

**FY 2009-14 CONSOLIDATED PLAN  
HOUSING & NON-HOUSING NEEDS  
FOR SPECIAL NEEDS POPULATIONS**

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# Chapter 4

## HOUSING AND NON-HOUSING NEEDS FOR SPECIAL NEEDS POPULATIONS

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulties finding and paying for adequate housing, and often require enhanced community services. The groups discussed in this section include:

- The elderly and frail elderly;
- Persons with physical disabilities;
- Persons with developmental disabilities;
- Persons with severe mental illness;
- Persons with substance abuse problems;
- Persons with HIV/AIDS;
- At-risk children and youth;
- Victims of domestic violence;
- Persons experiencing homelessness and at risk of homelessness;
- Housing Authority Residents;
- Households with children in need of Lead Based Paint Remediation; and
- Persons returning to the community from correctional institutions and/or with criminal histories;

The methodology used to gather and analyze information for the housing and non-housing needs assessment involved a variety of tasks including review and analysis of secondary data and existing studies on the housing needs of special populations including persons who are homeless, as well as focus groups with stakeholders and service providers in the City.

### THE ELDERLY

#### Total population

According to 2007 American Community Survey by the U.S. Census data, there were approximately 48,123 persons over the age of 65 living in Austin in 2007, representing about 6.4 percent of the total population.

Frail elderly are defined for the purposes of this report as individuals age 65 and older with a self-care disability. In 2007, over 4,900 non-institutionalized seniors age 65 and older in

Austin were estimated to have a self-care disability and can be considered “frail elderly,” representing almost 11 percent of this age group.

### **Housing the elderly**

Elderly housing can best be described using a continuum of options, ranging from independent living situations to nursing homes with intensive medical and personal care support systems. Common steps along this housing continuum include the following:

- Independent living. The elderly may live with relatives, on their own or in subsidized units.
- Congregate living. Typically unsubsidized facilities that can be quite expensive for low- and moderate-income elderly. Normally, three meals per day are available, with at least one included in the monthly charge. Organized social activities are generally provided.
- Assisted living facilities. 24-hour non-nursing assistance, often including bathing, dressing and medication reminders. These facilities are not medical in nature and typically do not accept Medicaid reimbursement; however, nursing care is sometimes provided through home health care services. These facilities can also be fairly expensive.
- Nursing homes. 24-hour nursing care. Services may be generalized or specialized (e.g., for Alzheimer’s patients). Nursing homes are less medical intensive than hospitals and accept Medicaid reimbursement.

Independent living is at one end of the housing continuum with little or no services provided. Skilled nursing care with comprehensive services is at the other end. The movement along the continuum is not always smooth and age is not always a factor in the level of care received. However, in most cases, the functional capabilities of an individual decline with age, which results in an increased need for services.

The most recent data on where Austin seniors live is available from the 2007 American Community Survey. In 2007, 6.7 percent of the City’s elderly population lived in group quarters, nursing homes included. According to the 2000 Census (which, unlike the ACS, breaks down the group quarters population by type), about 54 percent of the individuals residing in group quarters in the City lived in nursing homes; the rest lived in non-institutionalized group housing. This non-institutionalized housing most likely represents the less intensive steps in the housing continuum (i.e., congregate care and assisted living).

Most of the senior households not living in group quarter settings in Austin owned their own homes. As seniors age, their homeownership rates decline: in 2007, the City homeownership rate was 47 percent for seniors 65 years and older, and 39 percent for seniors 85 years and older. Declining homeownership is indicative of both increasing needs for assisted living and the difficulty for individuals to support the burden of homeownership as they age.

There is an increasing likelihood that seniors, particularly women, will live alone as they age. This is due in large part to the longer life expectancies of women. In 2007, of elderly aged 65

years or older and living alone in Austin, 3,600 (25 percent) were male and 10,600 (75 percent) were female.

In most communities, seniors prefer to stay in their own homes as long as possible. If they are nearby, family members can assist with basic care needs, enabling seniors to remain in their homes longer than they would otherwise. However, the increased work demands and the increased transience of the population in recent years have made family assistance more challenging.

### **Needs of the elderly**

Low-income seniors face a wide range of housing issues, including substandard housing, a need for modifications due to physical disabilities as well as a lack of affordable housing.

An increasing number of elderly are assuming the role of primary parent for their grandchildren and great-grandchildren as the parents are absent due to removal of parental rights by child protections authorities, abandonment, substance abuse, or incarceration. This role can be physically and emotionally stressful for elders. Access to child care services can provide a respite from the demands of full-time parenting. However, elders who are retired or who only work part-time may not be eligible for subsidized child care.

### **Substandard housing**

HUD's 1999 Elderly Housing Report provides the latest national data available on seniors living in housing in need of repair or rehabilitation.<sup>1</sup> HUD reported that 6 percent of seniors nationwide lived in housing that needed repair or rehabilitation. Applying this rate to the City of Austin, it is estimated that as many as 2,900 elderly residents were likely to live in substandard housing in 2007.

### **Disability**

In 2007, 41 percent of non-institutionalized elderly persons in Austin (18,700 elderly) reported that they had some form of disability (sensory, medical or physical). Of these, 26 percent (4,900 elderly) reported a self-care limitation and 48 percent (9,000 elderly) reported a go-outside-home limitation (e.g., bathing, taking medication, going outside the home alone to shop, or visit to a doctor's office).<sup>2</sup> These incidence rates compare with only 10 percent of non-institutionalized residents overall who reported any kind of disability.<sup>3</sup> Elderly persons with such needs are best housed in accessible housing (including assisted living and nursing home facilities), or need assistance (modifications as well as services) to remain in their homes.

### **Income constraints**

Compounding the needs some seniors face for repair or improvements are the low- and/or fixed-incomes they have available to make those changes. Seniors are estimated to comprise 9 percent of the households in Austin earning less than \$10,000 per year in 2007 and 12

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<sup>1</sup> Department of Housing and Urban Development, *Housing Our Elders: A Report Card on the Housing Conditions and Needs of Older Americans*, 1999.

<sup>2</sup> U.S. Census Bureau, 2000 Census.

<sup>3</sup> This statistic refers to the civilian non-institutionalized population.

percent of households earning between \$10,000 and \$20,000 per year, while they represented 10 percent of Austin households of all income levels. Ten percent of seniors in Austin lived in poverty in 2007, compared to a much higher 18 percent of the entire population. Data from the 2007 American Community Survey demonstrated lower cost burden among elderly households. Cost burdened households are those that pay more than 30 percent of their annual income in housing costs. In 2007, an estimated 22 percent of elderly households, or over 5,000 households, were cost burdened. Renter households were much more likely to be cost burdened than owner households among households of all age levels: 29 percent versus 49 percent in 2007.

### **Transportation**

Transportation may be an additional burden faced by elderly households in Austin. The 2000 Census reported that 16 percent had no vehicle available to them. Lack of access to a vehicle could severely limit access to health care and other services, unless adequate public transit is in place to serve the elderly.

### **Resources**

Given the variety of housing options available to serve the elderly and the privatization of housing development, it is difficult to assess the sufficiency of housing for the Austin's elderly households without undertaking a comprehensive market analysis. However, the same housing problems that exist for the elderly nationwide are also prevalent in the City of Austin. The most pressing issue for middle- and high-income elderly in the U.S. is finding facilities located in preferable areas with access to public transit and other needed community services. For low-income elderly, the most difficult issue is finding affordable housing with an adequate level of care.

### **Housing**

There are several different housing options available to seniors. Those seniors who are able to live independently may benefit from supportive services in the community which enable them to remain in their homes. In addition, seniors or persons with a disability who are living on a fixed or limited income may benefit from subsidized housing. The Housing Choice Voucher Program, or Section 8, is a federally funded program that provides vouchers which can be used to pay a portion of the rent for single family homes, apartments or duplexes. However, due to the lack of affordable housing in Austin, the Housing Authority of the City of Austin currently has over 5,000 families and individuals on a waiting list for its Housing Choice Voucher program, and the waiting list is presently closed.

There are also private complexes that participate in programs subsidized by HUD. These complexes give preference to those over age 62 who meet certain eligibility criteria. They are:

- Cobblestone Court
- Eberhart Place
- Lyons Gardens
- Oak Springs
- Rebekah Baines Johnson
- St. George's Court

- Village Christian
- Western Trails

Public housing is also available through the Housing Authority of the City of Austin and Travis County Housing Authority for those individuals living on fixed or limited incomes. Several of these complexes are for seniors and people with disabilities. Public Housing generally has a waiting list, although those who are over 62 or are disabled do receive a federal preference which may shorten the time someone must wait.

For those older adults that need additional assistance, congregate living in personal care homes may be an option. The Texas Department of Aging and Disability Services requires that homes serving four or more people be licensed. Assisted living centers also serve elderly individuals who still maintain adequate mental and physical capabilities and provide assistance with daily activities such as bathing, taking medications, eating, dressing, etc.

