

2025

State *of the* System

People, programs,
and **progress** in
Austin/Travis
County's
Homelessness
Response
System



Bright



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in Austin/Travis County's
Homelessness Response System

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About ECHO

The Ending Community Homelessness Coalition (ECHO) is the backbone of our community's Homelessness Response System. As the lead agency for the Austin/Travis County Continuum of Care, we lead and align a coalition responsible for planning and implementing community-wide strategies to end homelessness. We work alongside people with firsthand experience of homelessness and nonprofit, government, and philanthropic partners to build a future in which everyone in our community has housing of their choice that provides a foundation for optimal health, success, and stability. Learn more: austinecho.org



About the Cover

The cover image is a work by local artist **Jefferson Bright**. Bright painted this work, titled “Unarranged,” at **Art from the Streets**, a nonprofit studio in Austin dedicated to providing people with lived experience of homelessness space and materials to create. Learn about the organization and support the artists at artfromthestreets.org.

I start off with the
scary stuff first -
put the brilliant
color on, and
work it out.

Instead of
waiting to see if
it's going to turn
out, I just go right
in with whatever I
like and then
make it work.





Report Overview

This report provides an overview of the **Homelessness Response System (HRS)**, how people use the services that are available, and what else is needed to end homelessness in Austin and Travis County. The report also provides an analysis of racial and ethnic disparities in the HRS and describes the current steps that the system is taking to reach equity in homeless services.

Our goal is to make this report both comprehensive and accessible so that the Continuum of Care's (CoC) governing body, Leadership Council, and HRS funders may use it for planning and funding priorities; service providers may use it for strategic and operational planning; and other stakeholders and the public can use it as an overview and reference guide for our local HRS.

About the Data

Data referenced in this report comes from calendar years 2019–2024. As the Lead Agency for the Austin/Travis County Continuum of Care, ECHO manages the Homeless Management Information System (HMIS) for our community. Direct service providers use the database to track service needs and provision, and this report relies on this data. Data spans all of calendar year 2024.

While this report focuses on numbers and trends, it's important to remember these figures represent people in our community – our neighbors, friends, family members who are or have been dealing with the daily trauma of homelessness. This report does its best to understand those experiences and translate them into actionable recommendations to make people's lives better and end homelessness for everyone in our community.

People Documented & Served

Most of the charts in the report are based on the number of people that are documented in the Homeless Management Information System (HMIS) who are receiving services from one or more providers within the Austin/Travis County Continuum of Care (CoC). This report reviews service data from the past 6 years to be able to look at overall system trends over time. This could include people who are unsheltered and have only been engaged by street outreach, people who completed a Coordinated Assessment, people staying in shelters, and people housed by providers.

Acknowledgements

ECHO would like to acknowledge and thank our partners who serve people experiencing homelessness directly and whose service generates the data that informs the analysis included in this report. As our community transitions to a new

HMIS vendor, we're grateful for our partners' continued collaboration and commitment to data quality. Together, this change is a reflection of our shared dedication to building a more responsive system that better serves our unhoused neighbors.

Terms & Definitions

Continuum of Care (CoC)

Refers to the collection of agencies within Austin/Travis County that provide services to people experiencing homelessness and are funded by the U.S. Department of Housing and Urban Development's CoC program. ECHO is the Lead Agency of the Austin/Travis County CoC.

Homelessness Response System (HRS)

Sometimes used interchangeably with the Continuum of Care (CoC), the HRS is a broader term that covers all of the different agencies, non-profit organizations, grassroots providers, and anyone directly providing services to people experiencing homelessness, regardless of funding source. Not all organizations in the HRS contribute to HMIS, but most of the providers included in this report do.

Homeless Management Information System (HMIS)

HMIS is a person-level service database funded by the Housing & Urban Development Department and managed by ECHO to aid in the administration and documentation of services for people experiencing homelessness.

Coordinated Entry (CE)

CE is the process of assessing people's needs when they are experiencing homelessness, prioritizing them for the limited amount of housing available within our HRS based on how likely they are to self-resolve their homelessness without aid from the HRS, referring people to providers that match their needs, and then guiding people through the process of accessing housing.

Coordinated Assessment (CA)

The first step in Coordinated Entry is the Coordinated Assessment (CA). Using our locally designed assessment tool - The Austin

Prioritization Assessment (APAT) - community trained assessors are often the first access point for people seeking housing in our system. The CA is a set of questions that assess a person's barriers to housing and how likely someone is to self-resolve their homelessness without aid from the HRS.

Intervention Types

Permanent Supportive Housing (PSH) - PSH provides rental assistance and individualized supportive services for as long as someone needs them. Must have a disabling condition and be chronically homeless to qualify.

Rapid-Rehousing (RRH) - RRH is a short-term housing option that provides 6-24 months of rental assistance that is designed for people who can start paying for housing on their own when assistance ends.

Street Outreach - Mobile services that engage people experiencing unsheltered homelessness with critical needs and coordinated assessments.

Emergency Shelter (ES) - ES is a critical short-term lifeline for many people who experience homelessness. Can be congregate (communal) or non-congregate (tiny homes or individual micro-shelters).

Minimal Housing Assistance (MHA) - MHA includes projects that provide cash supplements for clients that are able to resolve their homelessness with limited assistance.



Key Takeaways

The System is growing to match the needs of our community.

Over the past five years, our system has seen a 108% increase in the number of beds and units available to people, driven by substantial growth in Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and shelter beds. Capacity for RRH and PSH projects has more than doubled during this period. Emergency shelter capacity grew by more than 70% year-over-year. With hundreds more PSH units in development and a fully-funded City of Austin Office of Homeless Strategies and Operations Office within reach, our community is making real strides toward building a system that works at the scale it needs to.

Fewer people are coming to providers for help for the first time.

About 1-in-4 people (28%) served in HMIS were newly homeless— 5% lower than the previous year. This decline is especially notable as 2024 marks the first break in the strong upward trend that began in 2020. The expansion of supportive services available to people experiencing homelessness has likely created new pathways for people to engage the system while they wait for housing. A reduced inflow of people is promising but until the HRS can accommodate our community's needs, we need more investment.

More people are moving into housing through the HRS.

Providers helped 3,055 people move into housing across various program types in the HRS in 2024, an increase of 386 people from 2023. Two-thirds (68%) of these move-ins were achieved through Minimal Housing Assistance (MHA), while the increase of PSH Units contributed to a 40%

increase in PSH move-ins. Our community has invested heavily in these long-term solutions, and this is evidence the investments are paying off.

Disparities still exist amongst several groups.

There are several advancements our system has made to serve the population of people experiencing homelessness overall, but there is still work to do to ensure people with the greatest need are as successful in their housing journey as anyone else.

- Black people are still over-represented in the HRS, while white and Latinx people remain under-represented.
- People with high medical needs or disabilities are still experiencing worse housing outcomes than their peers.
- Survivors of domestic violence continue to make up one of our largest sub-populations.
- The number of youth and parenting youth is rapidly increasing.

Our system is becoming more efficient.

The increase in PSH units in our system allowed more people to move into housing. This contributed to an overall reduction of the median wait time for housing, continuing a minor trend of wait time reduction in our system from 2023. The median wait time for housing was 115 days shorter, down from 471 days in 2023 to 356 days in 2024. This is still an incredibly long time to wait for housing while remaining homeless, and some people will potentially never get housed by our system without additional capacity. While there is still much more work to do, it is a welcome sign of the effects of investments in housing.

People Served

New and expanded programs in the HRS reached 13% more people from 2023 to 2024.

Figure 1 shows the total number of people who received any kind of service from our HRS at any point during the year. This total includes, among many possible situations:

- People who stayed at a shelter for a night
- People housed by the HRS the entire year
- People who moved into housing in 2024
- People who were homeless for all of 2024
- People engaged through an outreach team
- People who were at risk of homelessness but were able to keep their housing
- People accessing supportive services such as healthcare or workforce development

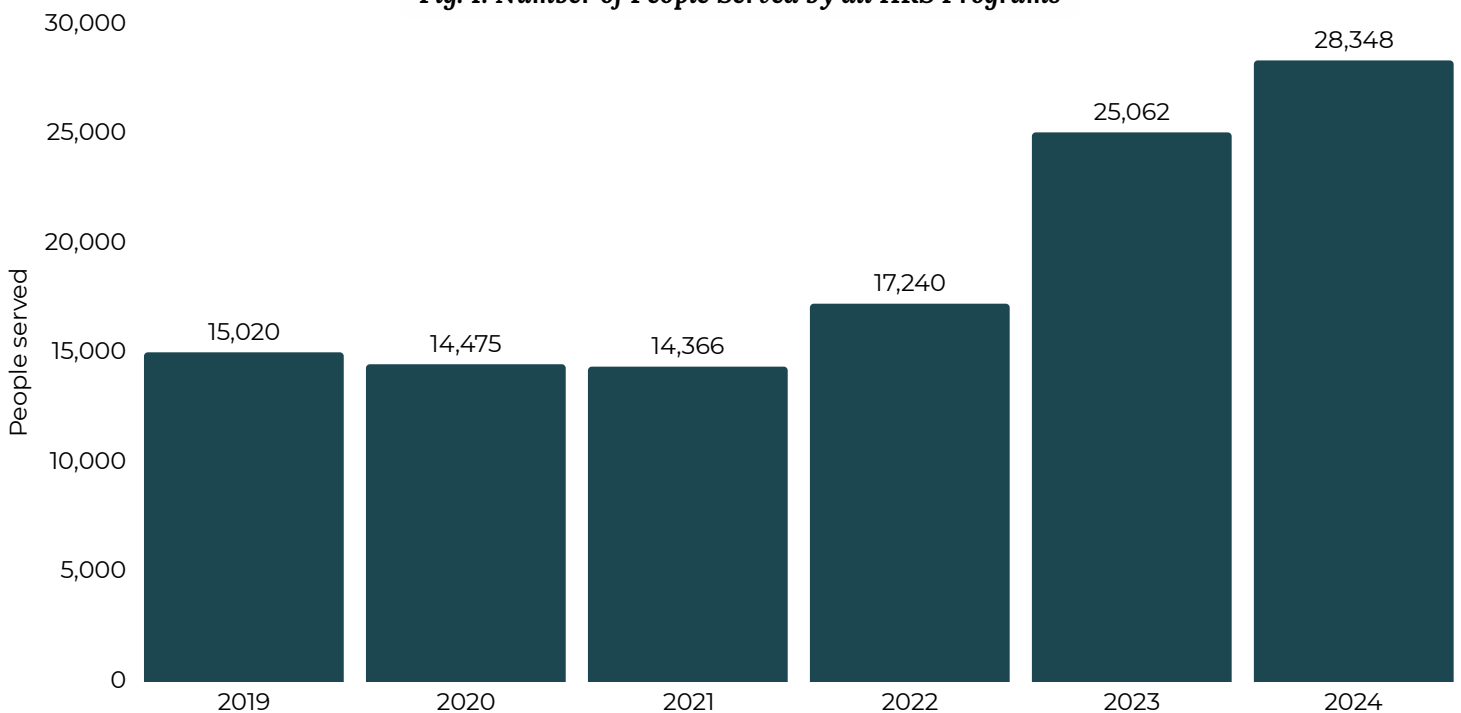
The HRS served 3,286 more people in 2024 than 2023. This increase is considerably smaller than the 45% increase seen between 2022 and 2023.

