TX-503 Continuum of Care

CE Workgroup MEMO to Leadership Council

Recommendations to Address RRH Prioritization

February 20th, 2025

Table of Contents

Executive Summary

The 2023 – 2024 Austin / Travis County Continuum of Care Leadership Council charged the Coordinated Entry Workgroup, under the guidance of the Performance Monitoring Committee, to review the Coordinated Entry Prioritization policy for Rapid Rehousing assistance and RRH outcomes and performance and to propose recommendations to address any discovered disparities.

CE Workgroup Recommendation

The CE Workgroup Recommends the following rapid rehousing prioritization changes:

Households who meet the following criteria may be prioritized for rapid rehousing:

1) Households whose APAT Score is below a 10,

   or

2) Households with an APAT Score above10 AND who have a duration of less than 12 months in this current episode of homelessness at the time of assessment

Dynamic Prioritization

The CE Workgroup recommends that a transparent and uniform process be developed to identify households who desire to participate in rapid rehousing and whose relevant traits, factors, resources, and experiences indicate success in a rapid rehousing project.

Methodology for Analysis and Recommendations

The CE Workgroup, after reviewing RRH performance data and soliciting input from people with lived experience of homelessness, service providers, community advocates, and system designers, believes that the recommendations herein will meet the following project goals:

- Equitably support participants in connecting with resources that will support them in exiting homelessness
- Assist participants in connecting to a project which will meet their needs
- Reduce the number of rapid rehousing participants who return to homelessness
- Increase the number of participants who receive RRH support and exit successfully
- Increase access to RRH as a short-term support to end homelessness
- Creating a system of efficiency and effectiveness
- Recognizing the effectiveness of the actual intervention

Additional Recommendations for Changes to the Coordinated Entry System

The CE Workgroup recommends three additional changes to the Coordinated Entry System to increase the quality and consistency of the CE for participants. 1) The scripts and workflows that describe the relevant interventions, RRH and PSH, should be updated to include information discovered through this analysis. This will support participants to better understand the possible individual service experience of each intervention. 2) A process should be developed to quantify and monitor the consistency by which CE Assessors are uniformly facilitating the CE process. 3) Lastly, the Housing and Income Plan process requires further analysis to determine its effectiveness and determine its future inclusion and usage in the CE process.

Additional System Recommendation and Strategic Concerns

Due to the interconnectivity of the homelessness response system, the CE Workgroup calls for these additional recommendations to further the priorities and goals of the CoC. These additional recommendations call for additional resources to protect households with high morbidity indicators from possible deaths on the streets, as well as additional measured investments in interventions across the homelessness response systems, especially Permanent Supportive Housing. The CoC should enact a process that reviews the performance of all interventions, at least quarterly, and communicate the outcomes of such review to CoC Governance. This will ensure that all projects within each intervention are operating within acceptable parameters and, if not, prioritized for technical assistance or necessary reallocation.

CE RRH Prioritization Recommendations

After careful deliberation, the CE Workgroup of the Austin/Travis County Continuum of Care recommends the following prioritization for rapid rehousing prioritization:

"Households who meet the following criteria may be prioritized for rapid rehousing:

3) Households whose APAT Score is below a 10,

   or

4) Households with an APAT Score above10 AND who have a duration of less than 12 months in this current episode of homelessness at the time of assessment

The Austin/Travis County CE Written Standards define prioritization as, "the order in which those eligible participants will be referred to that program based on common community-wide standards of relative need." The CE Workgroup recommends that outstanding referrals are asses for RRH project eligibility after recommendation implementation.

Enhanced Client Choice

Additional steps should be taken by the CoC to better inform CE participants of the likelihood that rapid rehousing will or will not be able to resolve their housing crisis based on the historical experiences of households with similar traits and features. It is the hope of the committee that, if participants are better informed of the services and limitations of rapid rehousing, at assessment, referral, and prior to enrollment, then they may have a better chance at choosing the intervention type that will successfully end their experience of homelessness.

Dynamic Prioritization

Households who meet the above criteria should be prioritized for available rapid rehousing resources. Additionally, the Continuum of Care should adopt a transparent and uniform process, utilizing available information such as client preference, APAT Score, Housing and Income Plan information, history of homelessness, and other relevant data to determine if households who do not meet the above criteria may be likely to resolve their homelessness with rapid rehousing assistance. Households who meet the criteria established in this additional process may be prioritized for rapid rehousing resources. Households who do not meet the RRH Prioritization criteria or future established Dynamic Prioritization criteria will not be prioritized for RRH services, and, as such, will not likely be offered a RRH intervention.