Nursing homes serve the frail elderly population unable to take care of themselves. Exhibit 4-1 summarizes the specialized housing currently available to the elderly in Austin. As reported by the reported by the Texas Department of Aging and Human Services, licensed Austin nursing homes have a capacity for 2,390 elderly and assisted living centers a capacity for 2,012 elderly, for a total capacity of 4,402 elderly.

**Exhibit 4-1  
Licensed Senior Housing in Austin, 2007**

Nursing Homes	Units	Assisted Living	Units
Heritage Park Rehabilitation and Nursing	203	The Summit At Northwest Hills	240
Austin Nursing Park	170	Ashwood Assisted Living	135
Heritage Duval Gardens	158	Carestone At Austin	133
Retirement and Nursing Center Austin	157	Parsons House Austin	120
Monte Siesta Nursing and Rehabilitation	126	Merrill Gardens At Parmer Woods	112
West Oaks Rehabilitation and Healthcare	125	Loyalton Of Austin	112
Heartland Healthcare Center	120	Brighton Gardens Of Austin	109
Stonebridge Health Center	120	Beckett Meadows	95
Walnut Hills Convalescent Center	120	Mabee Village At Marbridge	80
Gracy Woods Nursing Center	118	Vista Oaks Of Lakeway	75
Southwood Care Center	118	Merrill Gardens At Round Rock	74
Park Bend Health Center	108	Querencia At Barton Creek	73
Regency Village Care Center	106	Arden Courts Of Austin	60
Gracy Woods II Living Center	97	Heartland Health Care Center Austin P C	60
The Summit at Westlake Hills	90	Heritage Duval Gardens	44
Westminster Health Care Center	90	Renaissance At Austin	44
Govalle Care Center	83	The Heritage At Gaines Ranch	40
Bucker Villa Sesta Home	76	Merrill Gardens At Parmer Woods	36
Oakcrest Manor Nursing Home	66	Barton Hills Assisted Living	35
Maggie Johnson Nursing Center	54	Marilyn M Campbell Center	34
Brighton Gardens of Austin	43	The Summit At Westlake Hills	30
Querencia at Barton Creek	42	Other (less than 30 units)	271
	<u>2,390</u>		<u>2,012</u>

Source: Texas Department of Aging and Human Services.

**Supportive Services**

A variety of other supportive services are available to the elderly population in Austin. They include the following:

- *Shelters and Transitional Living for Older Adults.* Family Eldercare operates 17 apartment units that provide transitional housing for older adults who are in need of temporary transitional housing to leave an abusive or unsafe living situation and/or prevent homelessness.
- *In-Home Care Services.* Several non-profit and for-profit agencies offer in-home care services for older adults. These services provide assistance with personal care and housekeeping. Two of the non-profit agencies who offer these services are Family Eldercare and Helping the Aging, Needy and Disabled.

- *Bill Payer and Guardianship Services.* Family Eldercare provides assistance with bill paying and budgeting thereby preventing financial exploitation and neglect of elders. This agency also offers court-appointed legal guardianship for vulnerable elderly who have no family to assist them.
- *Congregate Meals and Meal Delivery.* The City of Austin Parks and Recreation Department offers hot noon meals for older adults in 20 locations throughout Austin and Travis County. Meals on Wheels and More delivers hot meals to the elderly throughout the Greater Austin area.
- *Adult day care.* According to the Adult Day Care Association of Texas, Austin currently has one adult day care center (Elderhaven Adult Day Care). Adult day care is a cost-effective alternative to long-term care for individuals who are not fully able to function independently but do not require 24-hour institutionalized care.
- *Housing rehabilitation.* Austin Interreligious Ministries runs a hands-on housing program that rehabilitates homes for the elderly, disabled and working poor.

A variety of other services are available to older adults to help with other needs such as transportation to medical appointments and grocery shopping; home repairs, case management, recreation, telephone reassurance, information and referral. Some of the agencies providing these services include: Faith in Action Caregivers, Meals on Wheels, Austin Area Urban League, Family Eldercare, Area Agency on Aging and City of Austin Parks and Recreation.

## **PERSONS WITH PHYSICAL DISABILITIES**

The Census's definition of disability status is based on responses to several Census survey questions. According to the Census, individuals have a disability if any of the following three conditions are true: (1) they were 5 years old and over and had a response of "yes" to a sensory, physical, mental or self-care disability; (2) they were 16 years old and over and had a response of "yes" to go-outside-home disability; or (3) they were 16 to 64 years old and had a response of "yes" to employment disability.

The 2000 Census definition of disability encompasses a broad range of categories, including physical, sensory and mental disability. The following describes these categories whereby individuals face difficulties:

- performing certain activities such as dressing, bathing or getting around inside the home (self-care disability);
- going outside the home alone (go-outside-home disability); or
- working at a job or business (employment disability).

The Census definition of people with disabilities includes individuals with both long-lasting conditions, such as blindness and individuals that have a physical, mental or emotional

condition lasting 6 months or more that makes it difficult to perform certain activities. All disability data from the Census is self-reported by respondents.

### Total population

In 2007, an estimated 69,140 people residing in Austin—or over 10 percent of the City’s population—had some type of disability. As shown in Exhibit 4-2, disabilities are most common for the City’s older residents.

**Exhibit 4-2  
Disability Status by Age, Austin, 2007**

Source:

U.S. Census Bureau, 2007 American Community Survey.

	Number with disabilities	Percent of Age Cohort
5 to 15 years	4,625	5.0%
16 to 64 years	45,822	8.8%
65+ years	18,693	40.8%
Total	69,140	10.4%

Of all Austin residents age 5 and older, 40,745 had a *physical* disability in 2007. This is equivalent to 6.1 percent of the population 5 years and older.

### Resources

In determining the resources available to people with physical disabilities in Austin, it should be noted that individuals may have access to the following federal and state supportive programs to help meet their housing needs:

- Supplemental Security Income (SSI) is a federal support program that is available to people who have disabilities as well as limited income and resources.
- Social Security Disability Insurance (SSDI) is a federal benefit which is available to persons who qualify due to a medical condition that has lasted, or is expected to last, for at least a year and prevents them from doing any substantial work.
- Medicaid can be used by individuals in nursing homes or hospital care. Medicaid waivers make Medicaid available for home- and community-based services, such as transportation. Medicaid cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications (i.e., ramps, handrails, etc.).

### Housing

Local nonprofits assist persons with disabilities to obtain housing and services. Many of the housing units available to persons with disabilities are also available to seniors and are captured in the senior housing exhibit (Exhibit 4-1). There are a few developments available to persons with disabilities *only*; these are shown in Exhibit 4-3 below.

Austin Resource Center for Independent Living (ARCIL) provides independent living services, including housing and other referrals, to persons with disabilities, their families and communities throughout Travis and surrounding counties.

**Exhibit 4-3  
Housing Available in Austin to Disabled  
Residents Only, 2009**

Source: HUD MFH Inventory Survey of Units for the Elderly and Disabled.

Name	Unit Size	Units
East 12th Street Apartments	1-bedroom	11
Fourth Street Apartments	1-bedroom	11
Kinney Avenue Apts	1-bedroom	9
Manchaca Road Apts	1-bedroom	11
Manor House	1-bedroom	11
Mosaic Housing Corporation IX	1-bedroom	3
Mosaic Housing Corporation XI	1-bedroom	3
Mosaic Housing Corporation X	1-bedroom	3
Pecan Hills	1- and 2-bedroom	24
Stassney Apartments	1-bedroom	9
Mosaic Housing Corporation X	1-bedroom	3
Pecan Hills	1- and 2-bedroom	24
Stassney Apartments	1-bedroom	9
UCP Austin Housing	1- and 2-bedroom	6
Volunteers Of America-	1-bedroom	4
	<b>Total:</b>	<b>141</b>

The federal government, the State of Texas and the City of Austin all provide funding for affordable housing that have accessibility standards. Federal and state requirements include accessibility for people who are mobility-impaired, hearing-impaired, or visually impaired and are governed by the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Texas Accessibility Standards, and the City’s building code. In 2005, the City of Austin adopted the 2003 International Building Code that federal enforcement agencies determined in compliance with federal accessibility requirements.

In 2000, the City of Austin adopted the S.M.A.R.T. Housing™ Ordinance that encourages the development of reasonably priced units and has created over 13,000 S.M.A.R.T. Housing™ units. The S.M.A.R.T. Housing™ ordinance has additional standards for accessibility beyond federal and state levels. In addition, all single-family S.M.A.R.T. Housing™ units must be visitable. Being visitable includes the following standards:

- Accessible entrance door with a ramp or no-step entrance,
- Lever handle hardware,
- Blocking behind the bathroom walls for future grab bar installation,
- Large interior door width, and
- Light switches that are no higher than 48 inches above the floor.

In 2008, the City Council expanded some of the elements of the Visitability Ordinance to apply to all new single-family homes and duplexes in the City of Austin. These new visitability regulations are amendments to the 2006 International Residential Code.

In addition, all multi-family S.M.A.R.T. Housing™ units must include the following standards:

- All ground-floor-level units and units accessible by elevator must be adaptable,
- Ten percent of all multi-family units must be accessible,

- Accessible parking spaces are required with an accessible route to first floor units and the common areas,
- Removable cabinet doors, and
- Two percent of total parking spaces must be accessible.