While the number of people who experienced homelessness is likely higher than the number of people who formally sought services from the HRS, providers are reaching more people by funding more programs that document services in HMIS. The growth in documented interactions continues an upward trend in people engaged since 2020. Factors that likely contributed to the increase in the number of people served include:

- Increased investment in street outreach and Coordinated Assessment programs
- Increase in emergency shelter funding by the City of Austin, including the Marshalling Yard and increased cold weather shelter beds.
- More grassroots organizations brought into HMIS by eliminating license fees

Note: The number of people served is different from the number of people likely to be experiencing homelessness on a single day, estimated to be 4,935 people in June 2025. Find more data at austinecho.org/dashboard.

Fig. 1: Number of People Served by all HRS Programs





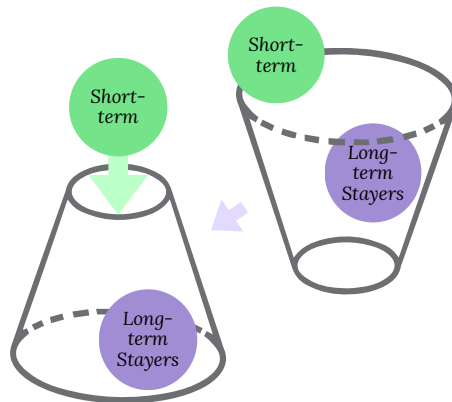
People Served

System Modeling

ECHO created a system model in 2024 that demonstrated the need for more beds and units to continue to meet the need of our community. Continued growth in people served is a strong indication that the need will continue to grow.

Because people continue to fall into homelessness, the instinct is to grow a big funnel to provide short-term services. People need these services to meet immediate needs and stay safe, but our data shows the number of people who are experiencing long-term homelessness is consistently high and hasn't gone down. What we likely need, the system model indicated, is an inverted funnel to exit more people successfully to housing. This requires more long-term services. This two-pronged strategy would provide housing options and services to people who need them, especially folks who've been in system for more than a year, and use diversion and other short term services for people coming into the system.

The model found our community can effectively end homelessness in the next decade by targeting both prongs with our investments to create:



- At least **5,000 new PSH units** (including those already planned)
- **~1,700 Rapid Re-Housing units**
- **600 new shelter beds**
- **~1,750 short-term service spots**, such as outreach/navigation, prevention, and diversion

In January 2025, Austin City Council adopted the model as a guideline for investment to end homelessness in our community.

In addition to adopting the model, [the resolution](#) directs the City Manager to:

- work with ECHO, service providers, people who've received services from our HRS, Travis County, and other system stakeholders to make recommendations on investments and strategies to end homelessness;
- find sustainable ways to fund the needed expansion of our HRS; and
- identify any needed policy or administrative hurdles that may need to change to accomplish the goals of the plan.

Austin's Homeless Strategy Office identified \$101 million in necessary investments from the City and other funding partners in June 2025.

[These investments](#) would move our system substantially closer to the goals laid out in the system model. The Fiscal Year 2025-26 budget approved by Austin City Council in August commits \$51 million to the Office of Homeless Strategies and Operations, requiring voter approval in November 2025 to increase the property tax rate to support the expansion of the system.

ECHO will publish an update to the System Model this year to review the impact of current investments. This kind of ongoing monitoring is the only way we can track whether and where to adjust our investments to stay aligned with the goal of ending homelessness in our community.

People Served

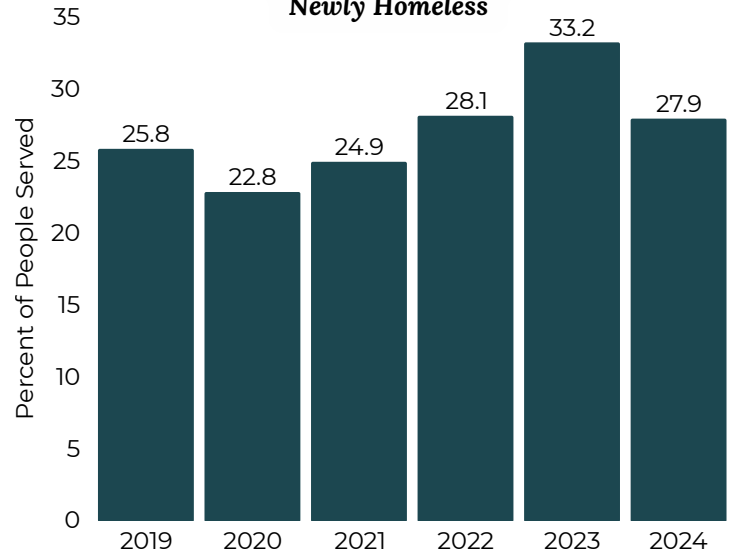
Newly Homeless

The rate of people becoming homeless for the first time decreased by 5%, the first decrease in our system since 2020.

About a quarter of people who interacted with the system in 2024 (around 7,900 individuals) were experiencing homelessness for the first time, a 5% decrease from 2023. In comparison to the growth of all people served in 2024, the decrease in the rate of first-time homelessness indicates our system is doing a better job at re-engaging people who've sought services from the HRS in the past.

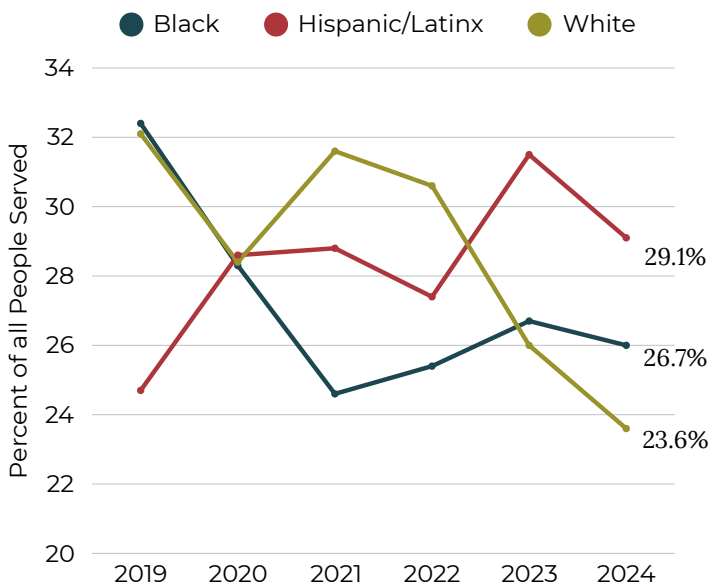
The growth of supportive and wraparound services funded by the City of Austin, Central Health, and other funding partners is creating opportunities for people who are already homeless to re-engage with the system. Healthcare, workforce development, and behavioral health are examples of needed services that act as gateways to our system. The decrease in newly homeless clients is an indication that we are beginning to provide the right types of new services that people need.

Fig. 2 Percent of All People Served who are Newly Homeless



It is important to note, however, that there may not be a direct correlation between the increase in system service access and the rise in homelessness in Austin. The contrast between the overall growth of documented services (Figure 1) and the decrease in inflow reveals that offering new services does not necessarily lead to new people entering the system. There are many factors that could be contributing to the decrease in inflow, including rent decreases and a large building boom creating more vacancies accessible for people ending their homelessness and more focus on diversion and prevention services.

Fig. 3 Race/Ethnicity of Newly Homeless People



Efforts to develop affordable housing, reduce the number of evictions, and provide minimal housing assistance to people at risk of homelessness have a important impact on our system. While this is the first decrease in five years for our system, efforts to reduce inflow should be prioritized to capitalize on the trends seen currently. As the system continues to fund new and necessary services for the community, we can engage with more people and continue to get a more comprehensive view of the population experiencing homelessness.



People Served

Households

Homeless youth households grew faster while most household types remained steady.