Hypothesized Impact

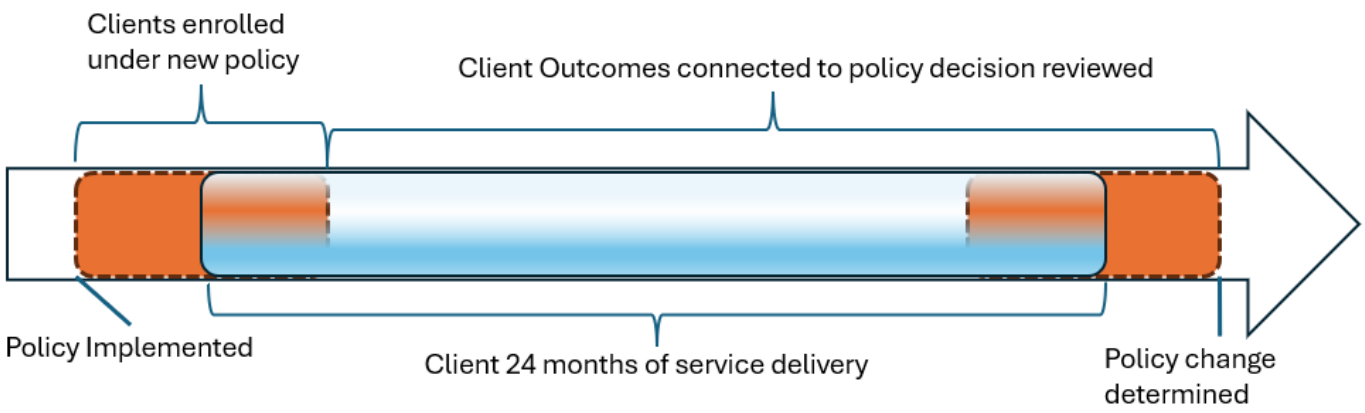
It is important to highlight the length of time between recommendations implementation and probable impact on the rapid rehousing intervention. If these recommendations are implemented, it can be expected that the impact of the policy will be observed on Rapid Rehousing project outcomes between 12 to 24 months after implementation.

Overall system prioritization will likely change the month following the recommendation implementation as prioritization and referral impacts are observed. This will most likely result in a greater average length of time for those experiencing homelessness at the top of the By-Name-List, prioritized for PSH but who do not meet the new criteria for RRH prioritization, though recent investment in PSH could blunt this impact. In contracts, there is likely to be an observed decrease to the average length of time for those throughout the By-Name-List who are newly prioritized for RRH, though the reduction in overall RRH capacity due to ARPA finalization may blunt this impact.

Ongoing Review and Quality Control

If this recommendation is adopted by the Continuum of Care, an annual review of the correlation between RRH Prioritization and RRH Performance outcomes should be conducted to assess for unintended consequences. Unless such outcomes are egregious, changes to RRH prioritization should only occur once every 3 to 4 years,

sufficient time to confidently correlate RRH Prioritization policy impacts with the 24 months of RRH service experience. Please see the graphic below.



Background

In June of 2023, the Coordinated Entry Workgroup, under the purview of the Performance Monitoring Committee, prioritized analysis of the Coordinated Entry rapid rehousing prioritization policy with data related to rapid rehousing programs. The Coordinated Entry Written Standards state:

> *Households are prioritized for [Rapid Rehousing] intervention according to the following criteria:*
>
> *• Priority One: Clients with the highest vulnerability and severity of service need, as defined by their API score.*
>
> *• Priority Two: Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.*
>
> *• Priority Three: Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:*
>
> *▪ Total number of nights spent literally homeless in the prior year*
>
> *▪ Total number of nights spent continuously literally homeless*
>
> *• Priority Four: If all the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).*

While there has been analysis by the CoC on the performance of Rapid Rehousing, little analysis had been completed regarding possible correlations between who was referred to rapid rehousing projects and their relevant service experiences.

The History of Prioritization

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amended the McKinney-Vento Homeless Assistance Act to develop the Continuum of Care Interim Rule, which required communities to operate a local coordinated entry or assessment process. This process would support households seeking assistance to gain services to end their experience of homelessness in a coordinated and strategic fashion.