In addition to the above S.M.A.R.T. Housing™ requirements, multi-family units built with Community Development Block Grant or HOME, are also subject to the Section 504 of the Rehabilitation Act of 1973. This act requires that two percent of multifamily units be accessible to individuals with sensory impairments. The S.M.A.R.T. Housing™ requirement that requires ten percent of multi-family units be accessible goes beyond the Section 504 requirements, which requires that only five percent of multi-family units be accessible.

## **PERSONS WITH DEVELOPMENTAL DISABILITIES**

### **Definition**

According to the Texas Council for Developmental Disabilities, a developmental disability is a severe, chronic disability of an individual that:

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and
- reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

### **Total population**

The Administration on Development Disabilities (ADD) estimates there are nearly four million Americans, or 1.4 percent of the total population, with a severe developmental disability. Applying this percentage to the City of Austin's 2007 population, approximately 10,500 residents would have a developmental disability.

The Centers for Disease Control and Prevention (CDC) estimates that about 17 percent of U.S. children under 18 years of age have a developmental disability. Applying this incidence rate to the population of children in Austin suggests that approximately 29,500 children have some form of physical, cognitive, psychological, sensory or speech impairment. This estimate is higher than the ADD estimate as it includes non-severe developmental disabilities. Additionally, the CDC estimates that approximately 2 percent of school-aged

children in the U.S. have a serious developmental disability, such as mental retardation or cerebral palsy and need special education services or supportive care. Applying this percentage indicates that approximately 2,300 children in the City of Austin have a serious developmental disability.

The Institute on Community Integration at the University of Minnesota estimates that 33 percent of persons with developmental disabilities live below the poverty level. Applying this to the 2007 estimation of the number of persons with developmental disabilities living in Austin, an estimated 3,500 persons in Austin with developmental disabilities live below the poverty threshold.

### **Resources**

Persons with developmental disabilities in Austin are served by Home and Community Based (HCS) providers. HCS provides an array of both in home and residential supports. Currently there are 126 HCS providers serving 546 children and adults with developmental disabilities. According to recent reports published by the local Community Action Network, “Community-based care is less expensive and provides a higher quality of life for people than institutionalized care. Access to community-based care and supports is limited due to a lack of resources. Average wait time for Home and Community Based services is 3.4 years.” Therefore, even if an individual with disabilities is able to obtain appropriate housing, the services they may need to live independently are frequently difficult to acquire.

The Department of Aging and Disability Services (DADS) oversees programs providing residential and rehabilitation services to persons with developmental disabilities or related conditions. These programs are called Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR). Currently, there are 43 ICF/MRs in Austin that have space for up to 278 persons with developmental disabilities. This does not include 435 beds that are available at Austin State School, one of 11 state schools in the state that provide campus-based direct services and support to persons with developmental disabilities. The Austin State School serves a 28-county area surrounding and including Austin and Travis County. In Austin, Travis County, there is one adult day care provider, Elder Haven Adult Day Care with capacity to serve up to 59 elderly or disabled individuals. Many of the supportive services available through non-profits in the community for older adults also serve individuals with disabilities. For example, these include In-Home Care Services, Bill Payer and Guardianship Services.

Child care for children under five who have severe disabilities is limited both by the number of providers who can adequately care for disabled children and by the limited subsidized rate for child care. Children with disabilities are given a priority in the subsidized system. The workforce child care system can pay up to 190 percent of the usual subsidized rate for child care. However, even the enhanced rate falls far short of the actual cost of care.

Families with disabled children often are burdened with additional expenses such as medical or therapeutic costs that may push them into poverty or deeper into poverty. Both the children and families need specialized services. Some of the services are provided to children under three years old through Early Childhood Intervention (ECI) programs or through the school systems for children three and older.

For single parents with disabilities, child care can be a significant support and provide a respite from 24 hour parenting duties.

## **PERSONS WITH MENTAL ILLNESS**

Persons with mental illness face a wide array of challenges related to housing and support services. The Center for Mental Health Services (CMHS) defined a Severe Mental Illness (SMI) as a “diagnosable mental, behavioral or emotional disorder that met the criteria of DSM-III-R and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.” An SMI can only be diagnosed for adults; the equivalent diagnosis for children 17 and under is a severe emotional disorder (SED).

### **Prevalence**

Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.<sup>4</sup> According to the 2007 American Community Survey, 30,030 persons age 5 and older in Austin had a mental disability, or about 4.4 percent. The age group with the highest rate of mental disability was seniors 75 and older, of which 24 percent had a mental disability, compared with 7 percent of seniors 65 to 74 years old. The rate of mental illness in age groups below 65 was below 4 percent.

These numbers represent an increase from the 2000 Decennial Census, in which 21,615 Austin residents, representing 3.6 percent of the population, were found to have mental disabilities. The rates of mental disability prevalence in each age group were 18 percent for seniors over 75 years old, 7 percent for seniors 65 to 75, and around 3 to 4 percent for age groups below 64.

### **Outstanding Need**

Because of limited available funding, there are significant gaps in the mental health service delivery system in Austin. In 2008, the monthly average waiting list for services at the Austin Travis County Mental Health Mental Retardation Center was 951 individuals. Many are forced to turn to emergency rooms for care. In 2008, there were almost 25,000 Emergency Room visits in Austin with behavioral health diagnoses.<sup>5</sup>

According to the Austin Mayor’s Mental Health Task Force Monitoring Committee, 2008, Fourth Annual Report, housing is one of the most critical focus areas related to the mental health community. Individuals with behavioral health needs can not make progress without access to safe and affordable housing. Fifty-one percent of individuals on the Austin Travis County Mental Health and Mental Retardation Center (ATCMHMR) waiting list for services report moderate, significant or high housing instability.

Of particular need for persons with mental illness is supportive housing that provides housing with necessary supportive services on site, including mental health care and

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<sup>4</sup> <http://nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#KesslerPrevalence>

<sup>5</sup> Data provided by Dr. Susan Stone, Chair, Mayor’s Mental Health Task Force Monitoring Committee.

chemical dependency treatment. The barriers to housing for individuals with mental illness are often compounded by other obstacles including substance abuse disorders and criminal backgrounds. According to the Travis County Sheriff's Office, there were 3,874 unduplicated individuals in the Travis County jail in 2008 who had a mental health diagnosis or were assessed to be in need of psychiatric attention. Of those in the Travis County jail who were assessed by psychological services staff, an estimated 54 percent had a substance abuse or dependence disorder.<sup>6</sup> People with serious mental illness are disproportionately represented among individuals with a criminal history. Without treatment, individuals with serious mental illness move continuously between crisis hospitalization, homelessness, and the criminal justice system.

The 2007 Point-in-Time Homeless Count found 3,451 sheltered and unsheltered homeless persons in Austin/Travis County; 662 were identified as having a severe mental illness.<sup>7</sup> This may undercount the number of homeless persons with severe mental illness due to survey respondents not identifying his/her mental illness or diagnosis. Many of these individuals receive services through local homeless service providers. Many more individuals with severe mental illness are assumed to be "under-housed," living in unlicensed and unregulated Board and Care Homes.

### **Resources**

The Austin Travis County Mental Health and Mental Retardation Center (ATCMHMR) offers several residential and non-residential services for Austin residents with mental disabilities. Safe Haven is a HUD-funded co-ed emergency shelter with 16 bed spaces for homeless persons with mental disabilities. It provides over 5,000 bed-nights annually. ATCMHMR also has 53 permanent supportive housing units in 5 HUD-funded apartment complexes for disabled persons, most of which are occupied by persons with mental disabilities.

Other residential services are provided by the Next Step program (also run by ATCMHMR), the Inn (a short-term psychiatric facility), and through Shelter Plus Care certificates. ATCMHMR's Project Recovery houses up to 13 individuals per night with co-occurring mental illness and substance abuse issues. Currently, the Austin-Travis County Re-Entry Roundtable and the Austin/Travis County Mental Health Mental Retardation Center have contracted with the Corporation for Supportive Housing to complete an analysis of the types of financing strategies necessary to fill unmet needs for supportive housing in our community.

## **PERSONS WITH SUBSTANCE ABUSE DISORDERS**

### **Total population**

The U.S. Department of Health and Human Services, through its Substance Abuse and Mental Health Services Administration (SAMHSA), tracks substance abuse prevalence at the state level. According to SAMSHA's 2006 National Household Survey on Drug Use and

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<sup>6</sup> Travis County Sheriff's Office, Data provided by Danny Smith, Counseling and Education Manager.

<sup>7</sup> Point-in-Time Count is a requirement of the Continuum of Care application coordinated by ECHO. For more information, see: [www.caction.org/homeless](http://www.caction.org/homeless).

Health (NHSDUH), the statewide prevalence rate for alcohol or illicit drug dependence or abuse in Texas is 9.2 percent for persons age 12 and older, the same as the rate nationwide. The rate for the 10-county region including Travis County (Austin) was *significantly higher* at 10.8 percent (one of the highest rates of all 15 regions surveyed in Texas). Applying this estimate to Austin's 2007 population 12 years and over according to the American Community Survey, an estimated 67,200 persons in Austin would have had some form of substance abuse problem.