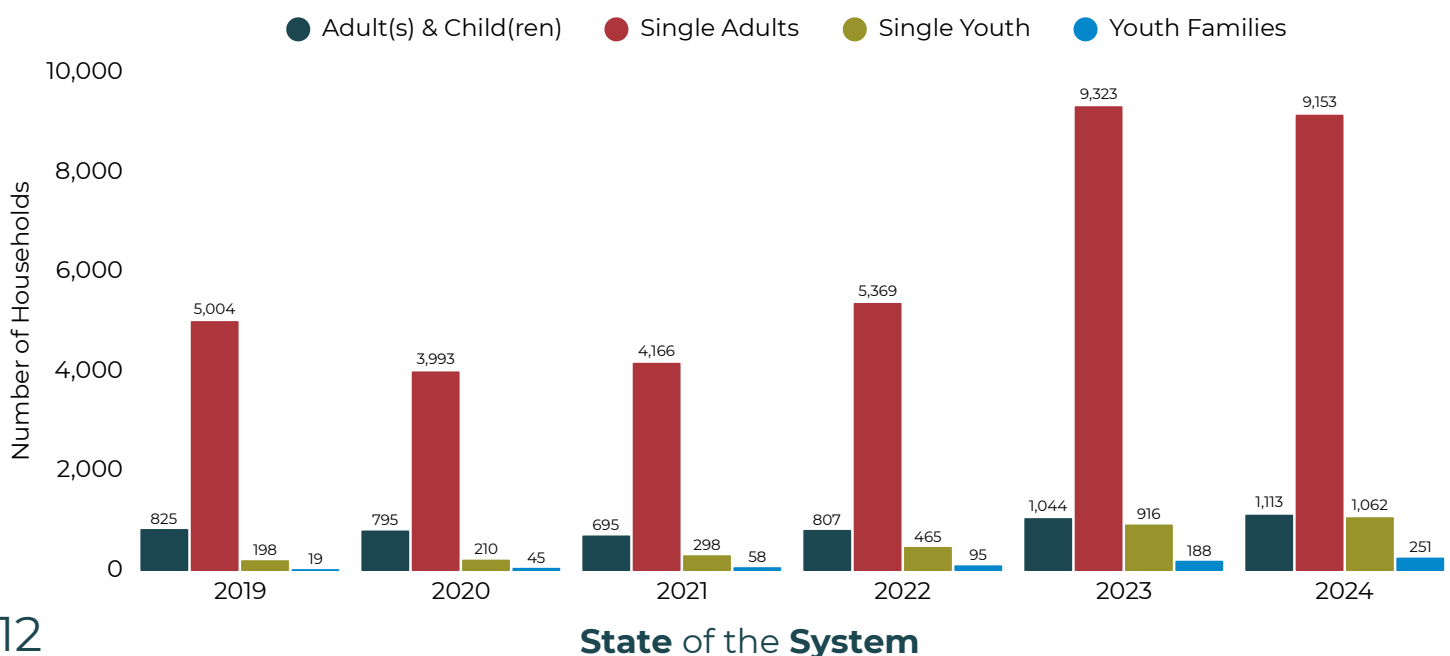
When looking at household composition in the HRS (Figure 4), single adult households decreased by 170 households compared to 2023, though they still make up most households that are documented in HMIS. Providers saw an increase in families, single youth, and youth-only families they serve.

“Households” are different than the number of people served by the system and instead describe groups of people seeking housing assistance together. Typically there are anywhere from 2-4 people in a household group, which is why we see such a difference between the number of people (~28,000) and the number of households served (~15,000). Due to definitions provided by the U.S. Department of Housing and Urban Development (HUD), this total does not include people in precarious housing situations, like doubling up with friends.

Despite these restrictions, the stigma families face when experiencing homelessness, and the threat of forceful removal of children, the proportion of families and youth families increased significantly. Investments in shelter for families and youth are growing to meet this need, but this may be an early indication of the need for faster-paced investments in shelter and housing for people experiencing homelessness who are not single. Groups of adults in the same household may apply as single adults for quicker housing; families often do not have this option.

This does not discount the overwhelming majority of single households experiencing homelessness. The local Point In Time (PIT) Count in January 2025 showed similar trends in increasing numbers of single households. There are five times the number of youth and parenting youth households compared to 2020, as opposed to twice the number of singles. Coupled with the trends we see in age groups, there is a growing number of middle-aged and young adults who will develop higher needs the longer they are in the system.

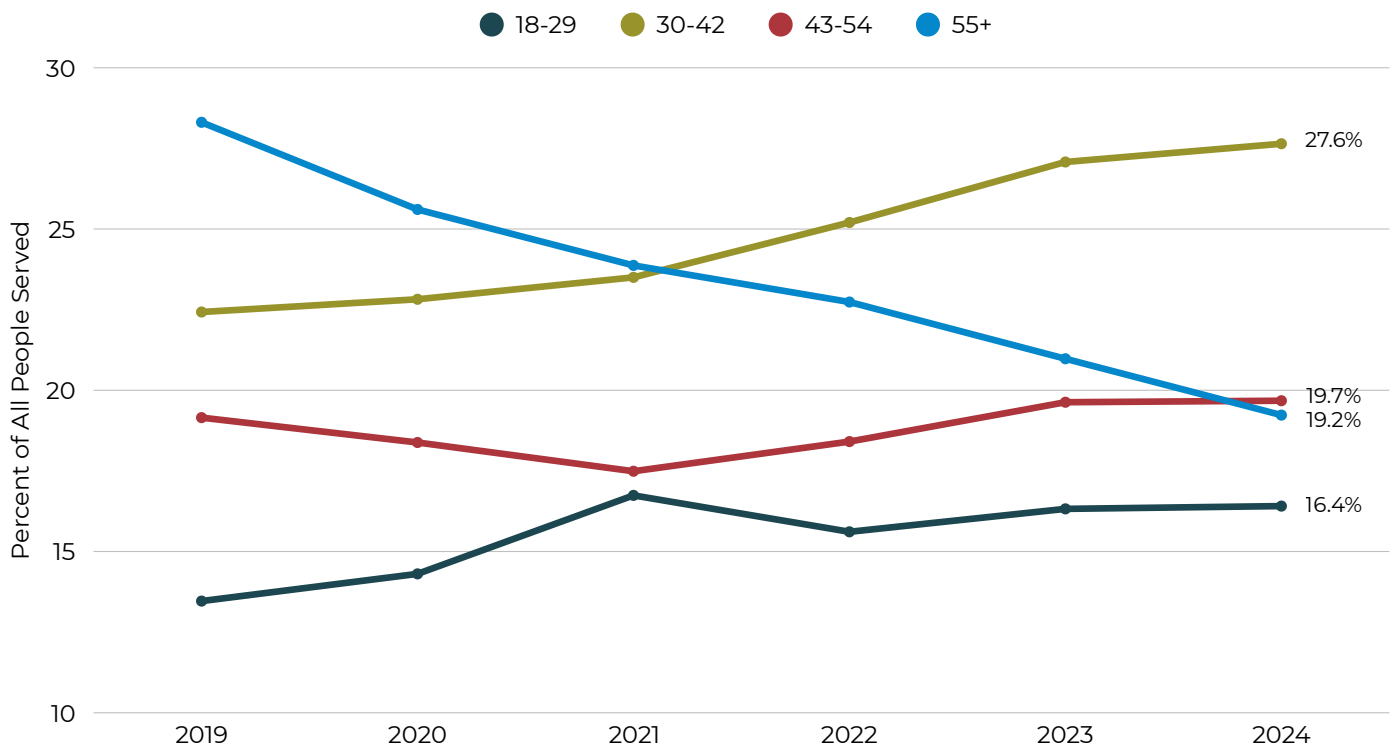
Fig. 4 Number of Households Served by Household Type



People Served

Age

Fig. 5 Percent of Age Groups for People Served Over Time



The share of older adults served continues a sharp decrease; compared to growth across most age groups, this indicates a loss of older adults in the system.

Figure 5 shows that most age groups have continued to increase their share of the total population. We know that the number of people documented has increased, and we know over a quarter of people served are new, so it makes sense that most age groups are growing alongside the overall system.

The decline in older adults as a share of the total population is likely due to a number of factors, including:

- increased system access and program funding documents new people entering the system;

- people age proportionally so they will be counted in different groups over time depending on how long they remain in the system; and
- mortality rates of elders in the system are high.

ECHO published our community's first report on mortality in the unhoused community in January 2025. That report, [Bridging for Better Outcomes](#), found the average age of death for people who die on the streets is 48; it's 55 for people who die in hospitals. The overall average age of death is 50. Far fewer people experiencing homelessness live to old age compared to the overall population.

The City of Austin has invested in several housing options for elders, and continued investment into services for populations with high medical needs will need to be continued.



People Served

Age

Fig. 6 Percent and Number of Families with Children Served

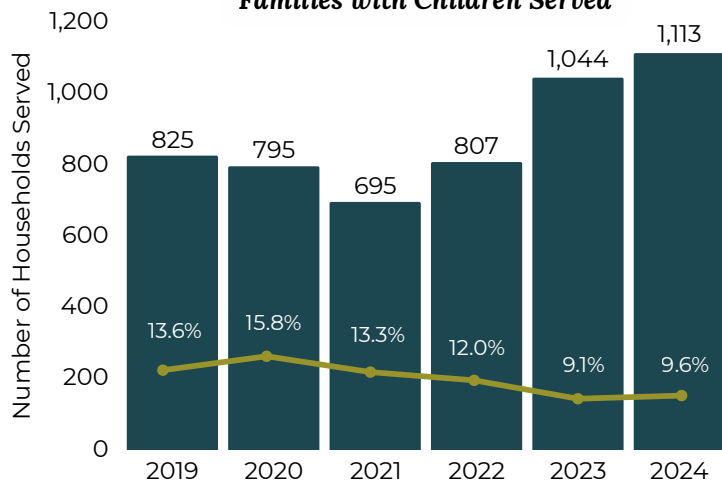
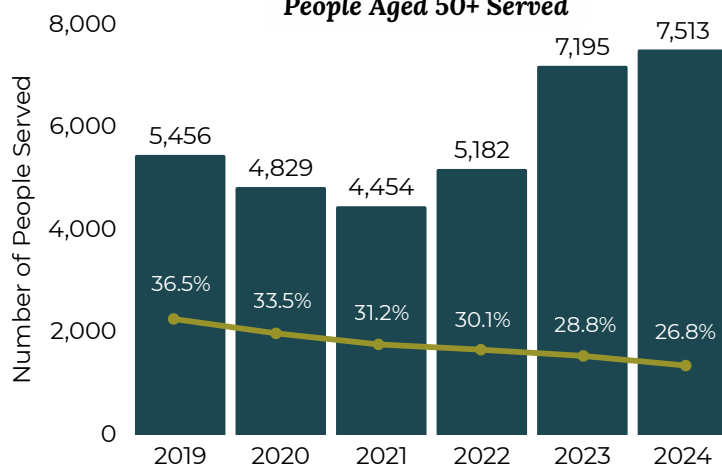


Figure 6 shows the growing number of households that have at least one adult and one child in the group. There are anywhere from 2-4 children in a family, meaning our system served between 3,000-4,000 homeless individuals in households with children; that number is growing. The high cost of living in our community continues to create additional needs to support families with children.

