in 2021 than it was in 2020, during which 61.6% of clients reported being cisgender males, 37.7% of clients reported being cisgender females, and 0.8% of clients reported being in a third category including transgender or gender non-conforming. In this year's report, clients who reported being transgender are counted under whichever gender they identify with. The percentage of clients who reported being transgender in 2021 was 0.55%.

AGE DISTRIBUTION

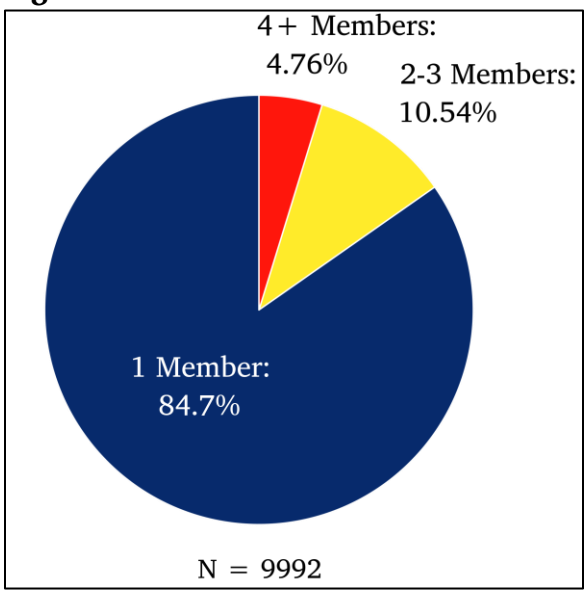
The age distribution in 2021 was similar overall to 2020, although the number of newborns and children was higher in 2021 and the median age was four years lower, down to 34 from 38.

Figure 4: Age Distribution in 2021



HOUSEHOLD SIZE

Figure 5: Household Size in 2021

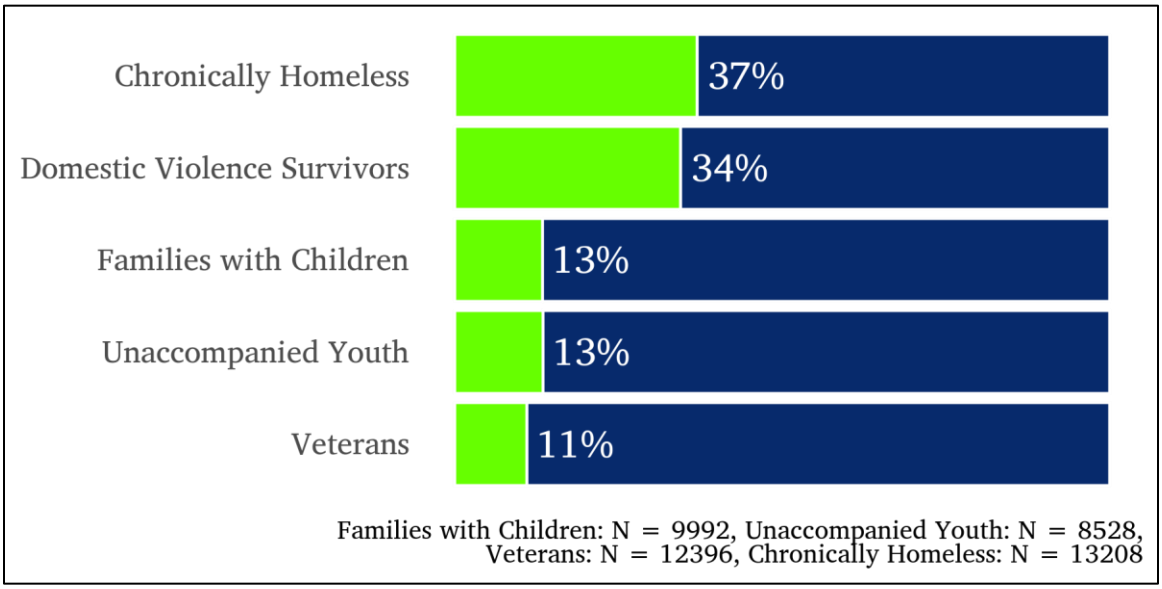


The largest household size category represented in the HMIS data for the Homelessness Response System in the year 2021 remained single member households, although that percentage decreased by 5.6 percentage points from the previous proportion of 90.3% during 2020. Meanwhile, the percentages of two to three member households and of four or more member households rose somewhat from 6.7% (an increase of 3.84 percentage points) and 2.9% (an increase of 1.86 percentage points), respectively.

SUBPOPULATIONS

The 2021 breakdown of HUD classifications of subpopulations was similar to the analysis from 2020, with the most noticeable change being a decrease in the chronically homeless population and an increase in families with children, both by four percentage points.

Figure 6: Subpopulations in 2021



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

RACE AND ETHNICITY

Burrus (2022), in the 2022 Austin / Travis County Continuum of Care Racial Disparities report released by ECHO more fully outlines and analyzes the current and historical inequities present in the Homelessness Response System, including that "Black people in Austin / Travis County are significantly more likely to experience homelessness than are members of other racial or ethnic groups" (21), and that "The probability of experiencing homelessness in Travis County for a Black/ African American person is over six times than that of a White person, based on the racial composition of the population" (7).

The latter of these two points is shown in Figure 7 on the next page. For further, more in-depth information regarding racial disparities in the Austin / Travis County Continuum of Care, please see the 2022 Racial Disparities Report.[7]

The Travis County information used in Figure 7 comes from the 2019 American Community Survey 5-Year Data published by the United States Census Bureau, which was accessed from the United States Census Bureau Application Programming Interface (API)[8] with R[9] using the "tidycensus"[10] package created by Kyle Walker, Matt Herman, and Kris Eberwein.

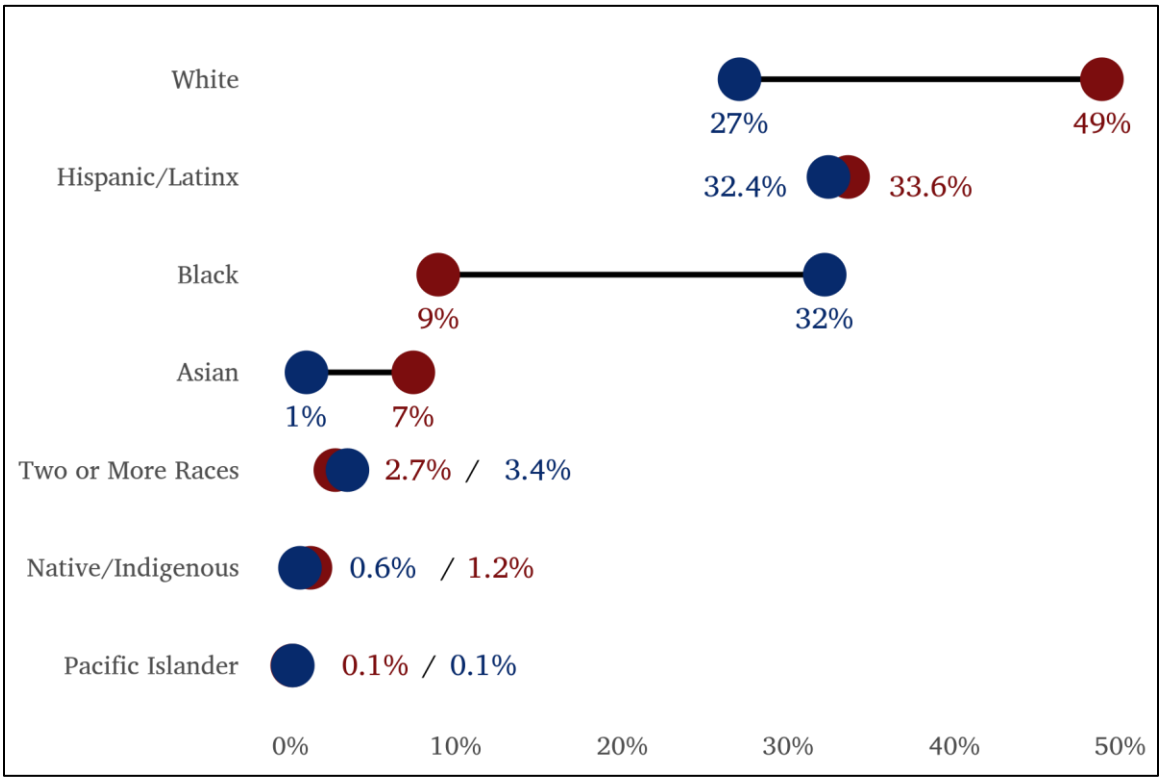
Note: This product uses the Census Bureau Data API but is not endorsed or certified by the Census Bureau.

Specifically, Figure 7 on the following page shows what percent each of the racial/ethnic categories listed on the lefthand side make up of People Experiencing Homelessness (PEH) as recorded in HMIS (represented by the blue circles and text) and the general Travis County population as captured by the U.S. Census Bureau (represented by the red circles and text). If the two circles are closer together, then the percentages of the two populations (People Experiencing Homelessness and the general Travis County population) that particular racial/ethnic category makes up are more proportionally similar, whereas if the two circles are further apart then the percentage of the two populations that racial/ethnic category makes up are more proportionally different.

If the percentage of the red circle (representing the general Travis County population) is greater than that of the blue circle (representing People Experiencing Homelessness) then that racial/ethnic category makes up a higher percentage of the general Travis County population than it does the population experiencing homelessness. This is the case with the White racial category below, as well as with the Asian category to a lesser extent.

Alternatively, if the percentage of the blue circle is greater than that of the red circle, then that racial/ethnic category makes up a higher percentage of the population experiencing homelessness than it does the general Travis County population. This is the case with the Black racial category below.

Figure 7: Travis County and PEH Populations Race and Ethnicity



Note: These racial/ethnic categories are mutually exclusive. For example, those who chose to identify as Hispanic/Latinx will be counted under that category and not any others, and people who chose to identify as Two or More Races are counted under the category with that label.

SYSTEM CHARACTERISTICS

COORDINATED ENTRY SYSTEM FLOW

In the 2021 calendar year, 2,534 clients took their first Coordinated Assessment (CA). The median and mean days from the start of these clients' homelessness to their first CA were 232 days and 656 days, respectively.

Also in the same year, 1,338 clients who had taken a CA were referred to housing programs. The Coordinated Entry System sends out referrals to participating projects when they report openings and request referrals be sent. For those 1,338 clients who were referred to programs after taking a CA, the median and mean days from CA to referral were 33 days and 74 days, respectively.

However, many people have taken a CA but have not yet been referred to a housing program, and they may have been waiting many months or longer which is not reflected in this measurement.

Different future analyses will account for clients who have taken a CA but have not been enrolled yet, as well as for how many times clients take a CA during an episode of homelessness before they are referred to a program.

Finally, the median and mean days from program referral to program enrollment were 17 days and 41 days, respectively. The median and mean days from program enrollment to housing move-in were 71 days and 110 days, respectively.

Table 1: Coordinated Entry System Flow

Measure	Median	Mean	People
Days From Homelessness Start to First CA	232	656	2,534
Days from CA to Program Referral	33	74	1,338
Days from Referral to Program Enrollment	17	41	855
Days from Program Enrollment to Move-In	71	110	613

Note: Calculations of median and mean in Table 1 are rounded to the nearest full day.

HEADS OF HOUSEHOLD: DISABLING CONDITIONS

For enrollments in all project types, the majority of heads of household (HOH) report some kind of disabling condition. PSH is the main intervention often requiring a disabling condition for entry (PSH projects generally require chronic homelessness[11] as part of their eligibility criteria, which means clients must have a disabling condition in addition to meeting the chronicity timeline), but large percentages of clients in non PSH projects also report disabling conditions, making the presence of a disability highly prevalent across all clients enrolled in the HRS.

Table 2: Heads of Households Reporting Disabling Conditions by Program Type

Project Group	Mental Health	Physical	Chronic Health	Develop-mental	Substance Use	HIV/ AIDS	Any Disabling Condition	Total
Non-PH	51%	31%	35%	19%	25%	3%	69%	6,124
PSH	59%	47%	44%	13%	36%	6%	85%	1,047
RRH	52%	34%	35%	17%	22%	3%	70%	1,408

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

HEADS OF HOUSEHOLD: SUBPOPULATIONS

Several of our community's subpopulation-specific resources and gaps are reflected below: the HUD-VASH[12] (Veteran Affairs Supportive Housing) program is reflected in that PSH for veterans accounts for more than half of our PSH, and the HUD YHDP[13] (Youth Homelessness Demonstration Project) program for youth is reflected in a higher percentage of youth enrollment for RRH than other project types. It is also notable that many of the vouchers our community's PSH projects are paired with are only usable for and by single individuals and are not compatible with families, which make up only six percent of PSH enrollments.

Table 3: Heads of Households by Subpopulation by Program Type

Project Group	Youth	Veterans	Families	Chronically Homeless	Domestic Violence Survivor	Any Sub-population	Total
Non PH	13%	6%	15%	47%	40%	76%	5,473
PSH	1%	57%	6%	63%	29%	95%	1,325
RRH	23%	12%	26%	56%	49%	85%	1,702

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

SYSTEM ANALYSIS, NEEDS, AND PROJECT CAPACITIES

OVERVIEW

As of May 2022, we estimate that approximately 3,467 people are currently experiencing homelessness in Austin / Travis County. Please see the Austin / Travis County Homelessness Dashboard[14] for more details. The HRS has a limited total capacity as well as several bottlenecks in the system. Even though the total amount of housing units (project "beds") programmatically available to permanently house people has increased since 2020, the Austin / Travis County geographic area's housing market does not have a sufficient amount of *affordable housing* units for program participants to rent. In other words, an available slot in a permanent housing project does not mean there is an available or accessible affordable unit in Austin / Travis County for that client to rent due to the tight and increasingly unaffordable rental market as well as discrimination faced by people exiting homelessness.

Grant-funded projects' abilities to pay rental assistance for participants may be contractually limited by Fair Market Rent (FMR),[15] rent reasonableness,[16] or other guidelines. This could be problematic in Austin since the FY22 FMR for the Austin-Round Rock MSA[17] is $1,092 for an efficiency unit and $1,236 for a one-bedroom unit, while the most up-to-date seasonally adjusted average rent[18] in Austin is approximately $1,869 (Zillow 2022). See page 18 and Figure 9.

Also, some Rapid Re-Housing (RRH) projects may cap the total rental assistance available for a client per enrollment to around, for example, $6,000. Utilization of the "progressive engagement" model of rental assistance is outlined as a minimum standard for a project to be considered Rapid Re-Housing per the current TX-503 Written Standards for Program Delivery,[19] so the proportion of monthly rental assistance paid by a project should ideally taper down over time as client and case manager coordinate together on housing stability and independence per the guidelines outlined in a project's rental determination policies and procedures, but in cases where a client may need the full amount, or a heavy percentage, of their rent assisted by their housing program for the first several months after moving in or for a longer period of time, then projects with spending caps this low may only be able to sustain as few as three months of assistance for such clients in the current rental environment in Austin.

Furthermore, prolonged unsheltered homelessness is correlated with negative health outcomes, including death on the streets, and makes it harder for people to exit homelessness (negative health outcomes that don't result in death can result in disability and/or otherwise make it hard or impossible to work and earn an income to sustain rent). Individuals who receive Supplemental Security Income (SSI) in 2022 only receive $841 in monthly benefits if no amounts are deducted (SSA nd).[20] This fixed income is $251 less than the local FY22 FMR for an efficiency and $1,028 less than the estimated current seasonally adjusted average rent in Austin.

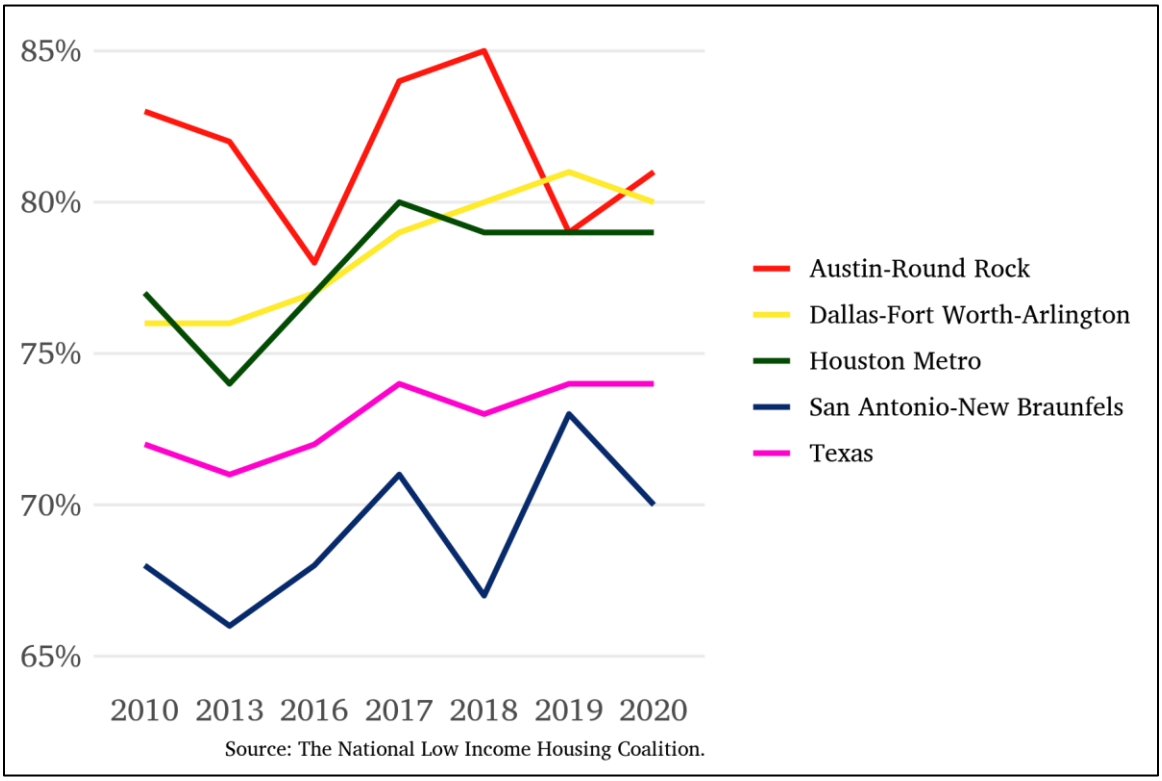
It is also notable that Supplemental Nutrition Assistance Program (SNAP) or "Food Stamps" benefits only cover edible food items, so in addition to the $251 to $1,028 or greater rent gap, plus any healthcare gap, clients with only SSI and SNAP as income will also find themselves unable to pay for other basic necessities like household cleaning and personal hygiene supplies. Other cost gaps for low-income clients include transportation, cellphone/communication access and equipment, and utilities including internet.

These various bottlenecks make it harder for the system to make a dent in homelessness in the long run. The following pages examine some of the contributions to homelessness in Austin / Travis County and then examine the current system capacity and needs and how we could develop effective, comprehensive homelessness prevention programming, particularly with a racial equity lens, considering that Black people are among the most likely to experience homelessness in our community compared to other racial/ethnic groups, and Black clients are also more likely than average to report having been born and raised in Austin, along with Hispanic/Latinx clients (Burrus 2022, 22).

TEXAS HOUSING COST BURDENS

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

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



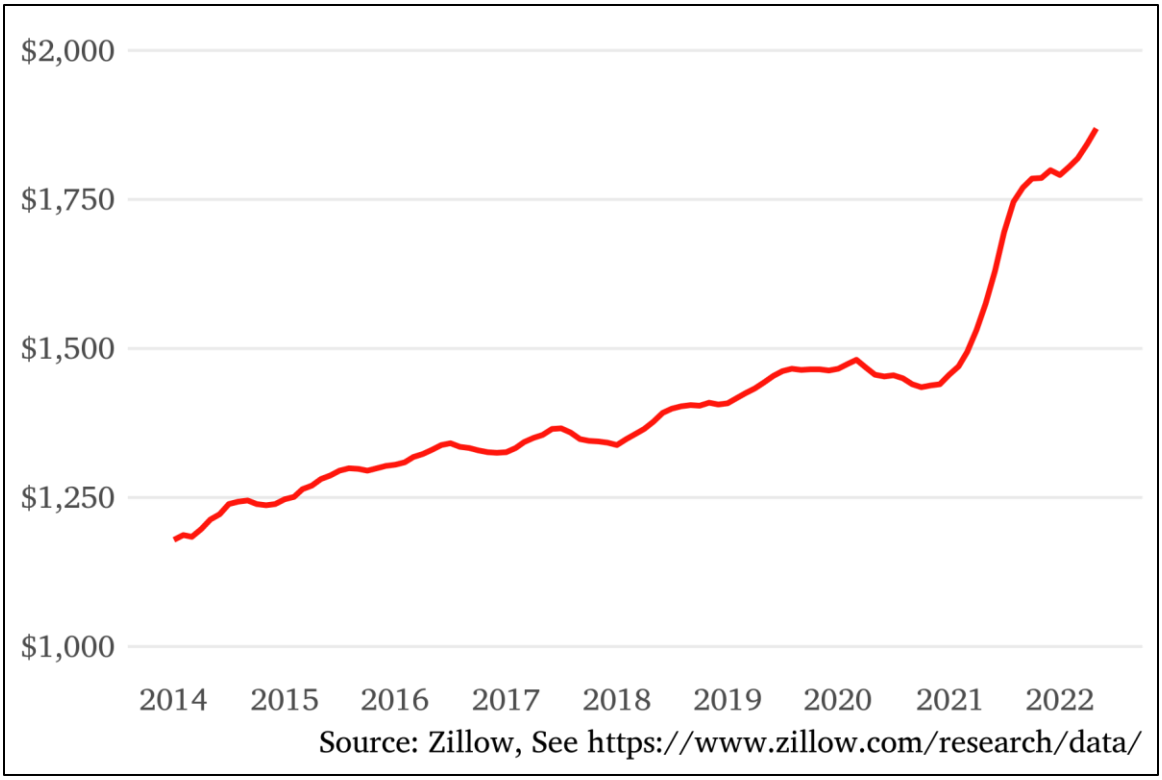
Notes: (1) Extremely low-income renter households are those who make less than 30% of area median income. (2) Severe housing cost burden is defined as paying more than 50% of income on housing and utilities.

AVERAGE RENT IN AUSTIN

The information below comes from Zillow Observed Rent Index[21] (ZORI) data. The seasonally adjusted average rent in Austin has been consistently rising year by year and is around $1,869 per month according to the latest available data at the time of this report's publication. As previously mentioned, this is higher than the current Fair Market Rent for the area (by $573 for a one-bedroom and by $777 for an efficiency) and significantly higher than the current SSI monthly income (by $1,028).

A monthly rent payment of $1,869 comes out to $22,428 worth of rent yearly. In order for that amount to match the universal maxim of "30% of an individual's income," an individual would need to make a minimum salary of $74,760 per year. Not only is that required minimum salary $64,668 more than the annual total of a single individual's SSI income in 2022, but it is also almost double — to even more than double — the general income of case managers working in the Homelessness Response System. The current rental market can potentially be untenable for many of our system's own employees, and it is openly hostile to the people we serve, who are earning even lower or fixed incomes.

Figure 9: Seasonally Adjusted Average Rent in Austin



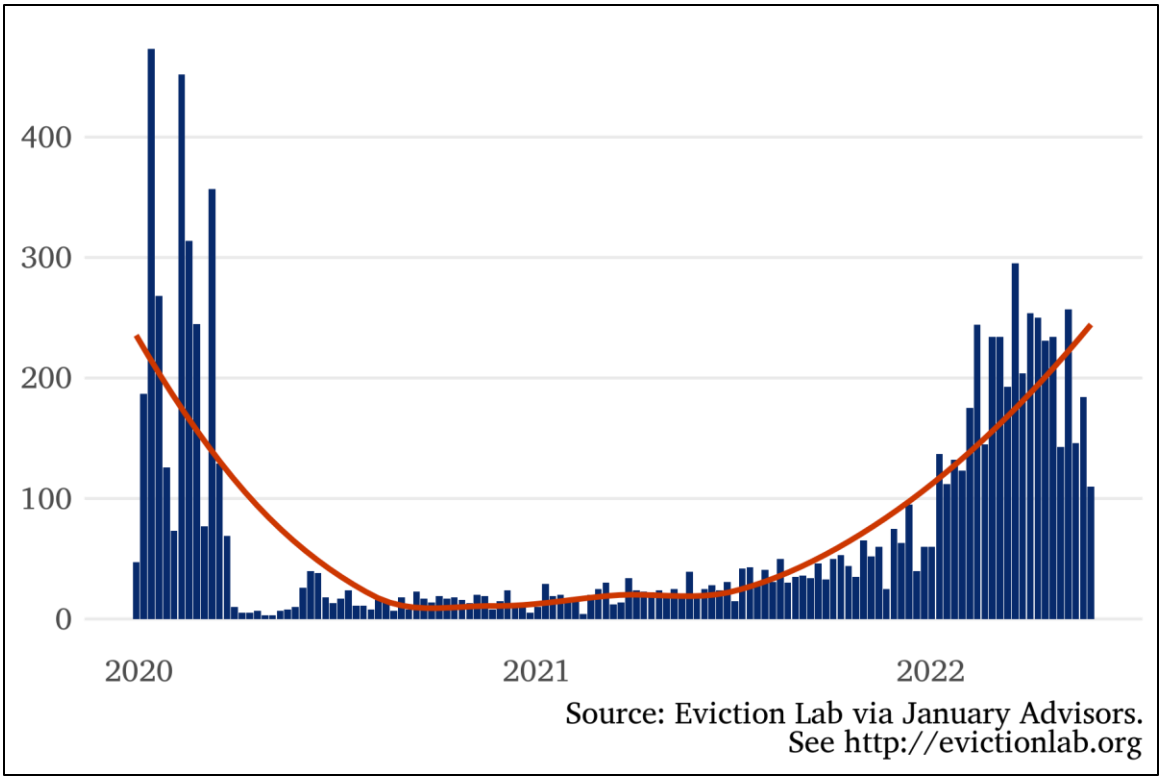
EVICTIONS IN AUSTIN

In response to financial difficulties that quickly arose during the start of the ongoing COVID-19 pandemic, various eviction moratoria were enacted by the CARES Act from March 27, 2020 through July 24, 2020 (CARES Act § 4024)[22] and the Centers for Disease Control (CDC) from September 4, 2020 through August 26, 2021 (85 FR 55292),[23] in addition to local Austin / Travis County policies — all of which have since expired.

The information below comes from Eviction Lab.[24] A sharp decline in evictions is apparent beginning in the early months of 2020 as eviction moratoria came into effect and lasting through the end of 2021 with evictions rising as they began to lift. The lack of new openings available for lease during the eviction moratoria could have played some role in the challenges HRS projects faced in finding housing units for participants even while new COVID-19 response funding was available for rental assistance. Currently, even with new units opening up due to evictions, those open units may have asking rents that participants cannot meet.

At the same time, the lifting of eviction moratoria also means that our clients could be targeted for eviction after program assistance ends, or that the population experiencing homelessness may increase as those who are currently experiencing housing and financial instability are summarily evicted instead of assisted.

Figure 10: Weekly Eviction Filings in Austin

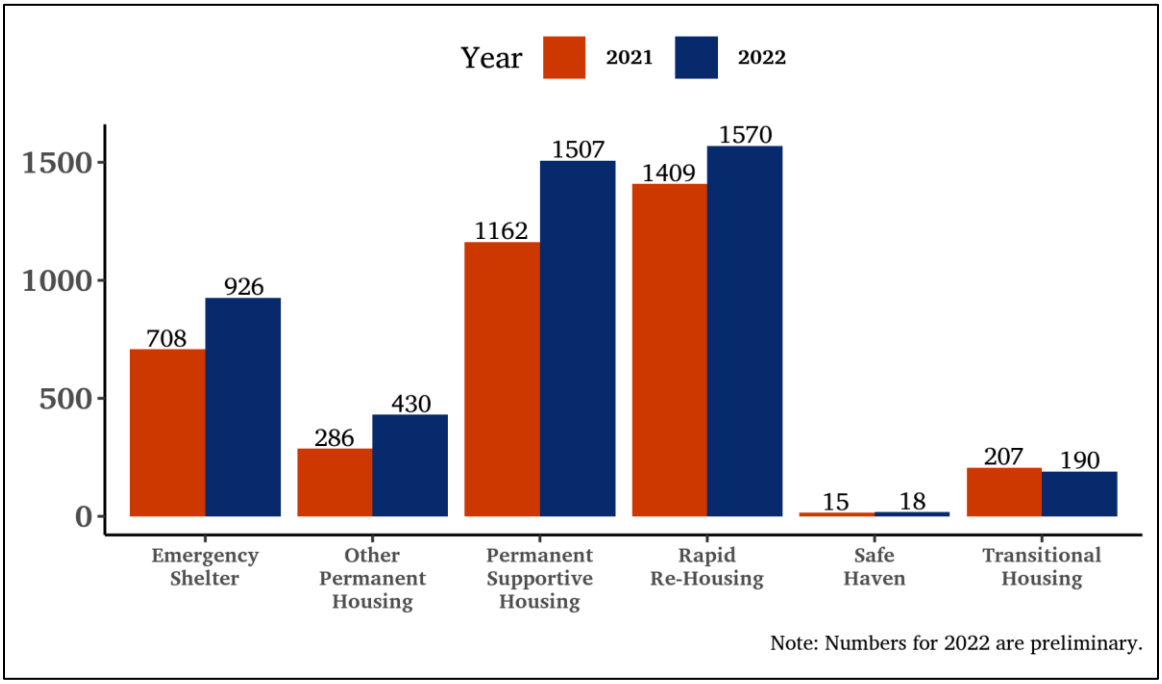


HOUSING INVENTORY COUNT

The Housing Inventory Count (HIC)[25] provides an estimated capacity snapshot of a Continuum of Care's project capacity inventory conducted annually during the last ten days in January, during the same timeframe as the unsheltered Point in Time (PIT) Count. The HIC report tallies the number of beds and units available on the night designated for the count by program type, and includes beds dedicated to serving persons who are homeless as well as persons in permanent housing projects. Because the HIC is conducted in January, this section utilizes preliminary 2022 HIC information, since the previous 2021 HIC information will be approximately a year-and-a-half old at the time of this report's publication.

The 2022 HIC shows 3,077 total combined RRH and PSH beds. Considering that for the January 2022 point in time snapshot in the HIC, PSH projects reported being at 81% capacity (meaning there would be approximately 282 available beds to fill), RRH projects reported being at 100% capacity (meaning that they had no current openings and new enrollments would occur as clients were exited), and that we estimate approximately 3,247 people were experiencing homelessness in that timeframe, it would mean that — without accounting for whether clients are prioritized for PSH or RRH, household size, any overlap between clients who are already enrolled in RRH or PSH, or the rate at which RRH exits and new enrollments were occurring — the system may have had approximately 2,965 more people experiencing homelessness than available beds at that point in time, even though most project types have seen a modest to moderate increase in capacity since the last HIC.

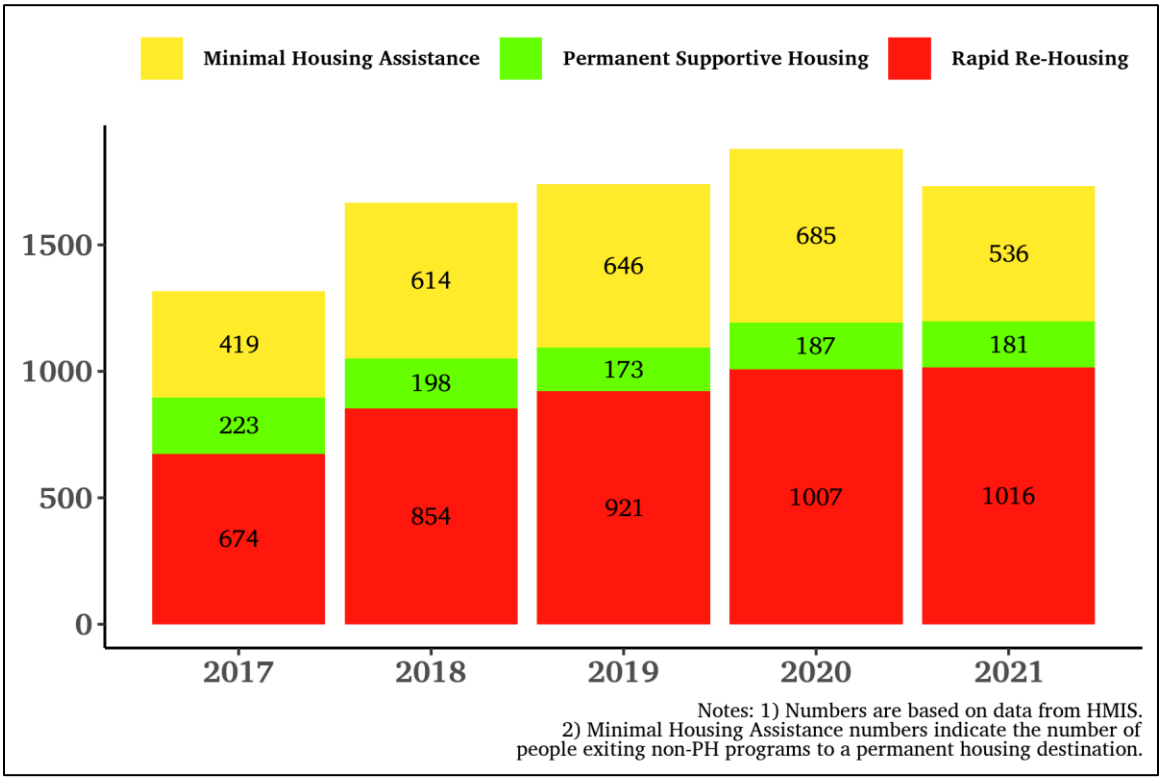
Figure 11: Number of Year-Round Beds by Project Type per the HIC Report



PERMANENT HOUSING PROGRAM MOVE-INS

Although investment and funding into our system has increased overall (including through COVID-19 response measures such as CARES Act funding), Emergency Shelter, PSH, and RRH move-ins have remained relatively similar, and Minimal Housing Assistance (MHA) move-ins decreased from 2020 to 2021. As previously mentioned, even with increases in programmatic funding and capacity there are still a number of challenges that projects face in finding affordable units for those enrolled in programs — ranging from few openings to high rent for the openings that exist.

Figure 12: 2021 Permanent Housing Program Move-Ins



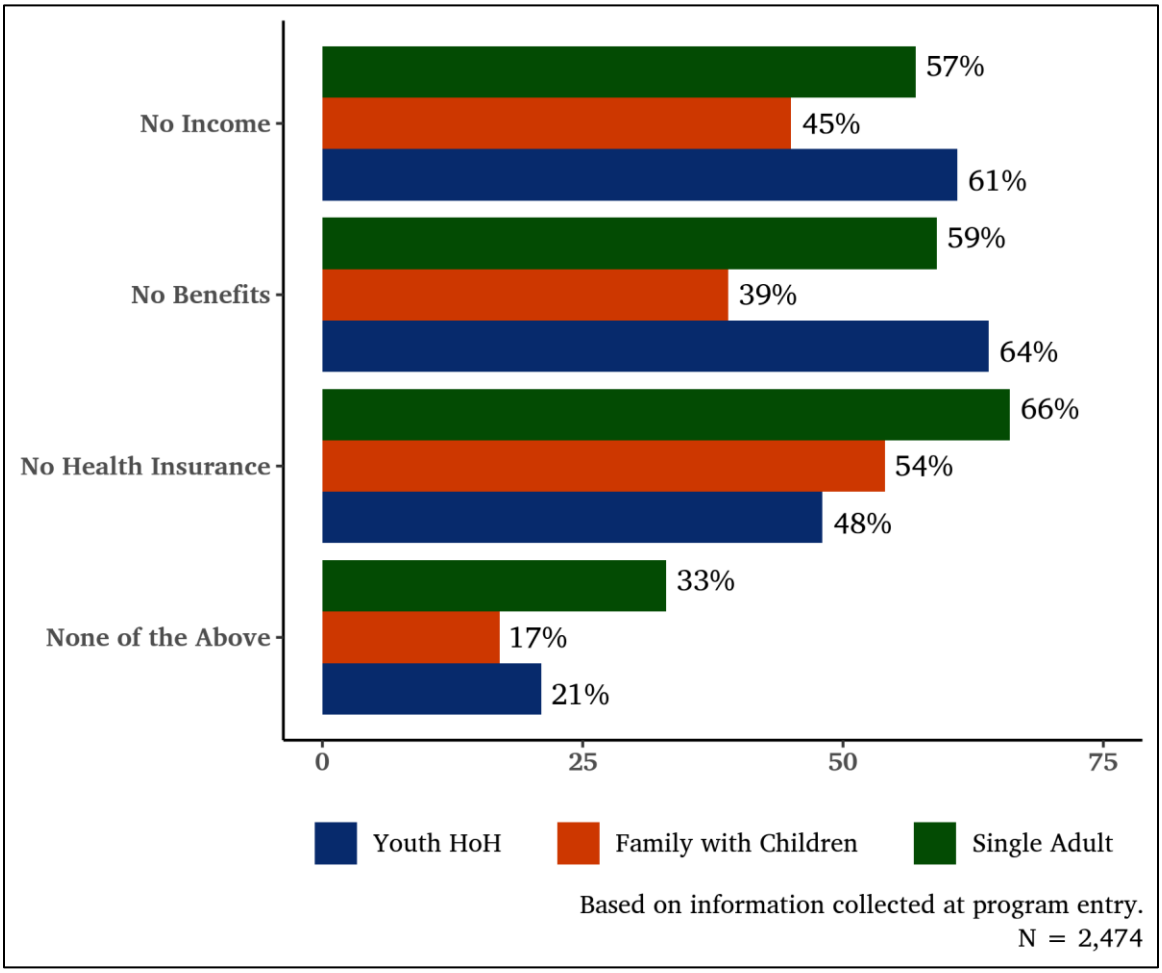
LACK OF INCOME, BENEFITS, AND HEALTH INSURANCE AT PROGRAM ENROLLMENT

The following chart shows the breakdown of clients entering programs who lack income, benefits, health insurance, and all three at the time of their enrollment as of early 2022.

In this sample, over half of single adults and youth heads of household entered with no earned income, as did almost half of families with children. A similar pattern is seen with benefits, with a slightly lower percentage of families with children entering with no benefits. One resource that is available to this subpopulation and not others is Temporary Assistance for Needy Families[26] (TANF).

A little under half of youth, a little over half of families with children, and approximately two-thirds of single adults enter with no health insurance. About one-third of single adults, and slightly under one quarter (seventeen percent of families with children and twenty-one percent of youth) enter with no income, no benefits, and no health insurance.

Figure 13: Percent of Households Without Income, Benefits, or Insurance



SYSTEM PERFORMANCE MEASURES

In 2009, the McKinney-Vento Homeless Assistance Act was amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which combined the Supportive Housing Program, Shelter Plus Care Program, and Moderate Rehabilitation / Single Room Occupancy Program, and changed the name of the Emergency Shelter Grants program to the Emergency Solutions Grants (ESG) program. It also required all ESG and Continuum of Care (CoC) projects to record services and activities as part of a consolidated local Homelessness Management Information System (HMIS) and established as a condition of community funding criteria to measure and assess communities' homelessness response system performance and progress through the System Performance Measures.[27]

Current and historical nationwide System Performance Measure (SPM) data may be accessed at:

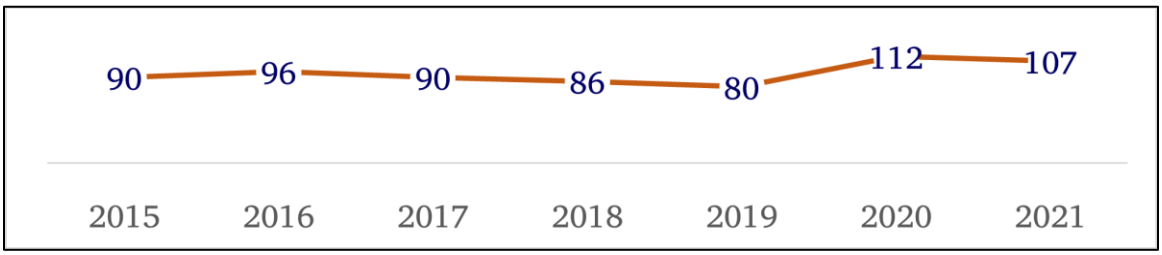
https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures/

The System Performance Measures section uses the same data submitted to HUD for our SPMs, for which the reporting period is the United States Federal Government's fiscal year. For the 2021 fiscal year (FY21) this time period was October 1, 2020 through September 30, 2021.