The 2006 NHSDUH showed that 13.7 percent of the population ages 12 and older in Travis and the surrounding counties had used marijuana one or more times in the last twelve months, far above the statewide rate of 8.5 percent and by far the highest in the state. Rates of use of other drugs were higher as well: 5.8 percent had used nonmedical pain relievers one or more times in the past 12 months and 2.5 percent had used cocaine one or more times in the last twelve months. Applying these regional usage rates to the Austin population produces estimates of 85,100 marijuana users, 37,500 nonmedical pain reliever users and 22,700 cocaine users in Austin. The percentage of individuals addicted to these substances is probably lower than the percentage of people reporting usage.

### **Outstanding need**

The 2006 National Household Survey on Drug Use and Health (NHSDUH) estimates that 2.9 percent of the population 12 years and over in the sub-state region including Travis County need but are not receiving treatment for illicit drug use. Applying the percentage to the population in Austin, approximately 18,200 persons need and are not receiving treatment for illicit drug use. The same study also estimates that 8.9 percent of Austin area residents age 12 and over need but are not receiving treatment for alcohol use. Using this same incidence rate, approximately 55,400 Austin residents age 12 and over need but do not receive treatment for alcohol abuse.

Child Protective Services reports that the parents of children in the child protection system have a high percentage of substance abuse and/or mental health problems. Access to treatment is critical in order to return children to parents from state custody.

### **Resources**

Exhibit 4-4 shows state licensed drug and alcohol facilities. Currently there are 1,512 outpatient beds and 408 beds in these facilities.

**Exhibit 4-4  
Housing and Services for Persons  
with Substance Abuse Issues,  
Austin**

Source: Texas Department of State Health Services.

Program	Outpatient slots	Residential beds
Austin Drug & Alcohol Abuse Program	100	0
Austin Recovery, Inc.	250	142
Austin Travis County MHMR	272	0
Changes Counseling Services	80	0
Choosing How I Live Life	24	0
Clean Investments, Inc. Counseling Center	192	0
Cornell Companies, Inc.	0	35
Developmental Counseling Center, Inc.	80	0
Esperanza Health Systems, Ltd.	56	0
Northwest Counseling & Wellness Center	32	0
Phoenix Houses of Texas, Inc.	64	47
Push-Up Foundations, Inc.	232	20
Southern Corrections Systems, Inc.	50	140
Travis County Juvenile Probation	30	24
Department Leadership Academy		
Volunteers of America Texas, Inc.	50	0
<b>Total</b>	<b>1,512</b>	<b>408</b>

In addition to the state licensed facilities, there are also approximately 30 private rehabilitation facilities throughout Austin. Averaging about 10 beds per facility, these homes most likely contribute an additional 250 to 350 short- and long-term beds for persons with substance abuse issues in Austin.

A variety of services are available to individuals with a chemical dependency diagnosis. The continuum of program services available includes substance abuse prevention, detoxification (inpatient and ambulatory), comprehensive clinical assessment, intervention services, residential treatment; day treatment; and outpatient and continuing care services. The City and County jointly provide funding for treatment for homeless adults, high risk women and youth. Both City and County judicial systems provide access to substance abuse treatment for targeted populations who may also be homeless. Some of the agencies providing these services are: ATCMHMR, Austin Recovery, Choosing How to Live Life (CHILL), Push-up Foundations, Phoenix Academy, Worker’s Assistance Program Palmer Drug Abuse Program (PDAP).

**PERSONS WITH HIV/AIDS**

**Total population**

The Centers for Disease Control and Prevention (CDC) estimates there are now 1,000,000 people, or approximately 0.3 percent of the nation’s population, currently living with HIV/AIDS, with over 56,000 new HIV/AIDS infections occurring in the U.S. every year.<sup>8</sup> In its 2006 report, the Center for Disease Control (CDC) reported 4,865 cumulative cases of HIV/AIDS in the Austin-Round Rock metropolitan area, representing a rate of 0.32 percent that was roughly on par with the nationwide rate of 0.33 percent. According to the annual

<sup>8</sup> Centers for Disease Control and Prevention, “2007 HIV/AIDS Surveillance Report,” <http://www.cdc.gov/HIV/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>.

CAPER, about 85 percent of the persons living with HIV/AIDS in the metropolitan area are residents of the city of Austin, leading to an estimate of 4,128 persons in Austin with HIV/AIDS. This represents a city HIV/AIDS incidence rate of 0.55 percent.

### **Outstanding need**

Providers of services to people with HIV/AIDS estimate that between 30 and 50 percent of the number of people with HIV/AIDS are in need of housing. According to the advocacy group AIDS Housing of Washington, 65 percent of people living with HIV/AIDS nationwide cite stable housing as their greatest need next to healthcare. The organization also estimates that one-third to one-half of people living with AIDS are either homeless or in imminent danger of losing their homes. Given these national statistics, it is estimated that between 700 and 1,200 persons living with HIV/AIDS in Austin require housing assistance.

### **Barriers to housing**

In addition to living with their illness and inadequate housing situations, persons with HIV and AIDS in need of housing face a number of barriers, including discrimination, housing availability, transportation and housing affordability.

Based on data from the AIDS Regional Evaluation and Information System (ARIES), in 2008 there were 2,690 unduplicated persons in Austin living with HIV/AIDS who received a Ryan White program funded service. Of those individuals, 89% had individual incomes and 68% had total household incomes under \$20,000, limiting them to a very small portion of the rental market. In order to locate affordable rental units, many persons with HIV/AIDS have to commute from areas that are frequently geographically isolated and inaccessible to public transportation. This in turn results in additional challenges in keeping medical and other service appointments that are critical to maintaining health and housing or financial stability.

The co-incidence of other special needs problems with HIV/AIDS, such as mental illness or substance abuse, can make some individuals even more difficult to house. For example, an estimated 20 percent of people currently living with HIV/AIDS use or abuse substances other than their own prescription medicine, and 36 percent have abused substances in the past. The incidence of mental illness among the HIV/AIDS community is also high. Approximately 17 percent of people currently living with HIV/AIDS have a persistent mental illness; 5 percent have AIDS-related dementia. Because of frequent concurrence of substance abuse and mental illness with HIV/AIDS, housing providers often struggle to serve this population.

Among the incarcerated population of Texas, the estimated prevalence of HIV infection is 2.3%.<sup>9</sup> It is estimated that 4,435 individuals were released in to the Austin area in 2008. Those recently released from jails and prisons represent a fast-growing and sizeable population in need of housing services and HIV care. The lack of post-release short-term and long-term housing that provides an array of needed supportive services for those with long substance abuse histories and mental illness continues to be a problem.

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<sup>9</sup> Texas Department of Criminal Justice, 2008.

## **Resources**

The primary source of funding for HIV/AIDS housing is the HUD's Housing Opportunities for People with AIDS (HOPWA) program. Historically, the City's HOPWA program has contracted with two non-profit service providers, AIDS Services of Austin (ASA) and Project Transitions (PT), to carry out HOPWA activities independently or in the case of the Rent, Mortgage and Utility Assistance Program, collaboratively with other HIV case management service providers in the community.

The HOPWA program for short-term rent, mortgage, and utility assistance (STRMU) provides payments in order to prevent homelessness to a tenant or mortgage holder. This program enables income eligible individuals at risk of becoming homeless to remain in their current residences. The tenant-based rental assistance (HOPWA - TBRA) provides rent, mortgage and utility assistance to meet the needs of eligible persons with HIV/AIDS and their families. The goal of the program is assisting income-eligible clients until there is no longer a need, or until they are able to secure their own housing, thereby preventing homelessness and supporting independent living. The program requires that clients receive case management services so they can be referred to and able to access medical and other supportive services. Case managers also assist clients in accessing other housing resources such as Housing Choice Voucher housing. Permanent Housing Placement (PHP) services are used to help eligible persons establish a new residence where ongoing occupancy is expected. The Austin HOPWA program covers the cost of first month's rent to secure a permanent, safe, and stable housing arrangement. Payments for these expenses are not eligible under STRMU and HOPWA-TBRA.

The HOPWA program also provides facility-based housing with supportive services including case management, facility-based meals, life skills management counseling, substance abuse relapse prevention support, client advocacy, transportation and assistance obtaining permanent housing. Thirty units are located in two agency-owned apartment buildings. The program is designed to increase stability, to reduce homelessness and increased access to care and support.

In an effort to address the needs of underserved clients who have criminal histories and housing eviction histories, HOPWA provider agencies work collaboratively to identify and share information on other transitional housing resources available for these individuals. HOPWA provider agencies now refer to a limited number of transitional housing resources that accept clients with criminal and eviction histories.