Fig. 7 Percent and Number of People Aged 50+ Served



Two age sub-populations that are especially important to highlight are elders (50 years old and older) and youth (18-24 years old). Figure 7 shows that while the overall number of older adults increased by about 300 people from 2023 to 2024, the overall percent of the population decreased 2%. This opposing trend - serving more elders who represent a smaller share of the total population - is potentially a result of more people entering the system who belong to other age groups that are beginning to overwhelm the number of people over 50 years old (Fig. 5).

Fig. 8 Percent and Number of Youth (18-24 years old) Served

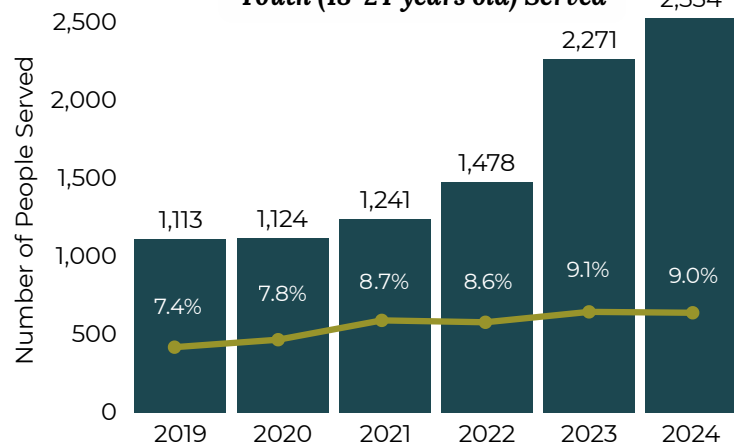


Figure 8 shows an increase in youth interacting with the system, as well as the overall percentage increasing to match the trends of age groups in our system (Fig. 5). Further, a sub-population of homeless youth are those who have aged out of the foster care system. A [2024 study](#) done in collaboration between ECHO, researchers at the University of Texas at Austin, and service provider Change 1 found that, overall, 53% of youth who experienced homelessness have aged out of foster care¹. Although there are programs dedicated to these individuals, there are more people who need support than beds available.

1. Ball, B., Kim, N., Fuetter, S., Jones, C., Al-Turk, A., Flores, J., & Ramirez, K. (2025). A Community-Participatory Study of Homelessness Among Youth with Experience in Foster Care. Austin, TX: The University of Texas at Austin, Texas Institute for Child & Family Wellbeing.

People Served

Gender

The majority of people served by our HRS are single men, but the variety of groups served continues to grow.

Figure 13 shows men made up 60% of the population, with women making up a little less than 40% and other groups making up less than 1% of the population. Figure 14 examines specific identities included in the latter category. These trends hold steady when looking at prior years' data, although further research is needed to explore the potential causes for higher proportions of men served. One possible factor is that men are more likely to exit out of the legal system into homelessness; women, meanwhile, are often less likely to engage with services out of fear of losing their children to protective services. Additionally, HUD's definitions of homelessness do not cover the nuances of varied temporary situations. This can cause an additional strain for women and survivors of domestic violence who may not qualify for HRS programs based on these definitions.

Figure 10 shows only 172 individuals, or 0.61% of the entire homeless population, identified as transgender in 2024. Although trans individuals make up a very small part of the population, they are more likely to experience violence and disparate health outcomes while homeless compared to cisgender individuals. ECHO partnered with service provider Queertopia to learn about the experiences and additional traumas trans folx experience; despite the negative stigma they face in our current political climate, we will seek additional opportunities to generate a representative study for this critical group that continues to grow. Figure 11 shows the ability of our system to understand people's needs better as HUD's data standards change to allow for more refined data collection.

Fig. 9 Gender of All People Served in 2024

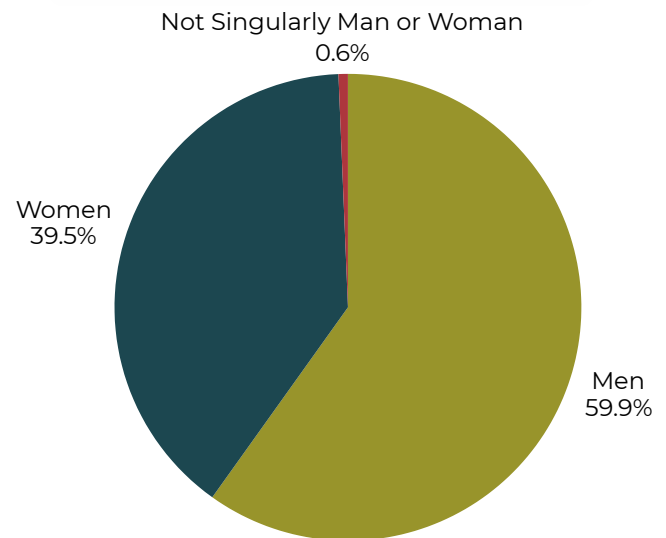


Fig. 10 Number of Transgender People Served

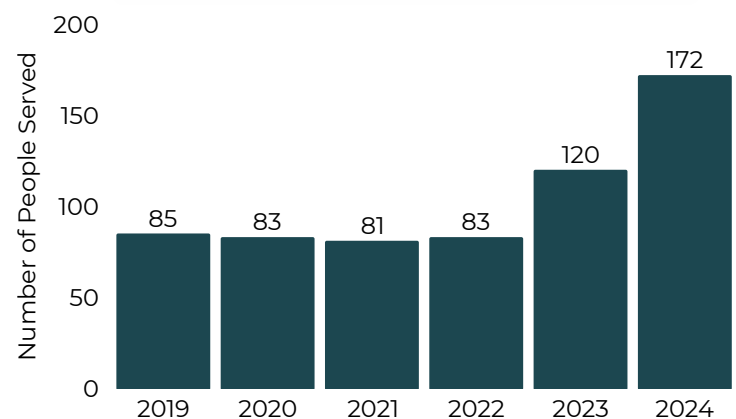
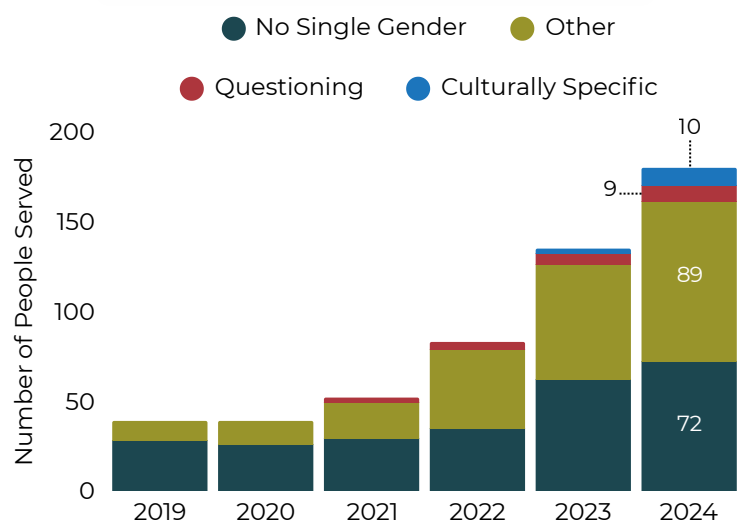


Fig. 11 Number of Nonbinary People Served

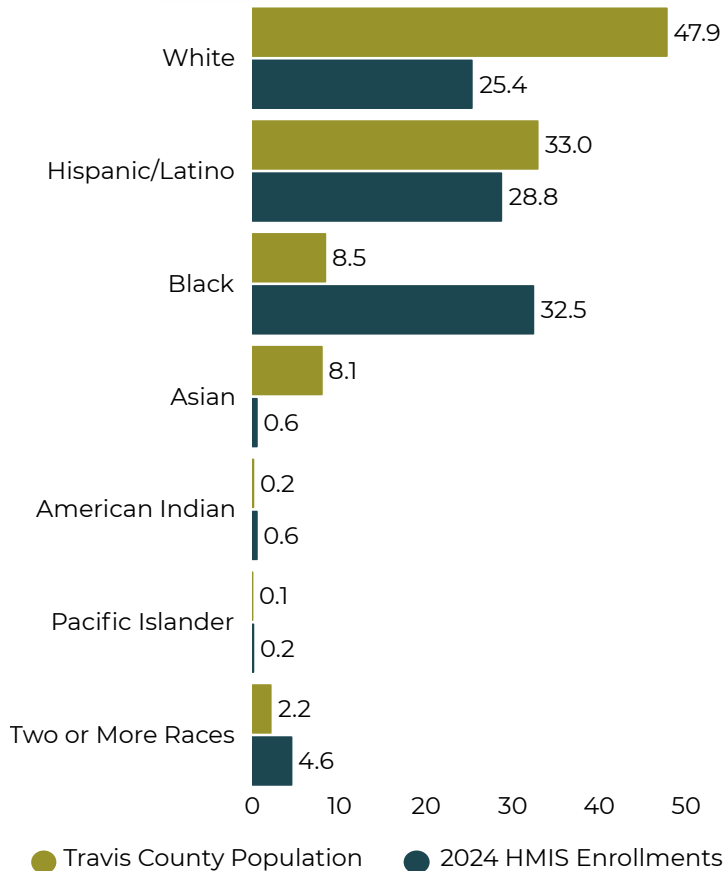




People Served

Race & Ethnicity

Fig. 12 Race/Ethnicity of People Served in 2024 compared to Travis County Census



work to do to ensure no portion of our community suffers more than others.