MEASURE 1: AVERAGE LENGTH OF STAY

This measure looks at the average length of stay, in days, that clients spend in the Emergency Shelter, Safe Haven, and Transitional Housing project types. The lowest recorded average length of stay on record was in FY19. The average length of stay was at its highest recorded point in FY20 and has decreased by five days in FY21 but still remains at its second highest recorded level.

Figure 14: System Performance Measure 1 – Length of Stay in ES, SH, and TH



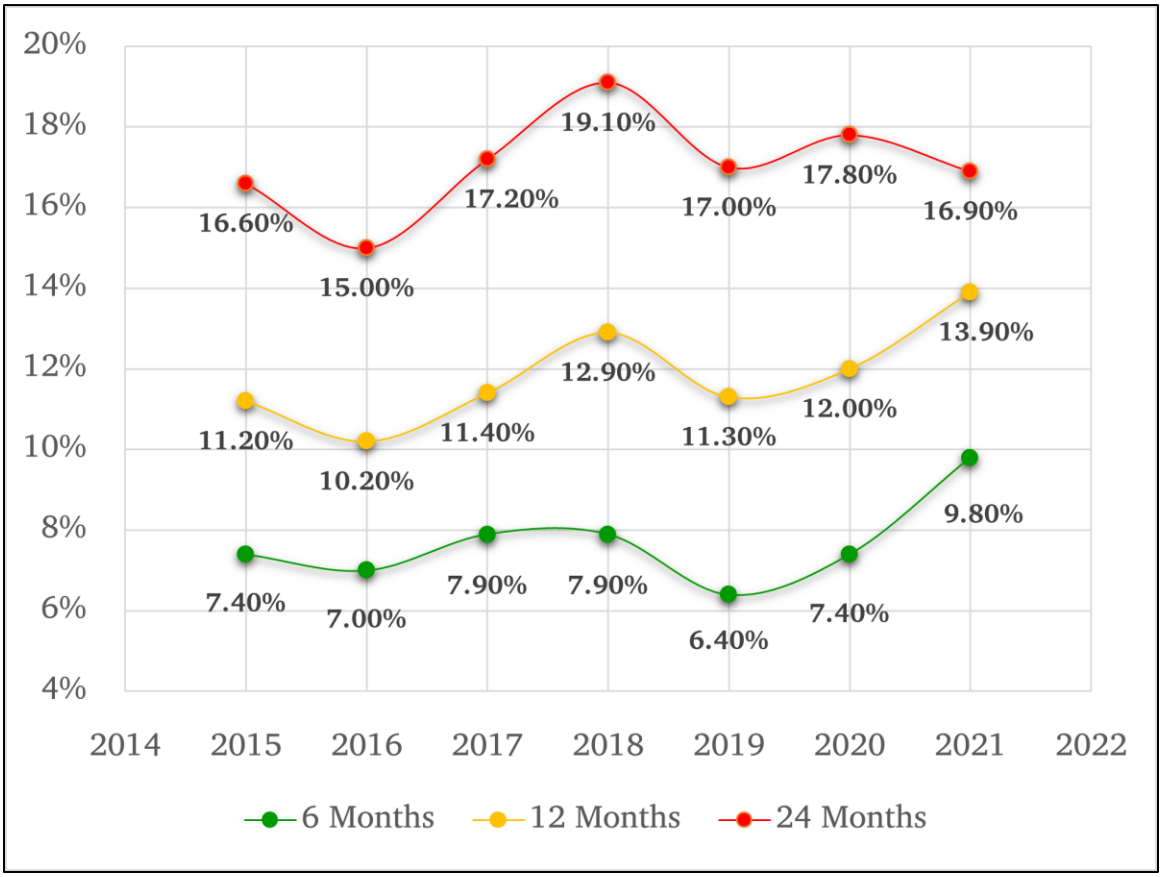
MEASURE 2: RETURNS TO HOMELESSNESS

This measure looks at returns to homelessness at six, twelve, and twenty-four months for clients who exited to permanent housing destinations from Rapid Re-Housing and Permanent Supportive Housing Projects.

The figure below shows that after a mild uptick in 24-month returns in FY20, 24-month returns in FY21 dropped below their FY19 level and continued a relative decline since their highest level in FY18.

The figure also shows that both 12-month and 6-month returns to homelessness have risen steadily since FY19 and were at their highest recorded levels in FY21.

Figure 15: System Performance Measure 2 – Returns to Homelessness



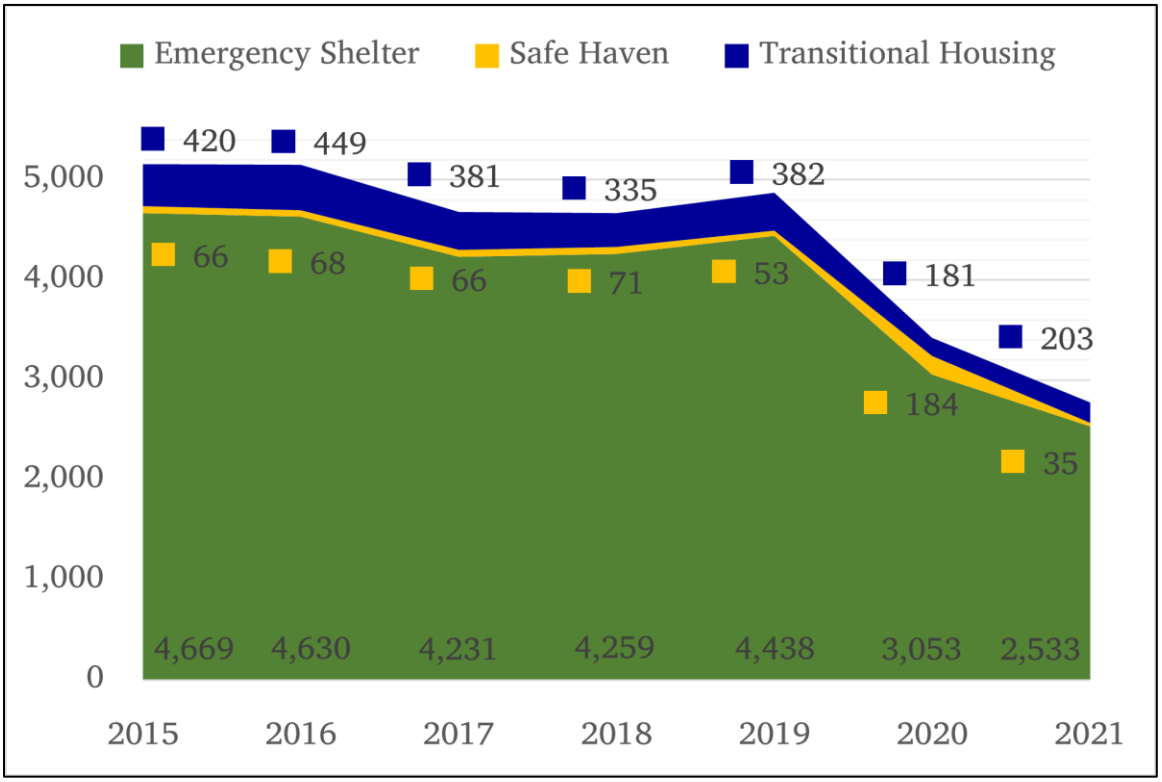
MEASURE 3: HMIS COUNTS

Metric 3.2 uses HMIS data to determine the unduplicated counts of active clients for each of the Emergency Shelter, Safe Haven, and Transitional Housing project types throughout the fiscal year reporting period.

In this graphic, the larger the width of the colored bar at each year the higher the count was that year for that project type. The total number of counts for all three types is all three colored bars together, so in this case following the top of the blue bar shows the total counts over time from FY15 through FY21.

The total HMIS counts for these project types, especially Emergency Shelter, have dropped significantly since their pre-pandemic levels in 2019.

Figure 16: System Performance Measure 3 – HMIS Counts

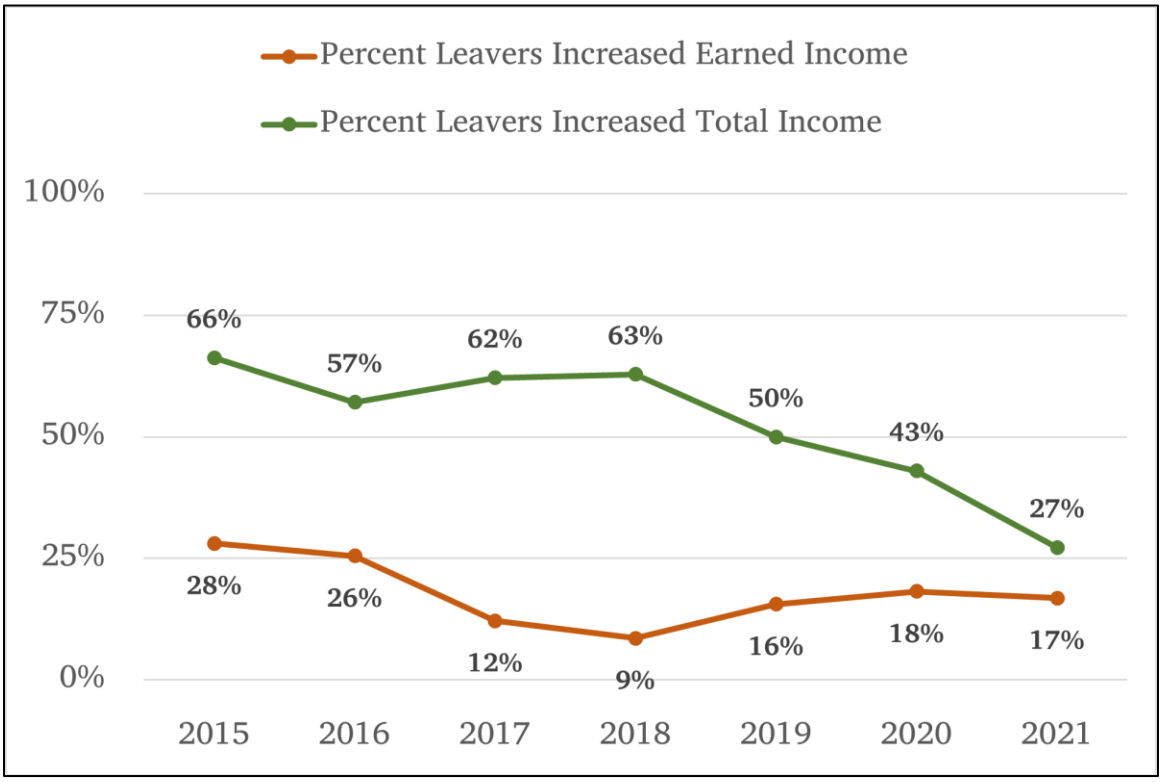


MEASURE 4: INCREASED INCOME FOR LEAVERS

This measure looks at clients who exited a CoC-funded program during the fiscal year reporting period and were not active in other CoC-funded programs afterward ("leavers"). Specifically it examines how many exited with higher incomes at the time of their exit than when they entered the program. This section examines both CoC program leavers who exited gaining *earned* income (Measure 4.4) such as from employment, and/or *total* income from any source (Measure 4.6), which could include benefits such as SSI/SSDI.

The percentages of CoC-funded program leavers with an increase in earned income and with an increase in any total income both decreased from FY20 to FY21, with a sharper decline of 16 percentage points in increased total income for leavers. While the percent of leavers with increased earned income has been on a general moderate rise since FY17-FY18, the percent of leavers with increased total income has generally been on a more notable decline since FY17-FY18.

Figure 17: System Performance Measure 4 – Increased Income for Leavers



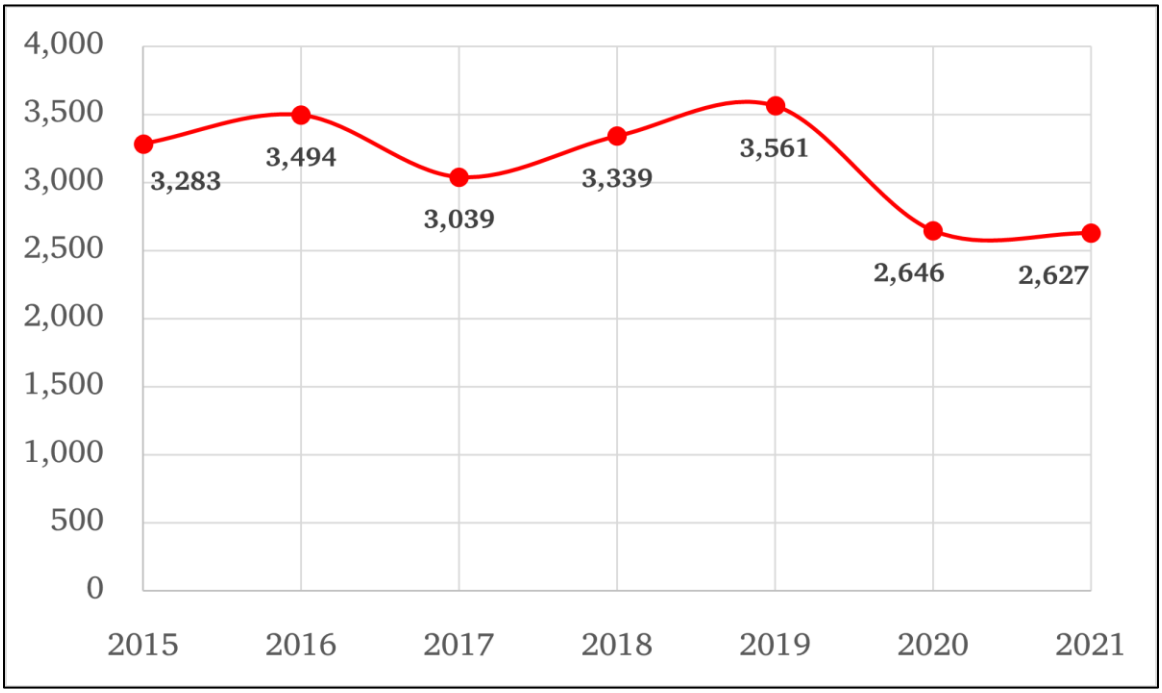
MEASURE 5: FIRST TIME HOMELESSNESS

This looks at the number of clients enrolling in Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Housing programs as "newly homeless," which is defined by HUD in this context as not having been enrolled in any shelter or housing project for the preceding 24 months before their first enrollment in the fiscal year reporting period (HUD 2022).[28]

FY21 saw the lowest number recorded in this measure, following an apparent downward trend since its highest point in 2019. This measure shows *service utilization*, but it is not a barometer for the total population of people experiencing homelessness since it only reflects HMIS data recorded per enrollments into Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Housing projects, and may not capture increases in the total local population experiencing homelessness if those people are not enrolled in services and recorded in HMIS.

According to System Performance Measure 5, first-time homelessness appears to be in decline, yet total homelessness is increasing (page 15), so this indicates the HRS has a backlog of still-unhoused people, along with people who have returned to homelessness, that is building up. This could be attributable to a combination of our system's capacity and the rate at which people are housed, especially through RRH, and additional efforts such as diversion and rapid exit. Our system is having trouble keeping up and must address the backlog of clients waiting for assistance. This is related to the System Flow dilemma mentioned on page 13.

Figure 18: System Performance Measure 5 – First Time Homelessness Enrollments

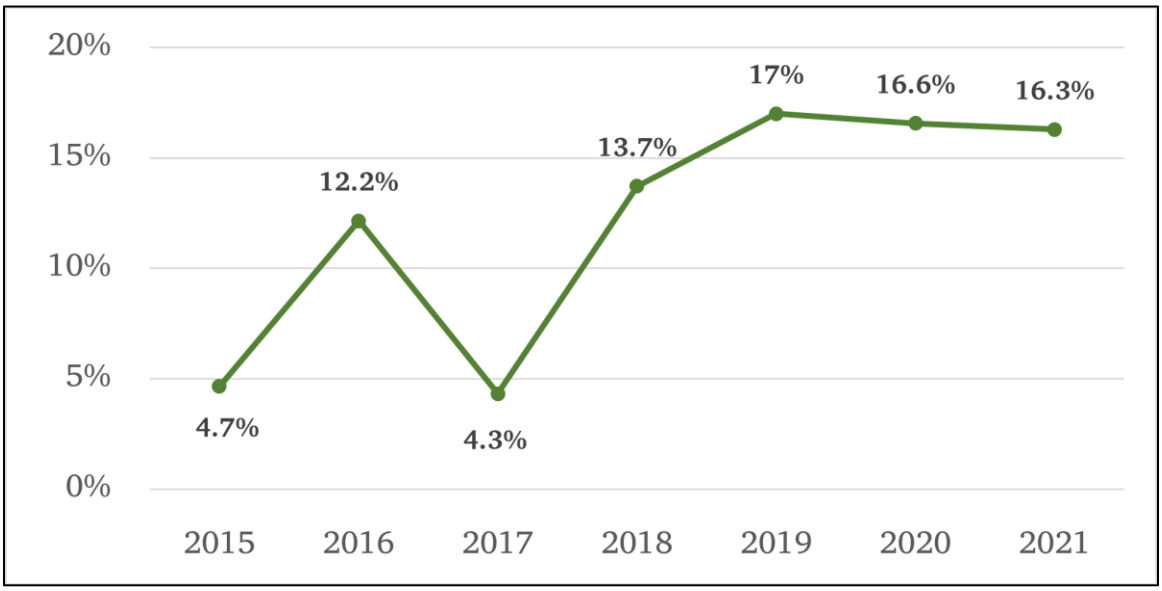


MEASURE 7A1: SUCCESSFUL STREET OUTREACH

This measure looks at the percent of exits to temporary or permanent housing from street outreach projects.

The FY21 percentage decreased slightly from the previous fiscal year, but this measure has remained relatively higher for the past three fiscal years than previously back to FY15.

Figure 19: System Performance Measure 7a1 – Successful Street Outreach

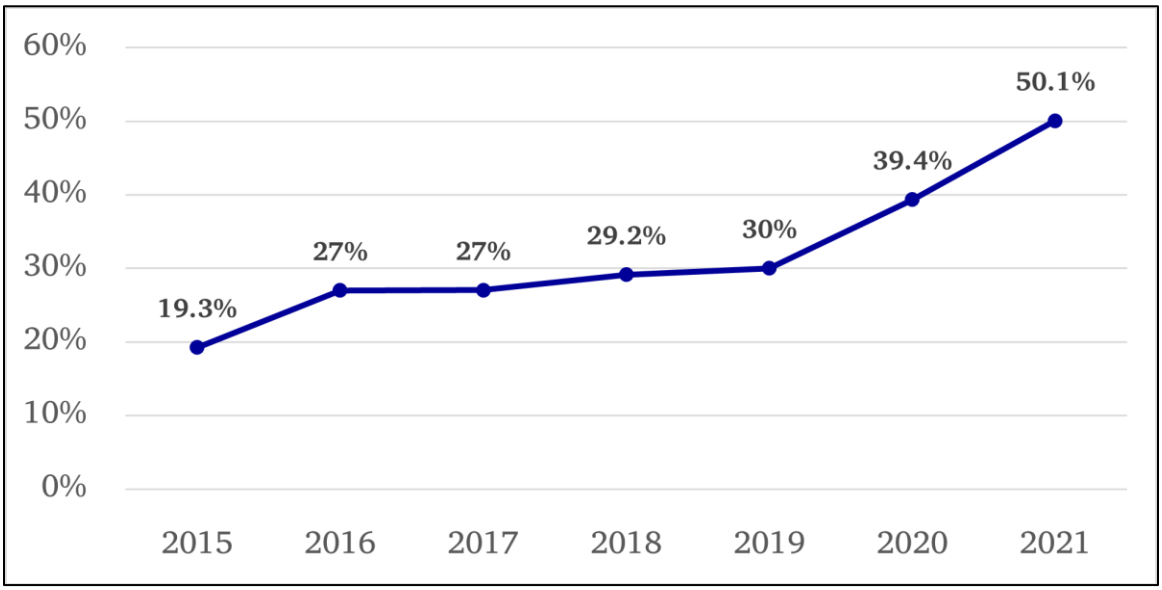


MEASURE 7B1: SUCCESSFUL EXITS

This measure looks at the number of successful exits from Emergency Shelter, Safe Haven, Transitional Housing, and Rapid Re-Housing for clients enrolled in those project types.

This measure has been steadily rising since 2015 with an increase of 10.7 percentage points from FY20 to FY21.

Figure 20: System Performance Measure 7b1 – Successful Exits

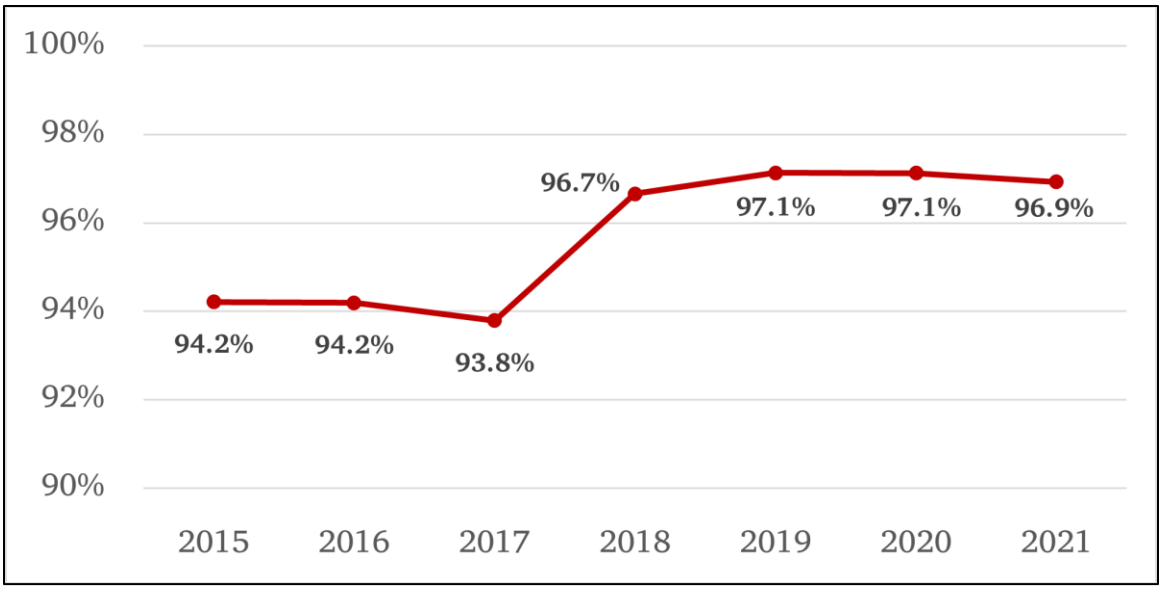


MEASURE 7B2: SUCCESSFUL EXITS FROM PH

This measure looks at the number of successful exits from permanent housing projects to permanent housing destinations or retention of permanent housing beyond six months, not including Rapid Re-Housing.

After a sharp rise from FY17 to FY18 this measure has remained relatively steady. There was a 0.2 percentage point decrease from FY20 to FY21.

Figure 21: System Performance Measure 7b2 – Successful Exits



ADDRESSING KEY NEEDS & GAPS

Over the past several years, the increased tightening of the rental housing market, the continued grip of deep-rooted structural racism and other impediments to racial equity, and a large volume of hostile and inaccurate propaganda leading to the re-criminalization of many of the daily realities surrounding the already traumatic experience of homelessness itself have all combined to exacerbate the acute humanitarian crisis experienced by those who are suffering without housing in our community, and to intensify the bottlenecks that impede the efforts of those working in the Homelessness Response System.

In light of the current state of housing instability and homelessness in our community, in solidarity with our neighbors who are currently without housing, and in response to the analyses laid out in this Needs and Gaps report, several final key options for strategic approaches that could be beneficial to consider for system improvement in the coming year are summarized below.

CENTRALIZED HOUSING PORTFOLIO

With the rental market in its increasingly perilous condition, it is of paramount importance to bolster Centralized Housing Portfolio efforts, build partnerships with community landlords and developers, and secure affordable housing units for the people we serve. As shown in the Coordinated Entry System Flow analysis (see page 13), once clients have taken a Coordinated Assessment, for those who are referred, then enrolled, then housed, the greatest length of time is from program enrollment to housing move-in, with the median and mean timeframes between CA to referral and referral to enrollment being notably shorter — by as much as or in some cases more than half the amount of time.

ECHO acknowledges that our Centralized Housing Portfolio needs further improvement, and efforts are underway to upgrade the Centralized Housing Portfolio system in greater transparency towards and accountability to our partners. ECHO has secured new funding to help in furthering a more sustainable and equitable approach that can accommodate the complex needs and safety of the families and individuals participating in services, as well as the evolving needs of our partner agencies. However, this funding will only support a small share of the centralized housing need, and we need to work with the community to collaboratively secure additional, sustainable funding for the system's true needs to be met.

SUBPOPULATIONS

Considering how the high prevalence of veteran-specific PSH resources is reflected in over half of the community's current PSH utilizers falling into the veteran subpopulation category (see page 14), ensuring that new PSH projects are not subpopulation-specific could allow for greater access to PSH for everyone who needs and qualifies for it.

Furthermore, while the greatest quantity of need for PSH is for single individuals, working with local housing authorities to develop ways to increase our local PSH capacity to house families could help to ensure that larger households who need PSH are also able to utilize it.

For all interventions and services beyond just PSH, while some agencies may have unique specializations that make them particularly well-suited to providing services to specific subpopulations, a systemwide focus on ensuring that new programs and services are not limited to serving specific subpopulations, as well as an emphasis on increasing the quantity, capacity, and accessibility of programs that offer unrestricted and expedient access to services for all those in need, could help the system to better serve all clients due to there being fewer eligibility screening barriers, less time constraints, and increased system flow.

RACIAL DISPARITIES

Black people in our community remain disproportionately more likely to experience homelessness than other racial and ethnic groups, and they are drastically overrepresented in the population experiencing homelessness compared to the general population of Travis County. Continued system and program level development and implementation of antiracist policies and strategies are needed to address this.

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

FISCAL RESPONSIBILITY AND GRANT MANAGEMENT

For CoC and YHDP project spending ending in 2021, approximately $558,470 worth of the total funds distributed to our community were unspent according to the data available from Sage HMIS Reporting Repository[29] as of July 2022.

If affordable housing units are harder to locate and enrolled clients are still in the housing search phase, it can become more difficult for projects to spend rental assistance funds exactly as originally planned, but with a stronger, healthier central support system that all agencies can access and tap into, our community could more reliably ensure that all funding is spent strategically and on-time.

With an increase in the total number of people who are experiencing homelessness (see page 15) and a backlog in the system (see pages 13 and 27), it is imperative that all money allocated to ending homelessness be spent on ending homelessness. Leaving federal grant money such as CoC and YHDP funding unspent could result in a decrease in the total amount of funding that HUD is willing to allocate to the Austin and Travis County region in the future.

More direct and active monitoring of CoC and YHDP spending by the CoC Board, including revisiting and updating the CoC Reallocation and Deobligation Policy, could aid our community in ensuring that all funding is either spent effectively or strategically reallocated to where it will have the most impact for people in need. As the Collaborative Applicant and CoC Planning agency, ECHO is available to provide technical assistance to our community's CoC and YHDP agencies and others who request our support. ECHO has added further staff capacity to increase systemwide access to technical assistance, training, and support.

The CoC Board could also consider strategies to publish all homelessness services spending practices more transparently for oversight and analysis; ways to ensure that all agencies collaborate in finding resources and accessing training and technical assistance to collectively build a stronger spending infrastructure in our community; the establishment of a new funding strategies and accountability committee or workgroup in the governance structure; and the formalization of networking support for those in our system responsible for program spending and grant management at all agencies, including ECHO and the City of Austin. This type of stronger funding strategies system framework could lead to more efficient financial results which could tie into more beneficial outcomes for the clients we serve. These resources combined with other systemwide supports including the Centralized Housing Portfolio can help move the HRS further toward our shared mission of ending homelessness.

GLOSSARY

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

Continuum of Care: "A Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule [24 CFR 578][30] for a defined geographic area. A CoC should be composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds." (U.S. Department of Housing and Urban Development, 2014)

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

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

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

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

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

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

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

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

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

Safe Haven (Project Type): "A project that offers supportive housing that (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low

demand services and referrals for the residents." (U.S. Department of Housing and Urban Development, 2021, pp. 40-41)

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

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

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

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

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

Street Outreach (Project Type): "A project that offers services necessary to reach out to unsheltered homeless people, connect them with Emergency Shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered

homeless people who are unwilling or unable to access Emergency Shelter, housing, or an appropriate health facility. Only persons who are "street homeless" should be entered into a street outreach project. Projects that also serve persons other than "street homeless" must have two separate projects to be set up in HMIS, one 'Street Outreach' and the other 'Services Only.'" (U.S. Department of Housing and Urban Development, 2021, pp. 39-40)

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

REFERENCES

Burrus, Claire. 2022. *Racial Disparities Report*. Ending Community Homelessness Coalition. https://1zdndu3n3nla353ymc1h6x58-wpengine.netdna-ssl.com/wp-content/uploads/2022/07/2022-Racial-Disparities-Report.pdf.

Ending Community Homelessness Coalition. 2022. *Austin Travis County Homelessness Dashboard.* Accessed July 6, 2022. https://www.austinecho.org/leading-system-change/performance-monitoring/#section-dashboard.

Social Security Administration. Nd. *SSI Federal Payment Amounts for 2022*. Accessed July 6, 2022. https://www.ssa.gov/OACT/COLA/SSI.html.

U.S. Census Bureau. 2019. *American Community Survey 5-Year Data*. Accessed in RStudio via tidycensus: Load US Census Boundary and Attribute Data as 'tidyverse' and 'sf'-Ready Data Frames, https://walker-data.com/tidycensus/ from https://www.census.gov/data/developers/data-sets.html.

U.S. Department of Housing and Urban Development. 2021. *FY 2022 HMIS Data Standards (Manual)*. https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf.

U.S. Department of Housing and Urban Development. 2022. *System Performance Measures Programming Specifications.* https://files.hudexchange.info/resources/documents/System-Performance-Measures-HMIS-Programming-Specifications.pdf.

U.S. Department of Housing and Urban Development. "What is a Continuum of Care?" HUD Exchange, July 2014. https://www.hudexchange.info/faqs/programs/continuum-of-care-coc-program/program-administration/general/what-is-a-continuum-of-care/.

FULL TEXT HYPERLINKS

[1]https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/

[2]https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/

[3]https://www.austinecho.org/hmis/

[4]https://www.austinecho.org/wp-content/uploads/2021/08/20210818_Needs_And_Gaps-1.html

[5]https://www.austinecho.org/

[6]https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf

[7]https://1zdndu3n3nla353ymc1h6x58-wpengine.netdna-ssl.com/wp-content/uploads/2022/07/2022-Racial-Disparities-Report.pdf

[8]https://www.census.gov/data/developers/data-sets.html

[9]https://www.r-project.org/

[10]https://walker-data.com/tidycensus/

[11]https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/

[12]https://www.va.gov/homeless/hud-vash.asp

[13]https://www.hudexchange.info/programs/yhdp/

[14]https://www.austinecho.org/leading-system-change/performance-monitoring/#section-dashboard

[15]https://www.huduser.gov/portal/datasets/fmr.html

[16]https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/reasonableness/

[17]https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/2022summary.odn?&year=2022&fmrtype=Final&cbsasub=METRO12420M12420

[18]https://www.zillow.com/research/methodology-zori-repeat-rent-27092/

[19]https://www.austinecho.org/leading-system-change/coalition-leadership/#section-written-standards

[20]https://www.ssa.gov/OACT/COLA/SSI.html

[21]https://www.zillow.com/research/data/

[22]https://www.govinfo.gov/content/pkg/PLAW-116publ136/pdf/PLAW-116publ136.pdf

[23]https://www.federalregister.gov/d/2020-19654

[24]http://evictionlab.org

[25]https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/

[26]https://www.benefits.gov/benefit/613

[27]https://www.hudexchange.info/programs/coc/system-performance-measures/#data

[28]https://files.hudexchange.info/resources/documents/System-Performance-Measures-HMIS-Programming-Specifications.pdf

[29]https://www.sagehmis.info/

[30]https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578

Attachment E: Texas Department of Public Safety 2018 Crime in Texas- Family Violence Report

FAMILY VIOLENCE 5

DEFINITION

The Texas Family Code, Chapter 71.004, defines Family Violence as, "an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself". The law excludes the reasonable discipline of a child and defines abuse as physical injury that results in substantial harm or genuine threat; sexual contact, intercourse, or conduct; or compelling or encouraging the child to engage in sexual conduct.

By definition and for the purposes of family violence reports, 'family' includes individuals related by consanguinity (blood) or affinity, marriage or former marriage, biological parents of the same child, foster children, foster parents, and members or former members of the same household (including roommates regardless of gender). Senate Bill 68 of the 77th Legislature amended the Family Code to include "Dating Violence". The "Dating Relationship" means a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature.

ANALYSIS

Volume

The total number of Texas family violence incidents in 2018 was 197,023. This represented a 0.9% increase when compared to 2017. These incidents involved 212,885 victims (up 0.3% from 2017) and 207,360 offenders (up 0.1% from 2017).

2018 FAMILY VIOLENCE QUICK STATS

	2018	2017	% Change
Incidents	197,023	195,315	0.9%
Victims	212,885	212,307	0.3%
Offenders	207,360	207,231	0.1%

Victim/Offender Relationships

The largest percentage of family violence reports was between other family members. The second most commonly reported relationship among offenders and victims was married spouses and the third most common relationship was common law spouses.

Relationship of Victim to Offender[1,2]

Type	Group %	Relationship of Victim	Total %
Marital	33.4%	Husband	4.2%
		Wife	13.1%
		Common-Law Husband	2.5%
		Common-Law Wife	9.5%
		Ex-Husband	0.9%
		Ex-Wife	3.2%
Parental / Child	16.4%	Father	2.3%
		Mother	6.1%
		Son	2.3%
		Daughter	3.2%
		Stepfather	0.8%
		Stepmother	0.3%
		Stepson	0.6%
		Stepdaughter	0.8%
		Foster Parent	0.0%
		Foster Child	0.0%
Other Family	50.2%	Grandfather	0.2%
		Grandmother	0.6%
		Grandson	0.1%
		Granddaughter	0.3%
		Brother	2.9%
		Sister	3.8%
		Stepbrother	0.1%
		Stepsister	0.2%
		Male Roommate	2.1%
		Female Roommate	3.6%
		Male In-Law	0.8%
		Female In-Law	1.0%
		Other Male Family Member	8.8%
		Other Female Family Member	25.6%

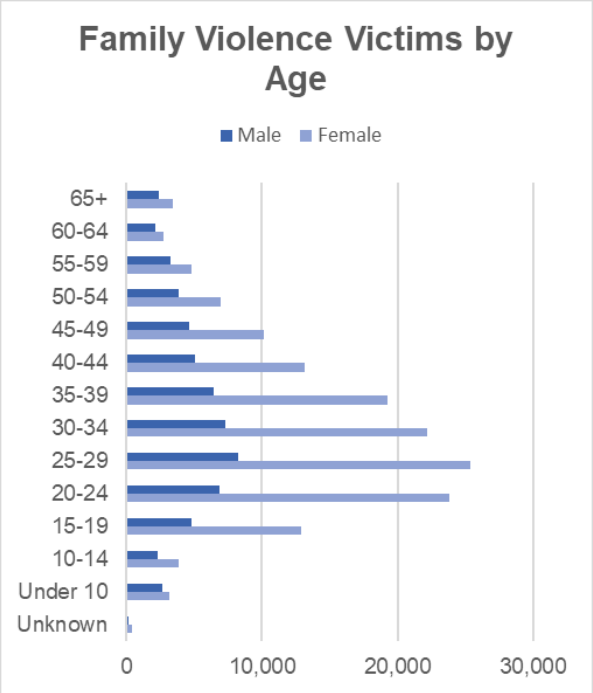
[1] All percentages rounded to the nearest tenth and every percentage below 0.1% are displayed as 0.0%. Please be advised that due to rounding protocol, some graphs may reflect percentages that are slightly greater than or less than 100% when totaled.

[2] The total percentages reflected in each category may not equal the group percentage listed due to raw data being captured prior to rounding protocol.

Victims

Incidents of family violence in 2018 involved 212,885 victims. Of the victims whose sex was known, 28.4% were male and 71.6% were female. The age group with the highest number of victims was the 25-to-29 year-old bracket.

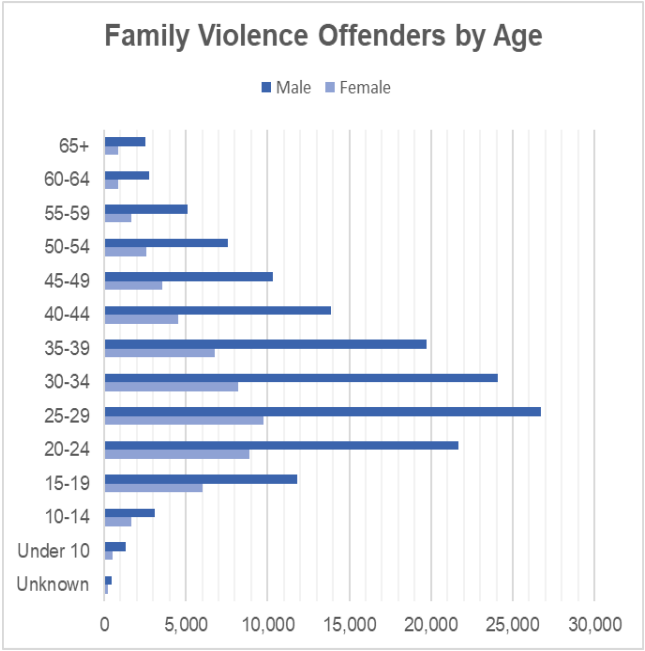
Of the victims whose ethnicity was known, 39.0% were Hispanic and 61.0% were not Hispanic. For the victims whose race was known, 68.5% were White, 28.9% were Black, and 2.6% were American Indian, Alaskan Native, Asian, or Native Hawaiian/ Other Pacific Islander. Of the number of White victims, 71.5% were female; 71.6% of Black victims were female; 76.5% of American Indian or Alaskan Native victims were female; and 73.3% of Asian, Native Hawaiian/Other Pacific Islander victims were female.



Offenders

In 2018, 207,360 offenders were involved in incidents of family violence. Of the offenders whose sex was known, 72.9% were male and 27.1% were female. The age group showing the highest number of offenders was the 25-to-29 year- old bracket.

Of the offenders whose ethnicity was known, 39.2% were Hispanic and 60.8% were not Hispanic. Of the offenders whose race was known, 65.6% were White, 32.1% were Black, And 2.3% were American Indian, Alaskan Native, Asian, or Native Hawaiian/Other Pacific Islander.



An examination of offenders by race and sex found that 72.8% of the White offenders were male, 73.2% of the Black offenders were male, 66.7% of the American Indian or Alaskan Native offenders were male, and 72.3% of Asian, Native Hawaiian/Other Pacific Islander offenders were male.

Officer Assaults

A serious problem inherent to police intervention and investigation of family violence incidents is the potential for law officers to be assaulted. In 2018, during the course of responding to family violence incidents, 143 Texas law officers were assaulted. During the same period, 4,617 assaults were made on law officers during all types of police activity.

Offenses

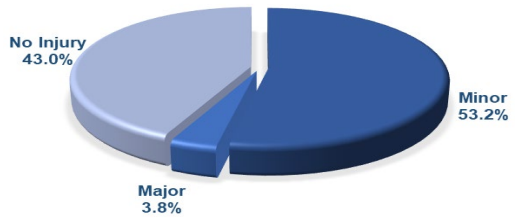
Offense information in the family violence program is collected according to federal UCR guidelines and does not necessarily conform to Texas state definitions. Complete offense definitions are available in the appendix to this publication. Family violence offense information falls into five general categories: assaults, homicides, kidnapping/ abductions, robberies, and sex offenses. Of the five main categories, assaults accounted for 96.0% of all offenses. Information for each individual crime is represented in the chart on the next page.