AIDS Services of Austin (ASA), through the City of Austin, receives funding from Best Single Source, an Austin collaborative project of seven agencies, to provide rent, mortgage and utility assistance. Funds are most frequently used for individuals who, due to income eligibility limitations, do not qualify for HOPWA or qualify only for small amounts of HOPWA assistance. The goal of the program is to maximize financial allotments for a small number of clients in order to ensure housing stability to increase self-sufficiency and decrease dependency on community resources. Project Transitions contributes a portion of its own general funds for housing related services. Some clients in the HOPWA program can afford to pay a portion of their monthly housing/supportive services costs through a sliding-scale fee. HOPWA subcontractors retain program income to provide additional services.

ASA contracts for 10 subsidized housing slots through the Housing Authority of the City of Austin (HACA) Shelter Plus Care Program. Clients usually use these slots for up to five years. ASA refers, on average, two new clients per year to fill slots as clients exit the program. Supportive Housing staff in the HOPWA program make contacts and referrals as needed with case managers at ASA, Austin/ Travis County Mental Health Mental Retardation Community AIDS Resource Education (CARE) Program, Community Action Inc., The Wright House Wellness Center and the City of Austin's Communicable Disease Unit. ASA and Wright House food banks provide transportation for the HOPWA program clients. Staff and interns also work to coordinate services with Child Protective Services, HACA, Texas Rehabilitation Commission, Workforce Solutions Capital Area, and legal advocates.

The City of Austin's HOPWA program is one of six HIV-related grant programs that provide services under 14 categories of HIV/AIDS services in the Austin area. These grants include the Ryan White HIV/AIDS Program - Parts A, B, C and Minority AIDS Initiative (MAI); State of Texas HIV Health and Social Services; and HOPWA-HUD. The Austin/Travis County Health and Human Services Department administers the Ryan White Part A, C, MAI, and HOPWA-HUD programs, which represent HIV program services valued at over \$5.5 million annually. Additionally, the Department of State Health Services (DSHS) administers Ryan White Part B and the State of Texas HIV Health and Social Services in the Austin area which cumulatively are funded at approximately \$1.5 million. The City of Austin and Travis County also fund over \$1 million in HIV-related social services. In the Austin area, the Austin Area Comprehensive HIV Planning Council generates the only HIV services Priority List, based on information from a five-county comprehensive needs assessment. By allocating grant funds to services with respect to this community-wide priority list, additional contributions from grants, private funds, and in-kind contributions are effectively targeted, and duplication or gaps in services is minimized.

Case managers at agencies providing rent and utility assistance leverage resources by providing case management services through HIV grant-related funds; through use of emergency or special funds to pay for housing deposits and documents required to secure low-income housing; and through the use of agency vehicles and taxi vouchers to transport clients applying for housing-related resources.

HIV outpatient ambulatory medical care is provided through David Powell Community Health Center, a Federally Qualified Health Center within the Travis County Healthcare District's network of clinics.

## **AT-RISK CHILDREN AND YOUTH**

### **Population**

There are three segments of the population of youth in Austin who have potential housing and supportive service needs: youth aging out of the foster care system; older youth transitioning to adulthood with uncertain future plans; and youth who are homeless. Youth who have no supervision at home after-school, and who lack after-school activities, are also youth who may be at-risk.

### **Youth exiting the foster care system**

At age 18, most youth “age out” of the foster care system, social services and the juvenile justice system. Typically, the foster care system expects youth to live on their own at age 18. Often, youth in foster care do not get the help they need with high school completion, employment, accessing health care, continued educational opportunities, housing and transitional living arrangements, which can lead to longer-term housing and supportive service needs. A 2008 study by the Urban Institute found that only two in five children aging out of foster care are employed by age 24, and half experience homelessness or precarious housing situations.<sup>10</sup>

According to the American Community Survey, there were about 240 children living in foster care between 2005 and 2007. Almost 600 children were living in foster care in 2008 in Travis County, at least half of whom are likely to reside in the city of Austin.

### **Youth with uncertain futures**

The KIDS COUNT program of the Annie E. Casey Foundation uses annual Census data to track the number of at-risk, or “disconnected” youths throughout the U.S. Disconnected youth are persons ages 18 to 24 who are not presently enrolled in school, are not currently working and have no degree beyond a high school diploma or GED. The statistic intends to capture a population of young adults having difficulty making the transition to adulthood. In 2007, 8,000 young adults ages 18 to 24 in Austin (9 percent of this population) were reported to be disconnected, much lower than the statewide and nationwide rate of 17 percent, and one of the lowest rates of any major city in the country as reported by KIDS COUNT.

### **Youth who are homeless or at risk of homelessness**

The KIDS COUNT program of the Annie E. Casey Foundation estimates that about 34,000 young adults between 18 and 24, or about 38 percent of this population, were living in poverty in Austin in 2006, compared to 23 percent of young adults statewide. It estimated that in the same year, 10,000 children under age 18 were not living with either one of their parents, representing 6 percent of this population.

### **Children**

Young children from low-income families can be at risk of nutrition deficits, vocabulary and other learning delays, and undiagnosed or untreated health, behavioral, or developmental issues.

### **Resources**

A walk-in emergency shelter for youth in Travis County is offered by the Austin-based non-profit LifeWorks. The agency also offers transitional living services that provide secure housing and case management services for up to 18 months to homeless youth transitioning into adulthood. Casey Family Programs, LifeWorks and the Texas Department of Family and Protective Services have joined efforts to help young people make the transition from foster care to independent living. The Ready by 21 Coalition of Austin, a collaborative group of youth service providers, educators, government agency representatives, and teen

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<sup>10</sup> Urban Institute (2008). “Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care through their Middle Twenties.” [http://www.urban.org/UploadedPDF/1001174\\_employment\\_outcomes.pdf](http://www.urban.org/UploadedPDF/1001174_employment_outcomes.pdf)

advisors who are concerned about the youth in our community, also has an active project team dedicated to addressing the unmet needs of youth aging out of foster care in Travis County.

A variety of other services are available to youth at risk in the community. Programs available include afterschool enrichment; dropout and truancy prevention; mentoring; tutoring; counseling and crisis intervention; substance abuse and violence prevention; employment and educational alternative programs; and wrap-around services that focus on basic needs, mental health services, and other supports. The City, County and Austin Independent School District offer several programs for at risk youth, and help support area non-profits offering these services to the community. Some of the agencies providing these services are: American YouthWorks, Big Brothers Big Sisters, Boys and Girls Clubs, Communities in Schools, Council on At-Risk Youth, Goodwill Industries, Greater Calvary Rites of Passage, LifeWorks, Out Youth, River City Youth Foundation and Worker's Assistance Program.

Youth may also be parents themselves and need parenting education and child care services while attending school or GED classes and exams. Subsidized child care for teen parents in school is offered by AISD and other providers but parenting teens outnumber the available child care resources.

## **VICTIMS OF DOMESTIC VIOLENCE**

Victims of domestic violence often require specialized housing, counseling and legal services. Given the hidden nature of domestic violence and the problems associated with self-reporting of such sensitive information, reliable statistics on the number of persons in violent domestic situations are not available.

A January 2007 point-in-time homeless count found 390 homeless victims of domestic violence in Austin. Of these, 284 were sheltered and 106 were unsheltered.

### **Resources**

SafePlace is the primary agency in Austin offering shelter, transitional housing and supportive services for people escaping domestic violence. Currently, SafePlace has 90 emergency shelter beds (80 for families and 10 for individuals) and 99 transitional housing beds (92 for families and 7 for individuals), for a total of 189 beds for victims of domestic violence and their families. Additionally, SafePlace offers case management, counseling, child care, and other support services. Children comprise a large percentage of the residents in domestic violence shelters and receiving domestic violence services.

## **PERSONS EXPERIENCING AND AT RISK OF HOMELESSNESS**

**Definition.** The Stewart B. McKinney Homelessness Act defines a person experiencing homelessness as “one who lacks a fixed permanent nighttime residence or whose nighttime residence is a temporary shelter, welfare hotel or any public or private place not designated as sleeping accommodations for human beings.”

HUD's definition of homelessness is slightly more comprehensive. In addition to defining individual and families sleeping in areas "not meant for human habitation," the definition includes persons who:

- "Are living in transitional or supportive housing for homeless persons but originally came from streets or emergency shelters;
- Ordinarily sleep in transitional or supportive housing for homeless persons but are spending a short time (30 consecutive days or less) in a hospital or other institution;
- Are being evicted within a week from private dwelling units and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing; or
- Are being discharged within a week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing."

This definition demonstrates the diversity of people experiencing homelessness. The numerous locations in which people experiencing homelessness can be found complicate efforts to accurately calculate their total population.

The HUD definition does not include persons who are staying in a hotel/motel, with relatives or friends, in a Board and Care facility, Adult Congregate Living Facility, or who are in jail.

On May 20, 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance programs. The McKinney-Vento reauthorization provisions are identical to those included in two bills introduced earlier in 2009, both known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This will go into effect at the latest October 2010, or the sooner of 18 months after enactment or 3 months after HUD publishes final regulations.

The HEARTH Act changes HUD's definition of homelessness to include people at imminent risk of losing their housing and families or youth who live in precarious situations and are unlikely to become stable. Communities will be able to use up to 10 percent of their resources to serve people who meet the definitions of homelessness used by other federal agencies.

