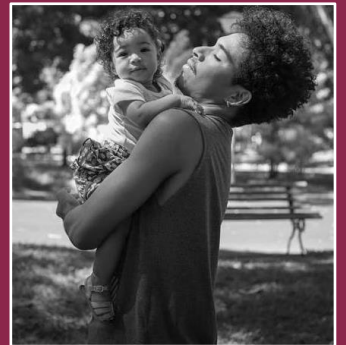


Strategic Plan to Respond to Homelessness in San Antonio and Bexar County



CITY OF SAN ANTONIO
DEPARTMENT OF HUMAN SERVICES

December 2020

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CITY OF SAN ANTONIO DEPARTMENT OF HUMAN SERVICES

December 16, 2020

To the San Antonio community–

I am pleased to present the enclosed *Strategic Plan to Respond to Homelessness in San Antonio and Bexar County*. The strategic plan is a result of a months-long process coordinated by consultant Homebase to analyze community data and gather input from a wide range of stakeholders to develop a vision and actionable steps for our community to reduce homelessness in San Antonio.

The goal of the Department of Human Services (DHS) and our local homeless response system is to ensure that homelessness in San Antonio is rare, brief if experienced, and nonrecurring. San Antonio has many nonprofits, government agencies, congregations, and community members who are dedicated to seeing this vision become reality. The spirit and determination of these partners comes through in the strengths the strategic plan identifies as well as in the tremendous participation of the community and numerous stakeholders from multiple sectors in the plan's development. Homebase held over 50 distinct stakeholder meetings, including multiple focus groups with people currently experiencing homelessness and six open community neighborhood meetings. This strategic plan provides a framework for achieving progress in reducing homelessness in our community.

Because of the COVID-19 pandemic, release of the strategic plan – initially planned for early April 2020 – was delayed. This gave Homebase time to incorporate elements of how COVID-19 changed the homeless response system including the unprecedented allocation of CARES Act funds dedicated to addressing homelessness. The Homebase report includes six major recommendations and identified a number of practices to improve the homeless system over the next five years. Major elements of the COVID-19 Recovery and Resiliency Plan homeless initiatives align with this strategic plan, and in many ways, the COVID-19 pandemic has accelerated or facilitated the plan's implementation. Below are the strategic plan's key recommendations and the current implementation status of each.

Recommendation #1: Implement a single collective-impact leadership group

In response to the COVID-19 pandemic, DHS, the South Alamo Regional Alliance for the Homeless (SARAH), and Haven for Hope leadership began meeting daily to coordinate an emergency response to prevent the spread of COVID-19 in congregate shelters and among the unsheltered homeless population. Additionally, DHS, the Bexar County Department of Economic and Community Development, and SARAH coordinated to effectively braid our separate CARES Act allocations. Also, SARAH has convened all homeless services providers weekly since March to disseminate information and monitor the impact across the system.

Recommendation #2: Support development of service-enriched housing options

The Homeless Strategic Plan's recommendation for a Housing Implementation Team calls for an analysis of housing needs by type and integration with social services. This work is already largely being done through the ongoing Strategic Housing Implementation Plan (SHIP) process led by the Neighborhood and Housing Services Department (NHSD). DHS, as well as SARAH, San Antonio Housing Authority, and a wide range of private, nonprofit, and government partners, participate in the SHIP development and will continue to work with NHSD to align the two plans. The SHIP includes a committee focused on better connecting housing development with social services delivery, and service-enriched housing development could be a key component of the final plan.

Department of Human Services

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Recommendation #3: Increase capacity and coordination of street outreach through increased investment, improved structure, and expansion of homeless outreach clinician pilot programs.

Through the COVID-19 Recovery and Resiliency Plan and the Fiscal Year 2021 Adopted Budget, City Council approved the addition of 11 outreach specialists and 11 paid social work interns to provide targeted outreach in all 10 council districts and downtown. Additionally, in July, DHS convened homeless outreach workers from multiple agencies and shelter operations to develop consistent community outreach and shelter access protocols. Facilitated by Homebase, the protocols include implementation of new Outreach Grid software across the system and integration of the I.D. Recovery Program – now led by DHS with support from the Office of the City Clerk and SAPD.