FAMILY VIOLENCE OFFENSES[1,2]			
Type	**Group %**	**Offense**	**Total %**
Assaults	**96.0%**	Aggravated Assault	13.2%
		Simple Assault	75.1%
		Intimidation	7.7%
Homicides	**0.1%**	Murder & Nonnegligent Manslaughter	0.1%
		Negligent Manslaughter	0.0%
		Justifiable Homicide	0.0%
Kidnapping	**0.5%**	Kidnapping/Abduction	0.5%
Robbery	**0.4%**	Robbery	0.4%
Sex Offenses	**3.0%**	Rape	1.5%
		Sodomy	0.3%
		Sexual Assault w/Object	0.2%
		Fondling	1.0%
		Incest	0.0%
		Statutory Rape	0.1%

Injuries

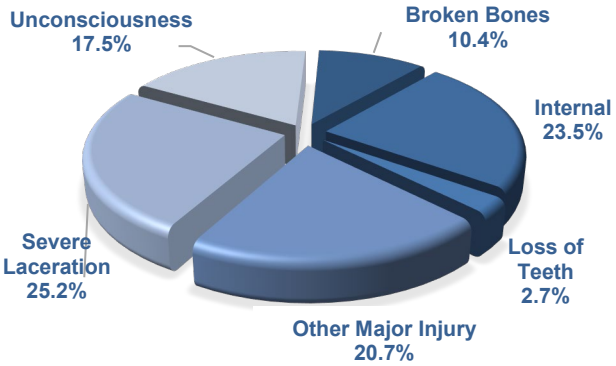
For the purposes of this family violence report, the police officers who responded to disturbance calls determined the extent of injuries and all injuries were considered to be apparent injuries. If later medical attention indicated that the injuries were more or less severe than noted by the responding officer, this information is not included in the family violence report. The majority of reported injuries (53.2%) were considered to be minor injuries. In another 43.0% of family violence reports, 'no injury' was recorded. Major injuries were reported in 3.8% of the cases.

TYPE OF FAMILY VIOLENCE INJURY



Of the apparent major injuries, 23.5% were due to possible Internal Injuries, 25.2% were from Severe Lacerations, 20.7% from Other Major Injuries, 17.5% were from Unconsciousness, 10.4% from Broken Bones, and Loss of Teeth accounted for the remaining 2.7%.

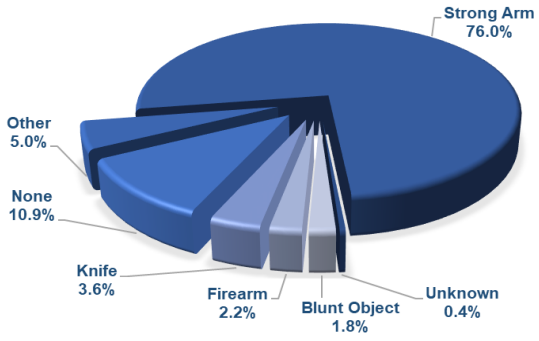
FAMILY VIOLENCE MAJOR INJURIES



Weapons

The most common weapon involved in family violence cases was physical force through the use of hands, feet, and fists (strong-arm), which accounted for 76.0% of the incidents. The Texas Family Violence law considers the use of threats and intimidation to be serious enough to report and, thus, 10.9% of the reports were listed as involving no weapons. Knives or cutting instruments (3.6%), blunt objects (1.8%), firearms (2.2%), other weapons (5.0%), and unknown (0.4%) accounted for the remaining cases. Considered as other weapons were motor vehicles, poison, explosives, fire, drugs, unknown, and miscellaneous weapons.

WEAPONS USED IN FAMILY VIOLENCE[1]



[1]All percentages rounded to the nearest tenth and every percentage below 0.1% are displayed as 0.0%. Please be advised that due to rounding protocol, some graphs may reflect percentages that are slightly greater than or less than 100% when totaled.

[2]The total percentages reflected in each category may not equal the group percentage listed due to raw data being captured prior to rounding protocol.

Attachment F: University of Texas Institute on Domestic Violence and Sexual Assault Study on Resources for Texas Sexual Assault Survivors

The University of Texas at Austin
Institute on Domestic Violence
& Sexual Assault
Steve Hicks School of Social Work

Resources for Texas Sexual Assault Survivors

Inventory and Survey Findings on Services, Gaps, and Accessibility

NOVEMBER · 2020

A REPORT TO THE SEXUAL ASSAULT SURVIVORS' TASK FORCE,
OFFICE OF THE TEXAS GOVERNOR

This project was funded by the OOG Solicitation: ST20 PY20 Sexual Assault Survivors' Task Force Program under Grant Contract number 3928001. The opinions, findings, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the Texas Office of the Governor.

Reprint permission with this citation:
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

This page is intentionally left blank.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Research Team

The University of Texas at Austin

Bureau of Business Research
IC^2 Institute

Bruce Kellison, PhD, Principal Investigator
Director, Bureau of Business Research
Co-Director, IDVSA

Matt Kammer-Kerwick, PhD
Senior Research Scientist

Susan Sookram, PhD
Research Associate

Victoria "Torie" Camp, MEd
Subject Matter Expert

Steve Hicks School of Social Work
Institute on Domestic Violence & Sexual

Caitlin Sulley, LMSW
Project Director
Director of Research and Operations

Melanie Susswein, MSSW
Director of Translational Research Communications

Stepha Dragoon, BA
Graduate Research Assistant

Noël Busch-Armendariz, PhD, LMSW, MPA
University Presidential Professor
Director, IDVSA

Contributors

Deirdre Rabideau, LLM
Senior Research Project Manager

Lara O'Toole, LMSW
Editor

G. Sophia Zegarra
Undergraduate Research Assistant

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Acknowledgements

The Institute on Domestic Violence & Sexual Assault (IDVSA) and the Bureau for Business Research (BBR) team members would like to express their deeply felt gratitude to the all those who assisted with this project, including Texas lawmakers, district attorneys, law enforcement, state agency and nonprofit coalition representatives, and most importantly, children's advocacy centers and rape crisis centers.

Survivors center our shared work. IDVSA's vision is for all people to live peaceful and prosperous lives in a world free from violence. This research brings Texas one step closer to actualizing that vision.

Read our full list of acknowledgments in Appendix A.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Table of Contents

Executive Summary **1**

Introduction **6**

HB 1590 and Sexual Assault Survivors' Task Force 6

The Current Project: Charge to IDVSA 6

Sexual Assault in Texas and History of IDVSA's Contributions 7

Methods **9**

IDVSA's Approach 9

Research and Limitations in the COVID Context 10

Research Questions 11

Data Collection 12

Survey Sample and Recruitment 14

Survey Response 15

Data Analysis 17

Findings **20**

Understanding the Data 20

Key Findings 21

Detailed Findings 24

Populations Served *24*

Service Availability *25*

Unmet Need for Services *34*

A Comparative View of Service Availability and Needs *43*

Referrals *44*

Courtesy Services *50*

Ongoing Challenges *51*

Resource Needs *54*

Sexual Assault Response Teams (SARTs) *55*

Impact of COVID-19 on Services *56*

Conclusion **66**

Appendices **68**

Appendix A: Acknowledgments in Full 69

Appendix B: Survey 72

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Appendix B1: Service Activities and Definitions 87
Appendix C: Regional Maps 93
Appendix D: HHSC Regions by County 94
Appendix E: Steps for Determining Service List 95
Appendix F: Supplemental Tables 102
Appendix G: Definitions of Stakeholder Groups Named in HB 1590 103
Appendix H: State-Funded Sexual Assault Programs and Services 106
Appendix I: Recruitment Email 108
Appendix J: Recruitment Email From TAASA, CACTX, TCFV 110
References **112**

TABLES

Table 1. Provider Type and Response Rates 16
Table 2. Service Provision Meeting Needs 35
Table 3. Other Referrals 46
Table 4. Courtesy Services 51
Table 5. Service Provision During the COVID-19 Pandemic 57

FIGURES

Figure 1. Aspects of Service Availability Measured 3
Figure 2. HHSC Regional Map/Study Regions 14
Figure 3. Populations Served 24
Figure 4. Service Provision by Region (Combined) 26
Figure 5 (Set). Service Provision by Region 28
Figure 6 (Set). Service Provision Meeting Needs 36
Figure 7. A Mapped View of Each Region's Greatest Unmet Needs 42
Figure 8. Service Provided and Met Needs 43
Figure 9. Referrals Made to Other Organizations 45
Figure 10. Referrals Made by RCCs, CACs, FV Shelters, and CASAs 47
Figure 11. Referrals Made by Law Enforcement, District, and County Attorneys 48
Figure 12. Referrals Made by Health Care Facilities 49
Figure 13. Referrals Made by Legal Aid Agencies 50
Figure 14 (Set). Service Provision During the COVID-19 Pandemic 58
Figure 15. Regional Maps 93

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

ACRONYMS

Acronym	Full Name of Entity
CAC	Children's Advocacy Center
CASA	Court Appointed Special Advocate
COG	Council of Governments
DFPS	Texas Department of Family and Protective Services
HHSC	Texas Health and Human Services Commission
MDT	Multidisciplinary Team
OAG	Office of the Attorney General of Texas
OOG	Office of the Texas Governor
OVC	Office for Victims of Crime
PSO	Public Safety Office
RCC	Rape Crisis Center
SAP	Sexual Assault Program
SART	Sexual Assault Response Team
SASTF	Sexual Assault Survivors' Task Force
TDCJ	Texas Department of Criminal Justice
TJJD	Texas Juvenile Justice Department

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Executive Summary

LEGISLATIVE CHARGE AND PROJECT ACCOMPLISHMENTS

Texas is a leader among states on the issue of sexual assault, and has promoted and funded the study of sexual violence as well as created the Sexual Assault Survivors' Task Force[A] (SASTF) through the Office of the Texas Governor (OOG). Sexual assault is clearly established as a public health problem affecting 6.3 million women and men in the state, or 33.2% of adult Texans over their lifetime.[1] This statistic comes from thorough research by the Institute on Domestic Violence & Sexual Assault (IDVSA) at The University of Texas at Austin on the prevalence and impact of sexual assault on Texans, service providers, and the social and economic system at large.

The bipartisan passage of HB 1590 (86R)[B] signifies a continued commitment by Texas lawmakers to serve sexual assault survivors. Lawmakers and Texans alike acknowledge the seriousness of sexual assault crimes. With the research findings derived from this project, survivors and their families, professionals supporting survivors, and lawmakers can better see the landscape of resources, service provision gaps, and unmet needs across our state.

The specific project aims were to:

- Inventory the sexual assault services available in Texas.
- Assess sexual assault survivors' needs by region for the 11 Texas regions.[C]
- Develop a sexual assault services resource inventory.

IDVSA accomplished those aims by:

- Developing and implementing a statewide survey to a broad and diverse set of providers who serve survivors of sexual violence.

[A] More information is available at: https://gov.texas.gov/news/post/sexual-assault-survivors-task-force-holds-inaugural-meeting-in-austin

[B] Full bill text: https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01590F.htm

[C] As discussed in the report, this study uses the 11 regions of the state as defined by Texas Health and Human Services Commission. For a list of the counties by region, see Appendix D.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Conducting a collaborative analysis of the survey findings with a specific focus on service availability and service gaps, and presenting those in this report to the OOG.
- Developing an HB 1590 Inventory List of the resources available to survivors across the state and delivering it to the OOG to inform the creation of a comprehensive statewide service directory in the future.

METHODS-AT-A-GLANCE

- The survey was developed and then administered from July–September 2020.
- IDVSA and project stakeholders collaboratively designed a voluntary and confidential 28-item survey.
- Lines of inquiry included: services provided, location, survivors' unmet needs, challenges in providing services, and the impact of COVID-19 on services.
- Services were defined using statewide and legislative service standards. Forty-six (46) unique services are aggregated into eight (8) service categories.
- Researchers identified and invited approximately 4,000 organizations providing services to sexual assault survivors to complete the survey.
- Of those, 342 distinct service providers participated in the survey, representing all 11 regions of Texas, and 209 out of the 254 counties.
- The overall survey response rate was 28%.[D] Response rates varied among types of service provider. Key service providers, such as both rape crisis centers and children's advocacy centers, had 70% response rates. Other entities, such as law enforcement and hospitals, had considerably lower response rates.

Research in the COVID Context

The COVID-19 pandemic became a reality in Texas during this project's launch, and the enormous impact of the crisis on sexual assault survivors and service providers can hardly be overstated. There have been increased hotline calls from survivors, an immediate need to switch to telehealth service delivery, and new health and safety requirements for providers. More Texans have needed and asked for services, particularly Texans from vulnerable and isolated populations. In light of this, IDVSA researchers designed the survey to continue this critical work to move the field forward while also minimizing the added burden on participating service organizations.

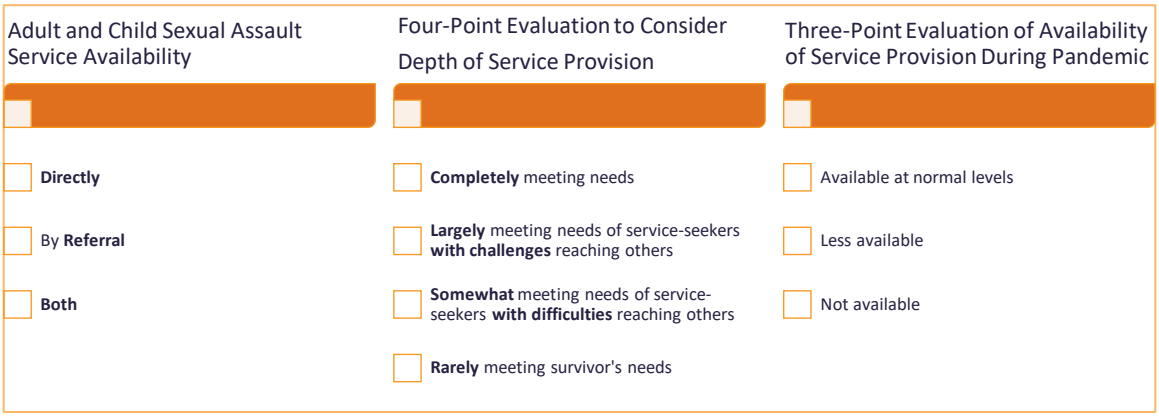
What Was Measured and How

Figure 1 lists the aspects of service provision measured for each participating organization.

[D] Extreme scores are typically dropped from the response rate calculation—and were in this research—as they can falsely skew the results.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Figure 1. Aspects of Service Availability Measured



KEY FINDINGS

IDVSA researchers employed an iterative action research process, an outcome-based model in which data collection, definitions, analyses, and key findings are discussed and developed collaboratively in order to provide and OOG's SASTF and its Steering Committee with actionable, research-driven policy recommendations.

The following four major findings emerged from the data analysis.

1) **Need Eclipses Capacity.** Service providers across the system said that they could not meet the needs of survivors given the finite amount of available resources. While providers wish to provide services to fully meet all existing needs, they are far from able to. There are substantial unmet needs among survivors in several regions of the state given current service availability levels; this is true even among services and categories of services that are typically available all across the state, at least in a limited way in communities. These unmet needs were present prior to COVID-19 conditions.
    - Upper East Texas and Southeast Texas have the greatest unmet needs across all service categories.
    - There are the highest levels of unmet needs for Therapy, Outreach/Prevention, and Legal services.
    - The lack of survivors' access to therapists and lack of funding for therapists constitutes the largest unmet need across the state. There is a particular need for therapists with specialized trauma training or experience working with children.
    - There is a lack of transportation options and resources, especially in rural areas. The need for transportation is directly related to a lack of service coverage in certain areas.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Across all organization types, the need for additional staff was noted as significant. Additional staff would greatly impact the ability of organizations to meet the challenges related to serving sexual assault survivors.

2) **COVID-19's Widespread Disruption and Forced Innovation.** The COVID-19 pandemic has revealed a substantial systemic risk for service disruption, particularly in the rural regions of Texas. Service providers also expressed deep concern and fear about the increased risk and lack of contact with their most vulnerable and isolated clients as a result of the pandemic.
    - The most commonly reported concerns related to COVID-19 included:
        - The lack of in-person client contact, which has resulted in complete loss of contact from some clients and difficulty in developing trust and rapport with new clients.
        - The challenges presented by telehealth modalities, both technically and therapeutically.
        - The increased financial needs of survivors and their families.
    - While providing services virtually has many challenges, providers discussed innovating certain services, including moving to telehealth for adult counseling, and to virtual modes for advocacy, education, and outreach for the public and volunteers.

3) **The Greatest Unmet Need: Therapy.** Texas lacks access and resources for therapists, especially therapists with specialized trauma training or experience working with children.
    - Therapists maintain maximum caseloads and have long waiting lists.
    - It is a reality that there are few or no therapists available in rural areas.
    - Nine (9) out of the 11 regions reported therapy as one of their top three services where there are unmet needs.

4) **Providers Discuss Challenges.** Providers answered open-ended questions and discussed persistent challenges for their organizations and clients they serve.
    - Lack of transportation is a major impediment, particularly in rural areas. Travel time exceeds one hour for a SANE exam or trauma counseling.
    - Emergency shelter and transitional housing options are limited in several ways.
        - There is a need for shelters to be available to, and their services designed for, survivors of human trafficking and survivors of non-intimate partner sexual assault.
        - Transitional housing programs have long waiting lists. Some survivors remain in shelter longer than is ideal due to a lack of transitional housing openings.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Survivors need financial support for basic needs (e.g., clothing, utilities, and rent). If a survivor's basic needs are not met, they cannot attend to healing their own trauma, supporting their children, or engaging with the criminal justice system.
- The need for legal aid is a considerable challenge.
    - There are long waiting lists for legal aid programs.
    - Nonprofits report that they need attorneys on site, in addition to their existing legal advocates.
    - Legal representation in high-conflict child custody cases was identified as a particular need among survivors seeking services.
- Service providers discussed insufficient staffing and specific needs for therapists, advocates, legal aid staff, and forensic professionals.

The IDVSA research team presents this report and the findings herein for review by the Governor's Office SASTF. The SASTF and the members of its Steering Committee have been charged with making actionable policy recommendations based on the discoveries presented from this research. It is our hope that this report will impact decision makers in Texas so that, ultimately, service providers are able to fully meet the complex needs of sexual assault survivors as well as contribute to the prevention of sexual violence in our state.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Introduction

HB 1590 AND SEXUAL ASSAULT SURVIVORS' TASK FORCE

House Bill (HB) 1590[E] established the Office of the Texas Governor's (OOG's) Sexual Assault Survivors' Task Force[F] (SASTF) during the 86th Regular Legislative Session. The Task Force's primary goal is to develop a survivor-centered, trauma-informed, collaborative, and coordinated response to sexual violence experienced by adults and children in Texas.

SASTF partnered with the Institute on Domestic Violence & Sexual Assault (IDVSA) at The University of Texas at Austin to conduct a research study on the availability of sexual assault services and the unmet needs of survivors throughout the state of Texas.

THE CURRENT PROJECT: CHARGE TO IDVSA

The bipartisan passage of HB 1590 (86R)[G] signifies a continued commitment by Texas lawmakers to serve sexual assault survivors and dedicate efforts and funding to the study of sexual violence in a way no other states have. Lawmakers and Texans alike acknowledge the seriousness of sexual assault crimes. With the research findings from the current project, survivors and their families, professionals supporting survivors, and lawmakers can better see the landscape of resources, service provision gaps, and unmet needs across our state.

The specific project aims were to:

- Inventory the sexual assault services available in Texas.
- Assess sexual assault survivors' needs by region for the 11 Texas regions.[H] (To find your county, see Appendix D.)
- Develop a sexual assault services resource inventory.

[E] Full bill text available at: https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01590F.htm

[F] More information is available at: https://gov.texas.gov/news/post/sexual-assault-survivors-task-force-holds-inaugural-meeting-in-austin

[G] Full bill text available at: https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01590F.htm

[H] As discussed later, this study uses the 11 regions of the state as define by Texas Health and Human Services Commission as well as Department of Family and Protective Services.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

IDVSA accomplished those aims by:

- Developing and implementing a statewide survey to a broad and diverse set of providers who serve survivors of sexual violence.
- Conducting a collaborative analysis of the survey findings with a specific focus on service availability and service gaps, and presenting those in this report to the OOG.
- Developing an HB 1590 Inventory List of the resources for survivors across the state and delivering it to the OOG to inform the creation of a comprehensive statewide service directory in the future.

SEXUAL ASSAULT IN TEXAS AND HISTORY OF IDVSA'S CONTRIBUTIONS

Since its inception in 2001, IDVSA's centering focus has remained on interpersonal violence nationally and locally. Our scholarship encompasses a wide array of local, state, and national research. IDVSA studies the layered impacts of sexual assault on the individual, the service providers who respond to the sexual assault, the systems through which the sexual assault is addressed, and the broader social and economic structures that are impacted.

We aim to enhance the quality and relevance of research findings, their application in service provision and policy, and ultimately, their benefit to survivors. To achieve this, IDVSA relies on strong collaboration with multi-disciplinary partners, such as state agencies, rape crisis centers, statewide advocacy groups, and family violence shelters. IDVSA is a collaboration between the Steve Hicks School of Social Work, the School of Law, the School of Nursing, and the Bureau for Business Research (BBR). In this project, IDVSA and BBR continued a well-established collaboration, bringing in multiple scientific and content specializations. We collectively apply our extensive expertise to a multi-faceted and complete approach to a complex violence that affects individuals, families, communities, and societies at large, including economically.

Sexual Assault in Texas

IDVSA and the State of Texas have worked hand in hand to create a strong foundation of sexual assault research and knowledge for our great state, including the following study areas focused solely on Texas:

1. Outcome measures for sexual assault services, 2003[I]
2. Sexual assault prevalence, 2003[J]

[I] Heffron, L., & Busch, N.B. (2003). *Outcomes Measures for Sexual Assault Services in Texas*. Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/2003_Report_Outcome_Measures.pdf

[J] Busch, N.B., Bell, H., DiNitto, D.M., & Neff, J.A. (2003). *A health survey of Texans: A focus on sexual assault.* Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/A-Heath-Survey-of-Texans-A-Focus-on-Sexual-Assault.pdf

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

3. Sexual assault needs assessment, 2011[K]
4. Sexual assault prevalence, 2015[L]

The two sexual assault prevalence studies referenced above thoroughly researched and documented the impact of sexual assault on Texans. According to the IDVSA 2015 prevalence study, sexual assault affects 6.3 million men and women throughout their lifetimes in the state of Texas, or 33.2% of adult Texans. Nationally, the Centers for Disease Control and Prevention reports that one in three women and one in six men in the United States have experienced sexual violence in their lifetime.[2] In the 2015 survey of Texas residents, 413,000 or 2.2% of adult Texans (2.3% women and 2% men) experienced sexual assault within a year prior to being surveyed by the IDVSA research team.[3] Of those survivors of sexual assault, 65.2% report multiple victimizations. However, the same study found that only a small percentage of survivors ever report their victimization to anyone, much less to victim services agencies or law enforcement.

The current project is a logical and laudable next step to positively impact these 6.3 million Texans by assessing statewide sexual assault services, documenting unmet survivor needs, and creating a public resource inventory through empirical research.

[K] Busch-Armendariz, N.B., & Vohra-Gupta, S. (2011). *Sexual assault needs assessment in Texas: Documenting existing conditions and striving toward preferred outcomes.* Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/idvsa-2012-sexual-assault-needs-assessment-phase-II.pdf

[L] Busch-Armendariz, N., Olaya-Rodriguez, D., Kammer-Kerwick, M., Wachter, K., Sulley, C., Anderson, K., & Huslage, M. (2015). *Health and well-being: Texas statewide sexual assault prevalence study.* Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/TX-SA-Prevalence-Study-Final-Report.pdf

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Methods

This section describes the research methods collaboratively developed and employed by IDVSA and BBR in this study. IDVSA's guiding approaches, the impact of the COVID-19 pandemic, research design and questions, and data collection and analysis considerations are discussed.

IDVSA'S APPROACH

IDVSA's mission, vision, and foundational principles informed all aspects of the empirical process.

Mission

IDVSA's mission is to eliminate abuse and violence with social and economic justice as centering principles. To achieve our aspirational goal, we engage stakeholders in ongoing collaborative decision-making and restorative practices, recognizing that our actions affect their lives.

Vision

IDVSA's vision is for all people to live peaceful and prosperous lives in a world free from violence.

Values and Principles

Our expressed values and beliefs ground the rigorous scientific approaches of our scholarship and research, education and training, and services. Below are key IDVSA values and principles as they are relevant to this study.

VALUE 1: LEADERSHIP.

We embrace our responsibility as equity-centered leaders and commit to being deliberate and thoughtful in guiding the development of a statewide survey.

PRINCIPLE 1: DISCOVERY.

We are confident in our ability to build a body of scientific knowledge by asking relevant and innovative questions, utilizing preeminent scientific techniques and

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

schema, and providing evidence-based, applicable, actionable findings for communities and policy-makers to shape and improve their existing services, programs, and policies.

PRINCIPLE 2: INTERSECTIONAL.

We recognize the many salient identities: race, gender, ethnicity, sexual orientation, ability, religion/spirituality, nationality, and socioeconomic status. We acknowledge that individuals and communities are unique and diverse, particularly in their perceptions, experiences, impact, access to power, and social (in)equality.

Process Approaches

Researchers employed two guiding approaches to this research process – trauma-informed research and action research.

Trauma-Informed Research

The IDVSA research team is mindful that research design and activities can impact the lives of study participants—in this case, service professionals being surveyed. By using a trauma-informed approach, the research team strives to promote healing and resiliency and is committed to acknowledging and mitigating secondary trauma experienced by professionals working in organizations that serve sexual assault survivors whenever possible. Unaddressed secondary trauma can have lasting effects on personal and professional lives.[4,5,6]

Action Research

Researchers applied the tenets of action research[7,8] in this work as well. This process employs a continuous feedback loop with project partners, including members of the Governor's Office and SASTF, and statewide coalition leadership representing rape crisis centers and children's advocacy centers in Texas. The team's goal is to present the process and findings, on an ongoing basis throughout the project, to help create an iterative loop where stakeholders receive information they may use to improve their work and understanding of the field, and researchers are able improve project efforts and make the work more applicable and responsive to the field for the mutual goal of benefiting survivors.

RESEARCH AND LIMITATIONS IN THE COVID CONTEXT

It is important to note that this survey was conducted between July and September 2020, during the COVID-19 pandemic, and the pandemic disrupted the original study design. In late 2019 and the early months of 2020, the research team prepared to undertake in-person focus groups with service providers and conduct interviews and surveys with survivors of sexual violence to better understand service utilization, gaps, and accessibility. By April 2020, COVID created obstacles that necessitated a new research design that was scientifically rigorous as well as safe for both researchers and participants. As a result, the methodology described in this report was created and employed; the survivor interviews and surveys were postponed.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

The research team planned and fielded the survey during a time when many of the participating organizations reported to SASTF that they were operating in extreme crisis mode and in the midst of revising their practices. Thus, researchers approached the survey process with the goal of creating as little burden as possible while also moving forward to gain a better understanding of the needs of agencies—in general and in response to the crisis. The pandemic's enormous impact on sexual assault service providers can hardly be overstated, from increased hotline calls from survivors, a switch to telehealth service delivery, and increased health and safety requirements for providers, to the effects of the crisis on vulnerable populations who were in need of more services while trying to survive the worst economic recession since the 1930s.

Despite these challenges, the response survey rate was still strong—data came in from a sizable enough sample to allow for study analyses with sufficient power. Yet, it was inevitable that researchers would observe a lower response rate than would typically be expected. Researchers heard from direct service providers, such as rape crisis centers and children's advocacy centers, and from indirect service providers, such as institutions of higher education, that the pressures on staff to maintain service delivery prevented some from answering the survey during its fielding window. This lowered response rate limits the power and utility of study results relative to what might have been expected for a similar survey completed under more typical conditions. Even still, the IDVSA research team confidently reports the findings and conclusions contained in this report.

RESEARCH QUESTIONS

As stated, stakeholder input and collaboration are of key importance in IDVSA's work. The research team discussed the research questions, measures, and outputs with the SASTF Steering Committee, a group comprised of representatives from the Texas Association Against Sexual Assault, Children's Advocacy Centers of Texas, and the OOG, who represent the goals and interests of the SASTF.

This project seeks to answer these research questions:

1. What are the services available to adult survivors of sexual assault through **sexual assault programs** in each of Texas' 254 counties?
2. What are the services available to child survivors of sexual assault through **children's advocacy centers** in each of Texas' 254 counties?
3. What are the services available to adult survivors and child survivors of sexual assault through **nonprofit organizations** (besides sexual assault programs and children's advocacy centers), health care facilities, institutions of higher education, sexual assault response teams, and other governmental entities in each region of the state?

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

4. What are the **gaps in services** for adult survivors and child survivors of sexual assault in each region of the state?

DATA COLLECTION

For this study, the IDVSA research team incorporated and adapted methods used in prior research, customizing them to the current context, participants, and project goals.

The survey was fielded from July 6, 2020 through September 12, 2020.

TCFV State Plan and Survey

The research team incorporated methods used for IDVSA's 2018 Texas Council on Family Violence (TCFV) *Texas State Plan*[9,10] and adapted them for this study. The survey that informed the State Plan and the survey that informs the current project address similar research questions, including services provided, the degree of unmet need, as well as a variety of other items, including funding, number of clients, and top needs. For the current project, researchers limited the questions to the topics of service provision, unmet needs, challenges, and (importantly) service availability during COVID-19. Researchers also collected macro-level information about clients, funding, and overall needs and challenges.

Survey Design

This survey was developed collaboratively, drawing from current standards in the field. The SASTF Steering Committee reviewed the draft survey in detail, and their feedback was integrated into the final survey instrument.

The survey asks for information related to "the most recent fiscal year" (a full 12-month timeframe) prior to the onset of COVID-19 in February and March 2020.

Survey Topics

The research team sought responses to the survey from sexual assault service providers about what services they actually provide (as opposed to what they offer) to survivors. The legislative mandate for the study was to seek information from all providers who may serve survivors of sexual assault. This includes both "primary" service providers, such as rape crisis centers and children's advocacy centers, and also "secondary" or indirect providers who serve survivors, but whose primary mission is not necessarily to do so.

Survey topics include:

- Information about the survey participant and organization.
- Number of survivors served by types of violence experienced.
- Funding sources.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Services provided[M] (by county).
- Unmet service needs and service availability during COVID (by county).
- Service referrals.
- Sexual Assault Response Team (SART) presence and participation.
- Service challenges.
- Resources required to meet needs.
- Organizational and service adaptations during COVID.

See the final, complete survey instrument in Appendix B: Survey

Defining the Service List

Researchers developed a list of services most commonly provided to survivors of sexual assault and abuse. The list includes 46 types of services divided into eight (8) categories. To develop the list, the research team reviewed existing sexual assault service lists from national and Texas-based funding agencies and service lists related to the core or minimum services required of service providers. The draft service list was shared with the SASTF Steering Committee for review and then revised based on their feedback.

See Appendix E: Steps for Determining Service List. See the complete list of service definitions in Appendix B1: Service Activities and Definitions.

Regional Breakdown

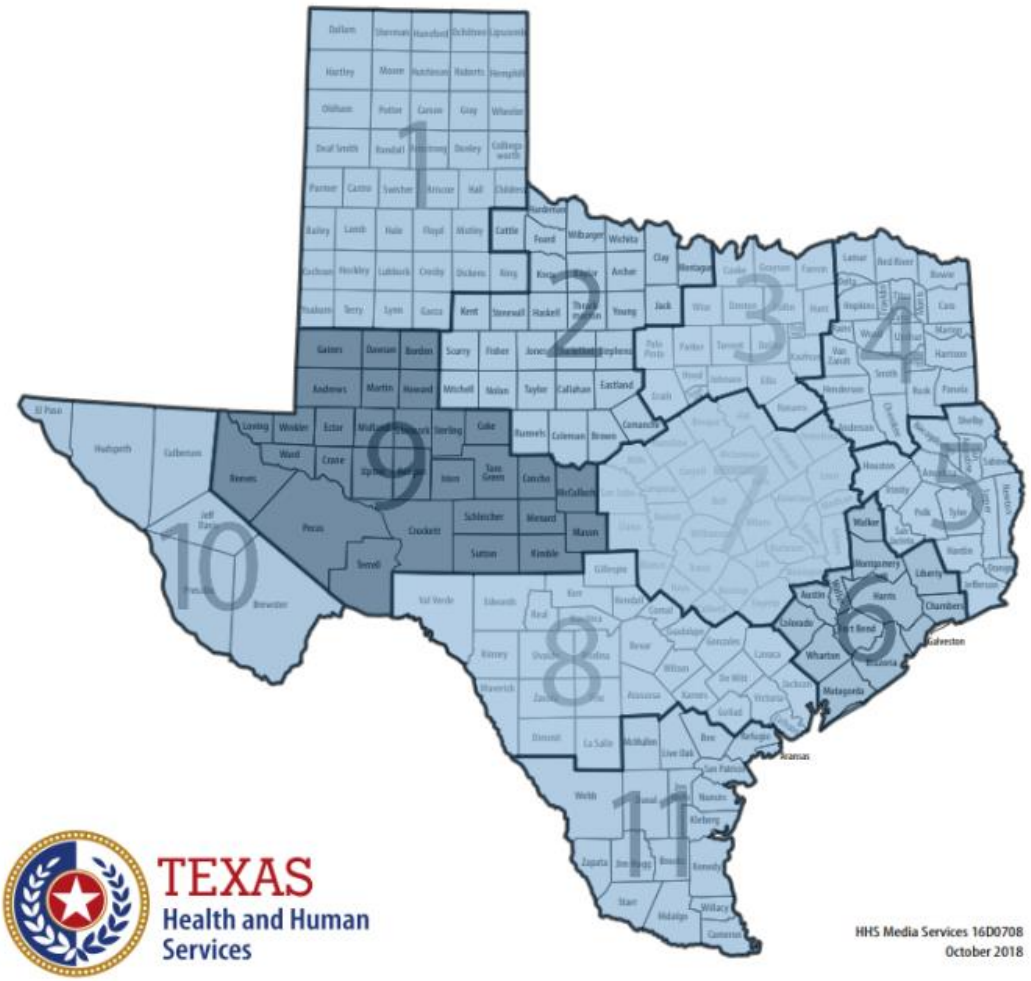
This project used the 11-region breakdown of the state used by both Health and Human Services Commission (HHSC) and Department of Family and Protective Services (DFPS). The research team gathered information from SASTF Steering Committee members on how best to divide the state into regions for survey and data analysis purposes. This meant examining a variety of existing regional maps to determine which would be best suited for this project. Researchers collaboratively assessed the regional breakdowns used across various state agencies and sexual assault organizations, including Texas Association Against Sexual Assault, OOG's Child Sex Trafficking Team, HHSC, TCFV, Councils of Government, and DFPS. See Appendix C: Regional Maps.

The research team and SASTF steering committee determined by consensus that the HHSC and DFPS maps, which have the same 11-region breakdown, provide a broad look at the state with an appropriate amount of specificity. **See Figure 2 for the map of these regions. To find which region your county is in, see Appendix D: HHSC Regions by County.**

[M] Eight categories, including: Accompaniment, Crisis Intervention/Hotline, Advocacy/Assistance, Therapy, Outreach/Prevention, Forensic or Medical Services, Legal, and Other Services. Eight categories break down into 42 service types.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Figure 2. HHSC Regional Map/Study Regions [11,12]



SURVEY SAMPLE AND RECRUITMENT

Provider Types and Contact List

To cast the largest possible net of service providers to survey, the research team began by reviewing the list of agencies mandated by the HB 1590 legislation, including nonprofit organizations, healthcare facilities, institutions of higher education, SARTs, and other non-governmental entities. The team then identified potential survey participants within each category, defining each category using legislative definitions wherever applicable. See Appendix G: Definitions of Stakeholder Groups Named in HB 1590.

Next, researchers searched for contact lists for potential survey participants based on these agency types, leaning heavily on statewide membership organizations and state agencies to provide information. This included requesting membership lists, including email addresses, and obtaining grantee lists from state agencies as well as requesting information about the

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

programs and services funded or operated by state agencies. For further information, refer to Appendix H: State-Funded Sexual Assault Programs and Services.

Decisions about the inclusion or exclusion of provider types were primarily based on the language of HB 1590 and informed by feedback from the SASTF Steering Committee. The SASTF Steering Committee determined that collecting data on military entities and bases was outside the scope of the study.

Overall, researchers identified and obtained contact information for approximately **4,000 organizations** providing services to sexual assault survivors, who were then all invited to complete the survey.

Recruitment Strategies

The research team sent emails to service provider organizations to recruit their participation. See Appendix I: Recruitment Email. Whenever possible, membership organizations, such as Texas Association Against Sexual Assault (TAASA), Children's Advocacy Centers of Texas (CACTX), and Texas Council on Family Violence (TCFV), sent initial informational emails to their member organizations just before sending recruitment emails to introduce the survey and encourage participation. For an example, see Appendix J. Recruitment Email from TAASA, CACTX, and TCFV. Prospective participants who had not completed the survey received reminder emails. Researchers contacted specific agencies, including rape crisis centers and children's advocacy centers, via phone calls and follow-up emails as well to provide information and technical assistance. This included responding to all direct requests for technical assistance for the entire sample.

IRB and Human Subjects Protection

This project was approved by the UT Austin Institutional Review Board (Protocol Number 2020-01-0151).

SURVEY RESPONSE

Response Rate

This study achieved an overall response rate of 28%, with rates included in this calculation that ranged from 100% to 12% by type of service provider. For more information on the response rate calculation, see Table 1 and its associated footnotes. Responses were received from 342 distinct service providers. The responses represented all 11 regions of the state and covered 209 of Texas' 254 counties. Study findings are presented by region to increase the strength of the analysis and findings for organizations that provide statewide services are presented in a separate category.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Table 1. Provider Type and Response Rates

Provider Type[N,O]	Invited	Completed	Response Rate
Rape Crisis Centers	82	57	70%
Children's Advocacy Centers	70	49	70%
SANE Programs	63	18	29%
Institutions of Higher Education	75	16	21%
District and County Attorneys	330	40	12%
State Agencies[P]	3	3	100%
Other Nonprofit Organizations[Q]	244	57	23%
Total	**867**	**240**	**28%**

In general, survey response rates vary among similar studies, from 10% to 60% under normal circumstances, due to a range of factors, including population studied, engagement of that population with the topic of the study, fielding method, recruitment strategy, personalization of the invitation, incentives used, and length of survey. For instance, the research team conducted the study, "Cultivating Learning and Safe Environments – An Empirical Study of Prevalence and Perceptions of Sexual Harassment, Stalking, Dating/Domestic Abuse and Violence, and Unwanted Sexual Contact" for the UT System, including 13 institutions of higher education.[13] That web-based study achieved an overall response rate of 14% for academic institutions and 13% for health institutions. A 2018 review by Blumeberg et al. compared response rates for web-based and non-web-based surveys used in public health research between 2002 and 2014 and reported a response rate range between 20% to 70%.[14] Thus, the response rate for this study is well within typical ranges.

Response Time and Feedback on Survey Instrument

Time spent filling out the survey varied widely across organizations. Among participants who completed the survey on the same day they started it, the average time it took to fill out the survey was 31 minutes. However, this does not include any time participants may have spent preparing to complete the survey by gathering information or coordinating with team

[N] Law enforcement and hospitals are important stakeholders and, in this survey, had a low participation rate. Future efforts to further engage law enforcement and hospitals for input is necessary.

[O] Mean scores are sensitive to extreme scores and may skew overall findings. Therefore, extreme mean scores are often omitted in data analysis. Participation by law enforcement organizations and hospitals was extremely low and therefore were omitted from the participation rate calculation.

[P] TDCJ and TJJD. Researchers worked directly with seven other state agencies who provided us with program and services information, as well as contact lists for programs they fund. These funded programs were surveyed separately. Therefore, comprehensive information about state agencies and programs are represented in the data.

[Q] Family violence shelters, Court Appointed Special Advocates (CASAs), legal aid, and general victim services organizations.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

members. As part of the research team's recruitment and technical assistance efforts, they spoke with a number of agency representatives who reported a range of experiences with the survey—from completing it with relative ease to finding it somewhat time-consuming. The time and effort involved in completing the survey was often proportional to the range of services offered and the geographical area covered by the agency.

DATA ANALYSIS

Quantitative Data Analysis

Data were tabulated in SPSS, Version 26, using Custom Tables to calculate percentages and counts. For purposes of reporting, the individual services have been aggregated into the eight service categories listed below based on 46 individual types of services. Appendix B1: Service Activities and Definitions includes the full list of individual services by service category.