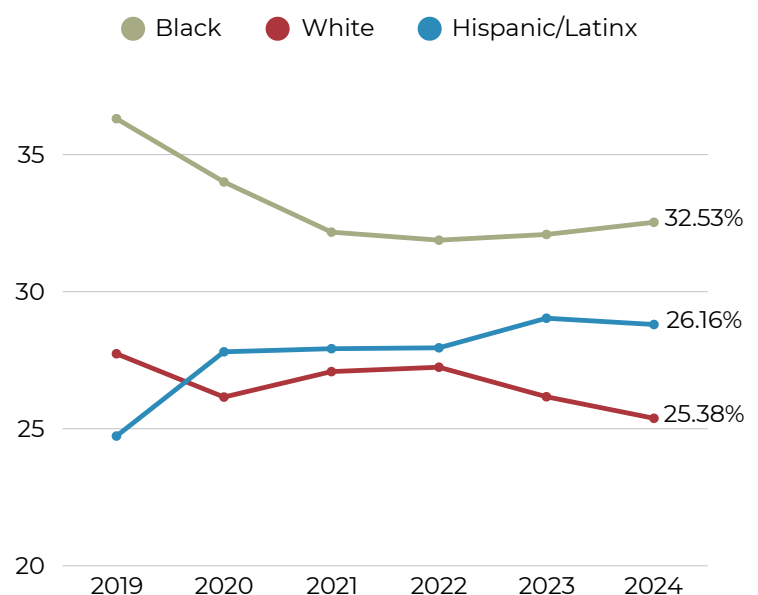
It's important to note that due to changes in the way HUD asks communities to collect data, the true number of white individuals in the homeless population may be even lower. Starting in 2023, HUD updated how it collects data so that separate "Race" and "Ethnicity" categories were merged into one data field. Prior to this, individuals who selected "Hispanic/Latino" for their ethnicity were still required to choose a racial category, regardless of whether they identified as that race. The divergence in Hispanic/Latino and white people served starting in 2023 is due to fewer individuals choosing white as their racial identity.

When comparing to the growth we have seen in the system overall (Fig. 1), racial and ethnic distributions held steady. As data collection continues to be refined and updated, it is promising to see that our understanding of race distributions remains relatively stable compared to the overall average over the past several years.

Black people are over-represented, while white and Latinx people are still under-represented in the HRS.

In looking at racial and ethnic data, we continue to see glaring inequities in the HRS. Figure 12 shows that while Black individuals make up only about 9% of the overall Travis County population, they account for one-third of the homeless population. In contrast, white individuals make up almost half of the overall Travis County population yet only account for about one-quarter of the homeless population. Figure 23 shows that this trend has held steady in the past several years, with Black and white representation decreasing slightly and Hispanic/Latino representation increasing slightly. There is still

Fig. 13 Percent of People Served by Race/Ethnicity

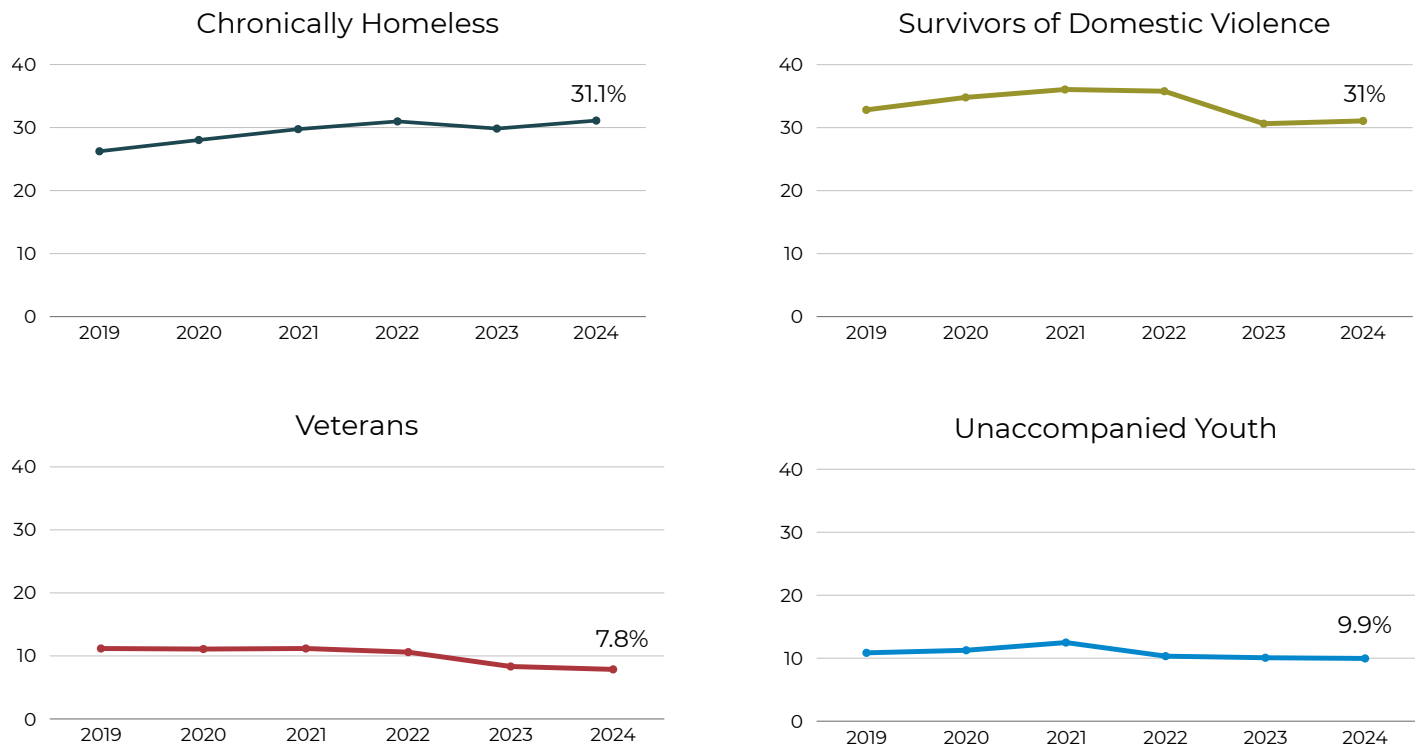




People Served

Subpopulations

Fig 14 Percent of All People Served by Target Population Type



HUD-defined target populations remain steady despite high overall system growth, indicating a need to understand the underlying trends.

The HRS hosts dedicated meetings to coordinate housing placements for groups like youth, veterans, and domestic violence survivors because they are a continued need for the community. HUD defines several target populations, and Figure 14 shows that while the overall population increases, many of these target populations remain steady in their proportion. This means the funded services and dedicated meetings for housing placements are still reflective of the need and require continued investment.

HUD defines “chronic homelessness” as being unhoused for a year or longer, or being unhoused at least four separate times in three years if the total amount of time across those episodes of homelessness is a year or more.

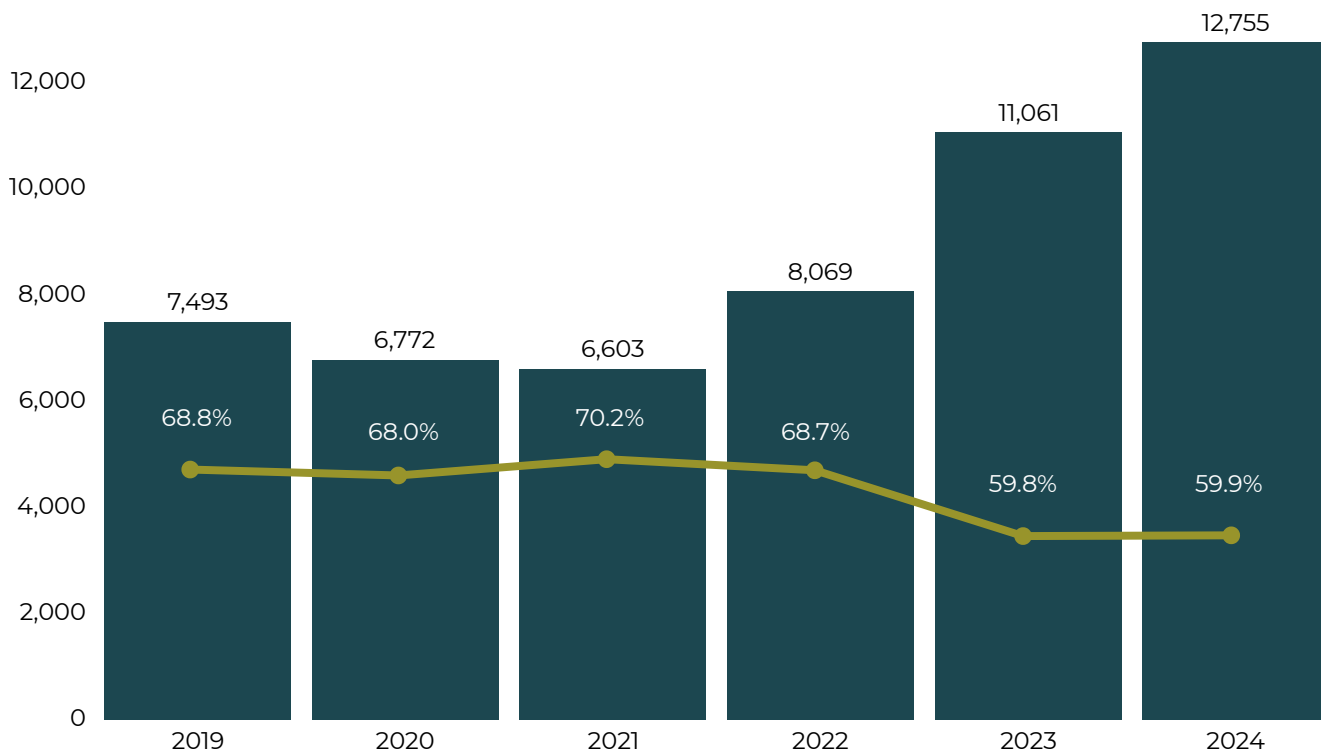
While the population of people experiencing chronic homelessness only grew by 1.2%, the total number of people grew by 1,314. This is a substantial number of people who became chronically homeless during 2024. While Unaccompanied youth grew by 260 people and veterans grew by 113, Figure 14 reveals survivors of domestic violence represent a larger share of the population than almost every other target population. Survivors account for 31% of the population and grew by 902 people, from 7,176 people in 2023 to 8,380 people in 2024. Survivors face additional hardships of violence and often have a more difficult time accessing services due to the stigmas against them and the potential harm they may face attempting to escape. The needs for survivors of domestic violence are particularly urgent and ECHO will be engaging in a research study in 2026 to better understand the experiences of survivors of domestic violence and the gaps in our system for serving them.