Recommendation #4: Conduct a Frequent User System Engagement (FUSE) analysis to identify high utilizers of public resources among persons experiencing homelessness and connect them to appropriate housing and resources.

While Homebase recommended a full FUSE study, DHS recommends implementing cross-agency case conferencing to review the files of individuals identified through the SAHomelink coordinated entry process as the most vulnerable clients in the homeless system. High-utilizer studies have been conducted through Southwest Texas Regional Advisory Council (STRAC) and are being used to identify and make system improvements for frequent users of behavioral and medical health systems. Additionally, preliminary discussions have begun around development of a homeless court in San Antonio to address high utilizers of the criminal justice system involving DHS, Municipal Court, District Attorney’s Office, and Bexar County Court Administration.

Recommendation #5: Develop detailed prioritization policies and targeted interventions to most effectively connect persons experiencing unsheltered homelessness to stable housing.

SARAH has begun a review of the SAHomelink coordinated entry process, which prioritizes individuals for permanent housing placement. DHS and Bexar County co-chair the Coordinated Entry Advisory Board, which leads policy and prioritization of individuals for subsidized permanent housing placement. Low-barrier temporary living options come with zoning and cost considerations when other shelter options and capacity are available in the community. Staff continue to work with existing shelter operators to provide low-barrier, safe sleeping and shelter options. DHS is also working with SARAH, SAMMinistries, and Haven for Hope to develop better shelter options for high-need clients who may not thrive in an existing shelter environment (e.g. cannot meet activities of daily living).

Recommendation #6: Increase focus on consumer engagement and equity throughout the homelessness response system.

Analysis of data from the Homeless Management Information System points to disproportionate representation of populations of color. Improving equity and consumer engagement has been considered in development of street outreach protocols; training for CARES Act funding; and prioritization for permanent housing. DHS is one of five City departments currently working with the Office of Equity to develop a Departmental Equity Assessment, which includes review and development of more ways to engage clients and incorporate their voices into program development and evaluation.

I want to thank Homebase for their detailed work on this report, the stakeholders and community members who participated in the plan’s development process, and the DHS team for coordinating the work. Although the COVID-19 pandemic has brought unprecedented changes, our team remains optimistic that this plan will build off existing strengths and bring lasting changes to alleviate homelessness in our community.

Sincerely,

A handwritten signature in black ink that reads "Melody Woosley". The signature is written in a cursive, flowing style.