Service categories:

- Accompaniment
- Crisis Intervention/Hotline
- Advocacy/Assistance
- Therapy
- Outreach/Prevention
- Forensic or Medical
- Legal
- Other Services (including write-in options)

The counties where those services were provided have been aggregated into the 11 regions used by DFPS and HHSC (see Figure 2). Additionally, survey participants were allowed to indicate that their organization provided services to the entire state; these data are summarized separately under the heading "All regions of Texas." Lastly, a *provider-county unit of analysis* is used for purposes of reporting to accurately account for the provision of services by organizations that serve multiple counties. A "provider-county unit" is a unit of analysis that encompasses *all of the data about service offerings by one service provider organization in one specific county*. Thus, one organization could encompass multiple provider-county units if they serve multiple counties, which is common. In this study, there were 342 unique providers and 500 provider-county units.

The data were also analyzed by service provider type. Aggregate findings by region and statewide are included in the Findings section. The detailed and more nuanced breakdown of data, including raw numbers and percentages, are available in Appendix F: Supplemental Tables.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Survey participants were also asked questions about their organizations. These data were analyzed in a similar manner, but were tabulated only for the entire sample.

Margin of Error

This study has a provider-county-unit sample size of 500, accrued from a population of approximately 4,000 providers. Assuming a random sample from this population, the margin of error for this study is +/- 4 percentage points for estimates made on the entire sample. The margin of error for estimates made on a specific region's sample is larger because of the smaller population and sample sizes for those subsamples. The average margin of error for a region is +/- 16 percentage points. This means that researchers could reasonably expect statewide findings in this study to vary by +/-4 percentage points and findings for any HHSC or DFPS region to vary on average by +/-16 percentage points.

Qualitative Data Analysis

Agencies responded to open-ended questions as part of the survey. Researchers conducted analysis on all open-ended responses provided to describe key themes and concepts about services and service delivery context. The overall meaning conveyed across all open-ended responses is conveyed in the themes. Quotes are used to emphasize the key themes identified by the researchers.

HB 1590 Inventory List – Summary of List Information

The Inventory List will be an online, public repository for information about the 4,000 organizations or agencies who provide services to sexual assault survivors in Texas. The IDVSA research team obtained and developed this list from publicly available information to inform the current project and survey. The purpose of the Inventory List is to provide the OOG PSO and SASTF with information necessary for the development of an online directory as well as for future data collection efforts.

The following organizations/agencies are included in the Inventory List (included here in alphabetical order):

1. Children's Advocacy Centers
2. County and District Attorneys
3. Hospitals (SAFE-ready facilities)
4. Institutions of Higher Education
5. Law Enforcement Agencies (police departments, sheriff's offices)
6. Legal Aid for Survivors of Sexual Assault
7. Office of the Attorney General, Other Victim Assistance Grants - Grantees
8. Office of the Governor - Grantees
9. Sexual Assault Nurse Examiners
10. Sexual Assault Programs

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

11. State Agencies - Texas Department of Criminal Justice and Texas Juvenile Justice Division

The Inventory List contains general contact and administrator contact information, service area information by county, and services provided by the organization broken into the eight (8) service categories, including Accompaniment, Crisis Intervention/Hotline Services, Advocacy/Assistance, Therapy, Outreach/Prevention Services, Forensic or Medical Services, Legal Services, and Other Services.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Findings

UNDERSTANDING THE DATA

In order to understand the findings and all related tables and figures in this section, it is important to understand specifics on how the data have been collected, analyzed, and presented. Prior to reviewing the specific findings, review this introductory section as well as the explanation on "How to Read This Figure" for Figure 4.

Services Provided Directly and via Referrals

When a respondent reports that their organization has provided a service—in other words, when they report **baseline availability** of the service—this means a participant reported that their organization provided the service, OR made *a service referral*, to at least one survivor in the last full fiscal year prior to the COVID-19 pandemic. Participants could specify if they provided a given service either directly or by referral.

The survey instructed participants to indicate that a service referral was made—i.e., a service was provided via referral—when their organization referred the client to another organization or individual provider for services and the referral resulted in the survivor receiving the service from the referred source.

What We Know—And Do Not Know—From the Data

Based on the data collected, **we know** which services organizations provide to (or make referrals for) survivors of sexual assault. This findings section reports on services provided by service category, and Appendix F: Supplemental Tables details the breakdown by individual service as well as by region.

At this time, **we do not know** the number of survivors who received a given service; it could be one survivor or many. Additionally, a service could be available in a limited or restricted way in a region, or could be a service offered regularly by providers. The findings from this survey are best understood as *baseline availability of services* rather than a comprehensive look at the frequency of all services provided to survivors across the state. Baseline

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

availability of services provides a foundation from which to advance this research and the understanding of services to survivors of sexual assault.

KEY FINDINGS

IDVSA researchers employed an iterative action research process, an outcome-based model in which data collection, definitions, analyses, and key findings are discussed and developed collaboratively. For this project, the SASTF and the members of its Steering Committee have been charged with making actionable policy recommendations based on the discoveries presented in these findings.

The following four major findings emerged from the data analysis.

1) **Need Eclipses Capacity.** Service providers said that they could not fully meet the needs of survivors given the finite amount of available resources. While providers wish to provide services to meet all existing needs, they are far from able to. There are substantial unmet needs among survivors in several regions of the state given current service availability levels; this is true even among services and categories of services that are typically available all across the state, at least in a limited way. These unmet needs were present prior to COVID-19 conditions.
    - Upper East Texas and Southeast Texas have the greatest unmet needs across all service categories.
    - There are the highest levels of unmet needs for Therapy, Outreach/Prevention, and Legal services.
    - The lack of survivors' access to therapists and lack of funding for therapists constitutes the largest unmet need across the state. There is a particular need for therapists with specialized trauma training or experience working with children.
    - There are a lack of options and resources for transportation, especially in rural areas. The need for transportation is directly related to a lack of service coverage in certain areas.
    - Across all organization types, the need for additional staff was noted as significant. Additional staff would greatly impact the ability of organizations to meet the challenges related to serving sexual assault survivors.

2) **COVID-19's Widespread Disruption and Forced Innovation.** The COVID-19 pandemic has revealed a substantial systemic risk for service disruption, particularly in the rural regions of Texas. Service providers also expressed deep concern and fear about the increased risk and lack of contact with their most vulnerable and isolated clients as a result of the pandemic.
    - The most commonly reported concerns related to COVID-19 included:

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

    - The lack of in-person client contact, which has resulted in complete loss of contact from some clients, and difficulty in developing trust and rapport with new clients.
    - The challenges presented by telehealth modalities, both technically and therapeutically.
    - Increased financial needs of survivors and their families.
  - While providing services virtually has many challenges, providers also discussed innovating certain services, including moving to telehealth for adult counseling, and to virtual modes for advocacy, education, and outreach for the public and volunteers.

3) **The Greatest Unmet Need: Therapy.** Texas lacks access and resources for therapists, especially therapists with specialized trauma training or experience working with children.
   - Therapists maintain maximum caseloads and have long waiting lists.
   - It is a reality that there are few or no therapists available in rural areas.
   - Nine (9) out of the 11 regions reported therapy as one of their top three services where there are unmet needs.

4) **Providers Discuss Challenges.** Providers answered open-ended questions and discussed persistent challenges for their organizations and clients they serve.

   - Lack of transportation is a major impediment, particularly in rural areas. Travel time exceeds one hour for a SANE exam or trauma counseling.
   - Emergency shelter and transitional housing options are limited in several ways.
     - In addition to current offering, there is a need for shelters to be available to, and their services designed for, survivors of human trafficking and survivors of non-intimate partner sexual assault.
     - Transitional housing programs have long waiting lists. Some survivors remain in shelter longer than is ideal due to no transitional housing openings.
   - Survivors need financial support for basic needs (e.g., clothing, utilities, and rent). If a survivor's basic needs are not met, they cannot attend to healing their own trauma, supporting their children, or engaging with the criminal justice system.
   - The need for legal aid is a considerable challenge.
     - There are long waiting lists for legal aid programs.
     - Nonprofits report that they need attorneys on site, in addition to their existing legal advocates.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

    - Legal representation in high-conflict child custody cases was identified as a particular need among survivors seeking services.
- Service providers discussed insufficient staffing and specific needs for therapists, advocates, legal aid staff, and forensic professionals.

The following sections offer details on the data behind these key findings. Appendix F: Supplemental Tables offers additional levels of detail from survey responses.

Deeper Dive: Supplemental Tables

The supplemental tables in Appendix F offer a more nuanced view of the data collected on service provision, referrals, and availability, including percentages as well as raw numbers on:

- Categories of services in which at least one service was provided by each provider type (baseline availability).
- The degree to which at least one service in a service category was rated by providers as "completely" meeting survivor needs, shown in percentage form by provider type.
- The degree to which participants report that at least one service in a service category has been available at normal levels during the COVID-19 pandemic, by provider type.
- The degree to which participants report providing a service (baseline availability) for each service category, by region.
- Services that were provided directly, by referral, or not at all, by region.
- Complete respondent ratings of the degree to which needs for specific services have been met, by region.
- Complete respondent ratings of the degree to which specific services were available during the COVID-19 pandemic, by region.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

DETAILED FINDINGS

Populations Served

Figure 3 describes the client population by type of victimization across all survey participants, in the most recent fiscal year prior to the COVID-19 pandemic. Participants indicated the approximate number of clients from each population they served, which is different from the number of unique clients they served as survivors may fall into more than one category due to polyvictimization. The largest group served is adult survivors of family violence, followed by child and adolescent survivors of sexual assault, adult survivors sexually assaulted as an adult, and child and adolescent survivors of family violence. This means that:

- Organizations are coming in contact and providing services to clients who have experienced family violence and child and adolescent survivors of sexual assault most often.
- Adults who were sexually assaulted as an adult and children and adolescent survivors of family violence are served by organizations in almost equal numbers, but at less than half the frequency as adult survivors of family violence and child and adolescent survivors of sexual assault.
- Adults sexually assaulted as children and survivors of human trafficking of all ages are seen least frequently.

Figure 3. Populations Served

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Service Availability

A Broad View

For each county in their service region, survey participants were asked if their organization provided services directly, by referral, or both, for 46 individual services in the eight (8) broad service categories. Figure 4 shows the level at which services are provided both directly and by referral in each service category.

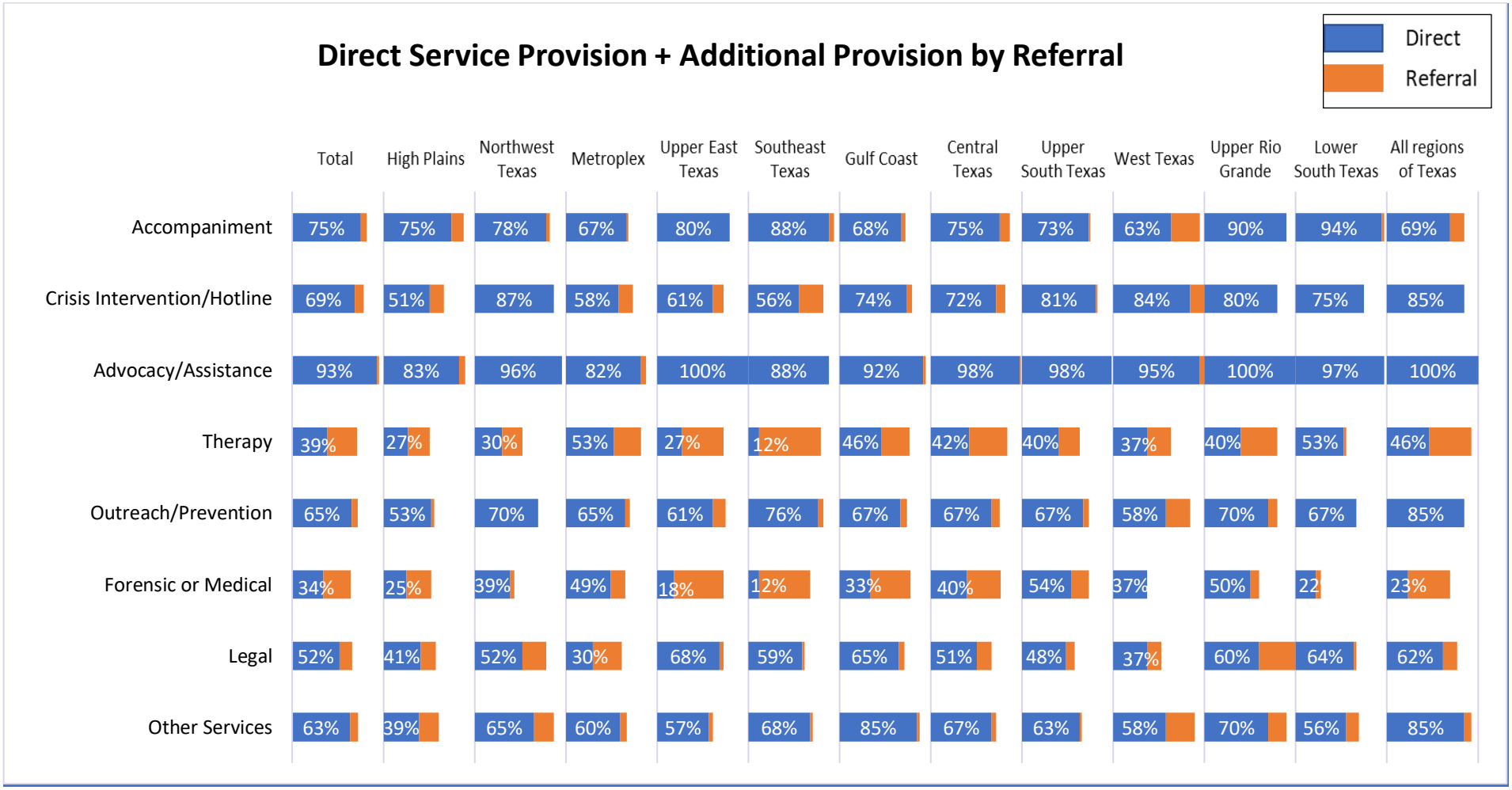
- Direct service provision across the eight categories ranges widely:
    - 12% (Therapy – Southeast Texas)
    - 100% (Advocacy/Assistance – Upper East Texas, Upper Rio Grande and agencies serving All Regions of Texas).
- Across all regions, Advocacy/Assistance services are provided directly at higher levels than any other category of services.
- Across all regions. The Therapy and Forensic/Medical categories have the lowest levels of direct service provision.
    - 39% of all survey respondents provide Therapy services directly
    - 34% of all survey respondents provide Forensic/Medical services directly
- Combined direct and referral service provision across the eight categories ranges from 64% (Forensic or Medical Services) to 95% (Advocacy/Assistance).
    - The categories that have the lowest levels of availability through direct or referral service provision are Forensic or Medical Services (64%) and Legal (66%).

Detailed data are summarized for each of the 46 individual service types by region and are available in Appendix F: Supplemental Tables. These tables offer a more nuanced look at service provision, referrals, and availability.

.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Figure 4. Service Provision by Region (Combined)



Note: The percentages included above refer to the percentage of provider-county units who have provided at least one service in a category directly (blue); the figure also includes the provider-county units who have provided at least one service in a category by referral (orange). See the callout box on the next page for information on how to read this figure.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

How to Read This Figure

Figure 4. Service Provision by Region (Combined) provides information about the services provided *directly or via a successful referral* in each region of Texas.

The eight categories of services are listed on the left-hand side of the figure, while the 11 regions (plus statewide organizations) is represented by the columns to the right.

For each cell, the blue shading represents direct service provision by an organization participating in the survey and the orange shading represents a service provided by referral. The percentages in blue indicate the percentage of survey participants providing at least one service in at least one county in that region.

For instance, looking at the Accompaniment service category for High Plains, 75% of respondents reported they directly provide at least one type of Accompaniment service (law enforcement, court, or hospital accompaniment) directly to survivors in at least one county in the High Plains Region. A smaller percentage, indicated in orange, provided Accompaniment services by referral. (For exact percentage of direct and referral services by each specific service type, as opposed to category of services, see Appendix F: Supplemental Tables and, specifically, see Tables 1 and 2 in the Region-Detail tables.

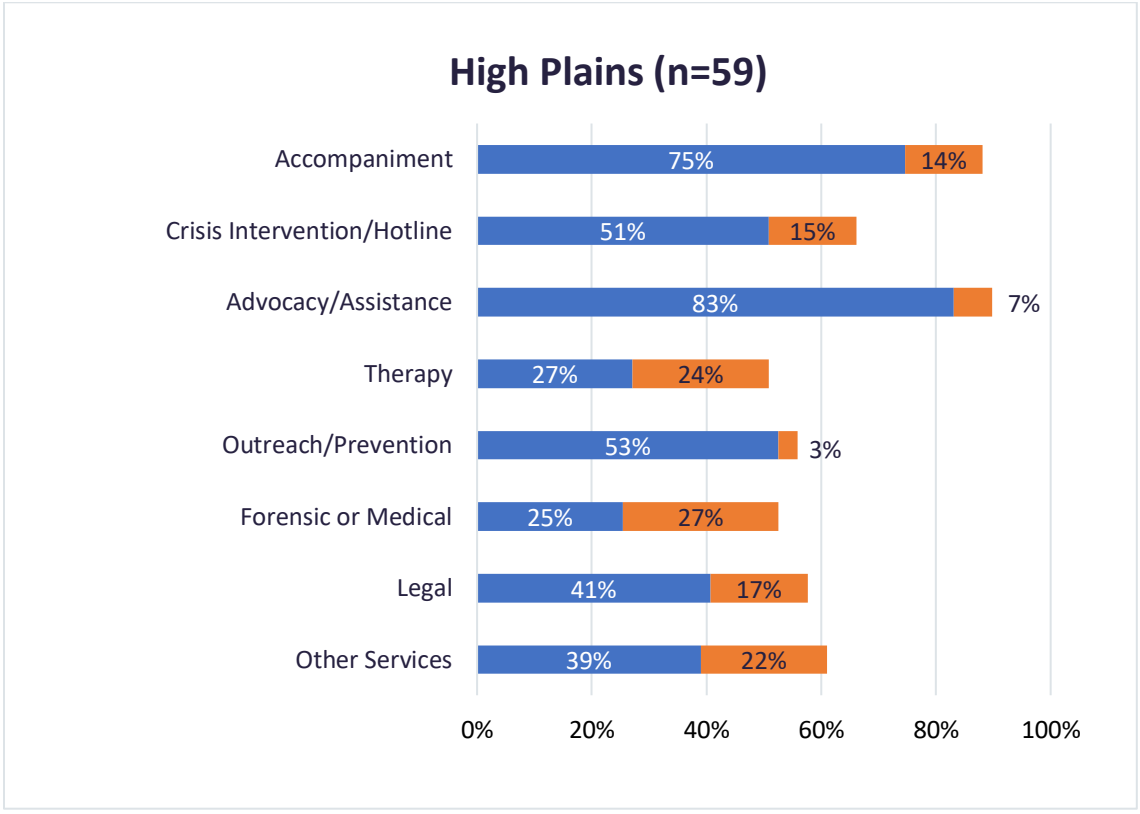
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

A Region-by-Region View

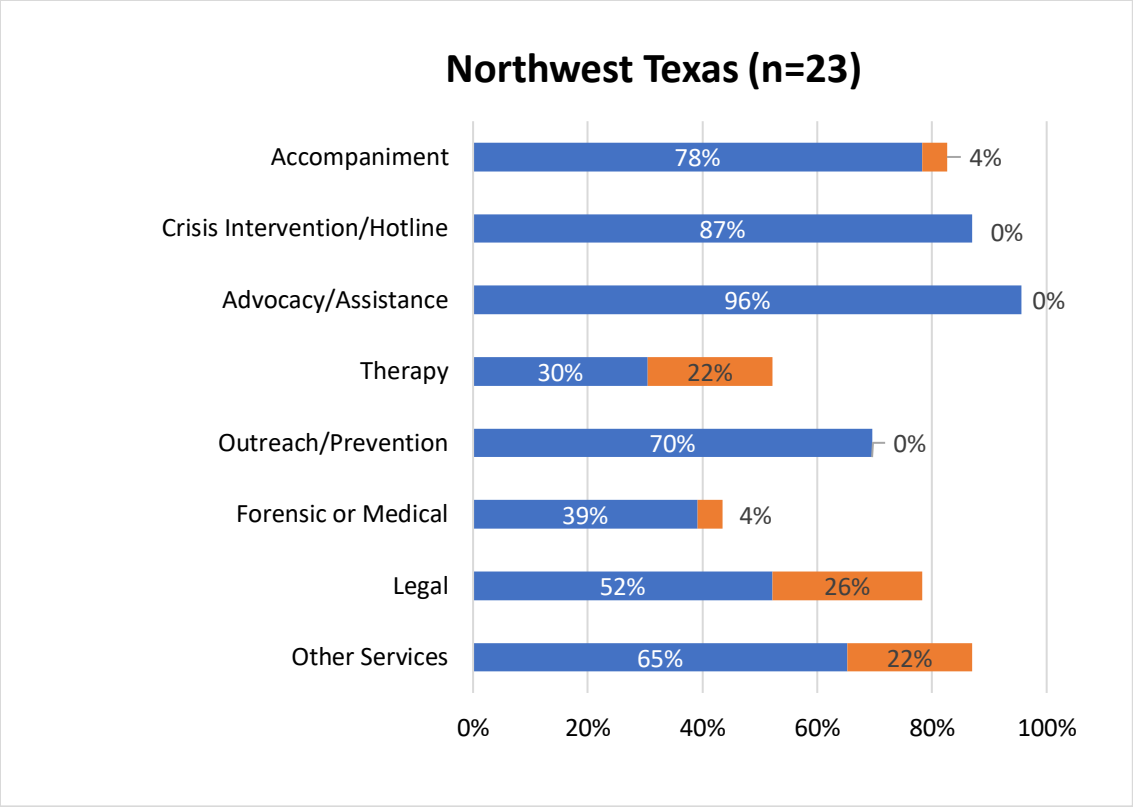
The Figure 5 set presents the combined direct and referral data presented in Figure 4, but broken down into region-by-region views.

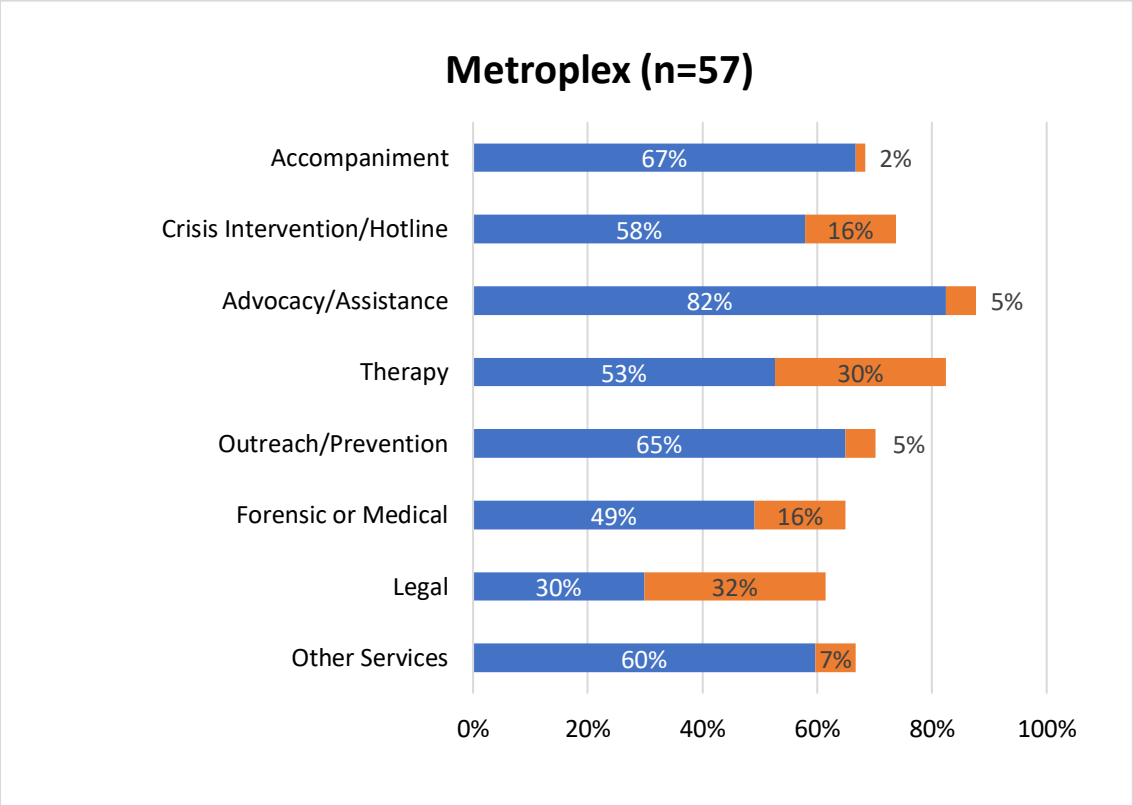
As noted earlier, these figures present *baseline availability of services only,* which translates to whether an organization provided a service at least once during the last year. A service could be available in a limited or restricted way in a region, or could be a service offered regularly by providers. A provider may have served one survivor or many in the year with that service. Thus, the research team recommends the use of caution in concluding that a high percentage means that the majority of survivors in a region are receiving needed services; many providers also reported limited capacity for certain services and waiting lists. When the percentage of baseline availability for a service is low, few organizations offer that service.

Figure 5 (Set). Service Provision by Region

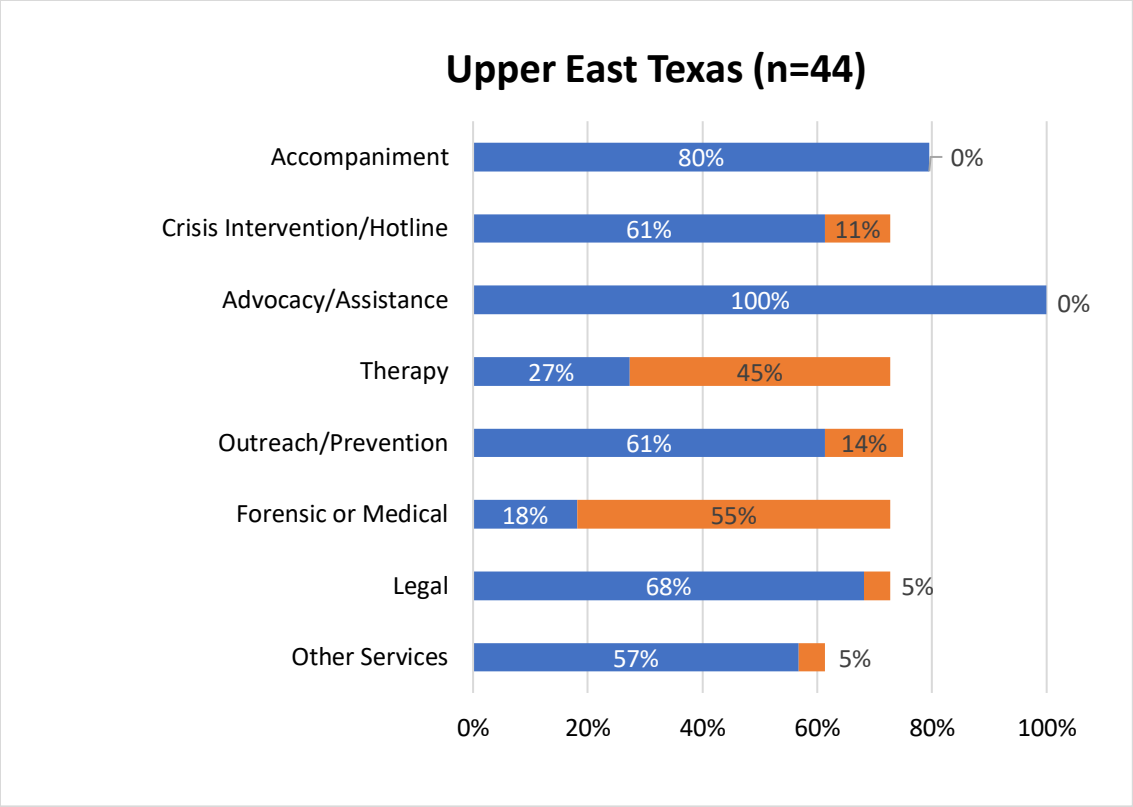


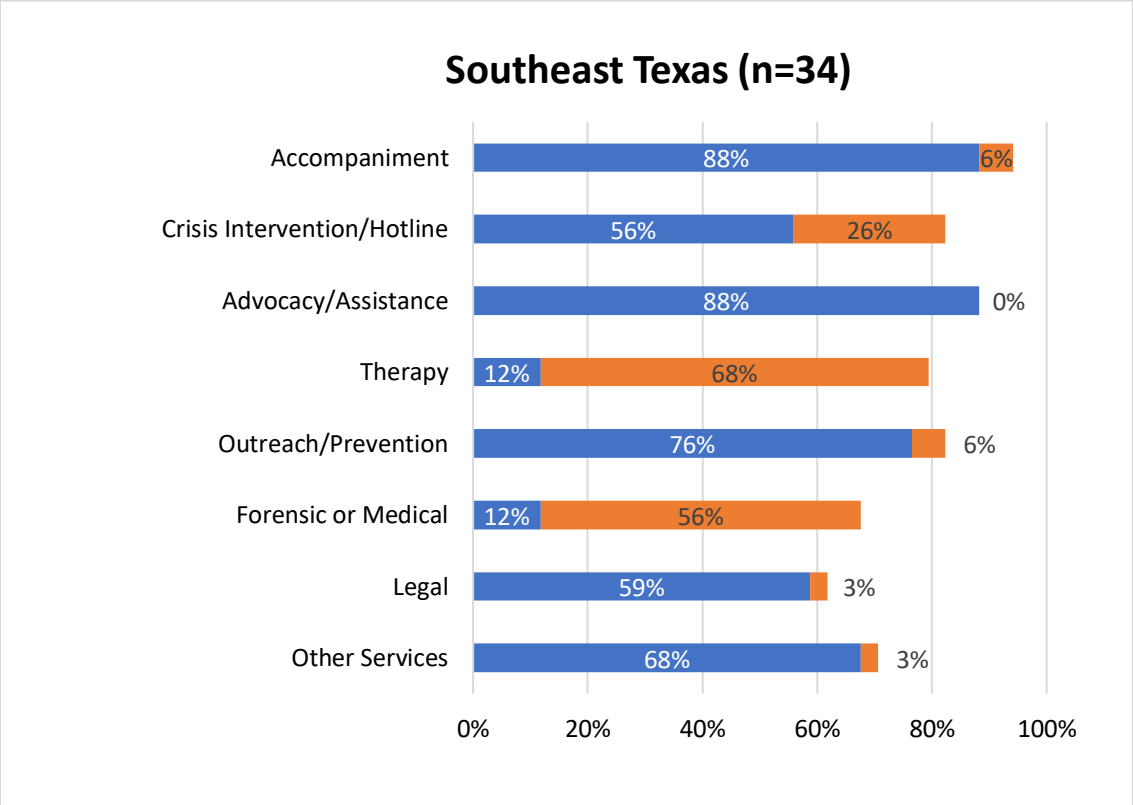
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



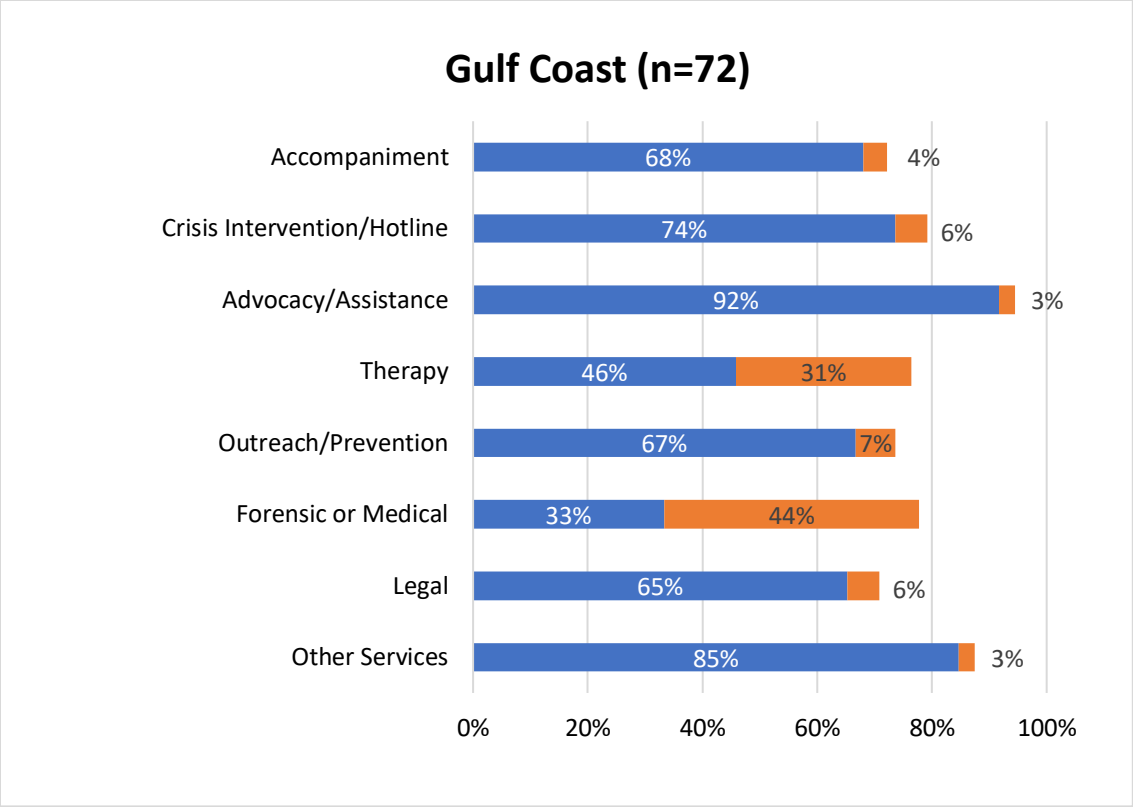


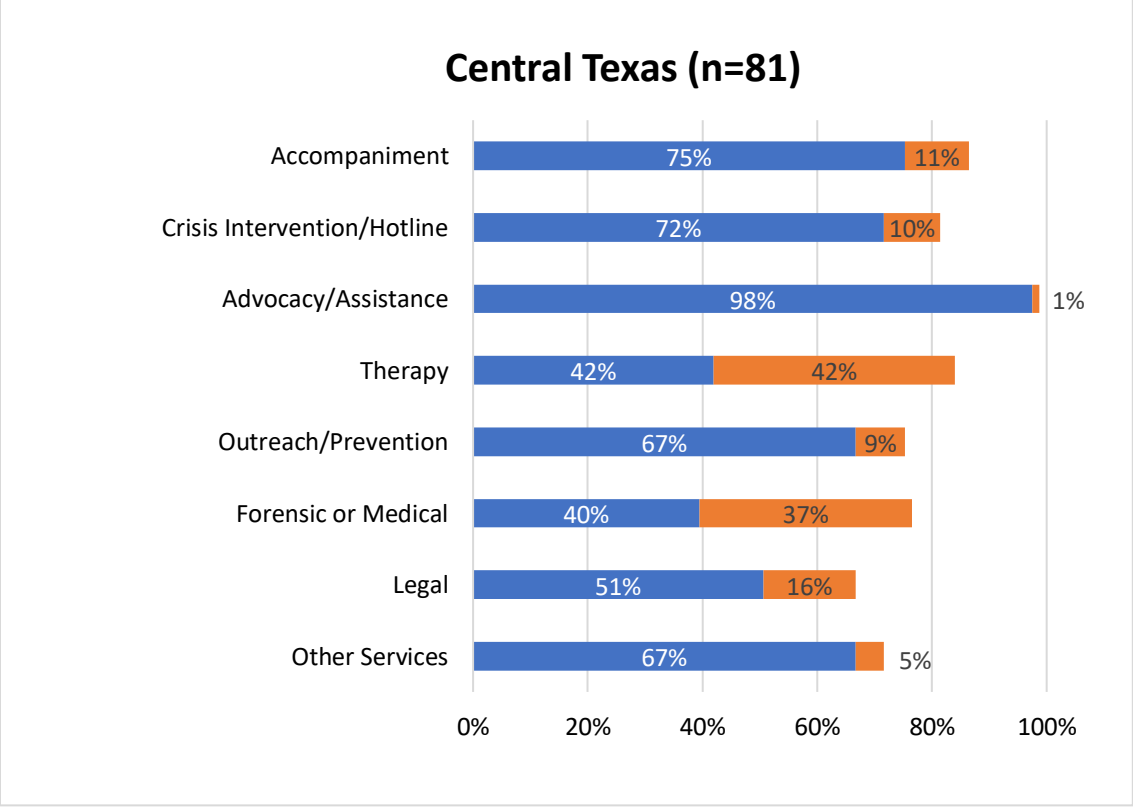
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



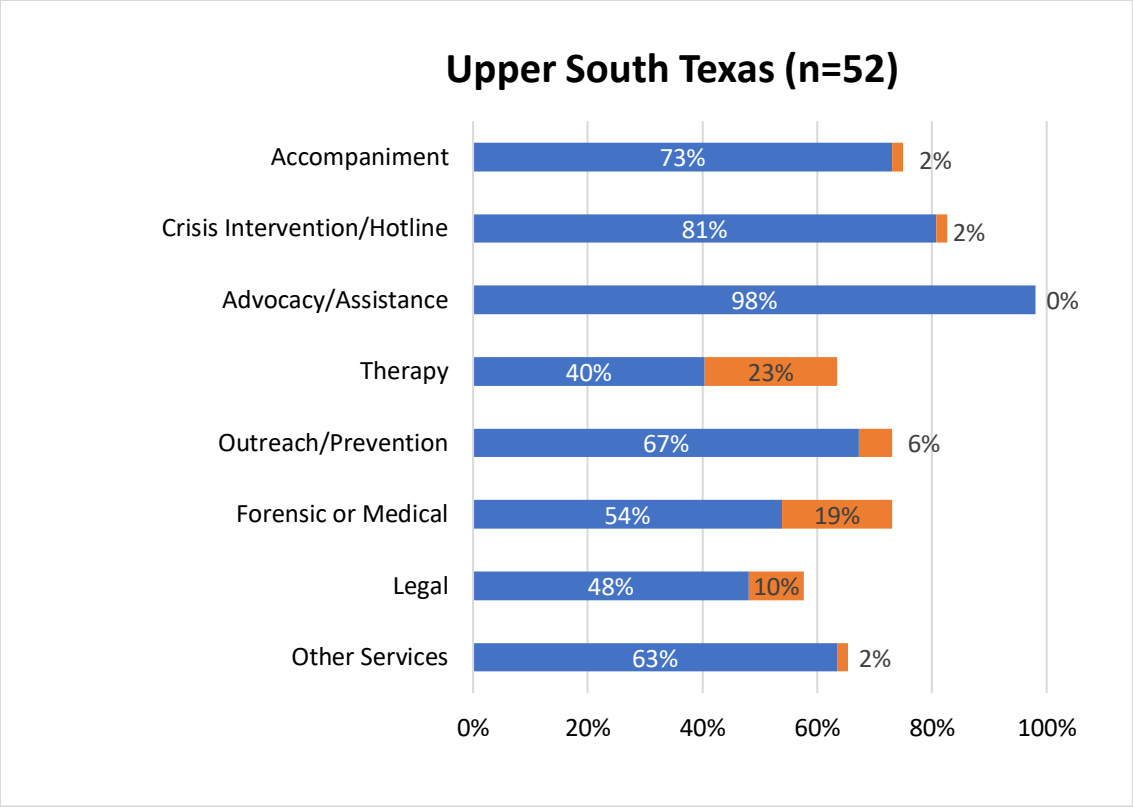


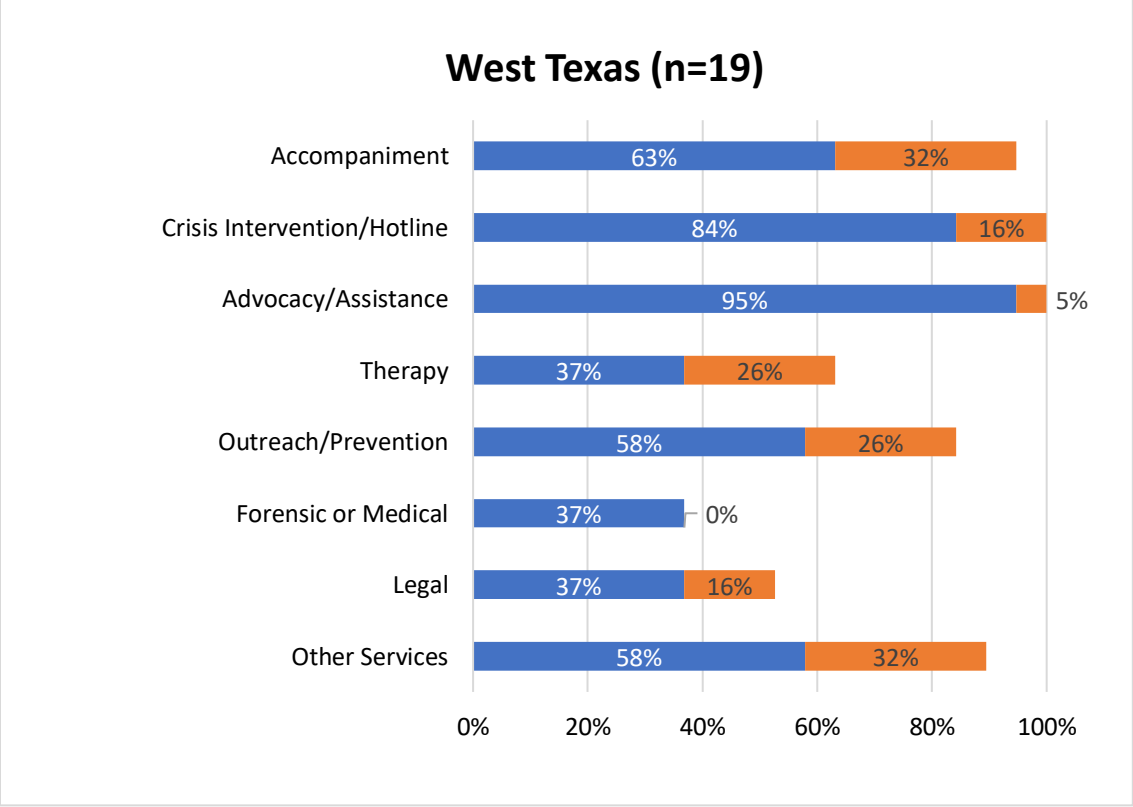
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