People Served

Subpopulations

Fig. 15 Count and Percent of People Served with Disabilities



The number of people reporting disabilities continued to grow, increasing by 1,694 people in 2024.

In 2024, nearly 1,700 more people identified as having any sort of disability compared to 2023 (Figure 15). The number of clients with disabilities continued to grow and the system continues to need programs that can support clients with disabilities. However, the overall proportion of people self-reporting disabilities remained close to 60%, down 10% compared to 2019–2022.

While the share of people reporting disabilities remains a majority of the overall population, many clients do not report disabilities due to a lack of understanding, fear, or oversight; there is more work to be done to understand the true extent of the need for disabled people served by our Homeless Response System. It is possible for

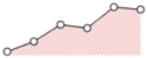

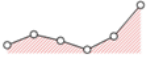
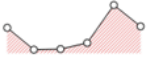



people to get a housing referral for a program only to find out they are not actually eligible for the program because of the program's requirements. Since disability status is necessary to determine eligibility for certain federally funded programs like Permanent Supportive Housing, our system must find new ways to document physical and mental health conditions for people without relying solely on their self-reporting. We know this rate of disabilities is most likely an undercount and we could continue to see the share of clients with disabilities shrink in comparison with the inflow of people into the system.

To help providers respond to the unique needs of people with disabilities, ECHO is collaborating with Central Health, Integral Care, and CommUnityCare to form the PSH Healthcare Collaborative to provide integrated health care supports for people who live in site-based PSH.

System Performance

Bed Capacity

Fig. 16 Capacity, in Number of “Units,” by Program Type

Project Type	2019	2020	2021	2022	2023	2024	Over Time
PH - Rapid Re-Housing	557	1025	1803	1644	2615	2502	
PH - Permanent Supportive Housing	1204	1263	1326	1560	1553	1809	
Emergency Shelter	1038	1209	1110	966	1180	1678	
Transitional Housing	484	406	408	430	565	489	
Permanent Housing with Services	318	352	357	311	285	211	
Safe Haven	15	15	15	18	15	15	
Total	3616	4270	5019	4929	6213	6704	

Homeless services have expanded considerably in recent years.

The number of projects and the volume of HMIS interaction rose sharply in 2023; these increasing trends continued in 2024, although there wasn't as steep of an increase. Figure 16 above shows that the greatest rise in available beds was in emergency shelters, with PSH beds also steadily rising. The increase in people served in 2024 correlates to the increase in beds and units for Emergency Shelter and PSH. As the number of beds increases in our system, we can expect an increase in the number of people sheltered and housed. This growth demonstrates how our system's impact will continue to scale as we see further investments from the City of Austin, Travis County, and other funding partners.

The slight decline in Rapid Rehousing (RRH) programs is due to COVID-era funding streams ending in 2023, resulting in several programs ending; however, the City of Austin is already working to replace the funding that held up these programs.

ECHO's system model shows the importance of both long-term services as well as short-term services like Rapid Re-Housing, and funding these units is time-sensitive for our community. Other short-term assistance programs like Emergency Shelter and Transitional Housing are necessary to improve the flow of our system and how quickly people get access to housing; the growth of shelter beds in our system is a welcome investment and we expect to see improvements in our system's performance over time as a result.

Cold Weather Shelters

The City of Austin [updated its cold weather shelter procedures](#) in 2024. The changes improve access to shelters and communication about when they're available by:

- Simplifying the threshold - shelters now open when forecasted temps are 35 degrees or below
- Allowing activation up to a day in advance of the forecasted low temperatures
- Extending registration hours past 8 p.m.



System Performance

System Flow

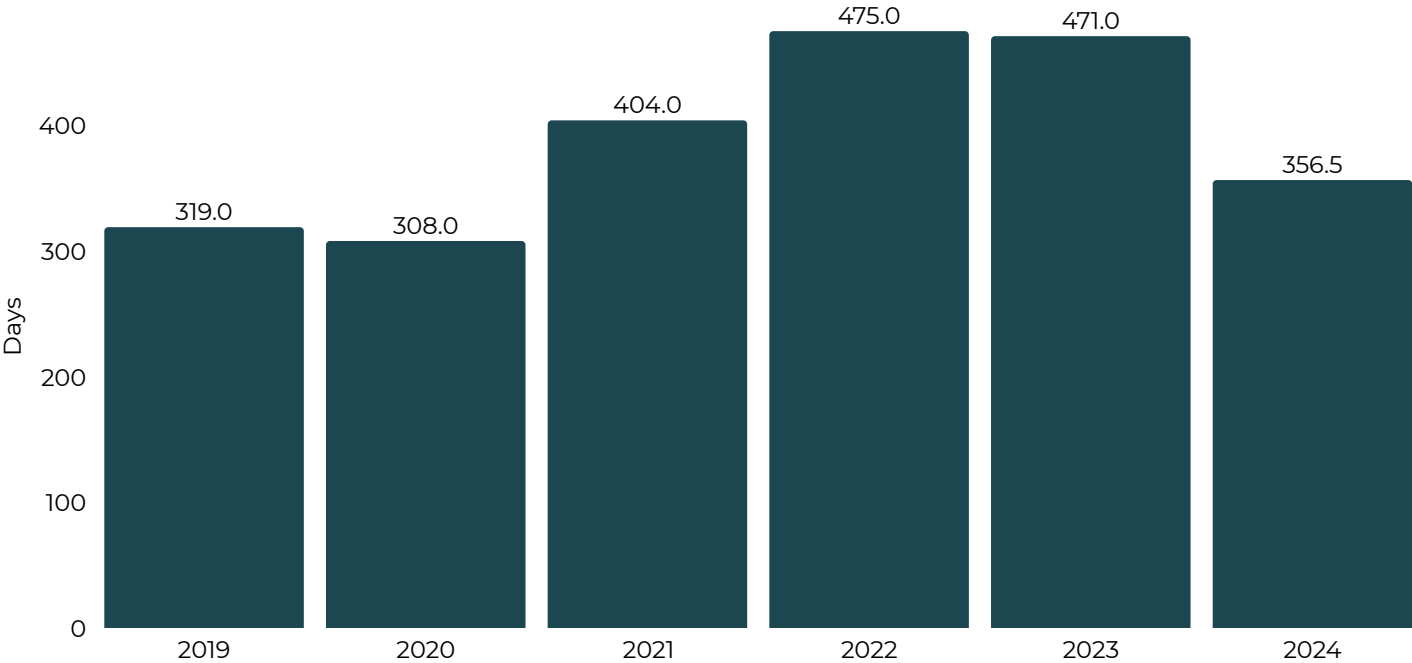
The increase in beds in our system meant people moved in faster, reducing time between assessment and move-in by nearly four months.

Figure 4 shows there has been a significant improvement in the median number of days between when someone does their first Coordinated Assessment (CA) and when they move into housing. Everyone seeking housing from the HRS starts with a CA, a set of questions that designed to assess someone’s likelihood of self-resolving their homelessness without help from the HRS. From there, people are added to a housing prioritization list until a spot opens up in a housing program that matches their needs. Although some people who do a CA may not ever be matched due to the lack of available units, people who are matched to an available unit will enroll into the program and begin working with a case manager to find permanent housing. Due in part to increases in the number of people served,

the median number of days from doing a CA to moving into housing has steadily risen since 2020. Now, as providers add more beds to our system, people have been moving into housing more quickly. The community has made a large investment in site-based PSH, with over 1200 units expected to come online through 2027; 289 beds became available for housing in 2024. We know the solution to homelessness is housing, and we can see the effect of more beds on the way people move through our system.

It is important to note that many people experience homelessness for far longer and have to complete multiple CAs before being housed through the HRS - if they are housed at all. A large decrease in wait times is promising and shows the benefit of increased investment for permanent housing beds; however, due to the lack of beds these improvements are being felt by a frustratingly small percentage of people served by our system.

Fig. 17 Median Number of Days Between Housing Assessment and Move-In for People Documented as Housed



System Performance

Move-Ins

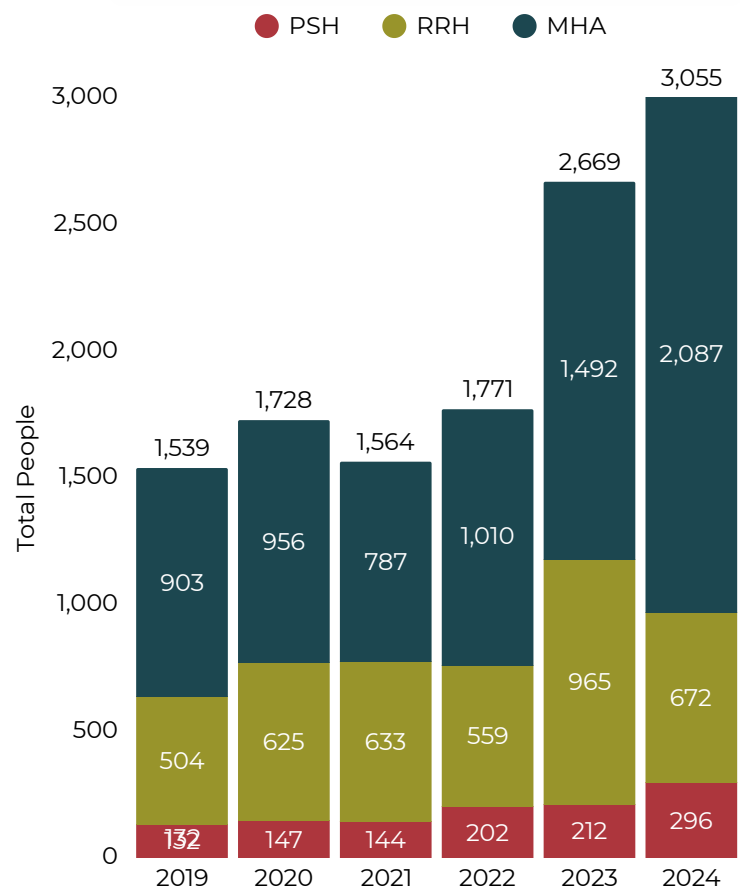
More people found housing in 2024 (3,055 total), with many needing only a light-touch service to end their homelessness.