Melody Woosley
Director

Department of Human Services

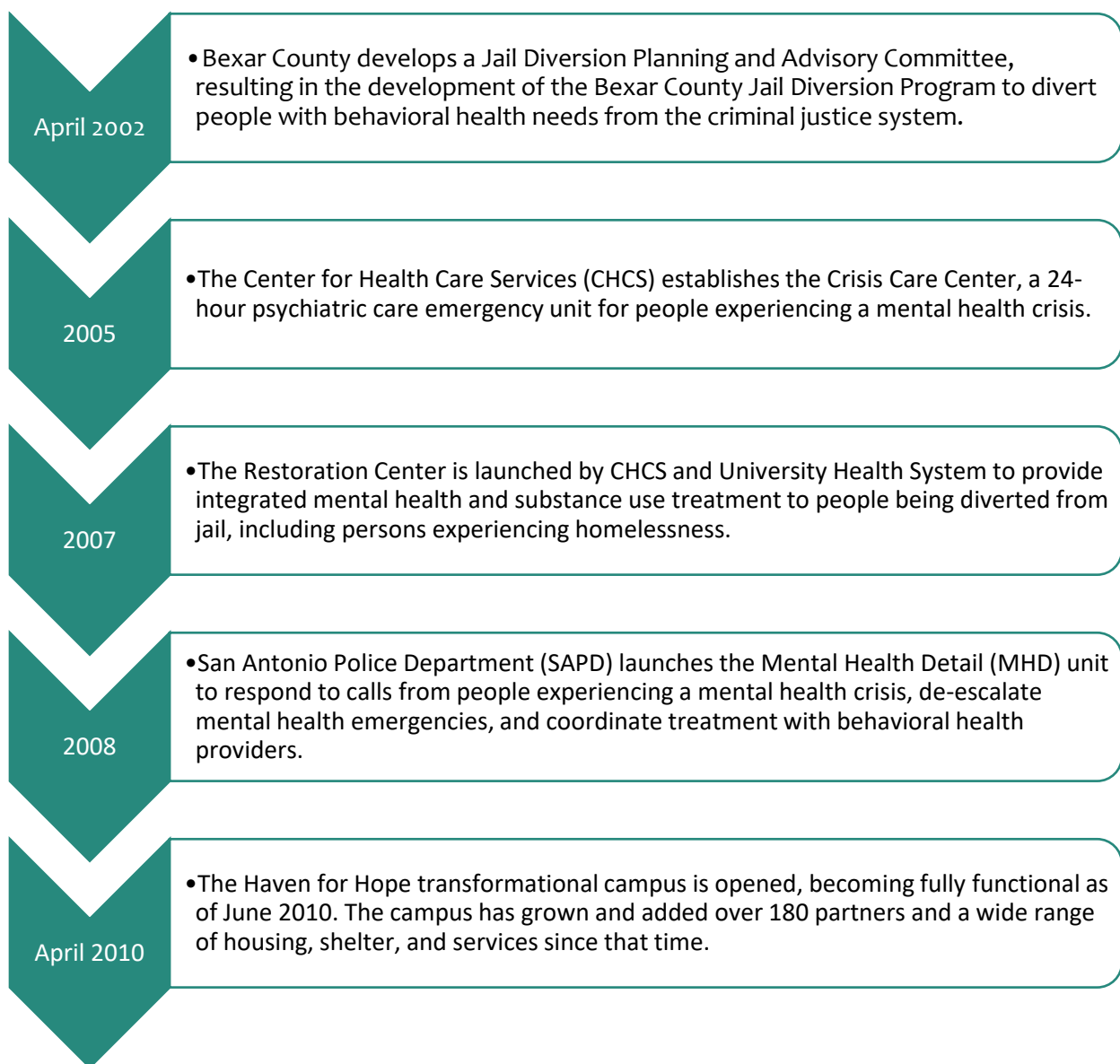
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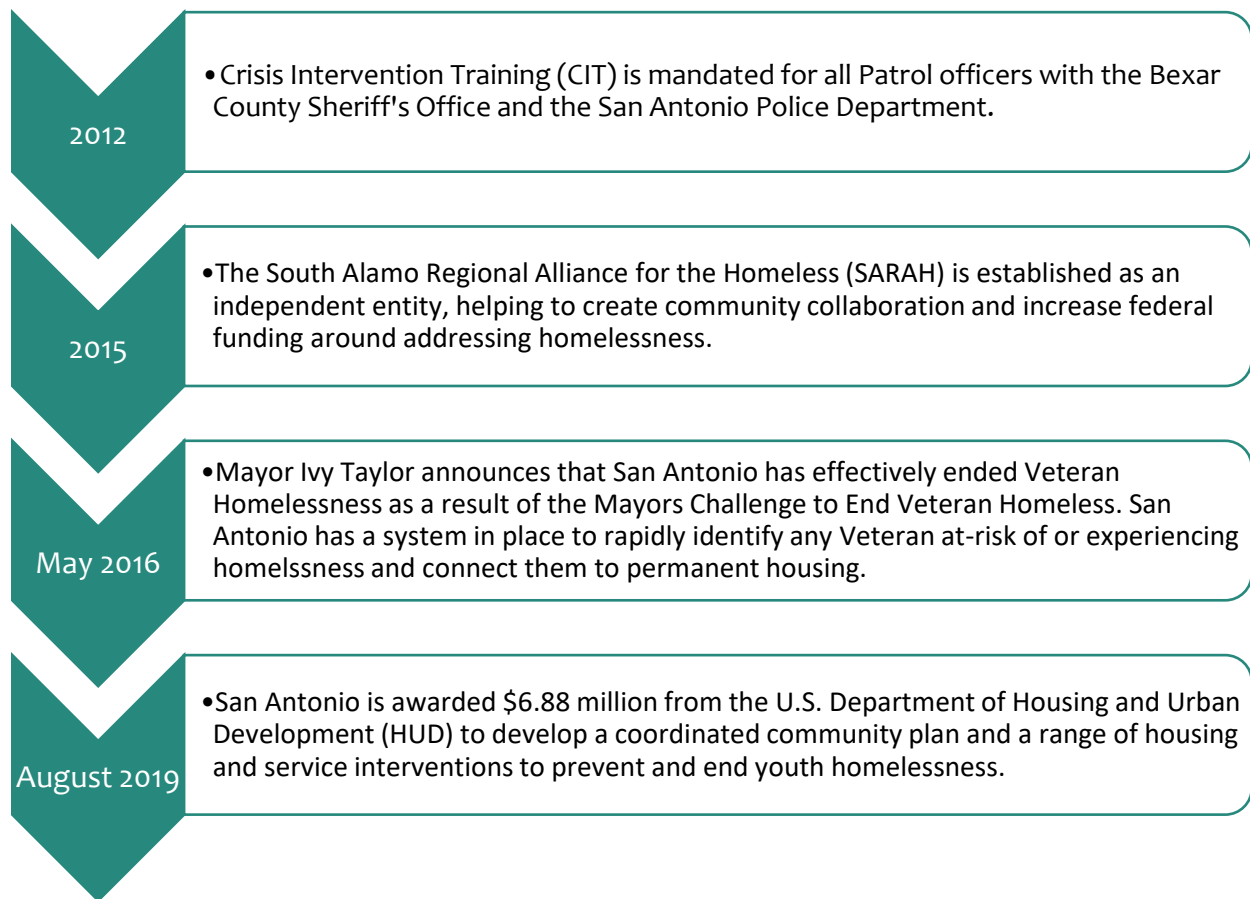
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Introduction