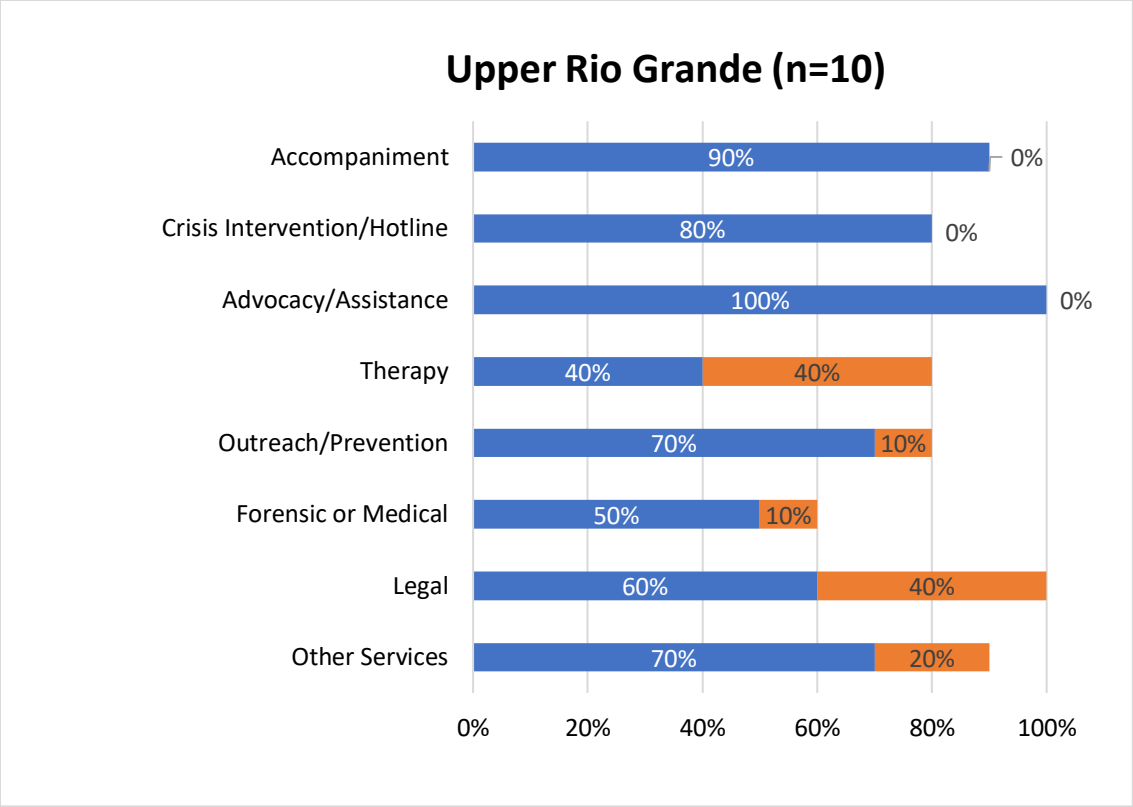


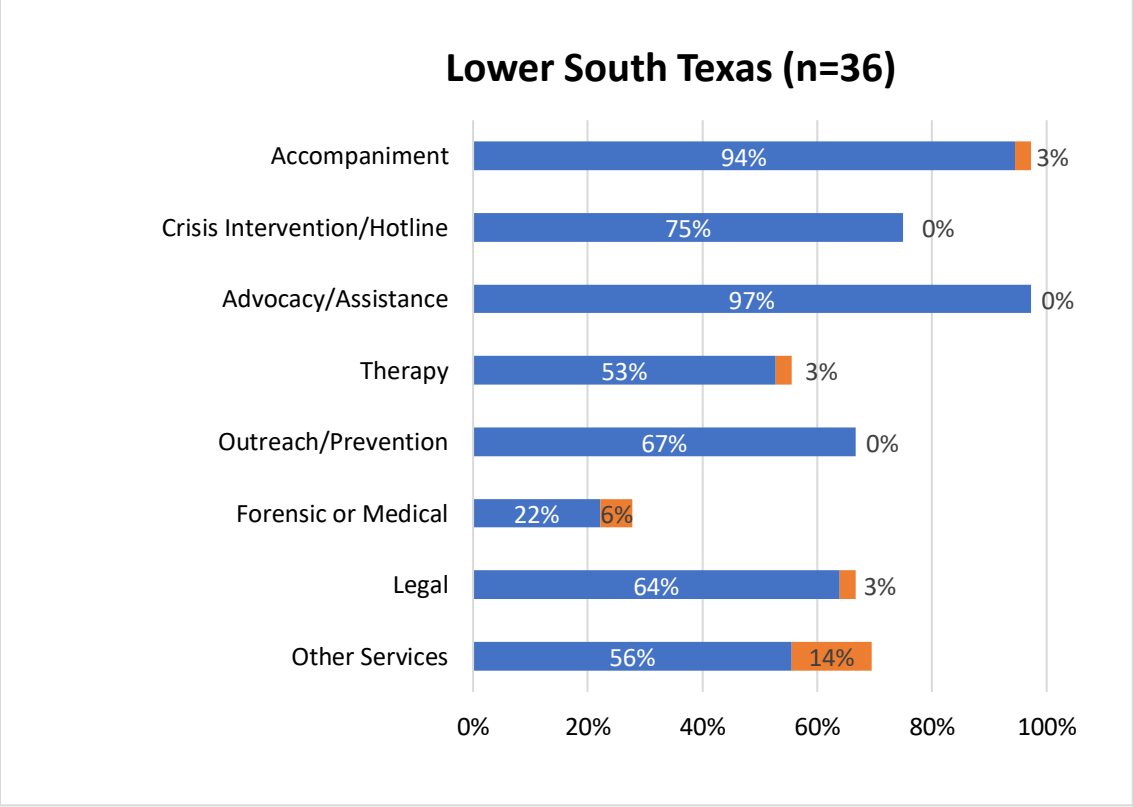
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.





Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.





Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Unmet Need for Services

A Broad View

Survey participants were also asked about the degree to which they perceived that a particular service met survivors' needs for that service in their community with adequate *capacity* and *quality*.

Table 2 shows the level that survivor needs are being completely met for at least one service in a category. These data demonstrate that, although services are broadly available, with exceptions as noted previously, service providers perceive that needs at times exceed the level of service that is available. Specifically:

- Unmet needs are revealed across the total sample for all categories of service, with the lowest percentages for needs completely met (or greatest degree of unmet needs) for the following:
    - 36% of participants reported unmet needs for Therapy
    - 42% for Outreach/Prevention
    - 45% for Legal
- Regionally, service provider feedback indicates that Upper East Texas and Southeast Texas have the greatest overarching unmet needs across all service categories.

Appendix F. Supplemental Tables contains detailed tabulations for the specific degree that needs are perceived as being met (completely, largely, somewhat, or rarely) for all 46 specific service types.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Table 2. Service Provision Meeting Needs

	Service Category Summary: Percentage Who Perceive Needs are Completely Met												
	Total	High Plains	Northwest Texas	Metroplex	Upper East Texas	Southeast Texas	Gulf Coast	Central Texas	Upper South Texas	West Texas	Upper Rio Grande	Lower South Texas	All regions of Texas
Accompaniment	51%	70%	33%	75%	23%	33%	37%	47%	68%	47%	67%	67%	36%
Crisis Intervention/Hotline	56%	70%	55%	71%	25%	37%	54%	53%	72%	25%	50%	83%	73%
Advocacy/Assistance	67%	75%	60%	79%	50%	43%	64%	59%	78%	82%	50%	87%	69%
Therapy	39%	68%	27%	47%	16%	26%	34%	25%	34%	36%	50%	95%	78%
Outreach/Prevention	42%	62%	40%	67%	19%	30%	31%	30%	39%	40%	50%	75%	50%
Forensic or Medical	58%	68%	89%	86%	30%	30%	48%	57%	58%	50%	67%	100%	71%
Legal	45%	62%	44%	32%	29%	24%	47%	25%	66%	33%	40%	91%	60%
Other Services	48%	51%	47%	71%	16%	33%	47%	33%	53%	38%	56%	87%	73%

Note: Percentage of provider-county units indicating that needs are being completely met for at least one service in a category

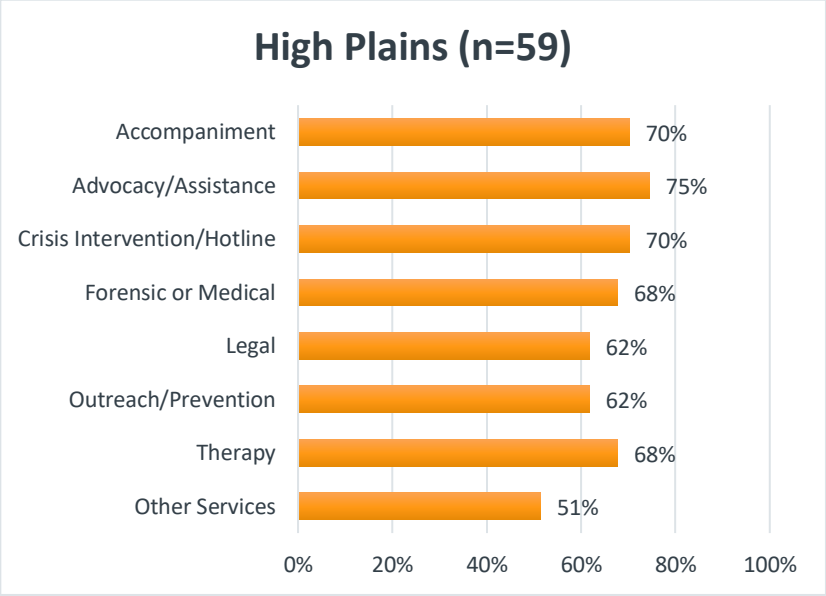
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

A Region-by-Region View

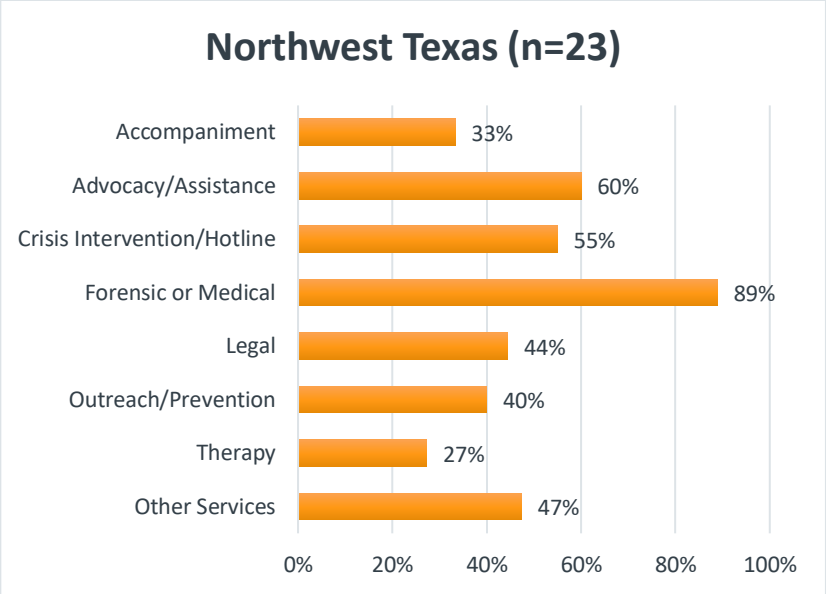
The Figure 6 set presents the same data as in Table 2, but broken down into region-by-region views. Each regional figure presents data on how many participants report that the existing service availability in their county is meeting survivor needs for each service category.

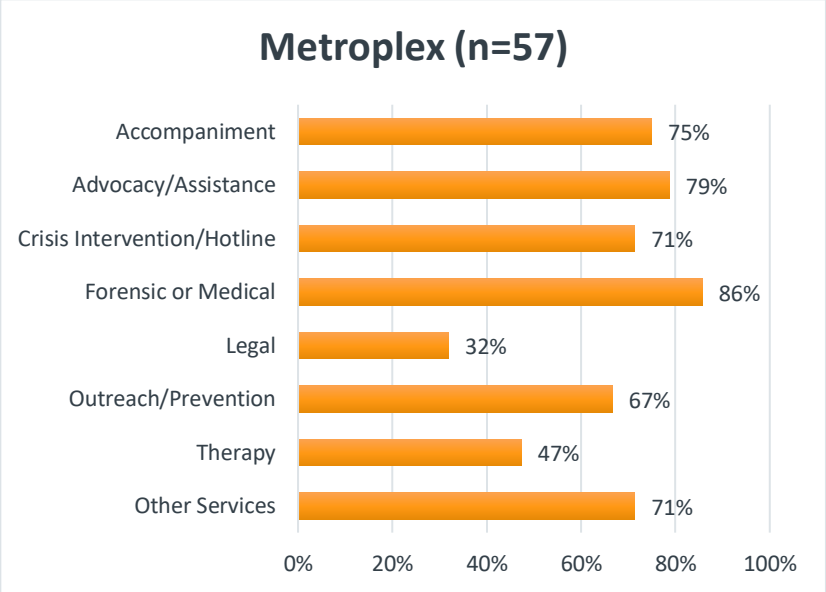
These figures present percentages of needs being met, which provides information on *unmet needs* as well. Unmet and met needs refer to whether organizations are able to provide a service with the *capacity* and *quality* necessary to meet the needs of survivors in the county. In categories or regions where the percentage of met needs is low, unmet needs may be high. While there could be organizations that provide a particular service to survivors, some may have to turn away many survivors due to capacity limits or other restrictions, or provide a service in less optimal ways that do not fully meet survivors' needs.

Figure 6 (Set). Service Provision Meeting Needs

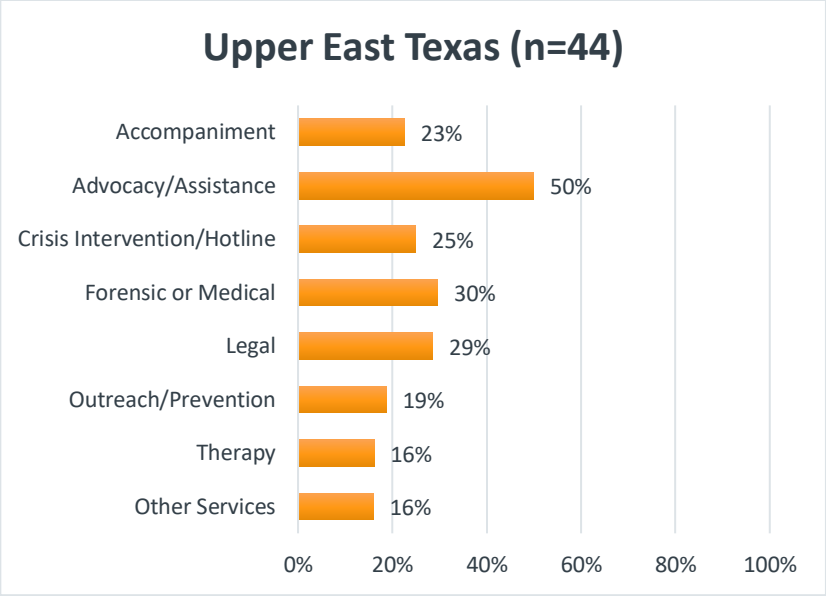


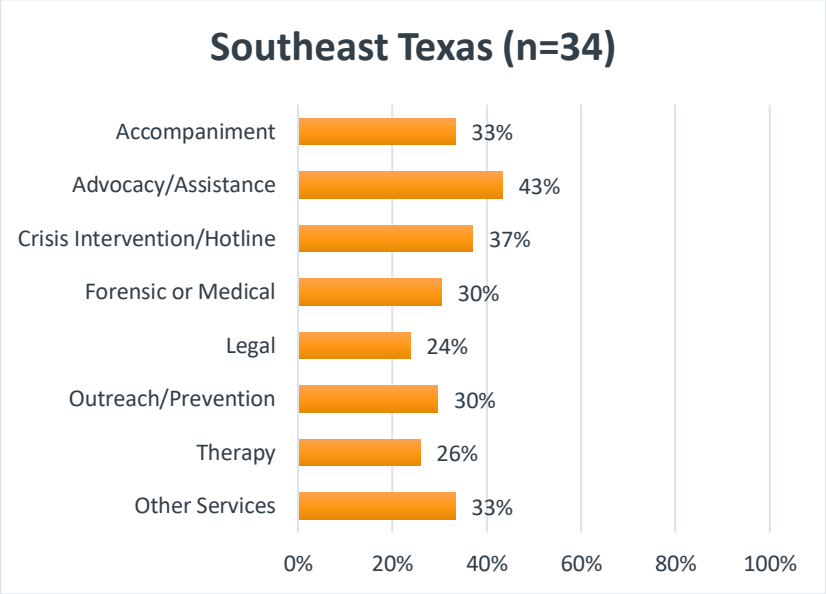
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



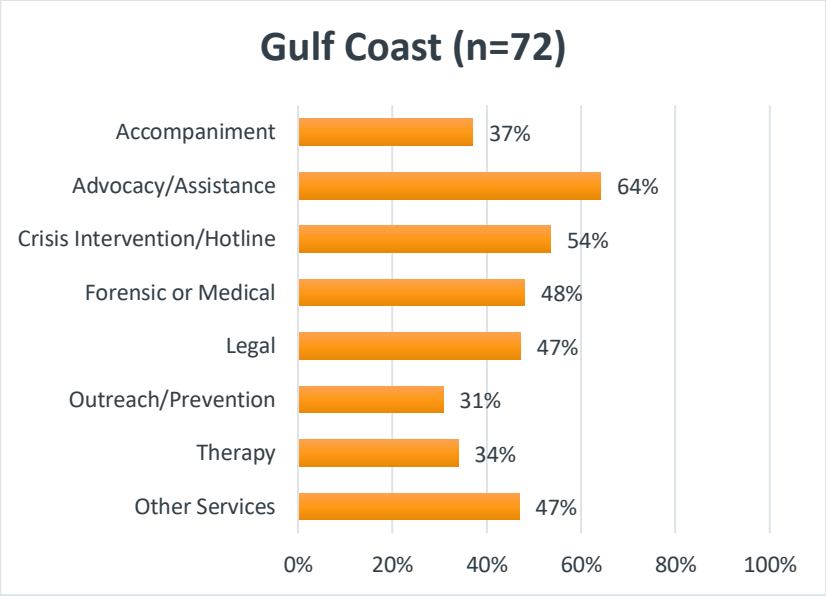


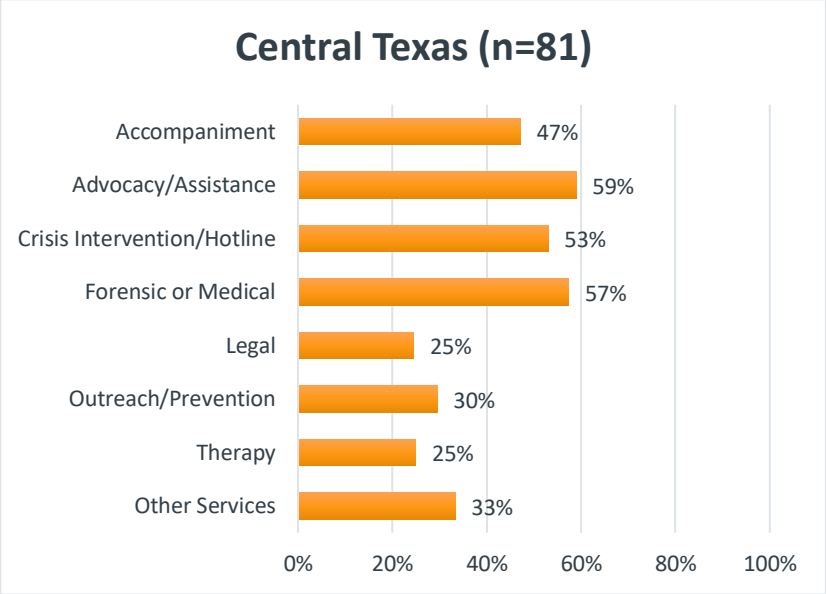
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



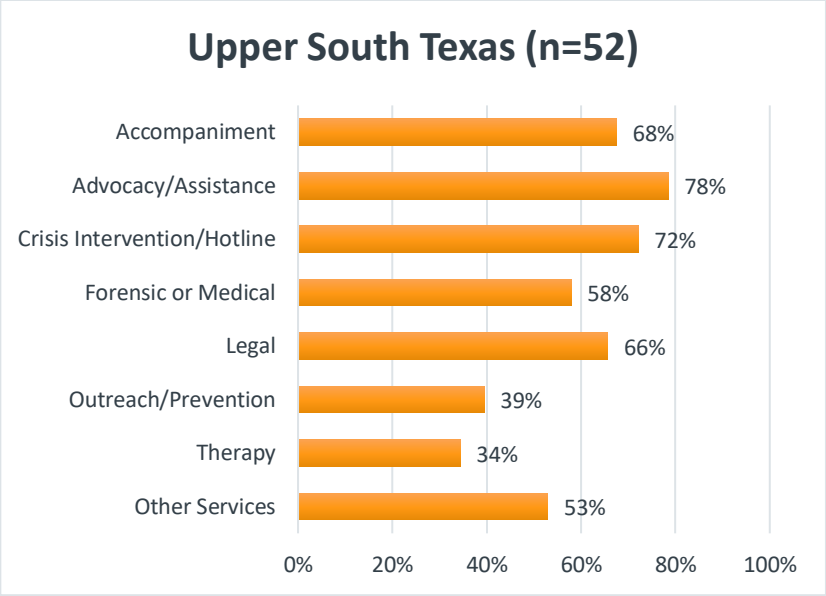


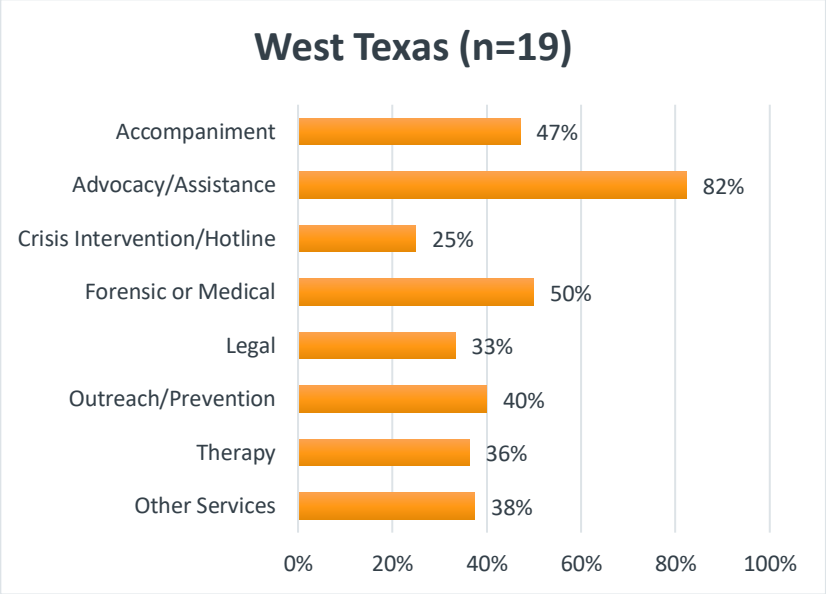
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



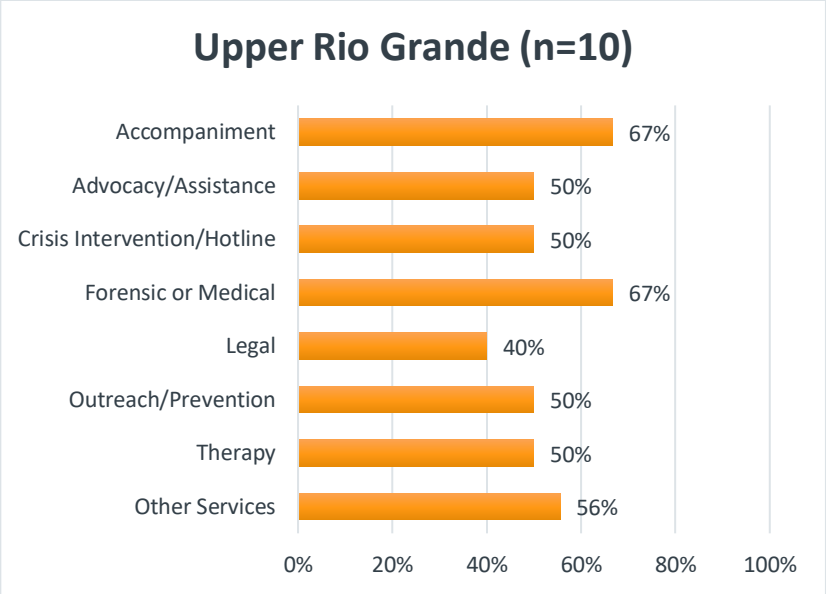


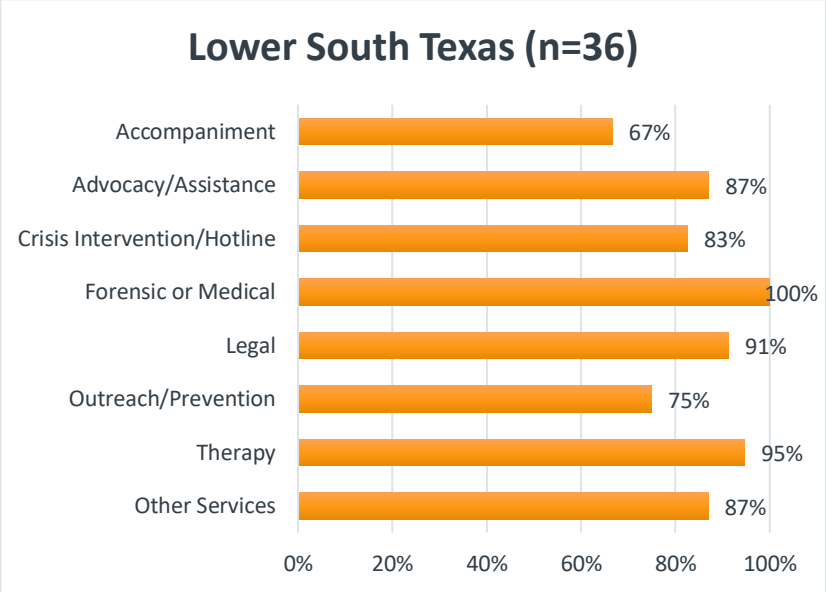
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.





Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

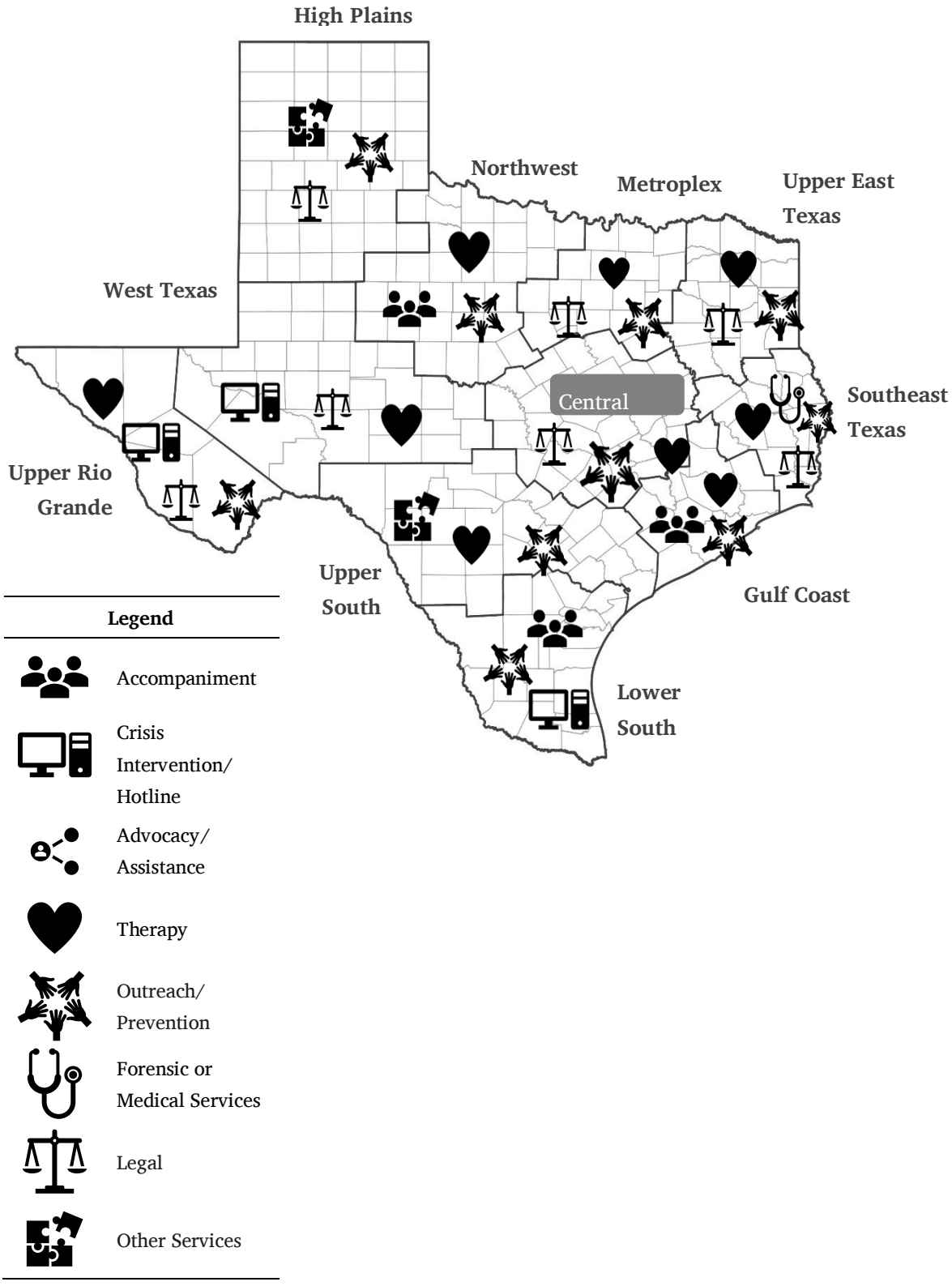




Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Figure 7 offers a graphic view of the greatest unmet needs in each region of Texas.

Figure 7. A Mapped View of Each Region's Greatest Unmet Needs

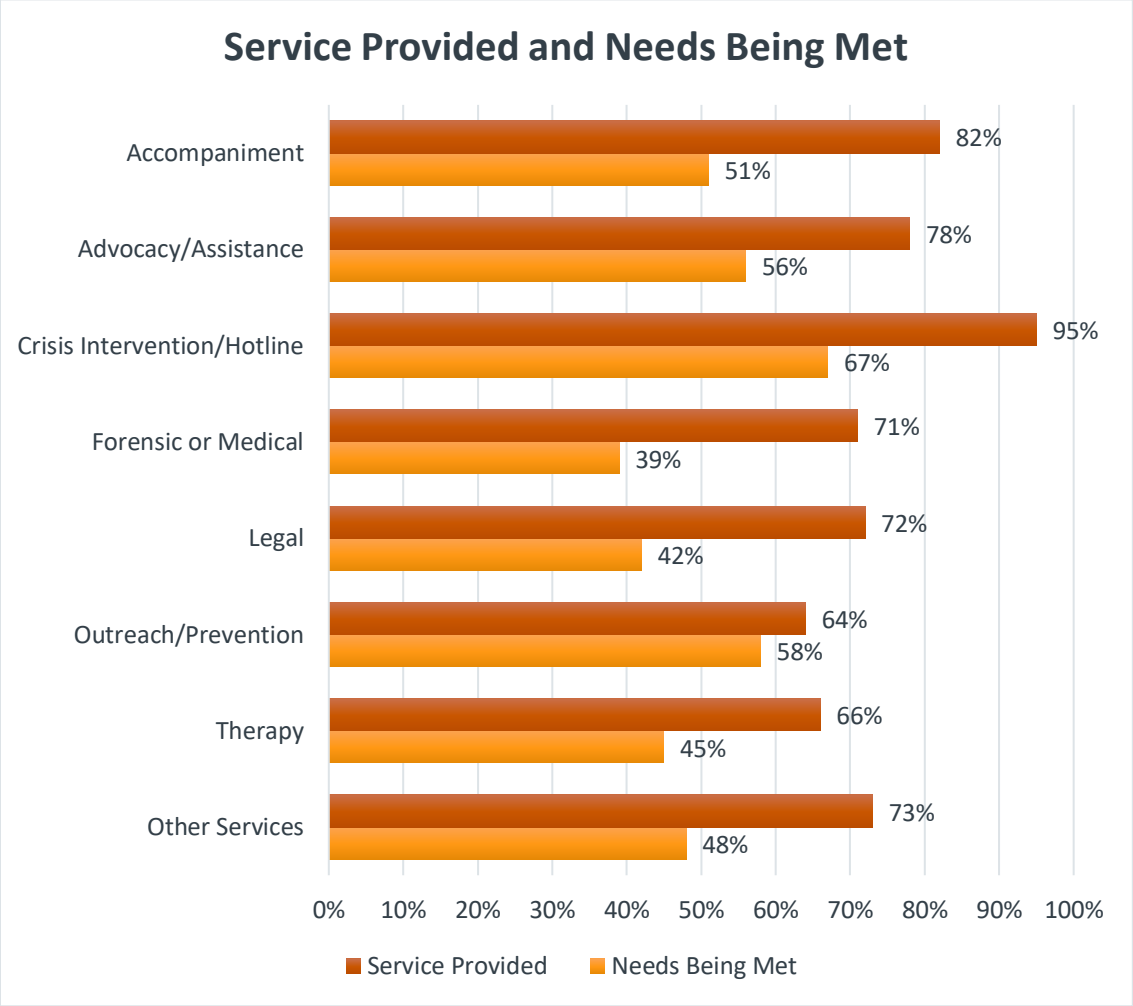


Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

A Comparative View of Service Availability and Needs

Figure 8 illustrates a statewide view of a consistent gap between services provided by organizations and their ability to meet survivor needs for those services. This gap is present in each of the service categories measured in this survey.

Figure 8. Service Provided and Met Needs



Out of the eight service categories, there is not one category or region of the state in which service providers reported that their organizations are able to meet survivors' needs completely with direct services or service referrals. In other words, there are gaps and unmet needs in all service categories and in all regions.

It is important to reiterate that, in Figure 8, service provided includes direct and referred services; the data on meeting survivor needs is reflective of a survey participant's own organization's ability only. This may account for some of the gaps within each service category.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- The three services with the highest service provided rate also have higher than average reports of needs being met:
    - Crisis Intervention/Hotline (95%), Accompaniment (82%), and Advocacy/Assistance (78%) have the highest rates of availability.
    - Crisis Intervention /Hotline (67%), Accompaniment (51%), and Advocacy/Assistance (56%) have a higher than average perception of needs being met.
- The gap between services provided and reported ability to meet survivor needs was largest for:
    - Forensic or Medical (32% difference).
    - Accompaniment (31% difference).
    - Legal (30% difference).
- Outreach/Prevention showed the smallest gap between services provided and reported ability to meet survivor needs (6% difference).

Referrals

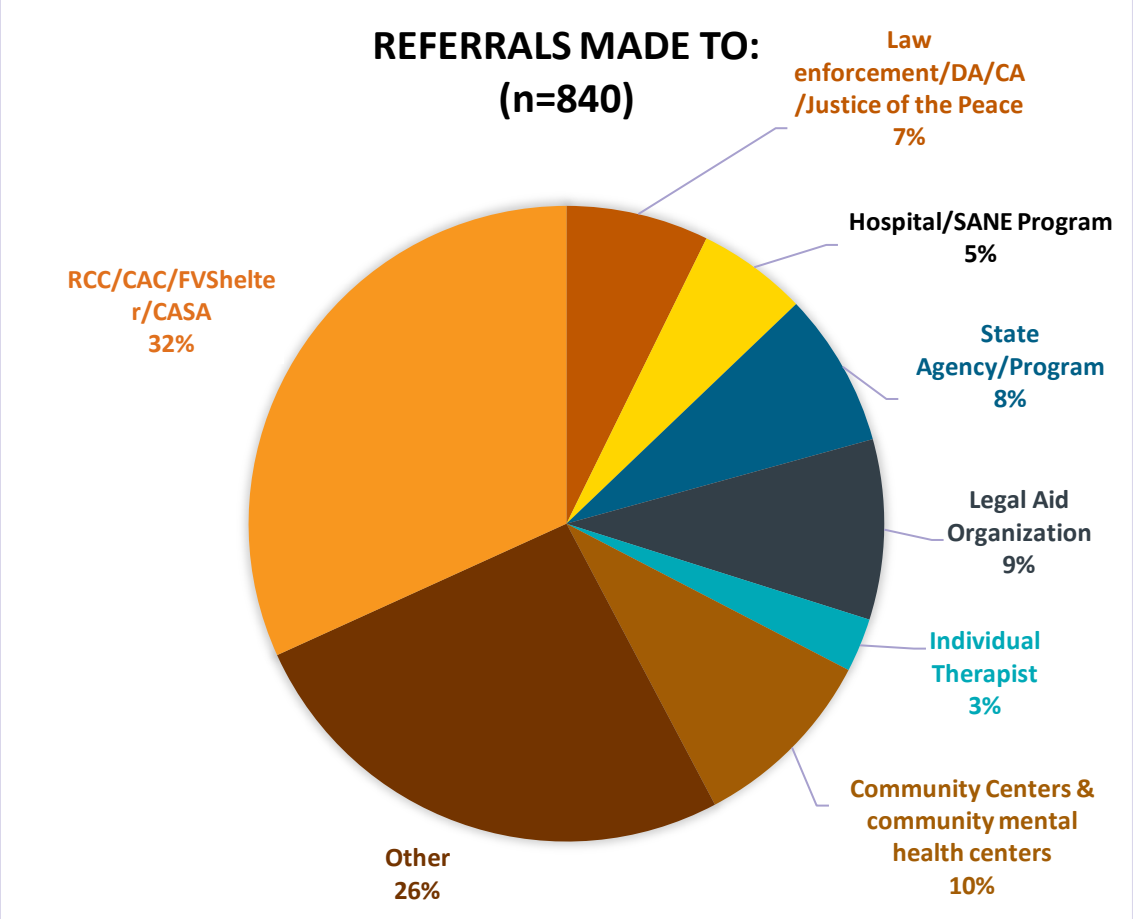
Survey participants were asked if they referred clients to other organizations or individuals and, if so, to name the top five organizations/individuals to which referrals were made.