The Coordinated Entry System is composed of four primary and distinct processes: 1) Access, such as the Sunrise Hotline 2) Scoring, through the Austin Prioritization and Assessment Tool 3) Prioritization, who is offered access to

which resources first as established by the CE Written Standards and 4) Referral, where ECHO connects prioritized participants to available housing units.

In 2014, the Austin/Continuum of Care initiated its Coordinated Entry process, initially utilizing the Vulnerability Index- Service Prioritization Determination Assessment Tool (VI-SPDAT) and accompanying intervention recommendations as the community prioritization tool. This tool, created by OrgCode in collaboration with Community Solutions, is designed to quickly determine if a household seeking assistance is of high, moderate, or low acuity. This tool, which reviewed domains such as History of Housing & Homelessness, Risks, Socialization & Daily Functions, and Wellness, recommended households be prioritized for either no housing intervention, Rapid Rehousing, or Permanent Supportive Housing assistance based on the resulting score. The Austin / Travis County Continuum of Care utilized the VISPDAT and accompanying recommendations through 2021.

In October of 2019, C4 Innovations released the Coordinated Entry Systems Racial Equity Analysis of Assessment Data Report. This report found the following:

> • *On average, BIPOC clients receive statistically significantly lower prioritization scores on the VI-SPDAT than their White counterparts;*
>
> • *According to VI-SPDAT data White individuals are prioritized for Permanent Supportive Housing (PSH) intervention at a higher rate than BIPOC individuals, though this is not true for families;*
>
> • *Race is a predictor of receiving a high score (i.e., an assessment for Permanent Supportive Housing/ Housing First), where being white was a protective factor for single adults;*
>
> • *VI-SPDAT subscales do not equitably capture vulnerabilities for BIPOC compared to Whites: race is a predictor of 11/16 subscales, and most subscales are tilted towards capturing vulnerabilities that Whites are more likely to endorse.*

After the release of this report, the Austin / Travis County Continuum of Care undertook a lengthy development process to create and maintain a locally developed needs assessment tool as part of the local Coordinated Entry system. In October of 2021, the Austin Prioritization Assessment Tool (APAT) became the local tool to assess a household's ability to self-resolve their homelessness without a formal housing intervention. The CoC's prioritization policy for housing resources reflects the changes to the CE Written Standards established by the Continuum of Care in 2018.

It is important to note, between 2014 – 2022, the participation of housing programs within the CoC in the Coordinated Entry process has varied. While Continuum of Care and Emergency Solutions Grant-funded housing programs have been required to comply with CE Written Standard since 2012, other funds have not been required to participate. As such, population targeting, subpopulation eligibility requirements, and variations between program designs and CoC Written Standards for Service Delivery have resulted in inconsistencies between those prioritized for services, those who receive services, and what services are offered. These inconsistencies have most recently been challenged through the requirement of city-funded projects to comply with the CE Written Standards for participant referral and prioritization and program design in accordance with the CoC Written Standards. Such changes ensure that when a household is prioritized and referred to a rapid rehousing program, variations in service experience are due to variations in the quality of service delivery and not due to variations in program design. Though some variations in program design still exist, the CoC's work to identify and address such variations has made progress over the last 5 years.

2012
- Continuum of Care Interim Rule, requirement of Coordinated Entry Published

2014
- Austin / Travis County CoC launches local Coordinated Entry system using VISPDAT and its intervention recommendations as local prioritization policy
- Only CoC and ESG projects are required to comply with CE regulations

2016
- HUD Notice CPD 16-11 is released, replacing Notice 14-12 and requires CoCs to prioritize PSH units for chronically homeless households

2017
- Notice CPD 17-01 is released, establishing additional requirements of the Coordinated Entry System

2018
- Austin/ Travis County CoC adopts CE Written Standards in compliance with Notice CPD 17-01; Prioritization is amended to prioritize all interventions to households with the highest VISPDAT score, regardless of intervention tool recommendation

2019
- Membership Council adopts Housing and Income Plan process to allow projects to "opt-in" to accepting referrals for RRH for households prioritized for RRH and determined to have a plan "compatible with RRH"