San Antonio is a compassionate community that has dedicated a great deal of time, resources, and collaborative effort to preventing and ending homelessness. **Since 2011, there has been an overall 11% decrease in homelessness on a given night in San Antonio/Bexar County¹**, bucking the trend seen among many large American cities of significant increases in homelessness over the same period. Some key developments over the past ten years that have helped San Antonio develop a strong, coordinated community response include:



¹ San Antonio/Bexar County Point in Time Count.



Yet, despite the community's strong commitment and coordinated efforts to address homelessness, there is still more work to be done:

- **San Antonio is experiencing a surge in population growth and rising rent costs, putting more individuals at-risk of experiencing homelessness.** An estimated 88,496 (14%) households in Bexar County are severely cost burdened and spend 50% or more of their household income on housing.² These households represent a large portion of San Antonio's population who are highly vulnerable to eviction and at risk of entering homelessness. The COVID-19 public health and economic crisis is expected to exacerbate these challenges for severely cost burdened households and contribute to increases in evictions, unemployment, and as a result, homelessness.
- **Unsheltered homelessness is more visible than ever,** both downtown and in the emergence of encampments across the county. Over the past ten years, there has been an 8% increase in unsheltered homelessness, including a 7% increase in total unsheltered homelessness and 15% increase in street homelessness from the 2010 to 2019.