The number of move-ins continued to increase in 2024. The increase in PSH move-ins and decrease in RRH move-ins follows expected trends: As more PSH programs come online, there are more spots for people to enter into these programs, while RRH programs have ended as COVID-era funding streams have gone away.

Further analysis will be conducted to explore why Minimal Housing Assistance (MHA) programs have housed twice as many people since 2022. A potential reason is that there has been a strong effort across the HRS to improve data quality and collection for these programs. As these further analyses are completed through 2025, other factors may come to light and will be studied in future reports.

MHA programs are housing significantly more people due to the availability of flexible funding that ends homelessness for people more likely to resolve their homelessness without more extensive support from the HRS. MHA can include

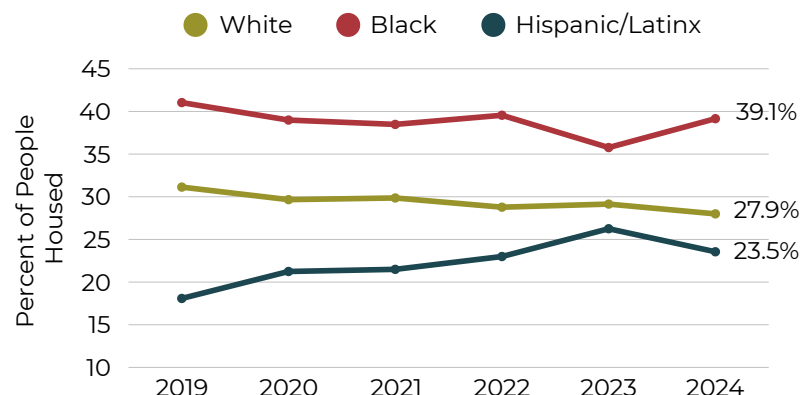
Fig. 18 Number of People Housed by Project Type



emergency shelter or day shelter, as well as one-time supports like diversion, prevention, and anything that is not considered Permanent Housing. As providers continue to create more beds and units for Permanent Housing, we expect these short-term interventions to become even more effective: Because people with the highest needs are prioritized for housing, MHA allows for people with fewer barriers to housing to achieve a successful housing placement much sooner. Effectively targeting assistance should be a high priority for our system as it will continue the trend toward a more efficient system overall.

Figure 24 shows that the proportion of yearly move-ins by race closely mirrors the overall homeless population proportions. Despite large growth in move-ins, outcomes by race were stable.

Fig. 19 Percent of Race/Ethnicity for People Housed by the HRS





System Performance

Exits

Fig. 20 Percent of People Still Housed or Leaving to Housing of Their Own from PSH

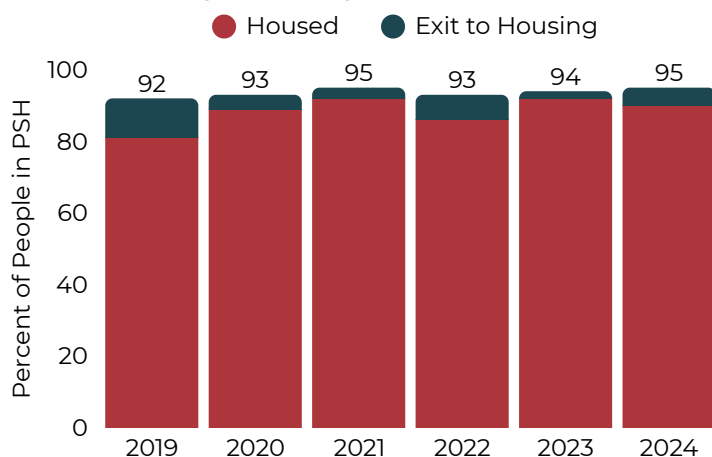
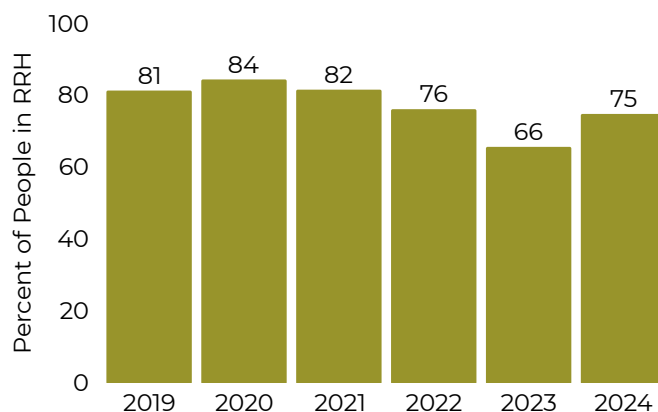


Fig. 21 Percent of People Leaving to Housing of Their Own from RRH



Both PSH and RRH Providers helped more people move on from the HRS and into housing on their own.

Figure 20 shows the rate for people who stayed housed through PSH or exited to housing of their own. People are technically able to remain in their PSH unit as long as they need it, but our providers support people who are able to move into housing that is not funded by the HRS. 95% of people remained housed through PSH, continuing a strong trend of success over the past several years. Many more people exit from RRH than PSH due to the differing designs of the programs: RRH is

intended to be a time-limited resource and has more slots funded in the community. In 2024, 112 people left their PSH program to housing on their own, compared to 768 people leaving RRH and successfully finding their own housing. There is no single trend in the rate of people leaving RRH into housing on their own, as the rate has not been consistently increasing or decreasing over time. The injection of RRH units from emergency federal funding and their subsequent loss in 2023-2024 potentially influences the rates of people leaving RRH to housing on their own but 3 out of 4 people (75%) left RRH to housing of their own in 2024, a 9% increase from 2023.

Fig. 22 Total Number of People Moving to Housing of Their Own from PSH

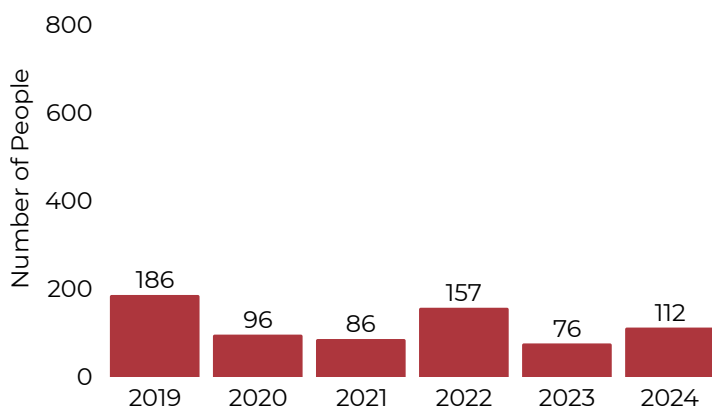
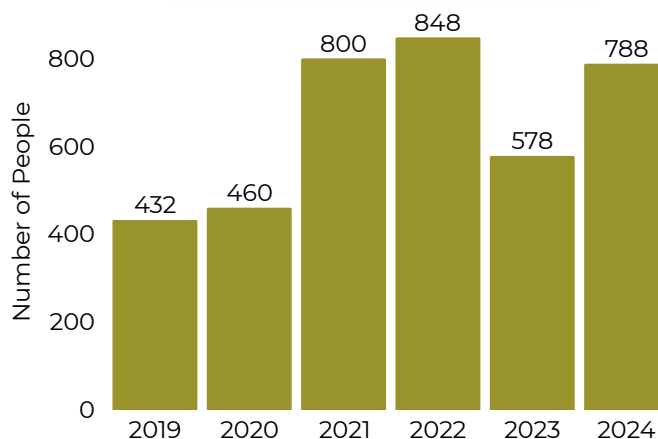


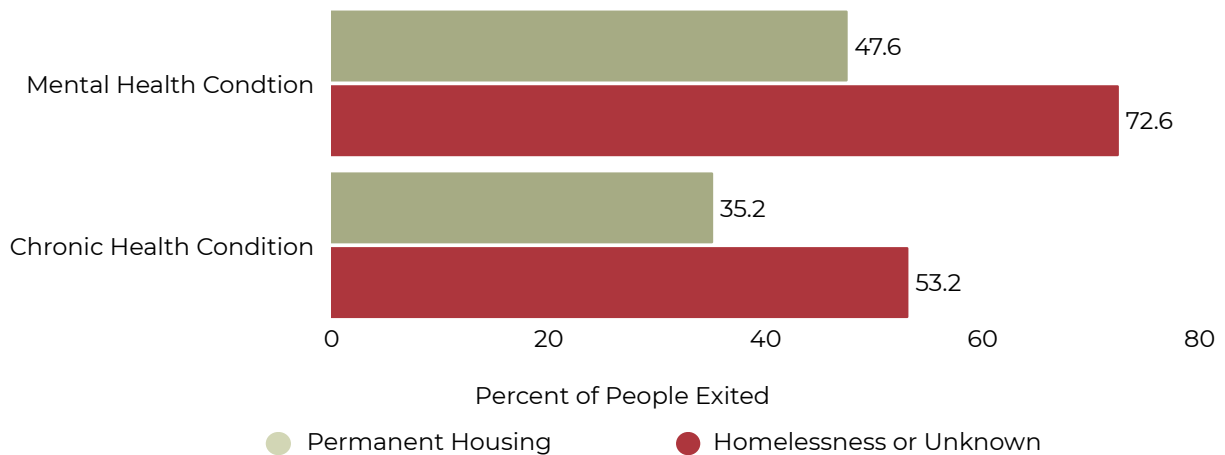
Fig. 23 Total Number of People Moving to Housing of Their Own from RRH