A total of 840 separate referrals were reported by survey participants to over 550 unique organizations across Texas.

A significant number of referrals (44%) were made to organizations that are well known to provide services to sexual assault survivors including rape crisis centers, children's advocacy centers, family violence shelters, law enforcement agencies, district attorney's offices, and hospital/SANE programs. See Figure 9.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Figure 9. Referrals Made to Other Organizations



Eight percent (8%) of referrals were made to a state agency or program. Child Protective Services/Adult Protective Services and Crime Victims' Compensation were the most common referrals for state agencies or programs. Additionally, referrals were made to TDCJ Victim Services, Workforce Solutions, and HHSC for SNAP, TANF, or WIC benefit applications.

Notably, Texas Community Centers and local community mental health programs together make up 10% of total referrals. Mental health care for survivors is in high demand as evidenced by these high referral figures; waiting lists for counseling/therapy at rape crisis centers and children's advocacy centers are common.

The "Other" category made up 26% of referrals. Table 3 lists the "Other" survey responses. This diverse group of organizations demonstrates the wide range of needs observed among child and adult survivors of sexual abuse and violence as well as the wide range of organizations available to provide assistance.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

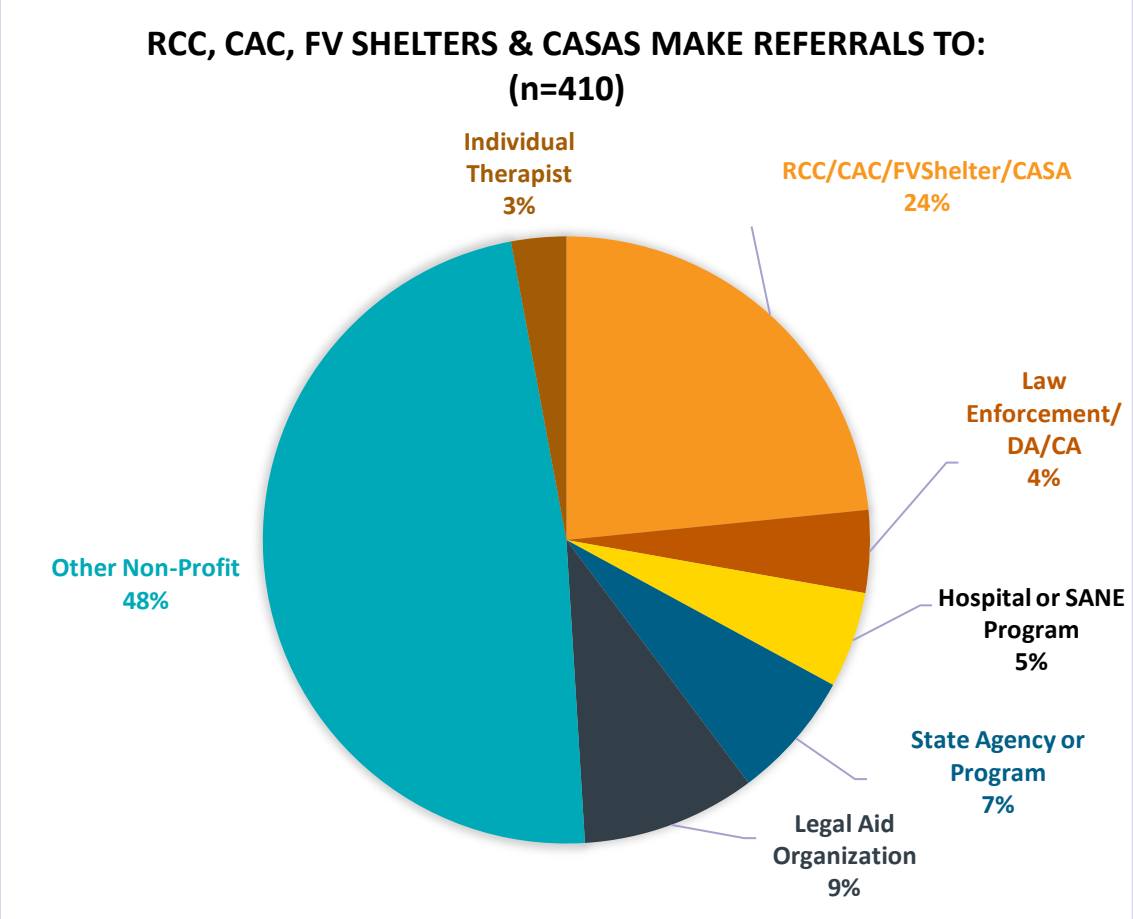
Table 3. Other Referrals

"Other" organization types	Number of referrals (n = 218)
food bank	23
basic needs	20
health clinic	19
human trafficking related	17
Catholic Charities	12
housing authority	11
youth and family support services	10
substance abuse services	9
child and family support services	8
United Way	7
foster care/adoption/child shelter	6
homeless services	6
Salvation Army	6
pregnancy center	3
university/college	3
child welfare board	2
day care	2
foster care/adoption	2
refugee/immigrant services	2
transitional housing	2
YMCA/YWCA	2
Boys & Girls Club	1
children's shelter	2
Mexican Consulate	1
uncategorized	42

Certain service providers demonstrate different types of referral patterns as illustrated by Figures 10 to 13.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

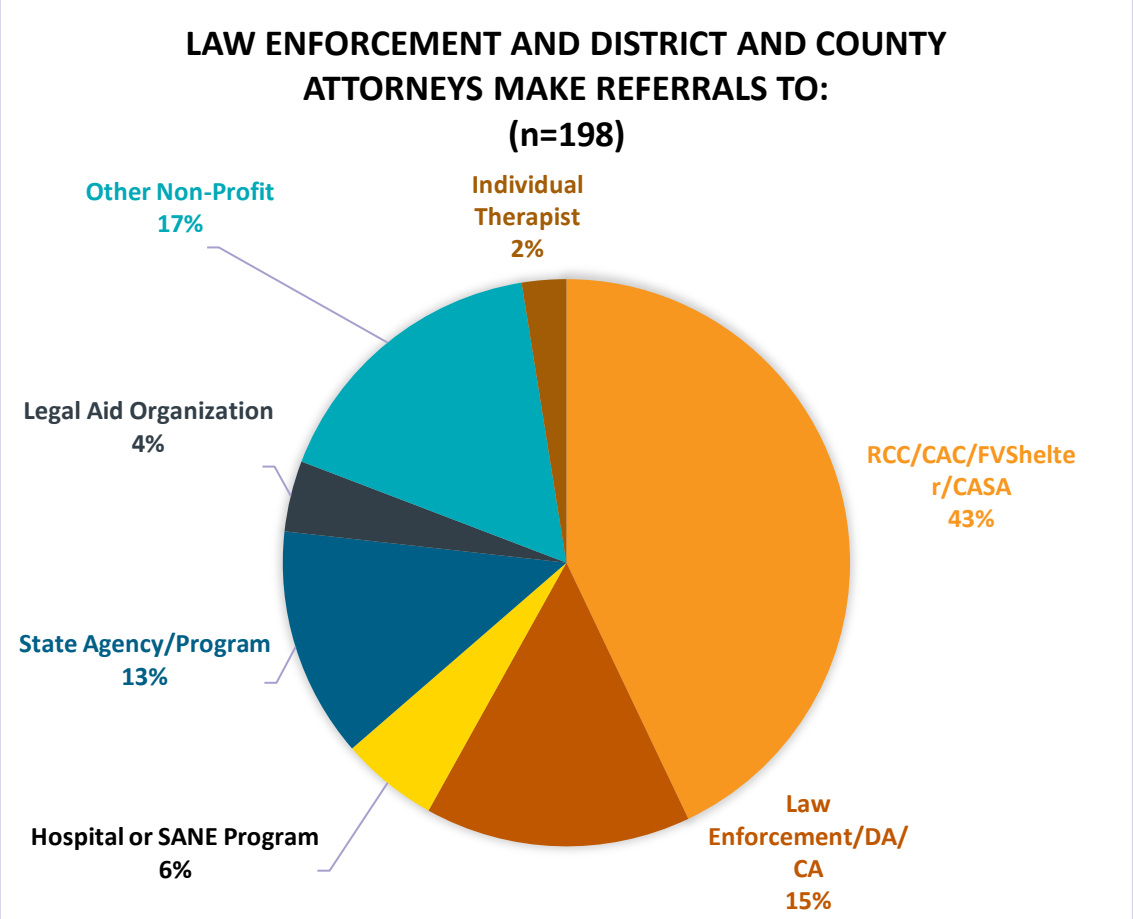
Figure 10. Referrals Made by RCCs, CACs, FV Shelters, and CASAs



Rape crisis centers (RCCs), children's advocacy centers (CACs), family violence (FV) shelters, and CASAs (Court Appointed Special Advocates programs) refer survivors to a large number of nonprofit organizations outside the more typical types of organizations that respond to sexual violence and abuse.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

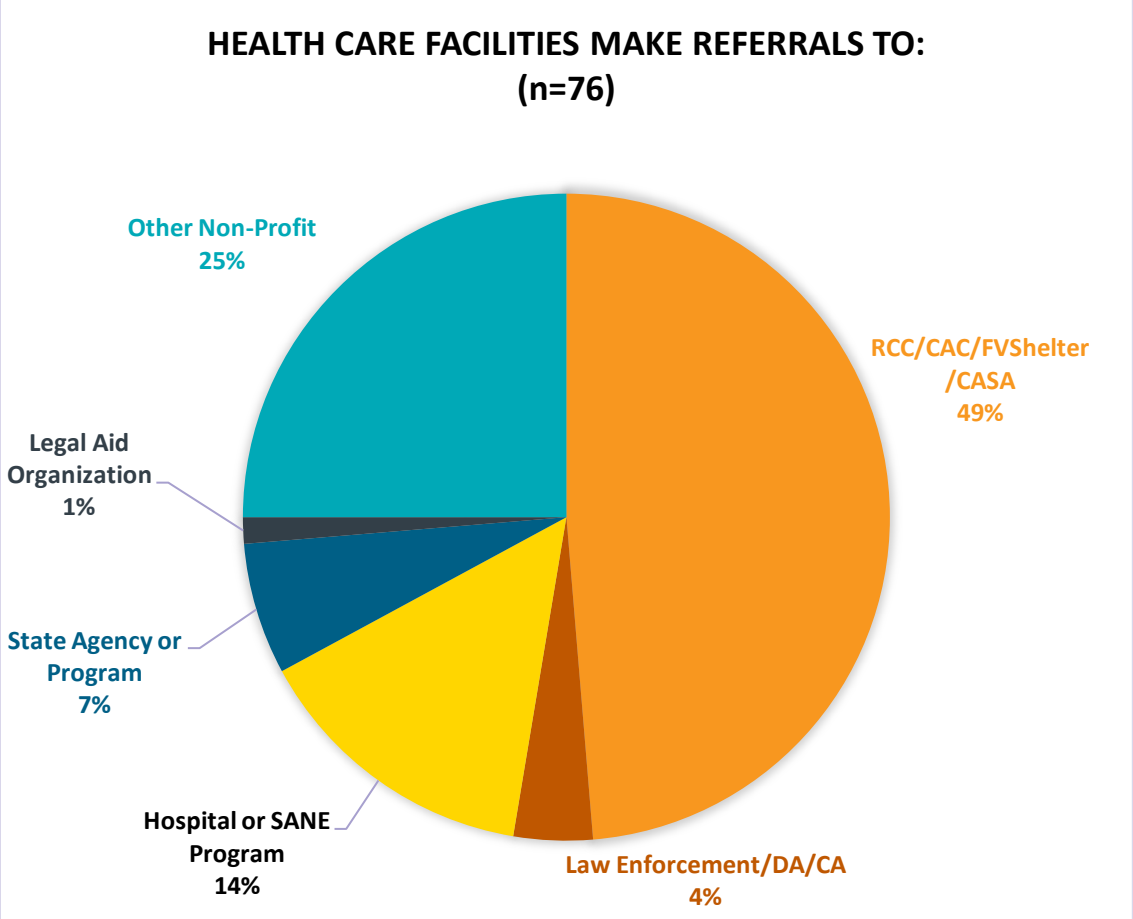
Figure 11. Referrals Made by Law Enforcement, District, and County Attorneys



Law Enforcement, District Attorneys (DA), and County Attorneys (CA) largely refer sexual abuse and violence survivors to RCCs, CACs, FV shelters, and CASAs.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

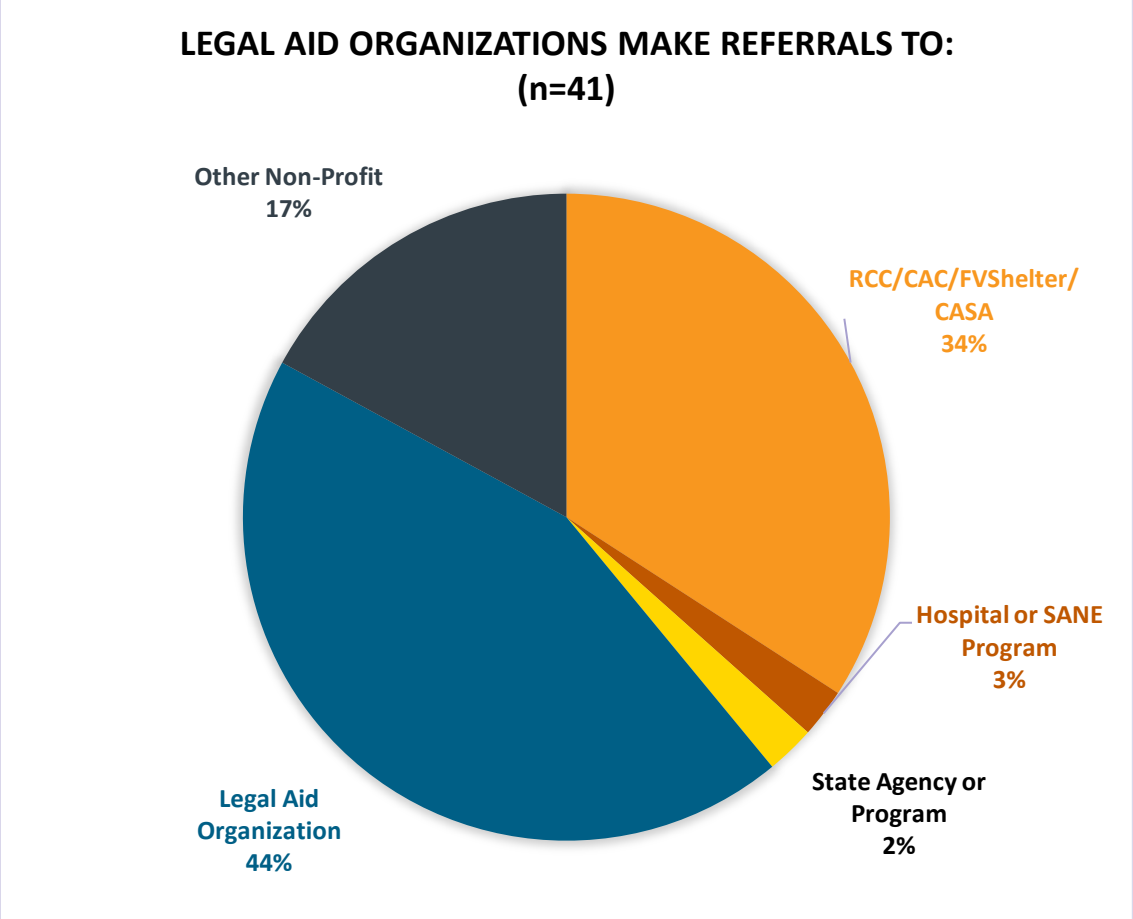
Figure 12. Referrals Made by Health Care Facilities



Hospitals also refer survivors to RCCs, CACs, FV shelters, and CASAs at high rates, followed by other types of nonprofits.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Figure 13. Referrals Made by Legal Aid Agencies



Legal Aid organizations primarily refer survivors to other legal aid organizations and RCCs, CACs, FV shelters, and CASAs. Legal Aid organizations did not list any law enforcement entities, district attorneys, or county attorneys as referrals.

Courtesy Services

CACs specifically were also asked to provide information about whether they provided *courtesy services* in counties outside their normal service areas.

When a CAC provides services to children and families outside of the CAC's service area, these are called courtesy services. Most commonly, courtesy services include forensic interviews and family advocacy and support.[15]

Thirty-six (36) CACs indicated that they provided courtesy services; six (6) indicated that they did not.

Table 4 presents the types of courtesy services currently provided among the 36 agencies.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Table 4. Courtesy Services

Courtesy Services Provided	Count
Forensic Interviews	34
Joint Investigation Coordination	18
Multidisciplinary Case Review	16
Trauma-Focused Therapy	24
Medical Evaluation	19
Family Advocacy	29

In addition, three agencies noted that they will provide any type of courtesy services on an as-requested basis.

Ongoing Challenges

Survey participants were given the opportunity to respond to an open-ended question about challenges related to serving sexual assault survivors. The responses provided here reflect the research team's analysis of all open-ended responses and represent the key themes raised across survey participants.

The biggest challenge identified by numerous service providers was the **lack of counseling options** for survivors of sexual assault and abuse. Agencies mentioned that finding therapists with availability and the specialized training or experience needed to treat survivors of sexual abuse was difficult, particularly in rural areas, for child survivors, or for group therapy.

> *We currently have a long waiting list for therapy. On an average we have about 50 clients on the waiting list at all times, sometimes waiting over 2 months to receive the counseling they deserve. We contract with 6 therapists and have 2 on staff on site for a total of 8, but the need for counseling continues to grow.*

> *Clients we serve in [outlying] counties are having to drive up to an hour and a half to participate in trauma-focused therapy.*

While the COVID-19 pandemic has **increased telehealth opportunities**, potentially increasing accessibility for some survivors, it has created obstacles for others.

> *Right now, the most challenging thing is providing therapy services, especially play therapy. There is no way to safely provide play therapy, as it has to be done in-person and it is very difficult to social distance. Most of our therapy is currently being done via Tele-Health, which works for some survivors but not for others. Therapists are trying to work out how to meet survivor's needs and still maintain safety for everyone involved.*

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Another provider said,

> *While we were able to provide individual sessions remotely via telephone immediately and virtually within the first month, our agency was not able to provide support groups as we were not prepared to use technology safely until July. It has been challenging to provide services to child sexual assault survivors immediately as telephone was not the best option.*

Organizations discussed similar challenges related to the **lack of access and availability of substance abuse treatment**.

> *Survivors are presenting with multiple barriers to receiving support services—primarily serious unaddressed mental health issues and substance abuse. These make it difficult for us to provide services to them in a trauma-informed way because we have no partners in the area that can address their co-occurring traumas.*

Another agency noted how challenges are compounded when there is **a lack of therapists and foster care placements for child survivors**.

> *The lack of therapists and placements for our sexually abused children is one of the most challenging areas we are facing. When a sexually abused child is moved from placement to placement, many times his/her therapy is delayed and there is no continuity of therapy from one therapist to another.*

Themes related to insufficient transportation options, emergency and transitional housing legal aid, and direct financial assistance for rent and utilities were also relayed.

> *Housing in general is difficult to find, but especially during the pandemic.*

> *Our most challenging area with providing services would be having to turn away victims that need shelter due to lack of space.*

> *Many of our families need legal aid assistance. There is a huge need and a very long wait time. Transportation would be the second most challenging.*

These challenges are magnified in rural areas, where **transportation over vast regions** becomes even more difficult and the lack of community resources becomes more apparent.

> *Since we are so rural, our resources are so limited. There is no rape crisis center or domestic violence shelter available in our area.*

> *Covering more than 7,000 square miles in the rural eastern Texas Panhandle in order to [serve] sexual assault/abuse survivors with a staff of four advocates is our greatest challenge. It takes almost 2 hours to drive to [city] to where our main office and staff are located. An advocate may drive two hours to [small city] to meet and transport victims to [city] for a SANE exam, the closest hospital that provides forensically trained SANE nurses.*

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

A **need for additional staff** for their own offices as well as additional SANEs, rape crisis center advocates, and law enforcement investigators was also reported.

> *Victim advocates at all law enforcement departments in our county. Currently only two municipalities have a crime victims advocate. Also, the need for additional investigators trained on how to deal [with] and handle sexual assault victims.*

> *More personnel to be able to respond on the scene during a crisis or be able to staff a 24-hour hotline. Have the personnel available to transport/accompany a survivor to the hospital for a SANE exam or to the courthouse during a petition for a protective order. More staffing is necessary to offer more primary prevention programming, [and] also offer trauma informed individual counseling and support groups.*

Challenges related to **collaboration** with community partners or the criminal justice system itself were highlighted by several organizations as well.

> *Coordination and collaboration with local law enforcement and the criminal justice system remains the biggest challenge for survivors. The constant rescheduling of cases, both criminal and civil, has been taking a toll on the victim's willingness to participate.*

> *Although we have cases of abuse and assault, the prosecution of those cases is non-existent, and survivors don't report them anymore.*

> *We are not often apprised of the victims needs and left in the dark until it comes time to prosecute the case. By then, nonprofit agencies have often overstepped their boundaries and provided incorrect legal advice or even told individuals they do not have to testify and the case will proceed forward.*

> *Biggest issue for survivors is the extraordinarily long time it takes to bring their offender to justice. The Court system has massive backlog and no matter how hard the Prosecution pushes to try the cases, there is too much delay. Survivors get frustrated with the delay and no longer want to assist with the prosecution of their case which leads to much unrest.*

The **complexity of sexual violence** and the challenges inherent in supporting survivors through recovery and towards justice was reiterated. When sexual assault and abuse are compounded by a history of trauma, multiple victimizations, poverty, or other challenges, providing effective services is even more difficult.

> *The greatest needs of sexual assault survivors are due to complex concerns (trauma combined with social conditions - poverty, exploitation, homelessness, substance abuse, etc.) that come with being the most vulnerable of the vulnerable. Shelter, housing, basic needs, and lack of technology, especially phones (so [they] can complete telehealth appts for forensic exams and stay in touch with us for advocacy.) Extreme vulnerability has increased during the pandemic.*

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Resource Needs

As a follow-up to the question asking about challenges, survey participants were asked to provide information about the resources they would require in order to meet the challenges they identified.

Across all organization types, the need for **additional staff** was noted as significant. Additional staff would greatly impact the ability of an organization to meet the challenges related to serving sexual assault survivors. Advocates, attorneys, Sexual Assault Nurse Examiners, investigators, and therapists were all named specifically.

> *We would also need to add several staff members, especially Family Advocates, to help with meeting client needs.*

> *As the number of sexual assault survivors is increasing, additional funding would increase our ability to meet the needs of sexual assault survivors in our service areas by allowing our organization to recruit, train, and deploy more victim's advocates.*

> *[M]ore officers and more funds to help with victims. Our Sheriff's Office does not get any state or federal funds for additional man power etc. to work these cases.*

The need for **additional funding related to housing, transportation, and basic needs**, such as clothing, rent, and utilities was also expressed.

> *Financial needs often continue to be a barrier for families. We often work with families where perhaps the previous main financial provider for the family was a child's abuser. Although the child is now with a nonoffending caregiver only, often the caregiver struggles to provide for even basic needs of the child without the previous income the abuser may have been providing to the family.*

> *Resources for financial assistance are always in demand.*

> *Funding is an on-going challenge. Housing in general is difficult to find, but especially during the pandemic. Transportation is an issue for clients to come to the office for appointments.*

One organization noted that *community service organizations providing financial assistance are experiencing a higher influx of financial need from clients due to COVID-related layoffs, thus stretching a limited pool of funding even thinner.*

Training for staff and volunteers was also a widely recognized need. Organizations discussed the training needs of their own staff and expressed need for community partners to obtain increased training as well.

> *Additional training opportunities for trauma-informed lawyering would help ensure that our practices are properly tailored for the needs of survivors*.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Training to law enforcement on best practices when responding to domestic violence and sexual assault calls may be beneficial. In addition, a general lack of understanding of the law on the part of the judiciary is challenging.

More required training for judges, law enforcement and prosecutors by victim advocates/service providers; More training for CPS caseworkers in the area of child physical and sexual abuse and domestic violence by victim service providers; More required DV [domestic violence] and SA [sexual assault] training for court evaluators and amicus attorneys in DV and SA from service providers. Required training for family law attorneys on DV and SA from victim service providers.

In some communities, collaborative training is working well.

Our county has a great working relationship with our Crisis Center; we are offered free training on sexual assault and family violence cases

Needs of Specific Organizations Types

Some organizations expressed challenges and resource needs that aligned closely with their type of organization and were closely related to the specific set of services they provide.

Rape Crisis Centers emphasized the need for more trained therapists, legal assistance, basic needs support, and transportation.

Children's Advocacy Centers highlighted the need for trained child therapists who specialize in providing care to abused children and their protective parents.

Court Appointed Special Advocate (CASA) programs consistently spoke about the need for increased foster care placements for children who were no longer safe in their homes. At times, placements are made hours away or children are moved from placement to placement, disrupting the continuity of care.

Hospitals and SANE programs consistently spoke about the lack of follow-up medical care for survivors. While medical care is provided during the medical forensic exam, follow-up care, especially for HIV prevention, is severely lacking.

District and County Attorneys shared the difficulties of prosecuting sexual assault and abuse cases, including backlogged courts, challenges in remaining in contact with survivors during the long wait for justice, the difficulty of keeping survivors engaged through this long and arduous process, and the reality that sometimes survivors recant.

Sexual Assault Response Teams (SARTs)

Two-hundred and thirty-three (233) participants answered the survey item about participation in a SART and its availability in their local area. Of those 233 responses, 79 agencies indicated that they participated in a SART, 96 agencies responded that they did not

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

participate in a SART, and 58 agencies indicated that an option to participate in a SART was not available in their area.

Survey participants were also asked to indicate the name of the SART in which they participated. The responses included the names of local SARTs, Coordinated Community Response Teams, Multidisciplinary Response Teams (MDTs, specifically for serving children), Domestic Violence Response Teams, Child Fatality Review Teams, Domestic Violence Fatality Review Teams, Local Sex Trafficking Response Teams, and the Governor's Human Trafficking Coalition.

Impact of COVID-19 on Services

As an important addition to this study, survey participants were asked about the degree to which they perceived service provision to be at normal levels during the COVID-19 pandemic.

Table 5 shows the level that, for each service category, at least one service in a category has been available at normal levels during this time.

- Not unexpectedly, Outreach/Prevention has had the lowest level of normal availability during the COVID-19 pandemic:
    - 45% overall
    - Lowest service category for all regions except West Texas and the Upper Rio Grande region
- However, West Texas and the Upper Rio Grande have experienced the most substantial declines in normal availability across multiple service categories, especially in Therapy, Outreach/Prevention, and Legal services.

Appendix F. Supplemental Tables contains detailed tabulations for the specific degree of service availability during the COVID-19 pandemic (normal, less than normal, or not available) for all 46 specific service types.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Table 5. Service Provision During the COVID-19 Pandemic

	Total	High Plains	Northwest Texas	Metroplex	Upper East Texas	Southeast Texas	Gulf Coast	Central Texas	Upper South Texas	West Texas	Upper Rio Grande	Lower South Texas	All regions of Texas
Accompaniment	66%	48%	67%	66%	82%	84%	65%	64%	78%	29%	78%	74%	36%
Crisis Intervention/Hotline	88%	73%	86%	82%	84%	89%	93%	95%	98%	67%	100%	96%	83%
Advocacy/Assistance	89%	91%	100%	89%	95%	90%	82%	94%	84%	89%	70%	85%	92%
Therapy	68%	68%	67%	61%	74%	78%	69%	77%	56%	36%	38%	74%	73%
Outreach/Prevention	45%	43%	0%	16%	58%	78%	53%	46%	41%	29%	38%	46%	45%
Forensic or Medical	81%	67%	50%	80%	93%	88%	89%	88%	70%	50%	67%	78%	67%
Legal	74%	78%	100%	52%	91%	86%	71%	73%	81%	22%	20%	84%	78%
Other Services	77%	68%	88%	69%	88%	96%	82%	76%	81%	25%	56%	92%	83%

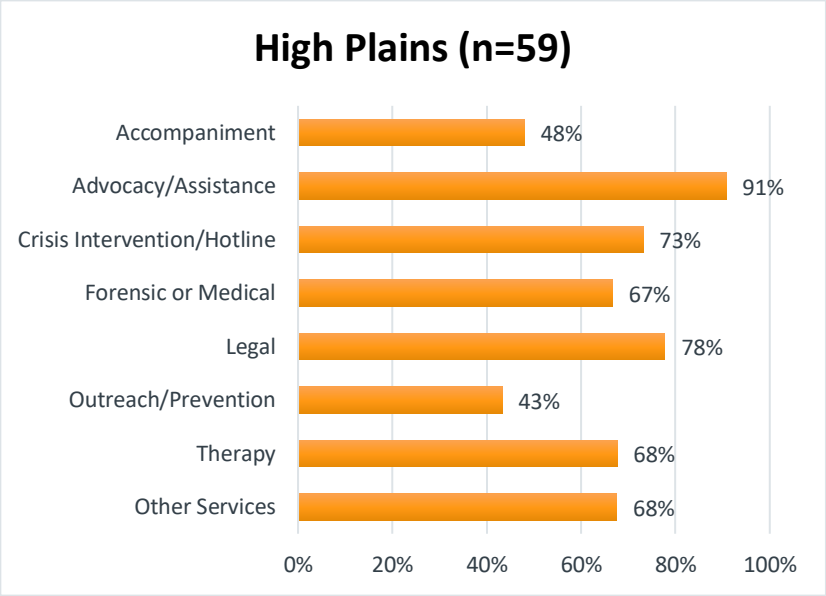
Note: Percentage of provider-county units indicating that at least one service in a category has been available at normal levels during COVID

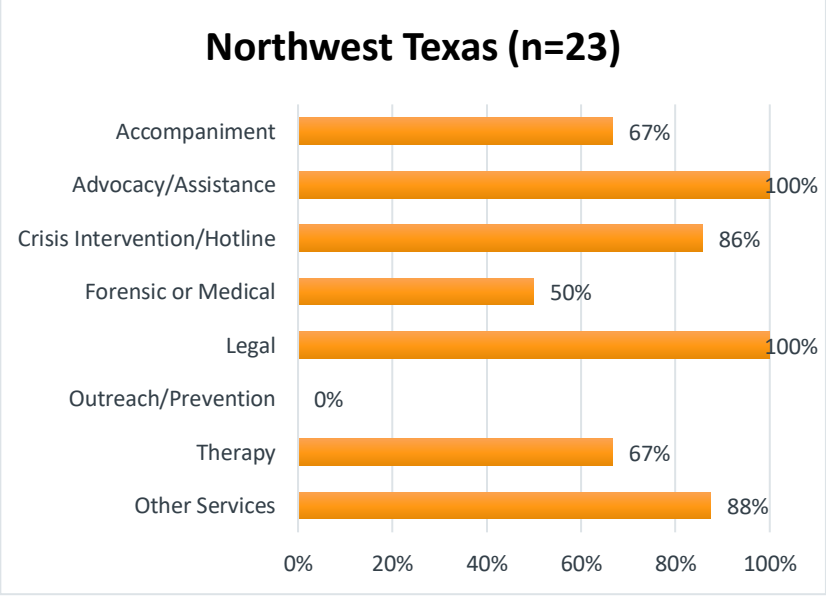
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

A Region-by-Region View

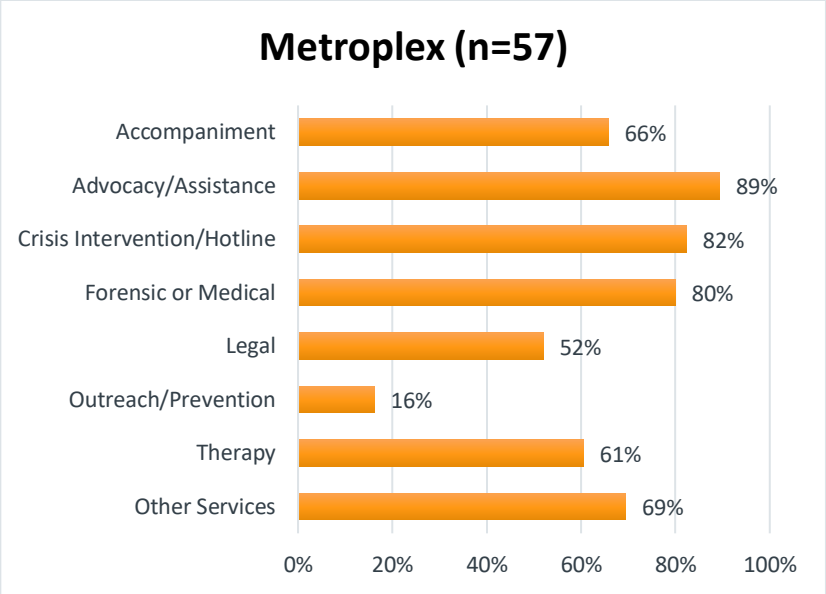
The Figure 14 set presents the same data as in Table 5, but is broken down into region-by-region views.

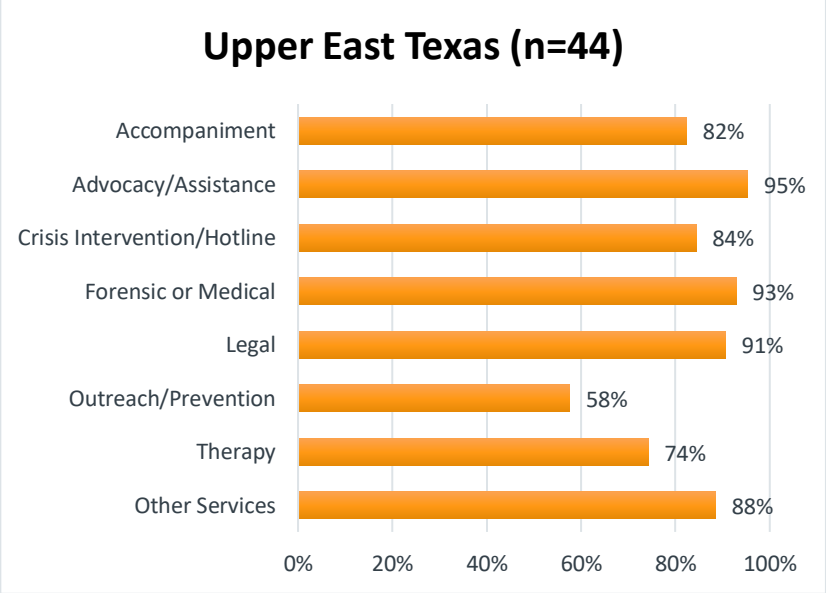
Figure 14 (Set). Service Provision During the COVID-19 Pandemic



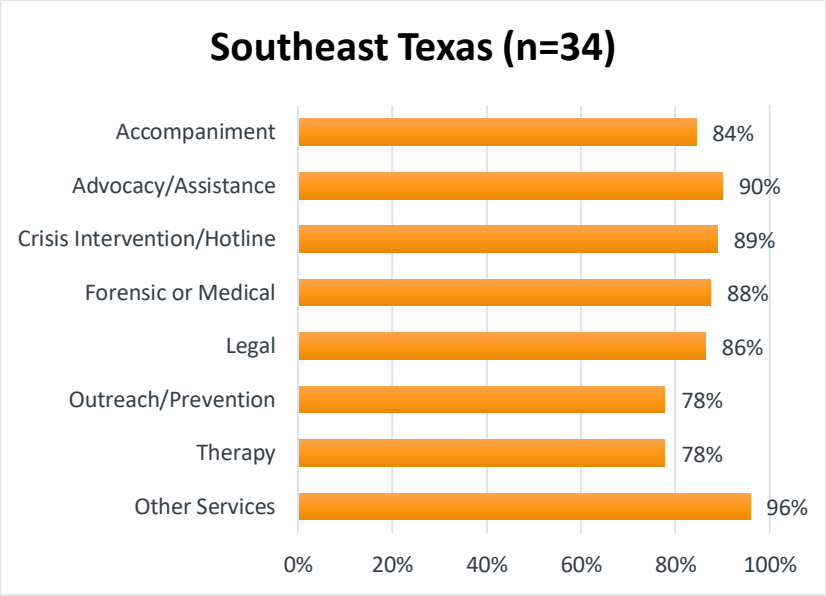


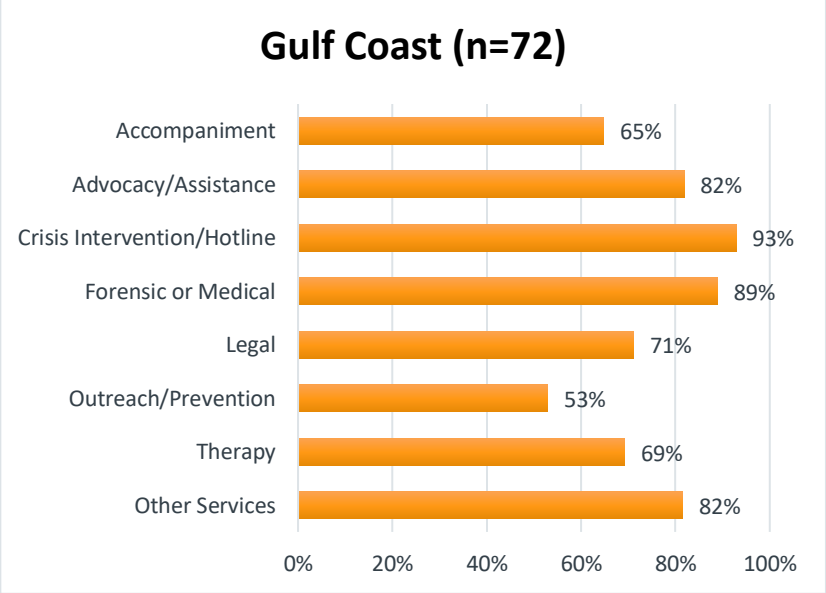
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



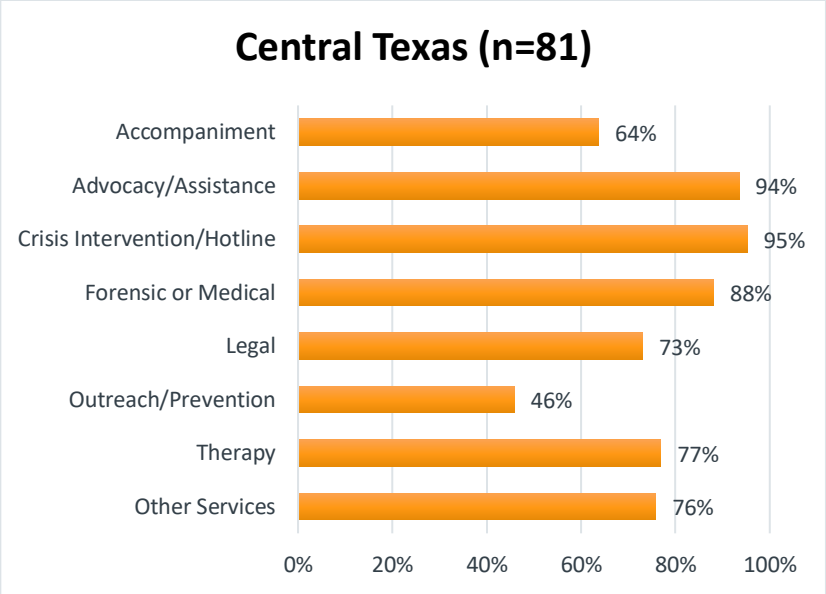


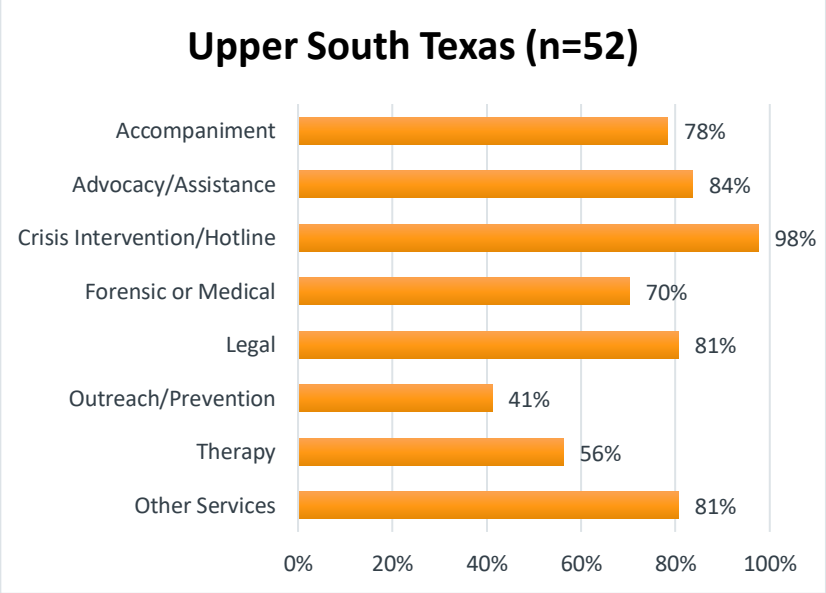
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



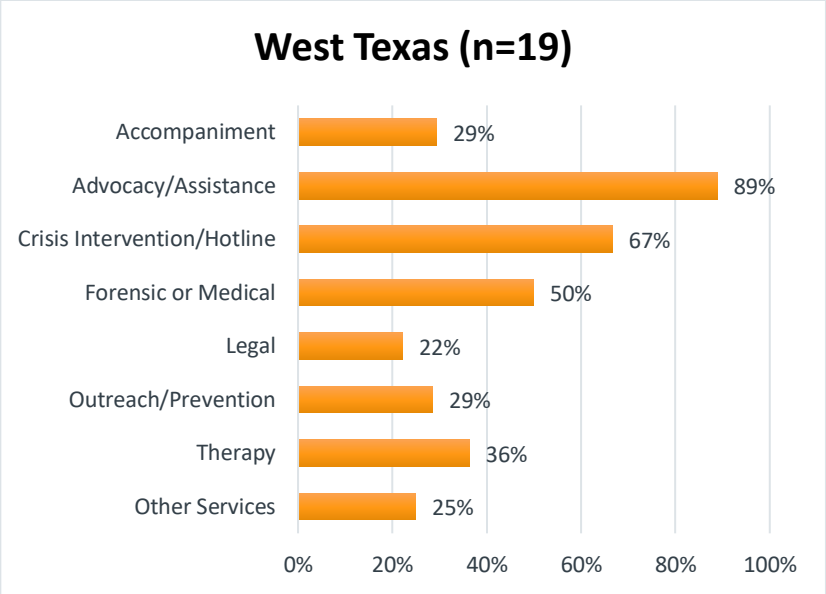


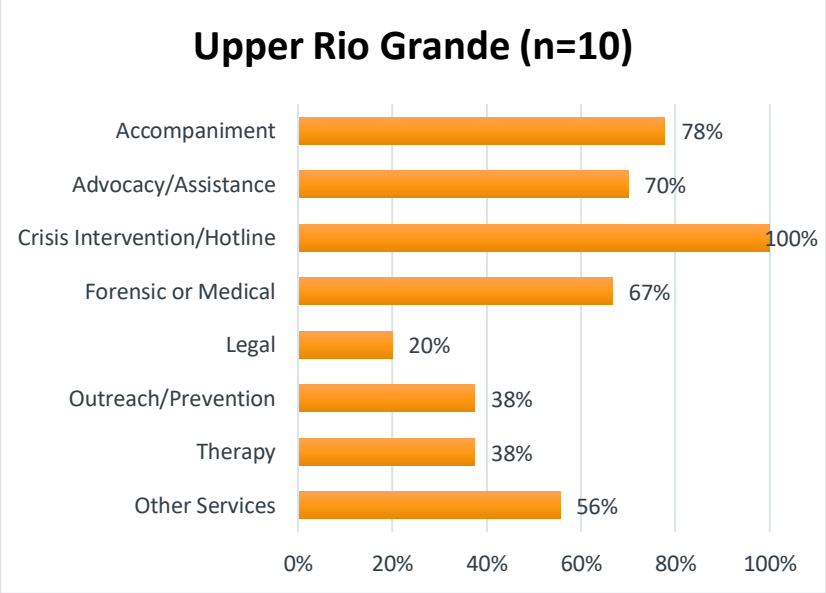
Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



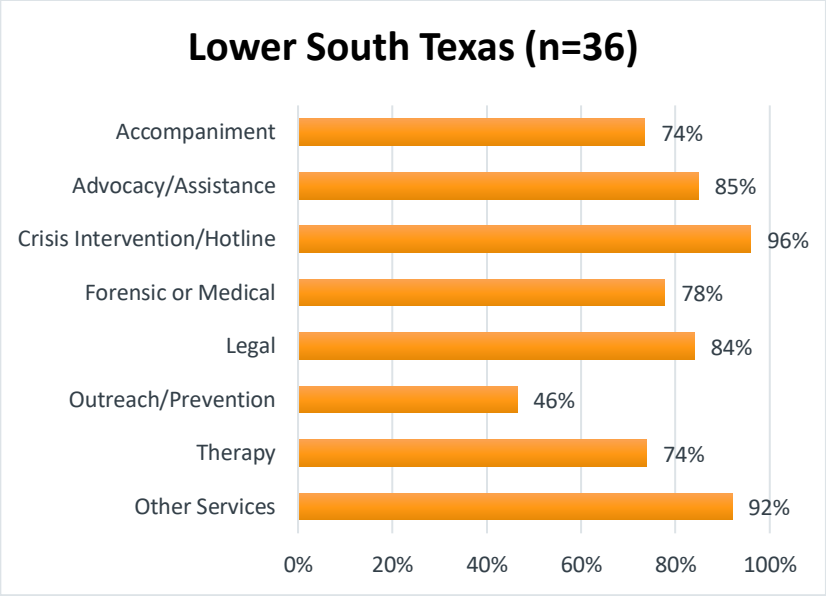


Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.





Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.



Changes and Challenges During the COVID-19 Pandemic

Participants shared a variety of challenges, issues, and concerns when asked to provide additional information about the impacts of COVID-19 on their organization's ability to provide services. The responses provided here reflect the research team's analysis of all open-ended responses and represent the key themes raised across survey participants. The most commonly reported concerns related to the lack of in-person client contact and the challenges presented by telehealth modalities, both technically and therapeutically.

> *We are attending court and doing child visits virtually, so it is difficult to get a real understanding of what everyone's needs are, or to even provide good legal advocacy in the courtroom.*

> *We have had to revert to largely digital services that are delivered in an individual capacity. Prior to the pandemic, we were offering on average 20-25 support groups per week which have largely been cancelled during the pandemic. This impacts the sense of community and connectedness that survivors have felt in our program.*

Another shared concern is the reduction in referrals and a corresponding reduction in reporting.

> *We are experiencing a reduction in cases because our children are not in school but find themselves sequestered with their abusers. We know that once they are back in school and around trusted adults, the floodgates will open, and we will have a tsunami of children who have experienced the unthinkable when no one has their eyes, ears and hearts open to hear them.*

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Other notable responses included negative financial impacts on the organizations and staff stress.

Many survey participants indicated that they have adapted as needed and continue to provide service.

> *We have been able to operate during the pandemic. We have made changes to how we facilitate intakes, but we continue to offer our services to families in need of assistance.*

> *We were offering home base telemedicine psychotherapy before the pandemic and continue the services uninterrupted*

Services That Will Continue Remotely After COVID

Overall, many agencies discussed how certain services will continue as virtual options to augment survivor services or on an as-needed basis once COVID conditions are no longer a factor. Participants discussed both direct services to survivors and services involving partnerships, outreach, and education.

Services to Survivors

Overall, Therapy via telehealth is the most commonly noted service that will continue to be an option for clients in the future.

> *Virtual services have been very appreciated, especially for counseling. Survivors have expressed the desire for these to continue.*

> *We will most likely continue video therapy for adults, as our adult clients receiving therapy reported a comfort level in this method and [appreciated] not having to take the extra travel time/time off work to and from the center for in person therapy.*

Participants reported that Advocacy would also be continued remotely after COVID, with the specific service of Information and Referral being noted most frequently. Legal Services conducted remotely will continue, too. One provider said,

> *A good example is witness preparation; an attorney working via a video conferencing platform can prepare a survivor for a hearing in advance. Even if the actual hearing is an in-person hearing, the survivor or witness can benefit from seeing the attorney with immediate feedback and encouragement.*

Agencies noted that they plan to continue virtual Forensic or Medical Services and that mobile forensic services created as a result of providing service during COVID will continue.

Services Involving Partnerships, Outreach, and Education.

Survey participants reported that Outreach and Prevention services efforts would be continued virtually as well. Agencies discussed increasing their online presence and conducting community outreach efforts and providing education regarding prevention

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

online. Agencies also noted that volunteer recruitment and training activities were also able to be continued remotely, and that this worked well for many volunteers' schedules. Agencies also noted improved participation of partners at multidisciplinary team meetings with the addition of virtual options for attendance. A number of agencies discussed that case review team meetings would be considered for a virtual format in the future.

Benefits of Remote Services. Service providers recognized several benefits of remote services for themselves and for their clients. Organizations stated that remote services enabled them to more easily work with survivors who have childcare and transportation barriers. They also stated that reaching people in more rural areas via remote service delivery allowed them to respond in a timelier manner to clients' case management, advocacy, and referral needs.

Challenges of Remote Services. Agencies reported that accessing remote services remains a challenge for some survivors because of a lack of internet access and devices as well as a lack of privacy. One respondent wrote,

> *Unfortunately, …people who do not have devices and lack of privacy have been significant barriers – especially for the most vulnerable of people.*

Participants also discussed their inability to contact some survivors. One wrote,

> *Counseling remotely has been very successful but we have some clients that we have been unable to contact since the pandemic. It is unclear if they lack the technology or resources to continue services at this time or if their continued treatment is not currently a priority for them.*

Participants noted that remote services are often not appropriate for children, particularly those who have experienced extreme trauma or are very young. In-person contact remains ideal for services for them during COVID with proper social distancing and personal protective equipment (PPE) following CDC guidelines. One provider emphasized that the relationship that is enabled and trust that can be built with children when therapy is conducted in person is critical and cannot be replaced with videoconference communication.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Conclusion

This report presents summary findings on sexual assault services, gaps, and the accessibility of those services to survivors in the State of Texas, the first part of what will be a multi-year, multi-part conversation with sexual assault service providers in the state. The Texas Legislature, in HB 1590, requested a biennial survey of service providers to better understand the services that are actually being delivered (not just offered) to adult and child survivors of sexual assault. Future surveys can probe more deeply into the challenges with service provision and the unmet needs of survivors that service providers reported here. In addition, it is our hope that these initial findings will be coupled in the near term with a survivor survey to gain needed perspective on the range of services that children and adults require to recover from their trauma, the adequacy and gaps in service provision, and the root causes of those gaps.

This report highlights opportunity, deficiency, and needs in service availability throughout the state. Quantitative data, coupled with the perspectives of providers themselves, offer compelling insights into Texas's ability to address survivors' unmet needs. One of the next steps in meeting those unmet needs would be to create an equitable model of resource allocation that balances finite financial resources, regional needs, and absolute gaps in service provision to achieve at least a statewide standard of service provision across Texas. Such a resource allocation model would include input from, and engagement with, a wide variety of Texas stakeholders, perhaps through workshops that bring together researchers, practitioners, survivors, and policymakers to engage in difficult but necessary conversations around expanding sexual assault services for survivors.

The survey findings also highlight the reality of Maslow's Hierarchy of Needs,[16] the fact that poverty and financial vulnerability impact a survivor's ability to heal and recover from trauma. Survey participants reported that some survivors were experiencing an inability to access long-term housing, food assistance, and transportation—quite apart from COVID-19 impacts—and these barriers impede their ability to stay connected to programs offered by sexual assault service providers. The lack of basic needs being met suggests that policymakers and service providers need to look further "upstream" at the social and

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

economic context in which sexual assault occurs to better understand what effective recovery looks like for some of the state's most vulnerable groups. A survivor survey will further identify aspects of this need, but there is no need to wait to start important conversations at every level of service coordination and provision.

In a similar vein, the findings presented here reinforce the important trend of—and need for—coordination of service provision, especially with regard to whether providers serve survivors directly or by referral. Multi-Disciplinary Teams, used by children's advocacy centers to coordinate care for children, should be a standard to emulate in the provision of services for adults. More study is needed on how Sexual Assault Response Teams (SARTs) are working in Texas, and how they can be expanded to regions that do not currently have them. Coordinated care is a concept that works well in many areas of health care and social services, and it needs to be better understood and more effectively implemented in the area of adult sexual assault services.

Finally, the data and findings presented here are intended as an initial piece of a longer and ongoing conversation among survivors, practitioners, researchers, and policymakers to improve the services that survivors of child and adult sexual assault receive in Texas. It is our hope that the gaps in service provision and the unmet needs and challenges service providers identified here will help the State of Texas continue to keep the needs of survivors front and center on the policy agenda and continue to move toward more equitable and more effective service delivery for survivors of sexual assault.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Appendices

The following appendices are included:

- Appendix A: Acknowledgments in Full
- Appendix B: Survey
- Appendix B1: Service Activities and Definitions
- Appendix C: Regional Maps
- Appendix D: HHSC Regions by County.
- Appendix E: Steps for Determining Service List
- Appendix F: Supplemental Tables
- Appendix G: Definitions of Stakeholder Groups Named in 1590
- Appendix H: State-Funded Sexual Assault Programs and Services
- Appendix I: Recruitment Email
- Appendix J: Recruitment Email from TAASA, CACTX, TCFV

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX A: ACKNOWLEDGMENTS IN FULL

The Institute on Domestic Violence & Sexual Assault (IDVSA) research team members would like to express their deeply felt gratitude to the following individuals and organizations for assisting with this project.

We first acknowledge our Texas Legislature's vision and its dedicated staff, who worked in a bipartisan effort to bring Texas House Bill 1590 to fruition. Your vision and stewardship to serve survivors are commendable.

We extend our thanks to the following individuals and their organizations for their guidance on services in Texas and survey recruitment support, in alphabetical order by agency.

Brazos County District Attorney's Office
Jarvis Parsons, District Attorney, Chairman of the Board of the Texas District and County Attorneys Association, Sexual Assault Survivors' Task Force Member

Department of Protective and Family Services
Demetrie M. Mitchell, Chief of Staff
Rachel Nicholson, Director, External Relations

Health and Human Services Commission
Lisa Peers, Texas Health and Human Services Commission (HHSC), Regulatory Services Division, Health Facility Licensing
Amanda Montagne Martin, Director, Government & Stakeholder Relations

Office of the Attorney General
Public Information Office

Texas Access to Justice Foundation
Lisa Melton, Special Project Manager/Senior Program Officer

Texas CASA
Vicki Spriggs, Executive Director
Christine Kelly, Executive Assistant

Texas Commission on Law Enforcement (TCOLE)
Gretchen Grigsby, Government Relations Director, Sexual Assault Survivors' Task Force Member

Texas District & County Attorneys Association
Robert Kepple, Executive Director

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Texas Department of Criminal Justice
Jason Clark, TDCJ Chief of Staff
Karen Hall, TDCJ Deputy Chief of Staff
Lynne Sharpe, PREA Ombudsman Coordinator, Retired
Angie McCown, Director, Victim Services Division
Mary McCaffity, Deputy Director, Victim Services Division
Michelle Navarro, Program Supervisor, Texas Crime Victim Clearinghouse, Victim Services Division

Texas Higher Education Coordinating Board
John Wyatt, Senior Director of External Relations

Texas Juvenile Justice Department
Carla Bennett-Wells, PREA Coordinator
Preston A. Streufert, Director of Stakeholder Relations

Texas Legal Services Center (TLSC)
Dukes, LASSA Network Coordinator

Texas Military Department (Texas National Guard), JFHQ-TX
Amy Allen, Sexual Assault Response and Prevention (SAPR) Coordinator

Texas Military Preparedness Commission
Keith Graf, Executive Director

The University of Texas System
Krista Anderson, UT Systemwide Title IX Coordinator, Texas Higher Education Coordinating Board Title IX Training Advisory Committee

Creating a comprehensive and grounded statewide survey involves many voices, much input, many iterations, and hours and hours of review and feedback. We are lucky and honored to have worked alongside so many dedicated people. We offer a very big thanks to those who provided critical input to make the survey grounded in the field.

Texas Association Against Sexual Assault (TAASA)
Kristen Lenau, Senior Policy Advisor
Katherine Strandberg, Senior Policy Advisor

Texas Council on Family Violence (TCFV)
Gloria Terry, Chief Executive Officer

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

And we extend our gratitude to those who made this survey and project possible with their **continuous engagement and stewardship – the Sexual Assault Survivors' Task Force membership**, and the **leadership of the Steering Committee**.

Office of the Texas Governor, Public Safety Office, Sexual Assault Survivors' Task Force
Aimee Snoddy, Executive Director
Hillary England, Administrator
Nicole Martinez, Associate Administrator
Francesca Garcia, Administrative Assistant

Texas Association Against Sexual Assault (TAASA)
Rose Luna, Chief Executive Officer
Liz Boyce, General Counsel, Director of Policy and Advocacy

Children's Advocacy Centers™ of Texas
Justin Wood, General Counsel, Vice President of External Relations

The service providers deserve a special acknowledgment. They are the unsung heroes who persevere, pivot, and adjust to any number of barriers to provide vital services to the thousands of survivors in every corner of Texas. Their work and dedication are essential to providing safety and improving the lives of many. We thank you for the time and attention you graciously gave by answering this survey.

Survivors are always the grounding and centering focus of our work. Our vision is for all people to live peaceful and prosperous lives in a world free from violence. Our hope is that this research moves us, collectively, one step closer to actualizing that vision. We honor you through the creation and publication of this research and hope that it will assist the state and local communities in addressing future survivor needs.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX B: SURVEY

Texas Sexual Assault

Resource Inventory Survey

Consent to Participate in Research: Service Providers

Title of the Project: Texas Sexual Assault Resource Inventory Survey

Principal Investigator: Dr. Bruce Kellison, Co-Director, Institute on Domestic Violence and Sexual Assault, University of Texas at Austin

Study Sponsor: Office of the Texas Governor, Public Safety Office

Invitation to be Part of a Research Study

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent document.

What is the study about and why are we doing it?

This project will broaden our understanding of the experiences of child and adult survivors of sexual assault in Texas by gathering and assessing sexual assault services and the unmet needs of survivors statewide.

What will happen if you take part in this study?

If you agree to take part in this study, you will be asked questions regarding:

- the role you hold within your organization
- your organization's funding sources
- the services your organization provides
- the greatest needs of sexual assault survivors in your area
- the greatest gaps in services or supports related to services available to survivors.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

How long will this study take and how many people will be in the study?

The survey should take approximately 20-30 minutes to complete but may take longer for programs that provide a wide range of services and/or that serve a large number of counties. Participants will also be able to stop the survey, save answers already completed, and start the survey again at another time. We recommend that only one person per organization enter data into the online survey. Up to 1,000 people will be in the study.

What risks might you experience from being in this study?

Risks related to participation are minimal. Only the researchers approved on this project will have access to your full survey response. Results from this research project may be made public and used for statewide planning purposes, but most of your responses will only be made available outside the research team in an aggregated form. In other words, data from your response will be pooled with data from others' responses and reported on in a way that will not be attributable to you or your organization. Certain information about services provided by your organization may be included in statewide planning documents or shared as part of a resource directory with your permission. Reminders will be provided throughout the survey to clarify which responses may be shared in an identifiable way either outside the research team or publicly.

How could you benefit from this study?

You will receive no direct benefit from participating in this study; however, survey results will be used to inform policy, resource allocation, and organizational practice to improve access and availability of services to survivors of sexual assault. Individuals participating in the survey may feel a sense of satisfaction from sharing the breadth and depth of their agency's services or may gain an appreciation of the methods being used to plan future growth and service development in Texas.

What data will we collect from you?

As part of this study, we will collect the answers to the questions stated above.

How will data on my organization be used?

Some data from this survey, such as information on the name of your organization, services provided by your organization, and counties you serve will be shared with the Sexual Assault Survivors' Task Force for the purpose of developing a publicly available directory of service providers for sexual assault survivors. Other data, such as information on service provision challenges, pandemic responses, and funding sources, will only be shared in an aggregated form. In other words, it will be analyzed along with data from other organizations and the results will be shared in a manner that is not identifiable. Longer written answers to questions may be quoted in reports, but quotes will not be attributed to you or

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

your organization and any references in a quote that might identify you or your organization will be removed.

How will we protect your information?

We will protect your information by keeping survey responses on secure password-protected servers at The University of Texas at Austin. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project. You will not be asked to sign this consent form; you will consent by agreeing to participate further in the survey only after you have read this information. Only trained researchers will have access to the survey data.

Information about you may be given to the following organizations:

- The study sponsor and/or representative of the sponsor
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Officials of the Department of Health and Human Services

We may share your data with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers will not include information that can directly identify you.

What will happen to the information we collect about you after the study is over?

Your name and other information that can directly identify you will be deleted from the research data collected as part of the project.

How will we compensate you for being part of the study?

You will not receive any type of payment for your participation.

Your Participation in this Study is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin or your agency. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

You may decide to withdraw before this survey is completed, or at any time during the survey. Your partial responses may be included in our data collection unless you specifically request to withdraw all of your responses or comments.

Contact Information for the Study Team and Questions about the Research

Prior, during, or after your participation you can contact Dr. Bruce Kellison at 512-475-7813 or send an e-mail to bkellison@ic2.utexas.edu with any questions or concerns. This study has been reviewed and approved by The University Institutional Review Board and the study number is 2020010151.

Contact Information for Questions About Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin

Institutional Review Board

Phone: 512-232-1543

Email: irb@austin.utexas.edu

Please reference study number 2020010151.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. If you would like, we will send you a copy of this document for your records by emailing Dr. Kellison. If you have any questions about the study later, you can contact the study team using the information provided above.

Do you consent to be part of the survey?

- ☐ **I agree to participate.**
- ☐ **I do not agree to participate.**

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Researchers are sending this survey to organizations like yours in order to gather contact information for a publicly available service provider directory, provide information on the availability of sexual assault services across the state, and help the Sexual Assault Survivors' Task Force and the Texas Legislature better understand gaps in service availability in order to minimize such gaps in the future. Responses pertaining to organization contact information, services, and counties in your service area may be shared publicly with your permission. No other information from your responses will be reported in an identifiable manner.

Respondent Information

A note on language: In the survey, the term "survivor" is used because this study is being conducted in connection with the Sexual Assault Survivors' Task Force. We acknowledge that some agencies or stakeholders being surveyed use the term "victim" which is ingrained in the criminal justice system and also expresses the great harm and pain to the person who has been assaulted or abused. For this survey, the term "survivor" is inclusive of all adults and children who have been sexually assaulted or abused.

1. What is the full name of your organization (as it appears in the public domain)?

2. Do you want your agency to be included in a resource directory for survivors and/or other service providers? To this end, do you give the Sexual Assault Survivors' Task Force permission to share organization contact information and information on services with the public or with other service providers?

   □ Yes, provide our information to survivors and other service providers
   □ Yes, provide our information to other service providers only
   □ No, do not provide our information to anyone

[If yes to above]

3. Please provide your organization's main phone number, web site URL, or other contact information you would like survivors and/or other service providers to use to contact your organization about services in keeping with your preferences stated above.

   Phone number _____
   URL _____
   Other contact information _____

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

4. What is your title/your role at your organization?
   - ☐ Director (executive, chief executive officer, etc.)
   - ☐ Other; please specify: _____

5. How would you categorize your organization?
   - ☐ Stand Alone Rape Crisis Center/Sexual Assault Program
   - ☐ Dual Family Violence-Sexual Assault Program
   - ☐ Children's Advocacy Center
   - ☐ Court Appointed Special Advocates (CASA)
   - ☐ Other; please specify: _____

6. How many years have you been in your current position?
   - ☐ Less than 1 year
   - ☐ 1 – 5 years
   - ☐ 6 – 10 years
   - ☐ More than 10 years

7. How many years have you worked at your organization?
   - ☐ Less than 1 year
   - ☐ 1 – 5 years
   - ☐ 6 – 10 years
   - ☐ 11 – 15 years
   - ☐ 16 – 20 years
   - ☐ More than 20 years

8. How many years have you worked with, or in service of, interpersonal violence survivors?
   - ☐ Less than 1 year
   - ☐ 1 – 5 years
   - ☐ 6 – 10 years
   - ☐ 11 – 15 years
   - ☐ 16 – 20 years
   - ☐ More than 20 years

Organizational Information: Introduction

Reminder: Researchers are collecting this information on your organization in order to create a publicly available service provider directory, assess the availability of sexual assault services across the state, and help the Sexual Assault Survivors' Task Force and the Texas legislature identify gaps in service availability. Responses to this section will be de-identified and analyzed in the aggregate, so any

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

information you share will not be reported in an identifiable manner unless it pertains to the following: name of organization, services provided, and counties of service. Please note that House Bill 1590 requires the collection of funding data, but this data will be aggregated with other agency responses and will not be presented in connection with your organization.

Organizational Information: Background

9. During your most recent completed fiscal year *before* the COVID-19 pandemic, approximately how many unique clients were seen by your organization?

10. During your most recent completed fiscal year before the COVID-19 pandemic, approximately how many clients of each of the following types did your organization serve? We recognize that many clients experience multiple forms of violence, so the sum of the numbers reported here may be larger than the total number of unique clients you served, [insert value from item 9], due to polyvictimization.

	Approximate number of clients from this population	My organization does not serve this population.
Adult survivors sexually assaulted as an adult		☐
Adult survivors sexually assaulted as a child		☐
Child and adolescent survivors of sexual assault		☐
Adult survivors of family violence		☐
Child and adolescent survivors of family violence		☐
Adult survivors of human trafficking		☐
Child and adolescent survivors of human trafficking		☐
Other sexual assault survivor populations. Please specify: _____		☐

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

11. In order to better understand how resources could be allocated in the future, researchers have a few questions about funding sources. Remember, this information will only be shared in an aggregated form and your organization's funding data will not be identifiable. For your agency's most recently completed fiscal year, please estimate the funding amounts you received from each of these categories (exact amounts are not necessary):

Individuals	$____
Nonprofits (including foundations)	$____
Businesses	$____
State funds	$____
Federal funds	$____
Other	$____

12. Which of the following state and federal funding sources contributed to the amounts noted above? Select all that apply.

___Sexual Assault Services Program (Federal – Governor's Office, TAASA pass-through)
___Victims of Crime Act (Federal – Governor's Office)
___Violence Against Women Act (Federal – Governor's Office)
___Child Advocacy Programs (State Appropriated – Health and Human Services Commission)
___Court Appointed Special Advocate Program (State Appropriated – Health and Human Services Commission)
___Family Violence Program (State Appropriated – Health and Human Services Commission)
___Legal Services Grants (State Appropriated – Office of the Attorney General)
___Other Victim Assistance Grants (State Appropriated – Office of the Attorney General)
___Sexual Assault Prevention and Crisis Services Program (State Appropriated – Office of the Attorney General)
___Victims Assistance Coordinators and Victims Liaisons (State Appropriated – Office of the Attorney General)
___SAFE-Ready Facilities Funding (State Appropriated – Governor's Office)
___Crime Victims Civil Legal Services (Texas Access to Justice Foundation)
___Legal Aid for Survivors of Sexual Assault (Texas Access to Justice Foundation)
___Other Federal Discretionary Grant Programs
___Other; please specify: _____

13. In which counties does your organization provide services? We are interested in the counties where your organization actually **provides** services, either directly or through referral. Providing a service by referral means your organization referred a client (who has been through an intake process with your agency) to an individual or group outside your organization

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

for services. Select all that apply, or if you serve all counties in the state, please select the "all counties in Texas" option.

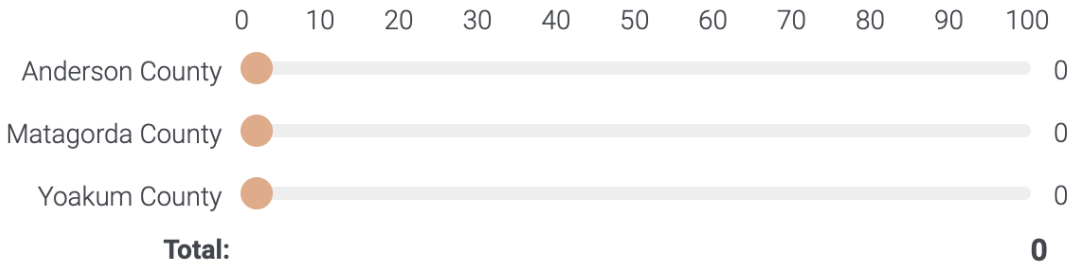
If you are selecting multiple counties, please hold down your "control" (ctrl) key (if using a PC) or your "command" key (if using a Mac) when selecting counties with your mouse.

- ☐ My organization serves clients in all counties in Texas
- ☐ All counties listed (see Qualtrics survey for list)

[Follow-up item shown only to participants who endorse more than one county but not the "all counties in Texas" option. The item shows a series of sliders with a constant sum of 100. Participants can use the sliders, which also have numerical values listed on the right, to assign points to each county for a total of 100 points.]

14. Please give your best estimate of how much of your funding is allocated across each county you serve. Use the slider bar below to allocate points to each county (the total must equal 100). Allocate more points to counties where more of your funding is utilized to provide services. If you need to modify the list of counties, please click the "back" button to return to the previous screen.

    Total points across all counties must equal 100.



The next series of questions refers to services that your organization may provide to survivors of sexual assault. Please review the table below that provides the names that we are using for the services that we've included in this survey and descriptions for each service type. This list and the descriptions are shown in future screens in this survey. You can also **click here** to open a separate browser window that you can reference as you complete the rest of the survey.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Please Read Prior to County Items

Please read this page before continuing to the next section.

The next section of the survey will ask you three questions about each service your organization provides in the county or counties you serve. *This set of questions will appear for each county on a separate screen.* Instructions for each of the three questions are given below.

For Questions 1 and 2, please respond for your *most recent completed fiscal year before the COVID-19 pandemic* for the county in question.

Remember: Data from Questions 2 and 3 will be analyzed in the aggregate and *will not* be shared in a way that could be identify you or your organization.

Question 1: Services provided by your organization. This question is about services that were actually *provided* (not offered) in that county. Please use the boxes to show if you provided the service directly, by referral, or both. *Providing a service by referral means your organization referred the client to an individual or group outside your organization for services.* Make no selection if your organization does not offer this service in this county.

If you did not report providing a service in a county in Question 1, do not answer Questions 2 or 3 about that service.

Question 2: How well were you able to meet the survivors' needs? Do you experience challenges connecting with survivors in need of the service? (We recognize that service providers work in challenging conditions with limited resources, so some gaps in service are inevitable.) When it comes to this service in this county, did your organization

- *completely* meet survivors' needs,
- *largely* meet the needs of survivors who sought the service with challenges reaching others,
- *somewhat* meet the needs of those who seek the service with difficulties reaching others, or
- *rarely* meet survivors' needs.

Question 3: The COVID-19 pandemic has impacted service organizations throughout Texas and beyond. Please use Column 3 to indicate *how service availability was impacted by the COVID-19 pandemic* in each county. Please describe each service as

- *available at normal levels* during the pandemic,
- *less* available during the pandemic, or
- *not* available during the pandemic.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

These answers should reflect the level of service your organization was able to provide *after initial adjustments for the COVID-19 situation were made but before any increase in service due to re-opening.*

Service Questions by County

Please answer the questions below regarding services in *[county piped in from previous response]*.

For Questions 1 and 2, please respond for your *most recent completed fiscal year before the COVID-19 pandemic*.

Question 1: Please indicate which **services were *provided*** (not offered) either **directly, by referral, or both**.

If you did not report providing a service in this county in Question 1, do not answer Questions 2 or 3 about that service.

Reminder: data from Questions 2 and 3 will be analyzed in the aggregate and will not be shared in a way that could be identify you or your organization.

Question 2: Please indicate whether your organization was able to 1) *completely* meet survivors' needs, 2) *largely* meet the needs of survivors who sought the service with challenges reaching others, 3) *somewhat* meet the needs of those who seek the service with difficulties reaching others, or 4) *rarely* meet survivors' needs.

Question 3: Reporting on the period after your organization adjusted to COVID-19 conditions but prior to re-opening, please show whether services were 1) *available at normal levels* during the pandemic, 2) *less available* during the pandemic, or 3) *not available* during the pandemic,

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

For [county]:

	Question 1 – Services Provided please select direct, by referral, or both *these data may be associated with your organization	Question 2 – Perceived Service Needs *these data will not be associated with your organization	Question 3 – Service Availability During COVID *these data will not be associated with your organization
[List of services will appear in this column. *Note that when participants hover their mouse over each service, its definition will appear.*]	☐ Direct ☐ By Referral	☐ Completely ☐ Largely ☐ Somewhat ☐ Rarely	☐ Not Available ☐ Less Available ☐ Available at Normal Levels

[See Appendix B1 for the list of Services and Definitions or click this link.]

Organizational Information: Referrals

15. Do you refer clients to individual service providers?
    - ☐ Yes
    - ☐ No

16. Do you refer clients to other agencies?
    - ☐ Yes
    - ☐ No

[Shown only to participants who endorsed making referrals to other agencies]

17. Please list the five organizations or service providers you refer clients to *most frequently*. Be as specific as possible, including agency or service provider names.

_____

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Organizational Information: Courtesy Services

[Shown only to participants who identified their organization as a CAC]

18. Does your organization provide courtesy services in counties outside your normal service area?
    - ☐ Yes
    - ☐ No

[Shown only to participants who answered "Yes" to item 18]

19. In which counties does your organization provide *courtesy services*?

If you are selecting multiple counties, please hold down your "control" (ctrl) key (if using a PC) or your "command" key (if using a Mac) when selecting counties with your mouse.

[multiple selection box listing all counties in Texas]

[Shown only to participants who answered "Yes" to item 18]

20. What courtesy services do you offer in counties outside your usual service area?
    - ☐ Joint Investigation Coordination
    - ☐ Multidisciplinary Case Review
    - ☐ Trauma-Focused Therapy
    - ☐ Medical Evaluation
    - ☐ Family Advocacy and Victim Support

Other Service Questions

21. Does your organization participate in a Sexual Assault Response Team (SART)?
    - ☐ Yes
    - ☐ No
    - ☐ The option to participate in a SART is not available in my area.

[If Yes]

22. In which SART or SARTs does your organization participate?

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Additional Questions

When answering the following questions, please remember that your responses from this portion of the survey will be analyzed in the aggregate and *will not* be presented in a way that could be identifiable to your organization. Written responses may be quoted in reports, but they *will not* be connected to you or your organization and identifying information will not be included.

23. Service organizations do their best to help sexual assault survivors under challenging conditions and with limited resources. What areas are currently the most challenging for your organization when it comes meeting the needs of survivors?

    [free response box]

24. What additional resources would you need if you were to ramp up to meet all currently unmet needs of sexual assault survivors in your service area?

    [free response box]

25. If you have anything additional to share about the impact of the pandemic on your organization's ability to provide services, please share your thoughts below.

    [free response box]

26. What services, if any, have you been able to deliver remotely during the current pandemic that you plan to offer or are considering offering remotely when COVID conditions are no longer a factor?

    [free response box]

Contact and Closing

1. This survey is part of a multi-step research project on services for sexual assault survivors. Would you allow us to contact you again about future interviews or brief surveys?
   - ☐ yes
   - ☐ no

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

2. Would you be willing to refer this survey to other service providers if needed?
   - ☐ yes
   - ☐ no

[If yes to one or more of above]

Please provide your name, email address, and phone number where we may contact you in the future.

Name _____

Email address _____

Phone number _____

Thank you for your participation in this survey! Your participation is valuable.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX B1: SERVICE ACTIVITIES AND DEFINITIONS

Service Activity	Definition
Accompaniment	
Court Accompaniment	In-person support, assistance, and advocacy during the sexual assault survivors' interaction with criminal justice professionals at prosecutors' offices and courts.
Law Enforcement Accompaniment	In-person support, assistance, and advocacy during the sexual assault survivors' interaction with criminal justice professionals at law enforcement offices.
Medical Accompaniment	In-person support, assistance, and advocacy during the sexual assault survivors' interaction with medical or criminal justice professionals at hospitals.
Crisis Intervention/Hotline	
24-Hour Crisis Hotline	A telephone line answered 24 hours a day, 7 days a week by trained staff or volunteers to provide immediate, confidential, non-judgmental support, crisis intervention, and information and referrals to sexual assault survivors.
Crisis Intervention	In person or via telecommunication assistance provided to a sexual assault survivor to reduce acute distress, to begin stabilization, and to assist in determining next steps.
On-Scene Crisis Response	Any services that are provided at the scene of a crisis by an advocate for a sexual assault survivor.
Clothing/Immediate Needs	Provision of clothing or other immediate needs to a sexual assault survivor after a sexual assault, e.g. hygiene products, blanket, etc.
Advocacy/Assistance	
Assistance with Crime Victims' Compensation	Assistance provided to a sexual assault survivor that may include explaining Crime Victims' Compensation (CVC) forms, processes, or completing the appropriate forms. Providing general information on CVC should be counted under "Information and Referral."

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Assistance with Restitution	Assistance with Restitution includes statutory notice of right to restitution and written notification of the restitution process within 10 days of indictment/information, assisting sexual assault survivors with calculating losses; gathering documentation/receipts; reviewing victim impact statements for potential restitution requests; contacting CVC to determine if funds have been expended on survivor's behalf; and providing restitution information and CVC reimbursement requests for the prosecution.
Assistance with Victim Impact Statements	Assistance provided to a sexual assault survivor explaining the Victim Impact Statement identified in Article 56.03 Code of Criminal Procedure and/or completing the appropriate forms. Providing general information on Victim Impact Statements should be counted under "Information and Referral."
Victim Advocacy (adult)	In person or via telecommunication assistance provided on behalf of a sexual assault survivor with third parties, e.g., schools, employers, law enforcement agencies, housing authorities, health care professionals, prosecutors; offices, CVC.
Victim Support and Advocacy (child)	Supportive services and advocacy on behalf of child survivors of sexual abuse and their families typically as part of a multidisciplinary response.
Safety Planning	Creating a personalized, practical plan that can help a sexual assault survivor anticipate dangerous situations and develop ways to keep themselves safe when they are in danger.
Joint Investigation Coordination	Key element and function of the multidisciplinary team (MDT) model that is premised on all MDT representatives contributing their knowledge, experience and expertise for a coordinated, comprehensive, compassionate and professional response, to each case that meets criteria for an MDT response, within both the criminal justice and child protection systems
Notification of Criminal Justice Events	Communications from criminal justice agencies to a sexual assault survivor regarding their case, e.g. case status, arrest, court proceedings, case disposition, release.
Information and Referral	All forms of contact with sexual assault survivors in which services and available support (provided by the agency or the community) are identified and/or offered.
Follow-up with Survivor	In person, telephone, or written communication initiated by the advocate that occurs as a follow-up to an initial meeting with the sexual assault survivor to provide or offer services such as emotional support, empathetic listening, and checking on progress.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Therapy	
Therapy (Group)	Groups for sexual assault survivors facilitated by a licensed professional and including therapeutic counseling and/or psycho-educational content.
Therapy (Adult)	Mental health counseling and care for an adult sexual assault survivor, including, but not limited to, outpatient therapy/counseling provided by a person who meets professional standards to provide these services in the jurisdiction in which the care is administered.
Therapy (Child/Family)	Mental health counseling and care related to sexual abuse for a child or with a family to benefit a child, including, but not limited to, outpatient therapy/counseling provided by a person who meets professional standards to provide these services in the jurisdiction in which the care is administered.
Support Groups	Groups for sexual assault survivors led by trained staff, volunteers, or peer facilitators covering educational material or issues brought up by the group.
Substance Use Services	Inpatient or outpatient clinical treatment for substance abuse for sexual assault survivors.
Outreach/Prevention	
Community Outreach	Includes but is not limited to public speeches, information booths, media interviews, public service announcements, newsletters, articles, editorials, and website visits conducted for the purpose of generally informing the public about crime-related topics and available victim services.
Prevention	Includes education and other activities (e.g., community mobilization and social norms change) related to the prevention of sexual violence. May include awareness activities (education to increase knowledge of the dynamics of sexual violence, its causes and consequences, and of services available through the sexual assault program), risk-reduction education (efforts that focus on reducing the risk of an individual in becoming a victim of sexual violence), and primary prevention activities (preventing sexual violence by working to increase protective factors and decrease risk factors of first-time perpetration of sexual violence).