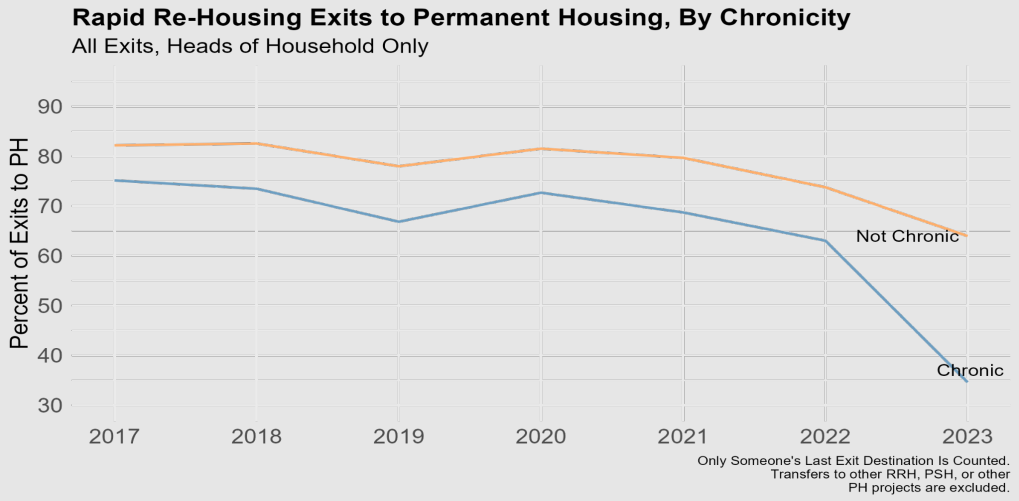
2020
- Emergency Solutions Grant CARES Act projects are required to comply with CE Written Standards
- Households seeking assistance are enabled to request referrals to RRH, PSH, or Both intervention types

2022
- The City of Austin' Homeless Stability RFP, soliciting ARPA and General funding for housing programs, requires all projects to comply with the CE Written Standards

2023
- The Coordinated Entry Workgroup begins inquiry into possible correlations between prioritization policy and RRH performance outcomes

Data Inquiry

Between February 2024 to July 2024, the CE Workgroup received 4 different reports culminating in a cumulative report completed by Akram Al-Turk (see Appendix A). This, along with other community events, led the CoC Leadership Council to highlight the Rapid Rehousing Prioritization work as a priority item for the CE Workgroup and the CoC. The data discovered significant differences in the household's successful exit rates when comparing participants who met the definition of chronically homeless at entry (35% successful) vs. non-chronically homeless households (65% successful).



The data presented in Appendix A highlighted a few factors and traits that historically demonstrate households who had participated in rapid rehousing projects and been successful. Such traits include: a history of

homelessness of less than 365 days prior to project enrollment, an APAT Score 2 below the median, the ability to complete ADLs, low criminal justice involvement, and self-assessment that mental health concerns had not impacted housing stability.

Factors Associated with ***Positive (PH) or Negative/Unknown Outcomes*** *for People in RRH*

Factor	Negative or Unknown Exit	Permanent Housing Exit	Diff. Btwn. Negative and Positive Exits	Statistically Significant Diff.?
General Factors				
Days Homeless Before Enrollment (Median)	494	322	172	Yes
Days in Shelter Before Enrollment (Avg)	103	106	-3	No
Chronically Homeless Before Enrollment	55%	38%	17%	Yes
Living with a Disability	81%	69%	12%	Yes
Mental Health Condition at Enrollment	63%	50%	13%	Yes
Chronic Health Condition at Enrollment	45%	38%	7%	Yes
Substance Abuse Condition at Enrollment	35%	23%	12%	Yes
Coordinated Assessment Factors				
Coordinated Assessment Score Below or Above Avg	0.45	-0.26	0.71	Yes
Lived Outdoors Most Frequently Before Enrollment	92%	78%	14%	Yes
Has Had a Medical Condition That Affected Activities of Daily Living	78%	64%	14%	Yes
Been Denied Access to Employment or Hsg Due to Criminal Background	75%	54%	21%	Yes
History of Trouble Maintaining Housing Due to Mental Health Issue	63%	52%	11%	Yes
Programmatic Factors				
Had Any Income at Program Exit	47%	70%	-23%	Yes
Had Any Health Insurance at Program Exit	49%	59%	-10%	Yes
Had Any Benefits at Program Exit	44%	46%	-2%	No