System Performance

Exits

Fig. 24 Percent of Exit Types by Health Condition for People Housed from 2019-2024

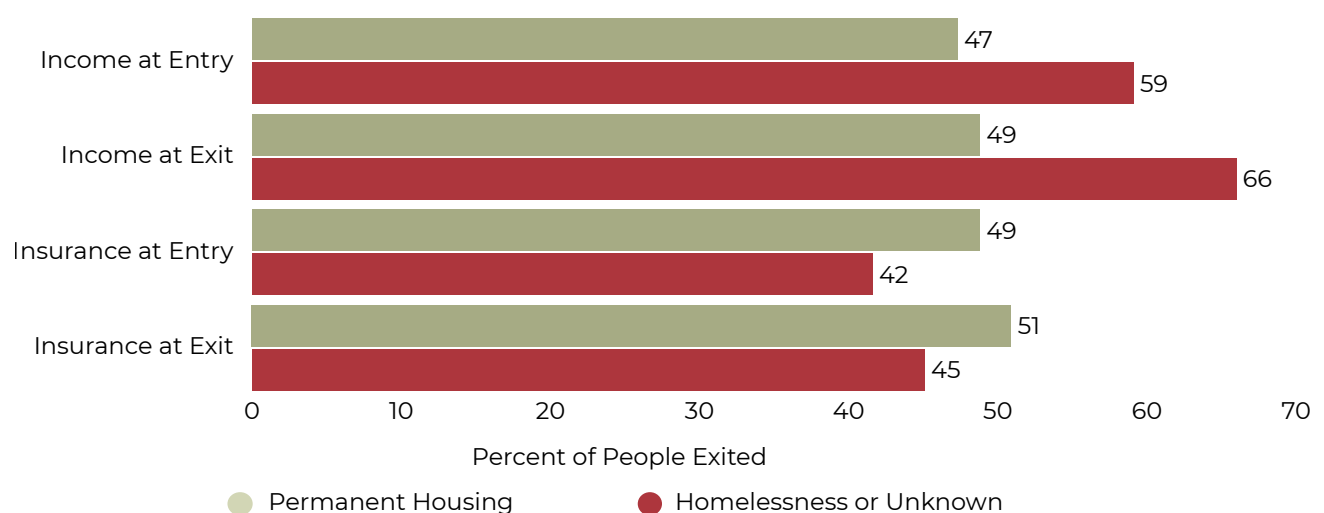


People with disabilities are much more likely to leave HRS housing programs back into homelessness.

Figure 25 (below) shows outcomes for people enrolled in PSH and RRH categorized by whether or not they had income or insurance. People with income had a significantly higher rate of successful exit; however, this is probably compounded by the fact that people with disabilities may not be able to work to make their own income, instead relying on benefits.

Either way, it is critical to ensure people in these programs are working to attain both income and insurance for a higher chance of success. Overall, people with disabilities are far less likely to leave a program to housing on their own outside the HRS than people without disabilities; it's a duty of all providers in our HRS, not just housing providers, to ensure our system can appropriately support people with high needs. Figure 24 shows higher rates of people with mental health or chronic health conditions exit programs negatively than individuals without those disabilities.

Fig. 25 Percent of Exit Types by Income & Insurance for People Housed from 2019-2024





System Performance

Special Populations

Both Permanent Housing (PH) and non-PH programs served disabled clients with diverse conditions.

Over the past six years, permanent housing (PH) programs, which includes Rapid Re-Rehousing and Permanent Supportive Housing, have continued to serve a majority of people with disabilities. Specifically, more than three-quarters of heads of households enrolled in PH programs report at least one disability, compared to just over half in other program types. This is partially a result of the model for Permanent Supportive Housing which requires people to have a disability to be eligible.

Programs like Street Outreach and Emergency Shelter (non-PH programs) also served people with various disabilities. Clients with disabilities have a significant difference in successful outcomes and it is not only housing providers that have to provide effective program administration for high-needs clients. ECHO is working to expand access to healthcare for unsheltered households by supporting Mobile Health Providers with the M3 initiative but more services are needed to support clients with complex needs in non-PH settings.

A likely reason for the decrease in the share of the population with disabilities among people in non-PH programs is the inflow of people without disabilities into the system that are first engaged through programs like Street Outreach or Coordinated Entry. Outreach staff and CE Assessors work with many more people than PH programs that can overwhelm the number of people with disabilities. As we make progress, it is important to maintain a strong understanding of the unmet needs for people with various disabilities and how our programs can be designed with them in mind.

Fig. 26 Percent of People Served with Any Disability

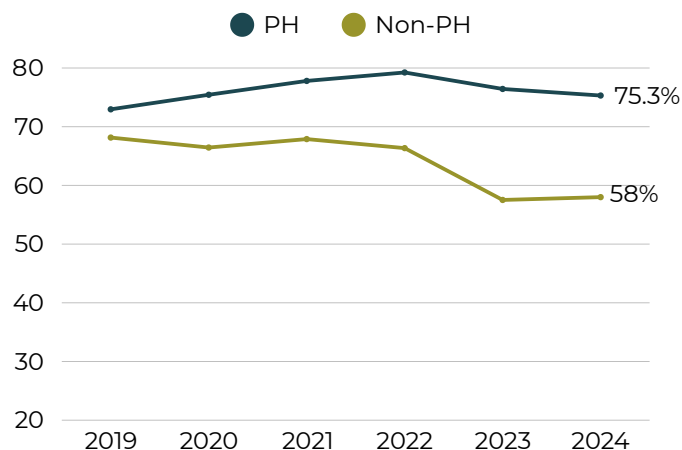


Fig. 27 Percent of People Served with Mental Health Conditions

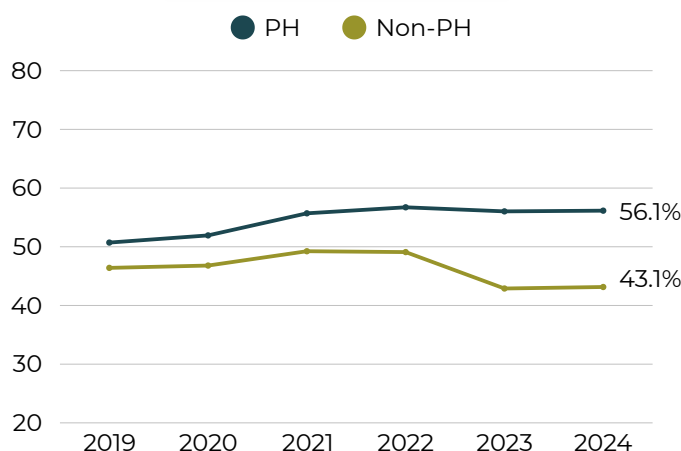
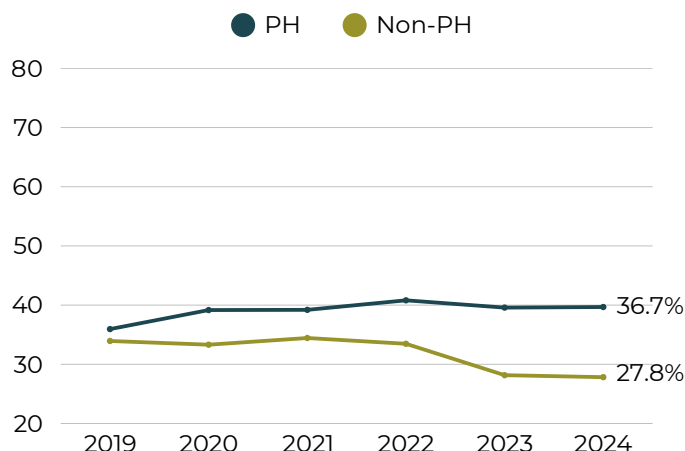


Fig. 28 Percent of People Served with Chronic Physical Health Conditions



Recommendations

Build on investments in housing, shelter, and services. Providers are showing the HRS can meet the needs of our community if we invest at the right scale.

ECHO's system modeling shows that investments in shelter and housing will have positive compounding effects on our system flow; now is the time to capitalize on the growth in system efficiency we saw in 2024. More units are creating a faster housing process and better outcomes with more move-ins. When we consider the total need in our system, the solution is clear: more housing and shelter. We must continue to match the pace of investments we have currently to ensure everyone has a place to call home. Additional investments in MHA programs, like diversion and prevention, are also critical in reducing the need for long-term services, improving the efficiency of the system, and reducing wait times for people in need of housing.

Target additional research studies for populations with growing needs.

There are several groups showing faster growth that will require additional attention to determine what supports and systems need to be created for them. ECHO will be engaging in research and partnering with external researchers for research projects to study these experiences, including:

- Survivors and victims of domestic violence
- Youth and young adults
- Clients with disabilities
- Clients with high medical needs
- Families with children and parenting youth

Fund more supportive services to meet the needs of people with disabilities and require services to be documented in HMIS.

While there is an overall need for additional units and housing pathways, there is an obvious gap in the outcomes for people with high medical needs and various disabilities. Our system needs to continue investing in supportive services that specifically address these needs and standardize service delivery design to ensure everyone is being served appropriately. To ensure this design standardization is being implemented effectively, it is highly recommended that our community determine what services are critical for the success of people with disabilities so that they can then be documented in HMIS for evaluation of their effectiveness.

Pursue alternative methodologies for Point In Time (PIT) Counts to identify gaps in services and outreach.

We are getting closer to serving everyone who's experiencing homelessness in our community: More people are engaged than ever before, and a smaller portion of people served are new to our system. The gap between what is documented in HMIS and the entire population of people experiencing homelessness is getting smaller. A study that examines people not captured in HMIS can provide important insights into the design of new services and new housing pathways. ECHO will engage in research to better understand the population of people experiencing homelessness outside of HMIS in an effort to develop a better overall system of creating a Point In Time (PIT) Count for our community.



Bright