### **Total population**

Estimating the total population of persons experiencing homelessness on a nationwide, statewide or even local level is challenging due to the various types of homelessness and difficulties in locating the population. For example, an individual living with friends on a temporary basis could be experiencing homelessness, but would be unlikely to be identified in a homeless count.

According to the City of Austin's Continuum of Care (CoC), Austin has approximately 3,500 homeless residents. Approximately 2,000 of those residents are unsheltered. Exhibit 4-5

below shows the breakdown of Austin’s homeless population by subgroup and by shelter status.

**Exhibit 4-5  
Homeless Population by Subgroup  
and Shelter Status**

Source: City of Austin 2008 Continuum of Care Application.

Subpopulation	Sheltered	Unsheltered	Total
Chronically Homeless	242	677	919
Severely Mentally Ill	323	339	662
Chronic Substance Abuse	262	613	875
Veterans	79	127	206
Persons with HIV/AIDS	14	42	56
Victims of Domestic Violence	284	106	390
Unaccompanied Youth	28	63	91

These data and other nationwide statistics indicate that homelessness disproportionately affects individuals of certain subgroups. These include the following:

- *Black/African American.* Census data show that homelessness afflicts the Black/African American populations to a much greater degree than non-minority and other minority groups.
- *Youth and children.* In many communities, the fastest growing population of persons who are homeless is children. About 2.6 percent of Austin’s homeless population according to the CoC were identified as unaccompanied youth. Nationally, about 39 percent of the homeless are children.
- *HIV/AIDS.* National estimates place the proportion of homeless persons who are HIV positive at 15 percent. The CoC reported only 156 homeless individuals with HIV/AIDS (about 1.6 percent of all homeless persons), but true number of homeless persons with HIV/AIDS is likely much higher. HIV status is a sensitive question greatly subject to a self-reporting bias, and many individuals may be unaware of their HIV status.
- *Substance abuse.* A HUD study found that 31 percent of homeless individuals who contact shelters, food pantries or other assistance providers have an alcohol problem, 19 percent have a drug problem and 7 percent have both.<sup>11</sup> The CoC reported that 25 percent of the homeless population suffered from chronic substance abuse.
- *Mentally ill.* HUD estimates that 39 percent of homeless persons who contact an assistance provider are mentally ill.<sup>12</sup> The CoC reports a lower percentage of homeless persons with a severe mental illness—about 19 percent—but this rate is likely subject to a self-reporting bias.

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<sup>11</sup> *National Evaluation of the Housing Opportunities for Persons with AIDS Program (HOPWA)*, ICF Consulting for the U.S. Department of Housing and Urban Development.

<sup>12</sup> *National Evaluation of the Housing Opportunities for Persons with AIDS Program (HOPWA)*, ICF Consulting for the U.S. Department of Housing and Urban Development.

- *Veterans.* War veterans are significantly more likely to live in homelessness across the nation. According to the National Coalition for Homeless Veterans, 23 percent of homeless persons are veterans. Veterans represented almost 6 percent of the homeless population reported in the City’s CoC.

### Nature of homelessness

According to HUD, a person who is chronically homeless is defined as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.” HUD does not consider families in its definition of chronic homelessness. By this definition and according to Austin’s CoC, over 26 percent of Austin’s homeless population can be considered chronically homeless.

### Inventory of shelter beds and housing for homeless

Austin’s homeless population has a continuum of resources available to individuals and persons who are homeless. Homeless shelters can include emergency overnight housing and longer-term transitional housing. Exhibit 4-6 lists the major homeless shelters in the city of Austin along with the number of people they can serve at one time. Some of the shelters in Austin serve specific special needs populations (persons with HIV/AIDS, substance abuse, severe mental illness, domestic violence shelters and youth shelters). These shelters are reported here as well as in their respective portions of the Special Needs section.

#### Exhibit 4-6 Housing for Persons Experiencing Homelessness

Emergency shelters	Beds	Transitional housing	Beds	Permanent supportive housing	Beds
Foundation for the Homeless	32	ATCHMR - Project Recovery	12	HACA	
Front Steps		ATCHMR - Alameda House	15	<i>Shelter Plus Care (1 YR)</i>	61
<i>ARCH</i>	175	Blackland CDC	36	<i>Shelter Plus Care (5 YR)</i>	36
<i>Recuperative Care</i>	6	Caritas of Austin - Re-entry Program	20	HATC	
LifeWorks	20	Caritas of Austin - My Place	20	<i>Shelter Plus Care (1 YR)</i>	68
SafePlace	90	Community Partnership for the Homeless	25	<i>Shelter Plus Care (5 YR)</i>	19
Salvation Army		Family Eldercare - Elder Shelter	8	Foundation Communities	
<i>Women's &amp; Children's Shelter</i>	60	Family Eldercare - AHFC Trans. Housing	15	<i>Spring Terrace</i>	120
<i>Family Dorm</i>	60	Front Steps	7	<i>Garden Terrace</i>	50
<i>Men's Dorm</i>	118	LifeWorks - SHP	38	<i>Skyline Terrace</i>	50
<i>Men's Worker's Dorm</i>	31	LifeWorks - Trans. Living Program	16	Caritas of Austin - Spring Terrace	20
<i>Turning Point</i>	41	LifeWorks - Young Moms and Babies	12	Community Partnership for the	
<i>Women's Worker's Dorm</i>	22	Marywood - Stepping Stones	24	Homeless - Glen Oaks Corner	18
Casa Marienella		Push-Up Foundation	20	Front Steps - First Steps at	
<i>Adult Shelter</i>	27	SafePlace	99	<i>Garden Terrace</i>	10
<i>Posada Esperanza</i>	21	Salvation Army	210	Total	452
Total	703	VinCare Services	29	Total	606
		Total	606		

Source: City of Austin 2008 Continuum of Care Application.

### Emergency shelters

Emergency shelters are those facilities designed to temporarily house homeless persons who have recently become homeless. They offer food, case management, training and employment services to help these persons to live on their own as soon as possible. Emergency shelters

are not meant to become permanent residences of homeless people and most organizations limit stays to 90 days.

According to the City of Austin, there are 703 emergency homeless shelter beds in the City. The largest providers of emergency shelter in the city are the Salvation Army and Front Steps.

### **Transitional shelters**

Transitional housing programs offer temporary but longer-term housing for homeless persons in order to help them transition into employment and economic self-sufficiency. These programs typically offer housing and supportive services for several months up to two years. In Austin, a number of agencies offer over 606 spaces in transitional housing for different segments of the population. The Salvation Army is the largest provider of transitional housing in the city.

### **Permanent supportive housing**

Currently, permanent supportive housing in Austin can support up to 452 persons. This includes 97 beds administered by the Housing Authority of the City of Austin, and an additional 87 administered by the Housing Authority of Travis County. Local non-profit Foundation Communities offers 240 beds at 4 locations in Austin.

## **HOUSING AUTHORITY RESIDENTS**

The City of Austin boundaries are served by two public housing authorities, the Housing Authority of the City of Austin and the Housing Authority of Travis County. The agencies are not departments of the City or County, respectively, but work independently of the City of Austin and Travis County. None of the public housing units listed in Exhibit 4-7 are expected to be lost from the housing authority inventory.

### **Housing Authority of the City of Austin**

The Housing Authority of the City of Austin (HACA) is a federally funded agency that provides safe, decent and affordable housing and supportive services to approximately 18,000 Austin residents. HACA has 19 housing developments with 1,928 units in Austin and also administers a Housing Choice Voucher (formerly known as the Section 8 program) to distribute over 5,100 vouchers that provide participants with affordable housing in the private market through rent subsidies.

In response to the growing needs of Austin residents and the subsequent decline of federal funding to support community development programs, HACA created the Southwest Housing Compliance Corporation (SHCC), a nonprofit, 501(c)(3) subsidiary of HACA. SHCC began operation in April of 2000 and contributes its revenue to support HACA's goal to acquire and make affordable housing available to residents of Austin. Additionally, SHCC funds support HACA's two primary community development initiatives: drop-out prevention, workforce development.

### **Housing Authority of Travis County**

The Housing Authority of Travis County (HATC) was created in 1975, as an administrator of two HUD housing programs, the Housing Choice Voucher Program and Public Housing.

HATC administers 8 housing services programs, the largest of which is 564 units of Housing Choice Vouchers. HATC owns and manages 105 units of public housing in Austin, TX and 49 units on non-HUD affordable housing in Manor and Del Valle, TX. HATC receives a Shelter Plus Care grant for 95 units to provide assistance for homeless individuals and families in the Austin Travis County Metropolitan area, as well as interlocal agreements with two other counties that allow for services in those areas. Last year, HATC's Strategic Housing Finance Corporation completed one multifamily affordable housing development and two elderly developments. The two elderly developments total 278 units and the multifamily development contains 192 units. Financing for these developments came from a combination of tax credits and bond issues.