From the 2024 State of Homelessness Report

Prioritization Options

While each household that participates in rapid rehousing has its own strengths, resources, situation, and experiences, this historical data enabled the workgroup to identify factors and traits that indicated statistical likelihood for success in rapid rehousing programs. The following options for RRH prioritization were established:

Option 1: 12 months of homelessness – households with less than 12 months of homelessness are prioritized for assistance

Option 2: CE Score limitations – households with an APAT Score of X will be prioritized for rapid rehousing assistance

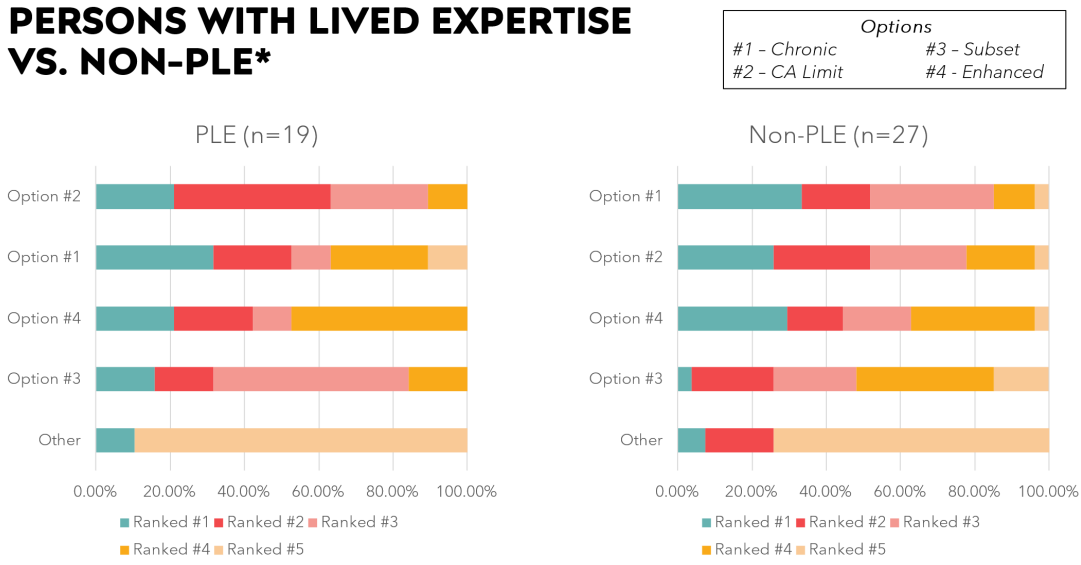
Option 3: Subset analysis – Households whose coordinated assessment data indicates de-escalating factors of having a medical condition that affects activities of daily living, been denied access to employment or housing due to criminal background will be prioritized for rapid rehousing assistance

Option 4: Enhanced Client Choice – Households will be prioritized for rapid rehousing assistance based on their APAT score and desire to participate in rapid rehousing

RRH Prioritization Survey

These above options enabled the Workgroup to solicit input from the Continuum of Care regarding which options providers, stakeholders, and people with lived expertise felt should be implemented. The survey was released

between September 23rd – October 10th, receiving 54 responses, 6 from anonymous persons. City of Austin Rapid Rehousing providers, the Permanent Housing Committee, the Rapid Rehousing Workgroup, the Performance Monitoring Committee, the Esperanza Participant Council, and the Austin Homelessness Advisory Council were directly solicited for input. 41% of respondents were from people with lived expertise of homelessness and responses were collected from Lifeworks, The Other Ones Foundation, Caritas of Austin, Family Eldercare, Downtown Austin Community Court, SAFE Alliance, and others. Full responses can be found in Appendix B. The result of the survey are as follows:



15 **Anonymous Entries Excluded, Respondents who identified as a PLE and with an agency affiliation were counted in the PLE group*

Housing and Income Plan Assessment

Through the various inquiries and analysis of influences on the rapid rehousing program performance, it was shared that certain projects receive referrals that meet the criteria for prioritization in the CE Written Standards as well as meeting criteria for a "housing plan compatible with RRH". In the workgroup's exploration of the impact of this secondary process, ECHO stated that CE Assessors complete a Housing and Income Plan to ensure that the participant's income plan aligns with housing preference and the participant's income capacity. This information is assessed against the following criteria to see if a household's plan is a "compatible housing plan" prior to RRH referral:

What is a compatible housing plan?