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Forensic or Medical Services	
Forensic Examinations	An assessment of a sexual assault patient by a health care provider, ideally one who has specialized education and clinical experience in the collection of forensic evidence and treatment of these patients. The assessment includes gathering information from the patient for the medical forensic history; an examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the patient; documentation of findings; information, treatment, and referrals for sexually transmitted infections (STIs), pregnancy, suicidal ideation, alcohol and substance abuse, and other non-acute medical concerns; and follow-up as needed to provide additional healing, treatment, or collection of evidence.
Forensic Interviews	Evidentiary interviews with survivors of sexual abuse conducted by a trained professional in a friendly environment. Interviews may be videotaped and may allow for input from representatives of diverse agencies. One comprehensive interview is preferred in order to reduce the potential for further victim trauma. Results of the interview should be used not only for law enforcement and prosecution purposes but also for social services, personal advocacy, case management, and mental health purposes. Interviews should be conducted in the context of a multidisciplinary investigation and diagnostic team or in a specialized setting such as a children's advocacy center.
Medical Evaluation (child)	Ensures specialized medical evaluations and treatment services are available and accessible to child survivors of alleged abuse and are coordinated as part of the multidisciplinary response.
Legal	
Civil Legal Assistance by an Attorney (general)	Provided by a licensed attorney, those actions (other than tort actions) that, in the civil context, are reasonably necessary as a direct result of sexual assault victimization, e.g. issues related to housing, education, employment, health
Civil Legal Assistance by an Attorney (immigration related)	Provided by a licensed attorney, legal services related to the immigration issues of a sexual assault survivor that are reasonably necessary due to the sexual assault victimization, e.g. special visas such as VAWA self-petition, continued presence application, and/or other immigration relief.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Crime Victims' Rights Assistance by Attorney	Provided by a licensed attorney, legal services that help victims assert their rights as victims in a criminal proceeding (other than criminal defense) directly related to the victimization, or otherwise to protect their safety, privacy, or other interests as victims in such a proceeding.
Emergency Legal Advocacy	Emergency Legal Advocacy refers to actions directly connected to sexual assault or abuse case that are taken to ensure the health and safety of the victim. This includes filing Protection from Abuse orders, injunctions, elder abuse petitions, child abuse petitions, and other protective orders. Assistance with filing for emergency custody/visitation rights is included if directly connected to a sexual assault/abuse case.
Legal Advocacy	Provided by an advocate, typically with specialized training, to assist a sexual assault survivor with civil and/or criminal legal issues arising from the victimization.
Protective Order (Assistance)	Legal advocacy or representation provided by program staff and/or staff attorneys to obtain protective orders for sexual assault survivors; assistance may be provided by law enforcement personnel, prosecution staff, or other service providers. Services may be available at non-traditional locations and times.
Other Services	
Shelter	Provide lodging for a sexual assault survivor, including but not limited to emergency housing assistance.
Transitional Housing	Between 6 and 24 months of temporary housing with support services for survivors of sexual assault.
Permanent Supportive Housing	Affordable housing for sexual assault survivors tied to supportive services with no time limit on how long people can stay. Typically restricted to individuals who have some type of disability that makes it difficult or impossible for them to live without additional supports.
Interpreter Services	Provision of trained interpreter for a sexual assault survivor who is deaf or hard of hearing, or with limited English proficiency.
Emergency Financial Assistance	Funds provided directly to sexual assault survivors for items needed immediately following a sexual assault and that would not otherwise be paid for by the Crime Victims' Compensation Program, e.g. one-time transportation, one-time lodging, and/or a one-time food and/or gas card, etc.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

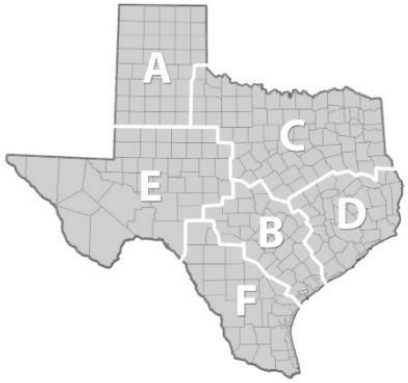
Supervised Visitation	Refers to contact between a non-custodial parent and one or more children in the presence of a third person responsible for observing the interactions and ensuring the safety of those involved. Specific to situations requiring a supervised visitation due to sexual assault/abuse.
Supervised/Safe Exchanges	Refers to the supervision of the transfer of the child from one parent to the other. Supervision is limited to the exchange or transfer only. Most frequently, precautions are taken to assure that the two parents or other individuals exchanging the child do not come into contact with one another. Specific to situations requiring a supervised exchange due to sexual assault/abuse.
Parenting Classes	Refers to education for parents of child sexual abuse survivors to support their child's healing and prevent future abuse.
Transportation	Arranging and/or providing transportation for a sexual assault survivor for planned activities to one or more destinations in a single trip, or to an unplanned or crisis situation to or from locations such as medical facilities or police stations.
Child or Dependent Care Assistance	Provide on-site child or dependent care and/or assistance arranging and paying for care. Specific to situations requiring child or dependent care due to sexual assault/abuse.
Availability of Services in Other Languages	Refers to specialized programming provided in the language preferred by a sexual assault survivor (other than English). Programming should be offered by staff or volunteers who are fluent or native speakers in the language.
Specialized Services for Victims with Disabilities	Refers to specialized programming for persons with disabilities with an emphasis on the voices and experiences of sexual assault survivors with disabilities.
Culturally Specific Programming	Refers to specialized programming primarily directed toward racial and ethnic minority groups. Programming should be relevant to the needs of the community and provided by trained staff or volunteers.
Other	*Open response.*

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

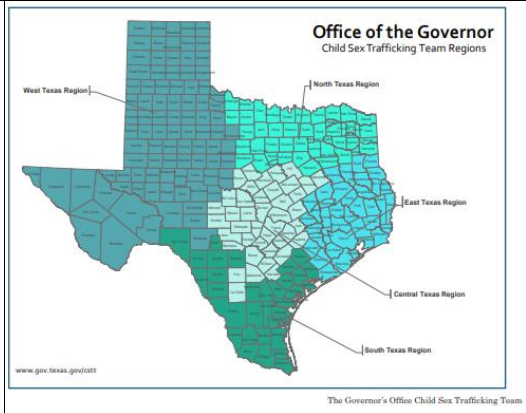
APPENDIX C: REGIONAL MAPS

Figure 15. Regional Maps

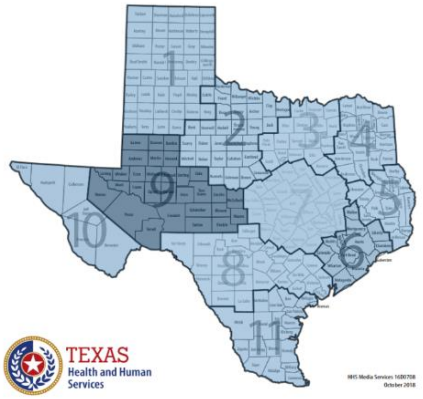
TAASA (6; Regions A-F)[17]



CSTs (5; North, South, East, West, Central)[18]

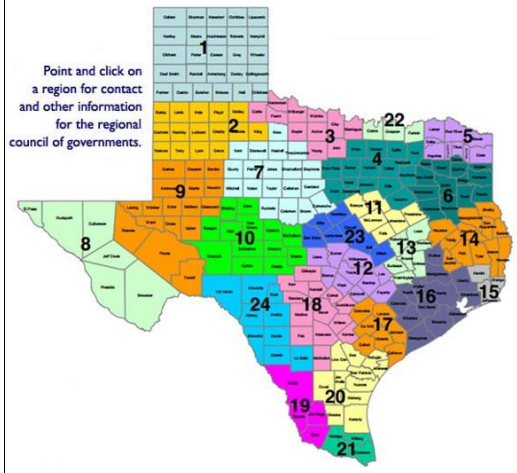


HHSC (11; Region 1-11)[19]



TCFV (9; Regions 1-9)[20]

COGs (24; Regions 1-24)[21]



DFPS (11; Regions 1-11)[22]

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX D: HHSC REGIONS BY COUNTY

Region 1: High Plains		Region 2: Northwest TX	Region 3: Metroplex	Region 4: Upper East TX	Region 5: Southeast TX	Region 6: Gulf Coast	Region 7: Central TX	Region 8: Upper South TX	Region 9: West TX	Region 10: Upper Rio Grande	Region 11: Lower South TX
Armstrong	Randall	Archer	Collin	Anderson	Angelina	Austin	Bastrop	Atascosa	Andrews	Brewster	Aransas
Bailey	Roberts	Baylor	Cooke	Bowie	Hardin	Brazoria	Bell	Bandera	Borden	Culberson	Bee
Briscoe	Sherman	Brown	Dallas	Camp	Houston	Chambers	Blanco	Bexar	Coke	El Paso	Brooks
Carson	Swisher	Callahan	Denton	Cass	Jasper	Colorado	Bosque	Calhoun	Concho	Hudspeth	Cameron
Castro	Terry	Clay	Ellis	Cherokee	Jefferson	Fort Bend	Brazos	Comal	Crane	Jeff Davis	Duval
Childress	Wheeler	Coleman	Erath	Delta	Nacogdoches	Galveston	Burleson	DeWitt	Crockett	Presidio	Hidalgo
Cochran	Yoakum	Comanche	Fannin	Franklin	Newton	Harris	Burnet	Dimmit	Dawson		Jim Hogg
Collingsworth		Cottle	Grayson	Gregg	Orange	Liberty	Caldwell	Edwards	Ector		Jim Wells
Crosby		Eastland	Hood	Harrison	Polk	Matagorda	Coryell	Frio	Gaines		Kenedy
Dallam		Fisher	Hunt	Henderson	Sabine	Montgomery	Falls	Gillespie	Glasscock		Kleberg
Deaf Smith		Foard	Johnson	Hopkins	San Augustine	Walker	Fayette	Goliad	Howard		Live Oak
Dickens		Hardeman	Kaufman	Lamar	San Jacinto	Waller	Freestone	Gonzales	Irion		McMullen
Donley		Haskell	Navarro	Marion	Shelby	Wharton	Grimes	Guadalupe	Kimble		Nueces
Floyd		Jack	Palo Pinto	Morris	Trinity		Hamilton	Jackson	Loving		Refugio
Garza		Jones	Parker	Panola	Tyler		Hays	Karnes	Martin		San Patricio
Gray		Kent	Rockwall	Rains			Hill	Kendall	Mason		Starr
Hale		Knox	Somervell	Red River			Lampasas	Kerr	McCulloch		Webb
Hall		Mitchell	Tarrant	Rusk			Lee	Kinney	Menard		Willacy
Hansford		Montague	Wise	Smith			Leon	La Salle	Midland		Zapata
Hartley		Nolan		Titus			Limestone	Lavaca	Pecos		
Hemphill		Runnels		Upshur			Llano	Maverick	Reagan		
Hockley		Scurry		Van Zandt			Madison	Medina	Reeves		
Hutchinson		Shackelford		Wood			McLennan	Real	Schleicher		
King		Stephens					Milam	Uvalde	Sterling		
Lamb		Stonewall					Mills	Val Verde	Sutton		
Lipscomb		Taylor					Robertson	Victoria	Terrell		
Lubbock		Throckmorton					San Saba	Wilson	Tom Green		
Lynn		Wichita					Travis	Zavala	Upton		
Moore		Wilbarger					Washington		Ward		
Motley		Young					Williamson		Winkler		
Ochiltree											
Oldham											
Parmer											
Potter											

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX E: STEPS FOR DETERMINING SERVICE LIST

Researchers developed a list of services most commonly provided to survivors of sexual assault and abuse. The list included 46 types of services divided into 8 categories. To develop the list, researchers reviewed existing sexual assault service lists from national and Texas-based funding agencies and service lists related to core or minimum services required of service providers. The draft service list was shared with the Sexual Assault Survivors' Task Force Steering Committee, which is comprised of representatives from the Texas Association Against Sexual Assault, Children's Advocacy Centers of Texas and the Office of the Texas Governor, for review and was subsequently revised based on their feedback.

Step 1: Collected service types from a variety of organizations, typically funders. Whenever available, definitions for the services were also collected. The research team collected service lists and/or definitions from multiple organizations, including: Office for Victims of Crime (OVC), Texas Department of Criminal Justice (TDCJ), Office of the Texas Governor, Public Safety Office (OOG PSO), Texas Office of the Attorney General (OAG)

Below is the service list from each organization:

Office for Victims of Crime (portal for finding grantees)
https://ovc.ncjrs.gov/findvictimservices/Search.asp

- Assistance in Filing Compensation Claims
- Cell Phones (911)
- Civil Legal Services
- Criminal Justice Support Advocacy
- Crisis Counseling
- Crisis Hotline Counseling
- Crisis Prevention
- Direct Clinical Services
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Follow-Up Contact
- Forensic Examinations
- Fraud Investigation
- Group Therapy
- Identity Theft Counseling
- Information and Referral
- Personal Advocacy
- Safety Plans (DV)
- Shelter/Safe House
- Supervised Visitation

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Support Group(s)
- Telephone Contacts
- Therapy
- Transportation
- Victims' Rights Legal Service

OVC Annual Report

https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/2017-voca-annual-assistance-performance-report.pdf

- Information about the criminal justice process
- Information about victims' rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations; address confidentiality programs; etc.)
- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
- Performance of medical or nonmedical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child or dependent care assistance (includes coordination of services)
- Transportation assistance (includes coordination of services)
- Interpreter services
- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)
- Emergency shelter or safe house

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Transitional housing
- Relocation assistance (includes assistance with obtaining housing)
- Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release)
- Victim impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal assistance in obtaining protection or restraining order
- Civil legal assistance with family law issues (e.g., custody, visitation, or support)
- Other emergency justice-related assistance
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Law enforcement interview advocacy/accompaniment
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel

TDCJ Victim Services, Texas Victim Resource Directory
https://ivss.tdcj.texas.gov/resource-search/

- Assistance with Crime Victims' Compensation
- Assistance with Restitution
- Assistance with Victim Impact Statements
- Civil Legal Services
- Clothing / Immediate Needs
- Community Outreach / Education
- Counseling / Mental Health Services
- Criminal Justice Accompaniment
- Crisis Intervention / Counseling
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Follow-Up
- Forensic Examinations
- Forensic Interviews
- 24-Hour Crisis Line
- Information & Referral
- Law Enforcement Accompaniment
- Legal Advocacy

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Legal Assistance
- Medical Accompaniment
- Medical Services
- Other
- Personal Advocacy
- Prevention
- Protective Orders
- Safety Planning
- Shelter
- Supervised Visitation
- Support Groups
- Training
- Transitional Housing
- Transportation
- Victim Advocacy

OOG – PSO, VOCA

- Assistance in Filing Compensation Claims
- Criminal Justice Support/Advocacy
- Crisis Counseling
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Follow-up Counseling
- Info and Referral (In-person)
- Other – Case Management
- Other – Hotline
- Other – Public Presentations
- Personal Advocacy
- Shelter/Safe House
- Support Groups
- Telephone Contact Info & Referral
- Therapy

OAG Sexual Assault Prevention Crisis Services (SAPCS) grant program
https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/grants/FY2020_2021_SAPCS_State_Application_Kit_Instructions.pdf (includes service list and definitions)

- 24-Hour Crisis Hotline
- 24-Hours Crisis Hotline calls
- Accompaniment

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Advocacy
- Assistance with Crime Victims' Compensation
- Assistance with Statewide Automated Victim Notification Services (SAVNS)
- Assistance with Victim Impact Panels
- Assistance with Victim Impact Statements
- Crisis Intervention
- Direct Victim Services
- Education (outreach, training, prevention)
- Individual Counseling
- Information Booth
- Information and Referral
- Lodging
- OAG Sexual Assault Training Program (SATP)
- Peer Support Services
- Support Groups
- Survivor/Victim
- Therapeutic Groups
- Transportation

OAG Other Victim Assistance Grants (OVAG) and Victim Coordinator and Liaison Grant (VCLG) program

https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/grants/FY2020_2021_OVAG_VCLG_Application_Kit_Instructions.pdf (includes service list and definitions)

- Accompaniment
- Advocacy
- Assistance with Crime Victims' Compensation
- Assistance with Statewide Automated Victim Notification Services (SAVNS)
- Assistance with Restitution
- Assistance with Victim Impact Panels
- Assistance with Victim Impact Statements
- Crisis Intervention
- Direct Victim Services
- Education (Outreach, Training)
- Emergency Funds
- Follow-up with Victim
- Individual Counseling
- Information Booth
- Information and Referral
- Legal Assistance

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- Lodging
- Peer Support Services
- Support Groups
- Therapeutic Groups
- Transportation

Service types were collected based on sexual assault program minimum standards and CAC Core Services, listed below.

Sexual Assault Program Minimum Standards:
https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/grants/Minimum-Service-Standards.pdf

- 24-Hour Crisis Hotline
- Crisis Intervention
- Advocacy
- Accompaniment to Hospitals, Law enforcement Offices, Prosecutor's Offices and Courts
- Public Education

Children's Advocacy Centers Core Services
https://issuu.com/cactx/docs/ov_cactx_ar2018_final-toprint-pages?e=32952358/68373056 (see p. 7)

- Joint Investigation Coordination
- Forensic Interviews
- Family Advocacy and Victim Support
- Trauma-Focused Therapy
- Medical Evaluations
- MDT Case Review

In some cases, when further definitions were needed, the following documents were used:

- FV State Plan Appendix C Chapter 51 Services[23]
- FV State Plan Appendix G Additional Support Services[24]
- DFPS Provider Enrollment for HIP Program: Helping Through Intervention and Prevention[25]
- DFPS Open Enrollment for Supervised Visitation Services[26]
- National Protocol Sexual Assault Medical Forensic Examinations (2013)[27]

In a few cases, Texas State Agency websites or website they linked to as sources were used:
https://www.dfps.state.tx.us/Child_Protection/Child_Safety/parenting_classes.asp

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

https://www.svnworldwide.org/parent-faq-s

Step 2: Researchers placed each service list in a master Excel spreadsheet. Each list was maintained in its own column, but they attempted to line up similar services across rows. Sometimes an individual service would match more than one service in another column, depending on how broad or narrow the specific service listed was. Through this process, the research team developed one comprehensive list and determined that it includes all potential services to sexual assault victims.

Step 3: The research team sent this master list with definitions, to TAASA and CACTX to review who recommended a few changes and additions, which were incorporated.

Step 4: Revised based on feedback.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX F: SUPPLEMENTAL TABLES

The following links provide access to the supplemental tables with detailed data. The files themselves are too large to include in this document.

Summary tables organized by provider type: *https://utexas.box.com/v/Appendix-F-Provider-Summary*

- Categories of services in which at least one service was provided (baseline availability).
- The degree to which at least one service in a service category was rated by providers as "completely" meeting survivor needs, shown in percentage form.
- The degree to which participants report that at least one service in a service category has been available at normal or altered levels during the COVID-19 pandemic.

Detailed tables organized by provider type: *https://utexas.box.com/v/Appendix-F-Provider-Detail*

- Baseline availability for each individual service.
- Whether a service was provided directly, by referral, or not at all, for each individual service.
- Degree to which survey participants rate survivors' need for a service to be met or unmet, for each individual service.
- COVID-19 impact on service delivery for each individual service.

Summary tables organized by region: *https://utexas.box.com/v/Appendix-F-Region-Summary*

- The degree to which participants report providing a service (baseline availability) for each service category.
- Services that were provided directly, by referral, or not at all.
- Complete respondent ratings of the degree to which needs for specific services have been met.
- Complete respondent ratings of the degree to which specific services were available or paused/changed during the COVID-19 pandemic.

Detailed tables organized by region: *https://utexas.box.com/v/Appendix-F-Region-Detail*

- Baseline availability for each individual service.
- Whether a service was provided directly, by referral, or not at all, for each individual service.
- Degree to which participants rate survivors' need for a service to be met or unmet, for each individual service.
- COVID-19 impact on service delivery for each individual service.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX G: DEFINITIONS OF STAKEHOLDER GROUPS NAMED IN HB 1590

Agency Types	Definition	Source
a. Nonprofit organizations	A nonprofit corporation or nonprofit association. Nonprofit corporation - a corporation no part of the income of which is distributable to a member, director, or officer of the corporation, except as provided by TX BOC Section 22.054. Nonprofit association - an unincorporated organization, other than one created by a trust, consisting of three or more members joined by mutual consent for a common, nonprofit purpose.	Texas Business Organizations Code. Section 22.001 https://statutes.capitol.texas.gov/Docs/BO/htm/BO.22.htm#22.001 Texas Business Organizations Code. Section 252.001 https://statutes.capitol.texas.gov/Docs/BO/htm/BO.252.htm#252
a1. Sexual Assault Programs	A program recognized by the Office of the Attorney General as a Sexual Assault Program (SAP) per Chapter 420 Government Code. "Sexual assault program" means any local public or private nonprofit corporation, independent of a law enforcement agency or prosecutor's office, that is operated as an independent program or as part of a municipal, county, or state agency and that provides the required minimum services to adult survivors of stranger and non-stranger sexual assault.	Texas Gov Code Section 420.003 https://statutes.capitol.texas.gov/Docs/GV/htm/GV.420.htm
a2. Children's Advocacy Programs/Centers	An entity that is established in accordance with a memorandum of understanding executed under Texas Family Code §264.403, which operates local children's advocacy center programs.	TAC RULE §377.201 https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=377&rl=201

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

a2-1. Multi-Disciplinary Teams	A team of individuals composed in accordance with Texas Family Code §264.406 that works within a local children's advocacy center to review child abuse cases with the intent of coordinating the activities of entities involved in child abuse investigation and prosecution and in the provision of victim services.	TAC RULE §377.201 https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=377&rl=201
a3. Other Nonprofit Organizations	Nonprofits that provide direct services to sexual assault survivors, including CASAs, Legal Aid Service Organizations, and others.	
b. Health Care Facilities	See below.	
b1. Health Care Facilities (ERs)	A general or special hospital licensed under Chapter 241, a general or special hospital owned by this state, or a freestanding emergency medical care facility licensed under Chapter 254. Note: This definition essentially describes Texas emergency rooms. It was created by HB 677 (89), which created minimum standards for the treatment of sexual assault patients within Texas emergency rooms.	Texas Health and Safety Code. Section 323.001 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.323.htm
b2. SAFE-Ready Facilities	SAFE-ready facility - a health care facility designated as a sexual assault forensic exam-ready facility under Section 323.0015. Section 323.0015 SAFE-READY FACILITIES. The department shall designate a health care facility as a sexual assault forensic exam-ready facility, or SAFE-ready facility, if the facility notifies the department that the facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation with a licensed nurse or physician when conducting a sexual assault forensic medical examination.	Texas Health and Safety Code. Section 323.001 & 323.0015 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.323.htm

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

c. Institutions of Higher Education	Any public technical institute, public junior college, public senior college or university, medical or dental unit, public state college, or other agency of higher education as defined in this section.	Texas Education Code. Section 61.003 https://statutes.capitol.texas.gov/Docs/ED/htm/ED.61.htm
d. SARTs	A group of specially trained members of health care, law enforcement, prosecution, and advocacy that work together as a group to provide health care and advocacy services to victims of sexual assault while investigating sexual assault cases for criminal prosecution.	National Sexual Violence Resource Center. (2018) "Glossary," SART Toolkit. https://www.nsvrc.org/sarts/toolkit Also, U.S. Department of Justice, Office for Victims of Crime, n.d. "Glossary of Key Terms," SANE Program Development and Operation Guide. https://www.ovcttac.gov/saneguide/glossary-of-key-terms/
e. Other Governmental Entities	(a) the state; (b) a municipality, county, public school district, or special-purpose district or authority; (c) a district, county, or justice of the peace court; (d) a board, commission, department, office, or other agency in the executive branch of state government, including an institution of higher education as defined by Section 61.003 Education Code; (e) the legislature or a legislative agency; or (f) the Supreme Court of Texas, the Texas Court of Criminal Appeals, a court of appeals, or the State Bar of Texas or another judicial agency having statewide jurisdiction.	Texas Gov Code Sec. 2252.001 https://statutes.capitol.texas.gov/Docs/GV/htm/GV.2252.htm

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX H:
STATE-FUNDED SEXUAL ASSAULT PROGRAMS AND SERVICES

State Agency	Relevant Programs
Health and Human Services (HHSC)	• Pass thru for CASA funds and CAC funds • Local Mental Health Authorities (LMHA) Local Behavioral Health Authorities (LBHA) • HB 13: Community Mental Health Grant Program
Department of Public Safety (DPS)	• Forensic Labs • Rangers
Department of Family and Protective Services (DFPS)	• Child Protective Services • Child Protective Investigations Program • Adult Protective Services • Human Trafficking and Child Exploitation Division • Prevention and Early Intervention
Office of the Attorney General (OAG)	• Other Victim Assistance Grants (OVAG) grant program • Victims of Crime Liaison Grants (VCLG) grant program • Sexual Assault Prevention and Crisis Services (SAPCS) grant program • Statewide Automated Notification System (SAVNS) grant program • Crime Victim Civil Legal Services (CVCLS) grant program • Sexual Assault Services Program (SASP) grant program • Crime Victims' Compensation Program • Address Confidentiality Program • Sexual Assault Exam Reimbursement program • Maintenance of: Pseudonym Form, Texas Evidence Collection Protocol • Sexual Assault Training Program (SATP) Certification • Sexual Assault Nurse Examiner (SANE) Certification • Training for Victim Service Professionals • Internet Crimes Against Children Task Force • Human Trafficking and Transnational/Organized Crime Section • Human Trafficking Prevention Coordinating Council • Child Exploitation and Fugitive Apprehension Units

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Texas Department of Criminal Justice (TDCJ)	• Prison Rape Elimination Act (PREA) Ombudsman Office • SAFE Prisons/PREA Management Office • Integrated Victim Services System (IVSS) • Victim Offender Mediation Dialogue (VOMD) • Texas Crime Victims Clearinghouse (TxCVC) • Victim Service Coordinators
Texas Juvenile Justice Department (TJJD)	• Prison Rape Elimination Act (PREA) Office • Victim Services
Office of the Governor (OOG)	• STOP Violence Against Women Formula Grant Program • Sexual Assault Services Formula Grant Program • Child Sex Trafficking Programs and Child Sex Trafficking TeamDNA Test Kit Grant Program • Victims of Crime Act • SAFE-Ready Facilities • Forensic Evidence Testing
Department of Family and Protective Services (DFPS)	• Prevention & Early Intervention • Child Protective Services • Human Trafficking and Child Exploitation Division (within CPS) • Adult Protective Services • The Child Protective Investigations (CPI) program • Online Training Tutorial for Reporting Abuse or Neglect
Department of State Health Services (DSHS)	• Public Health Departments
Texas Education Agency (TEA)	• Introduction to Human Trafficking for Education Professionals: Texas RISE to the Challenge

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX I: RECRUITMENT EMAIL

Email Subject: Texas Sexual Assault Resource Inventory Survey. Your input is needed!

Dear partners,

Thank you in advance for your time and expertise in completing this 20- to 30-minute survey at your earliest convenience and not later than **Monday, August 31st**.

Sexual assault is a complex issue that touches the lives of millions of Texans and has untold impacts on the state as a whole. As researchers, we are indebted to the work conducted by service providers across Texas to support survivors.

We are asking for your continued service to the field via a *Resource Inventory Survey*. This survey is part of the work of the Sexual Assault Survivors' Task Force established by House Bill 1590 during the 86th Legislative Session.

Survey and Consent Information

- **If you would like a preview of the survey's structure and questions prior to beginning the survey, please view this PDF of the survey.** We ask that you review the questions, gather the information you may need, and consult with other program staff about responses, as you feel is necessary.
- After beginning the survey, you can leave it and return to it at any time (multiple times if necessary).
- Please complete the online survey by ***Monday, August 31st.*** **It will be impossible for researchers to accept submissions after this date or include data from late submissions in their report.**
- Questions cover the range of services your organization provides to survivors and the gaps in services and community needs regarding sexual assault in your region.
- The survey will take approximately 20-30 minutes to complete.
- Participation is voluntary, and there are no negative consequences to you or your organization if you do not choose to participate. However, your response is vital to the understanding of sexual assault services in Texas.

The Results

The Task Force will use the information you provide to create a comprehensive public resource directory: including the name of the organization, agency contact information, counties in the service area, and services your agency provides. All other information collected (like funding sources and unmet service needs) will be de-identified (will not identify you or your organization), and aggregated.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Once completed, the overall study will detail the regional availability of sexual assault services throughout the state of Texas and the unmet needs of survivors. It will be an excellent resource for both state agencies and our community, as it will highlight the critical work being done by programs like yours to assist survivors of sexual assault.

{LINK TO THE SURVEY}

We appreciate your time and valuable input.

Sincerely,

Bruce Kellison, PhD
Principal Investigator & IDVSA Co-Director
bkellison@ic2.utexas.edu

Noël Busch-Armendariz, PhD, MSSW, MPA
Director, IDVSA, University Presidential Professor
nbusch@austin.utexas.edu

Caitlin Sulley, LMSW
Project Director, IDVSA
csulley@austin.utexas.edu

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

APPENDIX J: RECRUITMENT EMAIL FROM TAASA, CACTX, TCFV

Dear Agency Directors,

We, TAASA, TCFV, and CACTX, are writing to you today to ask for your help. As Coalition leaders in our respective focus areas, we are committed to resource access for all Texas programs as you provide life-saving work in the community. Our request involves a few minutes of your time to complete a survey about the sexual assault services you offer. Our issues are connected and our dedication as statewide partners on your behalf is unyielding. Your work and partnership are vital, and we thank you for your valued input and time.

Background

TAASA and CACTX are members of the Sexual Assault Survivors' Task Force established by House Bill 1590 during the 86th Legislative Session. The Task Force's primary goal is to develop a survivor-centered, trauma-informed, collaborative, and coordinated response to sexual violence experienced by adults and children in Texas.

The Task Force partnered with the Institute on Domestic Violence & Sexual Assault (IDVSA) at the University of Texas at Austin to conduct a research study on the availability of sexual assault services throughout the state of Texas and the unmet needs of survivors. The study will:

- broaden our understanding of the experiences of child and adult survivors of sexual assault in Texas;
- gather and assess sexual assault services, and the unmet needs of survivors statewide; and accessibility of services available to victims statewide;
- include survey data from service providers, organized by Texas region;
- produce a comprehensive public resource directory.

Resource Inventory Survey,

We are excited to announce the launch of the Resource Inventory Survey and request your participation. Your input is vital to providing critical information to the Sexual Assault Survivors' Task Force and the creation of a comprehensive final public resource directory.

What to Expect

- On **Thursday, July 9,** Agency Directors will receive an email from IDVSA with a PDF of the survey questions and a link to the Resource Inventory Survey.
- We ask that you review the questions, gather the information you may need, and consult with other program staff about responses, as you feel is necessary.
- Please complete the online survey by **Wednesday, July 22.**
- Questions cover the range of services your organization provides to survivors and the gaps in services and community needs regarding sexual assault in your region.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

- The survey will take approximately 20 minutes to complete, depending on the number of counties your organization serves.
- Participation is voluntary, and there are no negative consequences to you or your organization if you do not choose to participate. However, your response is vital to the understanding of sexual assault services in Texas.

The Results

The Task Force will use the information you provide to create a comprehensive public resource directory including the name of the organization, agency contact information, counties in the service area, and services your agency provides. All other information collected (like funding sources and unmet service needs) will be aggregated and will not identify you or your organization.

Once completed, the overall study will detail the regional availability of sexual assault services throughout the state of Texas and the unmet needs of survivors. It will be an excellent resource for both state agencies and our community, as it will highlight the critical work being done by programs like yours to assist survivors of sexual assault as well as unmet needs.

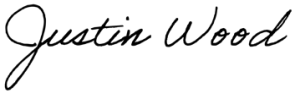
Questions

If you have questions, please contact the researchers directly by emailing the Project Director, Caitlin Sulley (csulley@austin.utexas.edu), or the Principal Investigator, Dr. Bruce Kellison (bkellison@ic2.utexas.edu) or by phone: 512-475-7813.

Thank you for your time and attention to improve the services to sexual assault survivors.

Gloria Aguilera Terry
Chief Executive Officer
TCFV

Rose Luna
Chief Executive Officer
TAASA



Justin Wood
General Counsel/VP
External Relations
CACTX

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

References

[1] Busch-Armendariz, N., Olaya-Rodriguez, D., Kammer-Kerwick, M., Wachter, K., Sulley, C., Anderson, K., & Huslage, M. (2015). *Health and well-being: Texas statewide sexual assault prevalence study.* Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/TX-SA-Prevalence-Study-Final-Report.pdf

[2] Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report*. Atlanta, Georgia: National Center for Injury Prevention and Control Centers for Disease Control and Prevention.

[3] Busch-Armendariz, N., Olaya-Rodriguez, D., Kammer-Kerwick, M., Wachter, K., Sulley, C., Anderson, K., & Huslage, M. (2015). *Health and well-being: Texas statewide sexual assault prevalence study.* Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/TX-SA-Prevalence-Study-Final-Report.pdf

[4] Klein, L.B. (2016). Fostering compassion satisfaction among college and university Title IX administrators. Journal of Campus Title IX Compliance and Best Practices, 2, 58-75. DOI: 10.17732/CAMPUSIX02

[5] Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Levittown, PA: Brunner/Mazel.

[6] Newell, J.M., & MacNeil, G.A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health, 6*(2), 57-68.

[7] Costello, P. (2003). *Action research.* New York: Continuum.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

[8] Rauch, F., Schuster, A., Stern, T., Pribila, M., & Townsend, A. (2014). *Promoting change through action research*. SensePublishers, Rotterdam. https://doi.org/10.1007/978-94-6209-803-9

[9] Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J., & Wasim, A. (2019). *Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence*. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence. http://tcfv.org/wp-content/uploads/2019/09/FINAL-State-Plan-Report-September-2019.pdf

[10] Texas Council on Family Violence. (2019). *Texas State Plan*. https://tcfv.org/texas-state-plan/

[11] Texas Health and Human Services Commission (n.d.). *Texas Health and Human Services regional map.* https://hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf

[12] Texas Department of Family and Protective Services. (n.d.). *Map of DFPS regions*. https://www.dfps.state.tx.us/Contact_Us/map.asp

[13] Busch-Armendariz, N. B., Wood, L., Kammer-Kerwick, M., Kellison, B., Sulley, C., Westbrook, L., Olaya-Rodriguez, D., Hill, K., Wachter, K., Wang, A., McClain, T., & Hoefer, S. (2017). *Research methods report: Cultivating learning and safe environments – An empirical study of prevalence and perceptions of sexual harassment, stalking, dating/domestic abuse and violence, and unwanted sexual contact.* Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

[14] Blumenberg, C., Barros, A.J.D. (2018). Response rate differences between web and alternative data collection methods for public health research: A systematic review of the literature. *International Journal of Public Health, 63*, 765–773. https://doi.org/10.1007/s00038-018-1108-4

[15] Texas District & County Attorneys Association. (2013, November-December). *Children's Advocacy Centers at 25 years*. The Texas Prosecutor. https://www.tdcaa.com/journal/childrens-advocacy-centers-at-25-years/

[16] Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346

[17] Texas Association Against Sexual Assault. (n.d.). *TAASA region map and county listing.* http://taasa.org/wp-content/uploads/2016/11/TAASA-Regional-Map-and-County-Listing.pdf

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

[18]Meadows Mental Health Policy Institute. (2019). *Roadmap for Texas comunities to address child sex trafficking.* https://www.texasstateofmind.org/wp-content/uploads/2019/04/CST_FullReport.pdf

[19] Texas Health and Human Services Commission (n.d.). *Texas Health and Human Services regional map.* https://hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf

[20] Texas Council on Family Violence. (n.d.). *Regional map.* http://tcfv.org/wp-content/uploads/2019/03/2018-Regional-Map.png

[21] Texas Association lf Regional Councils. (n.d.). *Regions map.* https://www.txregionalcouncil.org/display.php?page=regions_map.php

[22] Texas Department of Family and Protective Services. (n.d.). *Map of DFPS regions*. https://www.dfps.state.tx.us/Contact_Us/map.asp

[23] Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J., & Wasim, A. (2019). *Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence*. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence. http://tcfv.org/wp-content/uploads/2019/09/FINAL-State-Plan-Report-September-2019.pdf

[24] Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J., & Wasim, A. (2019). *Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence*. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence. http://tcfv.org/wp-content/uploads/2019/09/FINAL-State-Plan-Report-September-2019.pdf

[25] Texas Department of Family and Protective Services. (2006, November). *Child Protective Services Handbook – Supervised Visitation Services.* https://www.dfps.state.tx.us/handbooks/cps/files/CPS_pg_8236.asp

[26] Texas Health and Human Services. (2019, December). *Procurement and Contract Services – Open Enrollment Opportunity: Department of Family and Protective Services, Project HIP: Helping Through Prevention and Intervention.* https://apps.hhs.texas.gov/PCS/HHS0000069/

[27] United States Department of Justice Office on Violence Against Women. (2013, April). *A national protocol for sexual assault medical forensic examinations: Adults/Adolescents (Second Edition)*, NCJ 241903. http://c.ymcdn.com/sites/www.safeta.org/resource/resmgr/Protocol_documents/SAFE_PROTOCOL_2012-508.pdf

© 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Attachment G: Certifications and SF424s

OMB Number: 4040-0007
Expiration Date: 02/28/2025

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Director
APPLICANT ORGANIZATION	DATE SUBMITTED
City of Austin	8/1/2022

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009
Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant:, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statue(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statue(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.

14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Director
APPLICANT ORGANIZATION	**DATE SUBMITTED**
City of Austin	8/1/2022

SF-424D (Rev. 7-97) Back

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
	M21-MP480500

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
480264	

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	City of Austin

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI:
74-6000085	STJHKA38NWJ8

d. Address:

* Street1:	1000 E. 11th St. Suite 200
Street2:	
* City:	Austin
County/Parish:	
* State:	TX: Texas
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	78702-1945

e. Organizational Unit:

Department Name:	Division Name:
Housing and Planning	

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:		* First Name:	Rosie
Middle Name:			
* Last Name:	Truelove		
Suffix:			

Title:	Director

Organizational Affiliation:

* Telephone Number:	512-974-3064	Fax Number:	

* Email:	rosie.truelove@austintexas.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.239

CFDA Title:

HOME Investment Partnership Grant-American Rescue Plan (HOME-ARP)

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

HOME-ARP will be used for one or more of the following eligible activities- development and support of affordable housing; tenant-based rental assistance; provision of supportive services; acquisition and development of non-congregate shelter; and planning and administration.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: TX-010 * b. Program/Project: TX-010

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/20/2021 * b. End Date: 09/30/2030

18. Estimated Funding ($):

* a. Federal	11,441,252.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	11,441,252.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Rosie

Middle Name:

* Last Name: Truelove

Suffix:

* Title: Director

* Telephone Number: 512-974-3064 Fax Number:

* Email: Rosie.Truelove@austintexas.gov

* Signature of Authorized Representative: * Date Signed: 7/22/22

HOME-ARP CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the participating jurisdiction certifies that:

Affirmatively Further Fair Housing --The jurisdiction will affirmatively further fair housing pursuant to 24 CFR 5.151 and 5.152.

Uniform Relocation Act and Anti-displacement and Relocation Plan --It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It will comply with the acquisition and relocation requirements contained in the HOME-ARP Notice, including the revised one-for-one replacement requirements. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42, which incorporates the requirements of the HOME-ARP Notice. It will follow its residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the HOME-ARP program.

Anti-Lobbying --To the best of the jurisdiction's knowledge and belief:
1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose
accordingly.

Authority of Jurisdiction --The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and program requirements.

Section 3 --It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 75.

HOME-ARP Certification --It will use HOME-ARP funds consistent with Section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2) and the CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program*, as may be amended by HUD, for eligible activities and costs, including the HOME-ARP Notice requirements that activities are consistent with its accepted HOME-ARP allocation plan and that HOME-ARP funds will not be used for prohibited activities or costs, as described in the HOME-ARP Notice.

Signature of Authorized Official

7/22/22

Date

Director

Title

Attachment H: HOME-ARP Budget Page

HOME-ARP Budget Page

HOME-ARP Funds	Allocation	Percentage
Sources		
Projected HOME-ARP Award	$11,441,252	
Uses		
Acquisition and Development of Non-Congregate Shelters	$8,000,000	70%
Development of Affordable Rental Housing	$1,000,000	9%
Supportive Services	$725,064.20	6%
Planning and Administration*	$1,716,187.80	15%
Total	$11,441,252	100%

**Planning and Administration cannot exceed 15% of the total grant.*