**Exhibit 4-7  
Housing Authority Units in the City of Austin**

	Public Housing Units	Number on Waiting List for Public Housing	Number of Housing Vouchers	Number on Waiting List for Housing Voucher
HACA	1,928	8,000	5,127	4,800
HATC	105	175	564	798

**Initiatives to improve lives of residents**

For both public housing and housing choice voucher residents, HACA offers the Family Self-Sufficiency (FSS) program to link supportive services to help improve the lives of the residents it serves and to provide opportunities to enable these participants to become independent from public assistance. The Youth Educational Success (YES) program is an agency-wide initiative to encourage youth to succeed in their education. HACA contracts with many program partners to ensure city-wide and site-specific programs are provided to enhance the educational needs of the youth served by HACA and to promote high school graduation.

HATC provides monthly newsletters to residents sharing tips in safety, health, and other needs. To provide a comfortable and quality housing unit, energy efficiency upgrades are made to units that lower utility bills. HATC also partners with the Austin Police Department and area churches to ensure the safety of residents and provide social services to residents. Food is provided to residents during the holidays.

**Restoration and revitalization needs of public housing projects.**

Through HUD, HACA and HATC receive funding through the Capital Fund Program to provide for major capital improvements, emergency repairs and ADA modifications for public housing developments.

Planned capital items for HACA include renovation of existing housing facilities, property grounds as well as units, to bring brighter and more inviting environments to the communities and their respective developments. Planned increases in use of energy saving fixtures, interior/exterior lighting, and appliances, to keep HACA as "Green" as possible, and provide the most economical and efficient homes for HACA customers. Additional planned exterior improvements include playground upgrades, security lighting,

sidewalk/drive and parking lot improvements, and other 'curb appeal' efforts that provide an attractive, healthy and productive community for our residents and their families. In the next five years, HACA plans to address renovation issues in as many as 500 units, with an average of about 100 units per year.

Planned capital items for HATC include the energy efficiency upgrades, roof repairs, siding, and gutter replacements. In addition, HATC will replace 40 percent of HVAC units, resurface or replace 80 percent of bathtubs, and replace 40 percent of cabinets.

### **Accessibility Requirements under Section 504**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits disability discrimination in programs receiving HUD funds or financial assistance. Section 504, therefore, requires that public housing authorities provide accessible housing for their residents. Where possible, HACA has and will continue to add accessible units (504 units) to its inventory by converting existing units to 504 status, where and when possible, during major modernization projects, responding to Reasonable Accommodation requests for such amenities, and making modifications to units to provide those amenities to families in need of such assistance. HACA has 140 accessible units.

HATC is compliant with all Section 504 requirements and hires, as necessary, an outside fair housing consultant. HATC provides accessible units at all of their properties and has housing staff trained and certified on Section 504 and Fair housing. HATC has 26 accessible units.

### **LEAD HAZARD NEEDS**

Lead is a highly toxic metal used for many years in products found in and around our homes. Lead can cause a range of health effects for young children, from behavioral problems and learning disabilities to seizures and even death. Childhood lead poisoning is one of the major environmental health hazards facing American children today. As the most common high-dose source of lead exposure for children, lead-based paint was banned from residential use in 1978.

Children are exposed to lead poisoning through paint debris, dust and particles released into the air that settle onto the floor and windowsills. The dominant route of exposure is from ingestion and not inhalation. Young children are most at risk because they have more hand-to-mouth activity and absorb more lead than adults due to their smaller size. Other less common lead sources in a child's environment include lead-contaminated drinking water, if lead solder and/or lead poisoning were used in the water systems of the child's home. Lead can also be present in the glazes of imported ceramic tableware, in old and imported toys or furniture painted with lead based paint, in the clothing of parents whose work or hobby involves high lead levels, and in home remedies used by some ethnic groups.

Excessive exposure to lead can slow or permanently damage the mental and physical development of children ages six and under. An elevated blood level of lead in young children can result in learning disabilities, behavioral problems, mental retardation and seizures. In adults, elevated levels can decrease reaction time, cause weakness in fingers,

wrists or ankles and possibly affect memory or cause anemia. The severity of these results is dependent on the degree and duration of the elevated blood lead level.

The primary treatment for lead poisoning is to remove the child from exposure to lead sources. This may involve moving the family into permanent lead-safe housing. However, typically the home repairs can be done safely with the family remaining in the home or the family may be temporarily relocated while the repairs are completed. Lead-safe housing is the only effective medical treatment for poisoned children and is the primary means by which lead poisoning among young children can be prevented.

Housing built before 1978 is considered to have some risk for lead-based paint hazard, but housing built prior to 1940 is considered to have the highest risk. After 1940, paint manufacturers voluntarily began to reduce the amount of lead they added to their paint. As a result, painted surfaces in homes built before 1940 are likely to have higher levels of lead than homes built between 1940 and 1978.

### **Households with lead-based paint**

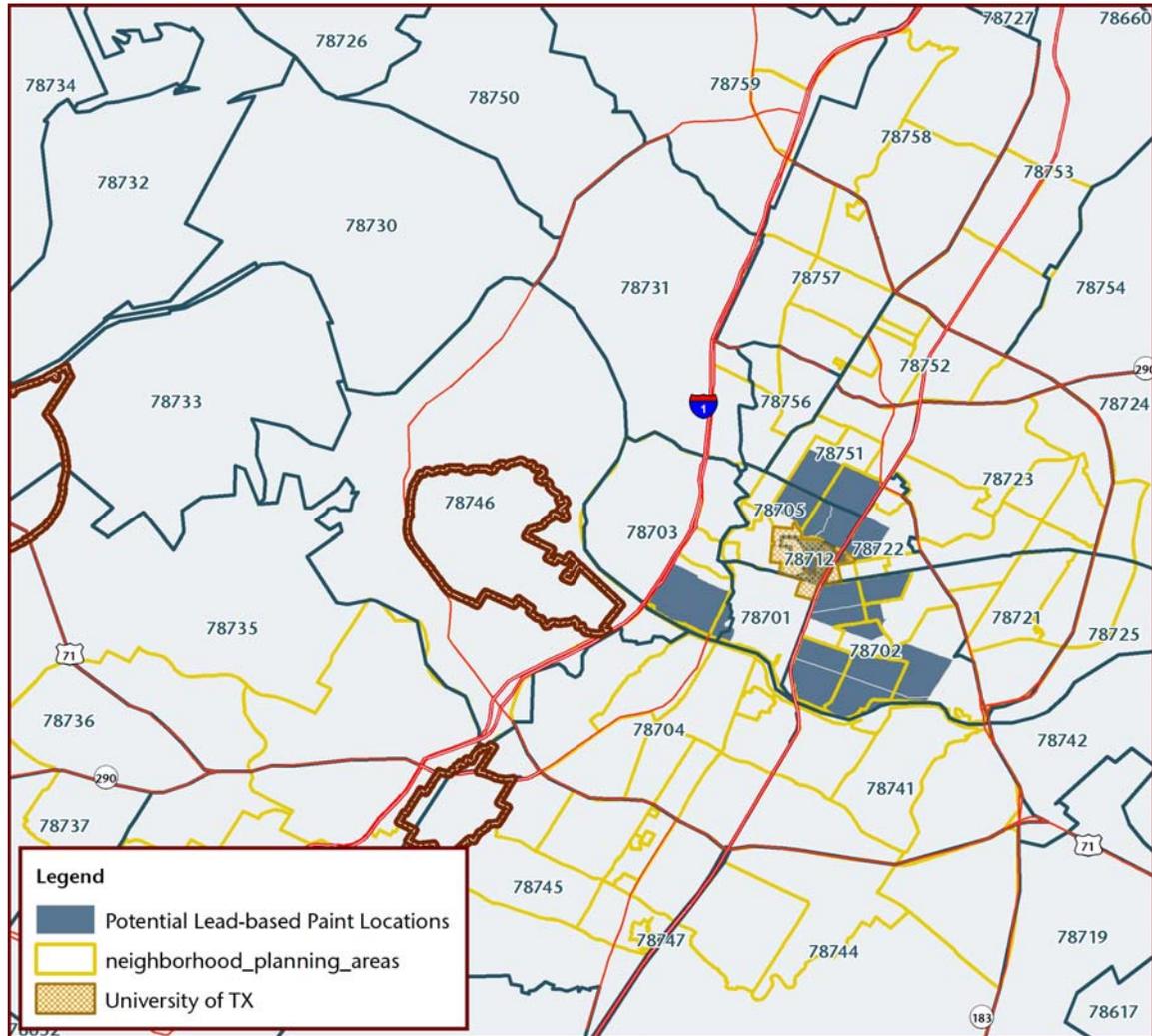
Lead-based paint is most prevalent in homes constructed before 1940. Lead-based paint is also prevalent, but to a lesser degree, in homes built between 1950 and 1970. HUD estimates that heavily-leaded paint is found in about two-thirds of the homes built before 1940, one-half built from 1940 to 1960 and in some homes built after 1960. The 2007 Census estimates approximately 333,000 housing units in Austin. The City of Austin Neighborhood Planning and Zoning Department (NPZD) has a lower estimate of 296,600 units. If (as HUD estimates) two-thirds of the pre-1940 units in Austin contain lead paint and one-half of the units built between 1940 and 1960 also do, then it is estimated that as many as 21,500 to 24,100 units in Austin may contain lead paint. The extent to which lead-based paint is a hazard in these homes depends on whether mitigation has been conducted.