- *A client is currently employed*
- *A client does not currently have a source of income, but plans to increase their income via employment*
- *A client currently receives benefits, AND is open to shared housing options*
- *A client does not currently have a source of income, plans to increase their income via benefits, AND is open to shared housing options*

This process was implemented between 2018 to 2019, including a community response period of approximately 3 – 6 months. This was documented in the RRH Policy meeting on 1/24/2019. Current CE Written Standards do not include this practice, as projects may choose to "opt-in" to this compatibility assessment. In 2023, 12 of the community's 46 rapid rehousing projects have "opted-in" to this process, totaling a RRH investment of $12,468,734 of funding which has opted in during the 2023 fiscal year.

Throughout the investigation into the Housing and Income Process, it has been recognized that the governance process to establish and enact this policy was poorly documented which led to a lack of sufficient oversight or ongoing evaluation of the impact of the process within the system.

Full information regarding the Housing and Income Plan can be found at Appendix E and F.

By-Name List Impact

Upon completion of the Community Survey, the Workgroup submitted a final research request to the ECHO Research and Evaluation department, assessing the impact of the above prioritization options against the current By-Name-List as well as the likely frequency of PSH and RRH units within the next year. The resulting analysis concluded that the APAT is achieving one of its purposes and resulting in only minor variations in score by racial and ethnic demographics. This report also identified, based on historical prevalence, the likelihood of 585 units of RRH being available during 2025. Given the reduction in ARPA funding, it is likely that this is a significant overcount. The full report can be found at Appendix F.

Methodology for Analysis and Recommendation

Each intervention within the homelessness response system has a critical and interlocked function to achieve the system goal of resolving the housing crisis of all persons experiencing homelessness within an efficient and timely manner. As the “flow” of persons experiencing a housing crisis and homelessness fluctuates, both in the number of persons in need as well as the severity of needs, the system’s interventions must have sufficient capacity and effectiveness (i.e. performance) to achieve its goal. While intervention capacity (i.e. funding) is generally outside of the direct influence of system planners, the effectiveness of intervention is within the sphere of influence.

When considering the effectiveness and impact of an intervention within the homelessness response system, three key primary influences must be controlled to ensure that the intervention's capability to resolve a participant’s housing crisis is measured. First, the program design and operation of the projects within the intervention type must be as similar as possible. Second, service delivery quality of projects within intervention types must be homogeneous. Third, the needs, traits, factors, and capacities of households referred for services must be similar. When controlling for these factors, system planners can ensure that the intervention will provide predictable outcomes and play its specific role within the larger system goal. These various domains, program design, service quality, and program participant must be frequently interrogated to ensure consistent outcomes.

Under this methodology, the CE Workgroup began investigating the assumption “Rapid Rehousing is able to successfully assist those referred.” The resulting data (see Appendix A) indicated especially concerning outcomes for households meeting the criteria of chronic homelessness at project entry. The CE Workgroup’s recommendations intend to influence these concerning outcomes, and the CoC must enact additional policies and practices to account for current variations in RRH program design and service delivery.

Lastly, implementation of these recommendations is necessary to reduce the demand for RRH to PSH transfers. By better prioritizing RRH resources to households likely to resolve their homelessness with RRH, PSH resources will be better reserved for households meeting the criteria of chronic homelessness and experiencing sheltered or unsheltered homelessness. While it is likely that a minority of RRH participants may still need robust services of PSH to resolve their homelessness, it is probable that the volume of requests will decline as participants prioritized under the recommendations complete their RRH service experience.

Please see the Additional Recommendations section for more information.

Workgroup Decision Making Process

On January 23rd, the CoC's Coordinated Entry Workgroup met to finalize its recommendations for rapid rehousing prioritization changes. The workgroup reviewed some key artifacts of its work (Appendix G) and discussed solutions. Four final options were explored:

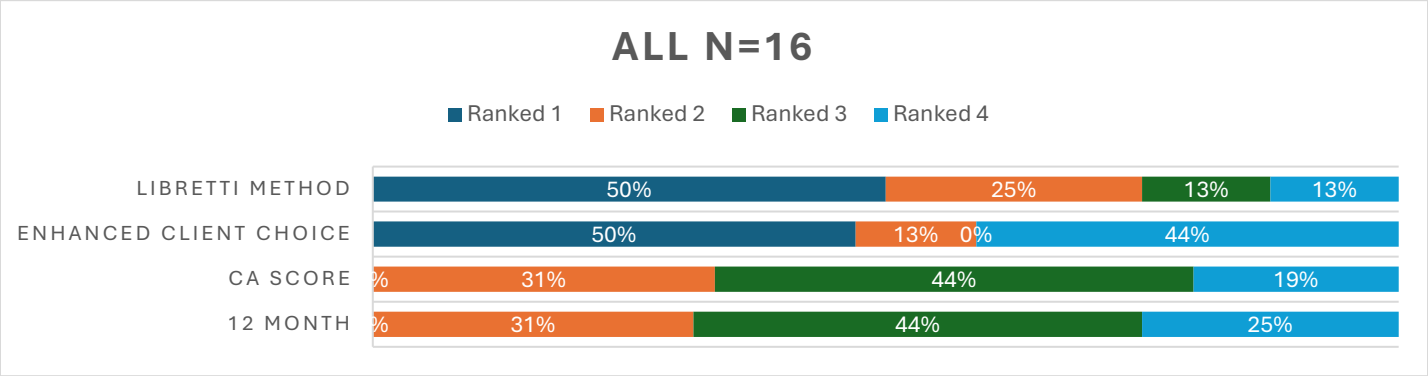
Option 1: 12 months of homelessness – households with less than 12 months of homelessness are prioritized for assistance

Option 2: CE Score limitations – households with an APAT Score of X will be prioritized for rapid rehousing assistance

Option 3: Enhanced Client Choice – Households will be prioritized for rapid rehousing assistance based on their APAT score and desire to participate in rapid rehousing (most similar to current practices)

Option 4: The "Libretti Method" – A combination of option 2 and option 1 with an emphasis for a process for prioritization of persons who do not fall within the prioritization and would be likely to be successful in rapid rehousing.

The Workgroup engaged a ranked tier survey response for the purpose of voting. Below is the outcome of the vote:



50% of members voted for the Libretti Method and 50% voted for the enhanced client choice as the top choice. The "Libretti Method" was ranked within the top 3 options by a greater number of participants.

Additional Recommendations for Changes to the Coordinated Entry System

The analysis of the current Coordinated Entry System regarding rapid rehousing prioritization has resulted in additional recommendations from the CE Workgroup. While some recommendations could be incorporated as is, others would require additional coordination and development.

Client Informed Consent

Using the information gathered and analyzed regarding how participant factors, traits, experiences, and capacities may correlate with rapid rehousing outcomes, the scripts utilized by Coordinated Entry Assessors should be reviewed and updated to provide more information to those seeking services on their likely success in rapid rehousing as well as estimates on the possible length of time between assessment and project enrollment.

Assessor Quality Controls

The CE Workgroup recommends that procedures be developed to measure, review, and report assessor fidelity to developed scripts and workflows. In alignment with the CoC's commitment with equitable service delivery, procedures should be created to ensure that participants receive similar assessment scores, Housing and income Plans, and referral outcomes across assessors. Additionally, these measures and outcomes should be reviewed by the CoC CW workgroup, along with the annual CE Feedback report, required by Notice CPD 17-1 (II)(B)(15)(a).

Housing and Income Plan

The CE Workgroup recommends further analysis of the Housing and Income Plan process and outcomes. Regardless of prioritization recommendation implementation, the Housing and Income plan allows Assessors to provide an opportunity for housing planning with those seeking assistance. In plain terms, with 585 units of rapid rehousing and 327 units of PSH estimated to be available in the next year, and 12299 persons on the by-name-list, it is likely that 11,387 people will not be served by RRH or PSH. As such, the Housing and Income Plan offers a valuable opportunity to support those seeking assistance who will likely only be assisted by street outreach, emergency shelter, diversion, or rapid exit services.

Additional System Priorities and Strategic Concerns

The Coordinated Entry Workgroup exclusively focuses its efforts and reviews on three of the four domains of the Coordinated Entry System (Access, Prioritization, and Referral) and how these domains impact system flow and efficiencies. Given the interdependent and connected nature of the homelessness response system, the workgroup has identified other priorities to be considered by system leadership to increase system impacts and achieve system goals. While the recommendation for RRH prioritization and changes to a coordinated entry system will address some current system deficiencies, leadership should carefully consider these additional factors when determining future priorities to quickly end experiences of homelessness for all Austinites.