If this is reduced number to only include units occupied by households earning 80 percent and less of the AMI, then the number of homes that could potentially contain lead-based paint is approximately 12,000 units.

### **Location**

Lead-based paint remediation can be costly. Thus, it is assumed that lower income families may not have money available for remediation. Exhibit 4-8 displays by Census Tracts with high proportions of older housing stock and low-income residents. The highlighted Census Tracts represent areas in which is it likely that homes with lead-based paint exist; these Census Tracts contains highest proportions of low-income residents and housing stock constructed before 1950.

**Exhibit 4-8  
Probable Location of Homes with Lead-Based Paint by Census Tract, 2008**



Source: BBC Research & Consulting.

More than two-thirds of target area households have incomes below 80 percent of the area median family income. Over 92 percent of target area residents are from minority ethnic and racial groups. While the target areas are home to only eight percent of the City's population, it is home to over eleven percent of the City's children under age six. The zip codes containing the target areas have the highest rates of confirmed child elevated blood lead levels across the entire City, and have an especially elevated rate of children with elevated blood lead levels (45 mcg/dL or more).

## PERSONS RETURNING TO THE COMMUNITY FROM CORRECTIONAL INSTITUTIONS AND/OR WITH CRIMINAL HISTORIES

Reentry is the process by which incarcerated persons return to the community. The reentry process begins at arrest and continues through community reintegration. Nationally, ninety-five percent of all prisoners incarcerated will eventually be released and will return to communities.<sup>13</sup>

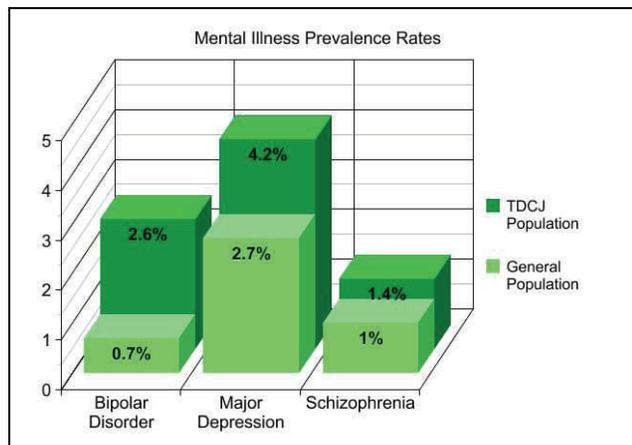
### Total population

Over the past six years there has been a steady increase in the number of inmates within the Texas Department of Criminal Justice (TDCJ), bringing the current population total to 156,070, second only to California.<sup>14</sup> Travis County is one of the top five counties that TDCJ releases to. TDCJ will only release persons from the prison system back to the county of original conviction. In 2008, 3,084 inmates, or 7.5 percent of those released from TDCJ, who were originally convicted in Travis County were released from prison.<sup>15</sup> Sixty-one percent of Travis County's homeless population reported having been in jail or prison.<sup>16</sup>

In addition, mental illness is more prevalent among Texas' incarcerated population than among the general population.<sup>17</sup> In Fiscal Year 2008-09, 331 persons with at least one of the three primary mental illness diagnoses, (Bipolar Disorder, Major Depression and Schizophrenia), were released to Travis County.<sup>18</sup> Like others in the criminal justice system, persons returning to the community from correctional institutions with mental illnesses will have special needs in order to reach self-sufficiency.

### Exhibit 4-9

#### Texas Mental Illness Prevalence Rates



<sup>13</sup> "Second Chance Act Prisoner Reentry Initiative". U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance. February, 2009, page 3.

<sup>14</sup> "Prisoners in 2005". US Department of Justice, Bureau of Justice Statistics (BJS). November, 2006.

<sup>15</sup> "Statistical Fiscal Year 2007 Report". Texas Department of Criminal Justice. July, 2008. <http://www.tdcj.state.tx.us/publications/executive/Fiscal%20Year%202007%20Statistical%20Report.pdf>

<sup>16</sup> "Local Homeless Count Planning and 'Persons' Voices of Homeless Persons Report", Ending Community Homelessness (ECHO) Coalition in Austin/Travis County, September, 2008, page 8.

<sup>17</sup> Baillargeon, J. "Psychiatric Disorders, HIV Infection, and Continuity of Care following Release from Prison". 2008. [http://www.mhtransformation.org/documents/incarceration/Baillargeon\\_MH\\_Reentry.pdf](http://www.mhtransformation.org/documents/incarceration/Baillargeon_MH_Reentry.pdf)

<sup>18</sup> Zamora, A., Texas Correctional Office on Offenders with Medical or Mental Impairments, 2009.

### **Outstanding need**

Well-designed transition initiatives that provide support to offenders as they reenter the community reduce victimization, lower recidivism rates, and break the cycle of involvement in the criminal justice system.<sup>19</sup> For hundreds of former offenders returning to Travis County, the question of where they will live upon re-entry in the community is immediate and critical. An ex-offender's living situation has a direct impact on his/her ability to re-establish family connections and access employment and services. Of inmates re-entering Travis County within 90 days from the TDCJ (Travis and Woodman Units) and Travis County Del Valle Jail, more than one third said that they did not know where they would sleep the night of release. Of this same group of respondents, 73 percent identified their criminal history as the greatest barrier to obtaining stable and affordable housing.<sup>20</sup>

### **Barriers to housing**

Ex-offenders face many barriers and challenges such as acquiring identification, meeting basic needs and obtaining support services, which make their successful transition into the community more challenging. If ex-offenders can not return to family, then their options are impacted by landlord willingness to rent to them, private and public housing restrictions, and housing affordability. Both private and public rental housing providers have the right to deny housing to persons with criminal backgrounds, and most use criminal background checks as a serious consideration in determining the approval of an application for a rental property. Ex-offenders are often excluded from non-profit and public housing authority programs that could be affordable to them. In addition, ex-offenders often have special needs that require greater case management for which monies are typically not available.

Assuming that ex-offenders can find a place that will accept their criminal history, they must then concern themselves with the issue of affordability. In addition to an overall lack of affordable housing in Travis County, most prisoners leave prison without enough money for a security deposit on an apartment.<sup>21</sup> The Urban Institute reports that 87 percent of Texas prisoners preparing for release did not have a job lined up.<sup>22</sup> Although both the City of Austin and Travis County removed a significant employment barrier by moving the question related to criminal history from the initial stage of the employment application to a later stage in the hiring process, many local private sector employers still conduct an initial criminal background screening as part of the hiring practices.

Former offenders are at risk for homelessness due to these employment and housing barriers. They may drift from homeless shelters to the couches of friends to low-rent hotels or boarding homes. This lack of stability creates an environment in which ex-offenders are likely to return to criminal activities. Unstable housing could be interpreted as a cause of

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<sup>19</sup> "Community Supervision and Corrections in Texas". Texas Department of Criminal Justice. March, 2007. [http://www.tdcj.state.tx.us/publications/cjad/HouseCorrections\\_3\\_22\\_2006\\_Interim%20Charges\\_final.pdf](http://www.tdcj.state.tx.us/publications/cjad/HouseCorrections_3_22_2006_Interim%20Charges_final.pdf)

<sup>20</sup> "Housing Needs and Barriers for Formerly Incarcerated Persons in Travis County". Austin/Travis County Reentry Roundtable, 2008

<sup>21</sup> Petersilia, J. "When Prisoners Come Home: Parole and Prison Reentry", Impact Publications, 2003.

<sup>22</sup> La Vigne, N., Kachnowski, V., "Texas Prisoners' Reflections on Returning Home", 2005, <http://www.urban.org/url.cfm?ID=311247>

recidivism since, with each move after prison, a person's likelihood of re-arrest increases by 25 percent.<sup>23</sup>

### **Resources**

Primary sources of housing for the reentry population include community non-profit and faith-based organizations. The Austin Travis County Mental Health and Mental Retardation Center (ATCMHMR) offers residential assistance programs for qualified persons with mental illness who are returning to the community and/or have a criminal history. This special needs population can occasionally receive housing assistance through the HUD Shelter + Care program. The reentry population often goes to emergency homeless shelters, including the Austin Resource Center for the Homeless (ARCH) and Salvation Army that provide short-term overnight housing. Increased short-term housing funding for the reentry population is available through the Second Chance Act of 2007 and the Homelessness Prevention and Rapid Re-housing Program (HPRP) stimulus funding, approved under the American Recovery and Reinvestment Act of 2009. For more information on the overall issues surrounding persons returning to the community from correctional institutions or with criminal histories, visit, [www.atc-reentryroundtable.org](http://www.atc-reentryroundtable.org).

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<sup>23</sup> Meredith, T., J. Speir, S. Johnson, and H. Hull. 2003. *Enhancing Parole Decision-Making Through the Automation of Risk Assessment*. Atlanta, GA