Increased Crisis Response Resources to High Acuity Households

The adoption of these CE RRH Recommendations will likely result in a greater length of time experiencing homelessness for those least able to self-resolve without assistance. Many of the households who have historically been unable to exit homelessness with rapid rehousing assistance require the intense supportive services and long-term housing assistance of Permanent Supportive Housing to successfully exit homelessness. As such high-acuity households have attempted rapid rehousing in the past, households not prioritized for the intervention have continued to suffer the traumatic experience of homelessness. Additionally, given our community's insufficient shelter capacity, this has likely been unsheltered homelessness.

The intended impact of these RRH recommendations is to balance those households who are least likely to resolve their homelessness without assistance, as identified by the APAT, against prioritizing services to households whom rapid rehousing is likely to resolve their experience of homelessness. If these recommendations operate as intended, not only will this assist households exiting homelessness, but it will also, in the long term, reduce the number of persons "aging into" chronic homelessness status, as a person only meets the criteria for chronic homelessness when the system has been unable to resolve their homelessness after 12 months.

As such, increases in specialized facilities and services to prevent instances of deaths on the streets for households with acute medical, mental, and substance use issues, or of advanced age, or other factors that contribute to high mortality risks is of paramount importance. While such facilities or resources will not produce the positive housing stability outcomes of Permanent Supportive Housing, they will prevent some deaths on the streets while individuals wait for PSH, connect participants to hospice or long-term care facilities, and connect participants to necessary medical and mental health services. This activity should be pursued along with investment in PSH. While it may reduce deaths on the streets, it would be unlikely to impact positive system outflow rates, which is most appropriate for PSH.

This would be a relatively short-term solution but needed to address the impact of the recommendations. The long-term solutions would be expanded capacity for PSH, as its intense service package and long-term housing assistance have consistently proved to have better outcomes within shorter lengths of time for higher acuity individuals than other interventions.

Active Performance Monitoring

Referring to the "Methodology for Analysis and Recommendations" section, it is imperatively critical that system leadership ensure all interventions align with program design and that the quality of service delivery is actively reviewed by the Performance Monitoring Committee. In 2024, the CoC adopted new Scorecards to monitor RRH and PSH project performance. As such, all CoC funded PSH and RRH projects participate in these quarterly performance assessments, as do City of Austin funded RRH projects. This process enables the detection of projects whose service delivery is below system expectations, prioritizes such projects for technical assistance, and, if projects are unable to address concerns, enables funding to be reallocated to new or higher-performing providers. This critical practice ensures the health and effectiveness of each intervention, certifying that each intervention is playing its part in the system.

The Coordinated Entry Workgroup fully endorses the Leadership Council's decision to prioritize the development of case management best practices within our community. Members feel that these guidelines will enhance the services participants receive.

While increases in system intervention capacity without changes to intervention, and individual project, performance would result in greater system outflow, such investments would be an inefficient use of resources. They would contribute to greater system costs than necessary, and can only be mitigated if these projects were investigated for effectiveness and efficiency across performance domains.

Increased System Capacity

As the system works to increase intervention effectiveness and efficiency, system leaders should also advocate for additional resources to address the fluctuating quantity and severity of needs of those experiencing homelessness. The system will be unable to meet its goals to end homelessness for all persons, even with high intervention success rates, if there is insufficient intervention capacity to handle the volume of need, resulting in high numbers of unsheltered homelessness and chronic homelessness. This is especially true for the system deficiency in Permanent Supportive Housing, as described above. This intervention consistently shows high outcomes for highly acute households. While the system must advocate for additional funds to increase PSH capacity, the implementation of a community Move – On assessment for all PSH participants could increase PSH turnover rates, increasing capacity.

Additionally, system funders should critically review the allocation of resources to specific subpopulations to ensure that, if a subpopulation requires specialized services, such services are funded to the level of the prevalence of the population of those experiencing homelessness.

Appendix

A- ECHO LC Presentation Notes
B- RRH Prioritization Survey Results
C- RRH Survey Results EXCEL
D- Housing and Income Plan Prioritization Process
E- Housing Plan Presentation
F- CE- Workgroup RRH Prioritization
G- CE RRH Prioritization Recommendations Discussion
H- CE Workgroup Voting Outcome