² Census American Community Survey (ACS) 2018 5-Year Estimates, as cited in *County Health Rankings*, <https://www.countyhealthrankings.org/app/texas/2020/measure/factors/154/datasource>

2020 Point-in-Time Count.³ Although coordinated homeless encampment outreach has resulted in the resolution of over **485** encampments from 2017 to 2019, the emergence of new encampments and re-encampment of sites that have been cleared continue to create health and safety concerns for people living in the encampments as well as the neighboring community.⁴

- **Family homelessness increased by 12% between 2016 and 2020, despite only a 5% increase in homelessness overall.** This is consistent with existing reports and feedback from stakeholders that identify rent affordability as a challenge for families and the need for more targeted prevention, shelter and permanent housing options to meet the needs of at-risk and homeless families in San Antonio.⁵
- **Homelessness in San Antonio is disproportionately increasing among certain age-cohorts, particularly youth and young adults (ages 18-24) and aging adults (ages 50+).** Both subpopulations of persons experiencing homelessness have been identified by stakeholders as experiencing distinct vulnerabilities that increase their need for targeted homelessness interventions. This is supported by recent PIT Count data that shows an increase in experiences of homelessness of 50% among aging adults and 45% among youth and young adults from 2019 to 2020.⁶

This Strategic Plan analyzes current data and trends in San Antonio around homelessness, contributing factors to homelessness, the current state of the San Antonio/Bexar County homeless response system, and feedback from key stakeholders to develop a set of actionable recommendations for improving San Antonio's coordinated community response to homelessness. Implementation of these recommendations will require community-wide, multi-sector collaboration. ***No one organization or agency can end homelessness in San Antonio on its own.***

³ South Alamo Regional Alliance for the Homeless (SARAH), "2020 Point-In-Time Count Report: San Antonio and Bexar County," page 11, <https://www.sarahomeless.org/wp-content/uploads/2020/05/2020-PIT-Report- 5.14.pdf>

⁴ Morjorie White, Department of Human Services (DHS), "City of San Antonio Homeless Investments and Partnerships," District 4 Homeless Outreach Forum, November 18, 2019.

⁵ SARAH, "Everyone Counts: 2019 Point-in-Time Count Summary Report," page 5, https://www.sarahomeless.org/wp-content/uploads/2019/05/2019-PIT-Report_Digital-Copy.pdf

⁶ SARAH, "2020 Point-In-Time Count Report: San Antonio and Bexar County," page 9.

Executive Summary

Methodology

To compile this report, San Antonio contracted with the homelessness technical assistance firm, Homebase, to review HMIS data and speak with direct stakeholders over a six-month period. Ultimately, this included over 50 distinct meetings with hundreds of stakeholders across San Antonio/Bexar County, as well as reviewing systemwide HMIS data from 2018 and 2019. This report consolidates information and findings gathered through that process.

Homelessness in San Antonio

NUMBER OF INDIVIDUALS EXPERIENCING HOMELESS

In 2020, San Antonio counted just under 2,932 people in its annual Point in Time count, representing an increase of 151 individuals (or 5%) since 2016. While the overall count is increasing slowly compared to other metropolitan areas across the United States, two groups are growing at more rapid rates:

- **The number of individuals experiencing unsheltered homelessness increased 12%**—from 1,137 in 2016 to 1,274 in 2020. The majority of these (99%) are single individuals.
- **The number of family households experiencing homelessness increased from 235 to 271 (an increase of 15%)** between 2016-2020. Similarly, individuals in families shifted from representing only 42% of the sheltered homeless population to 50% (compared to single individuals). In other words, 1 of 2 individuals in shelters are in families.

Regardless, the San Antonio homeless system of care has seen some successes between 2016-2019. Among these, first time homelessness decreased by 38%, and more than 94% of individuals that exit the system of care retain permanent housing over the long term.

DEMOGRAPHICS OF HOMELESSNESS

Demographic data highlights the diverse experiences of homelessness among persons in San Antonio and Bexar County. Homelessness impacts persons across all demographic groups, including persons of all genders, age groups, races and ethnicities. An analysis of demographic data however shows a number of trends that are unique to San Antonio and Bexar County:

- **Gender:** According to data from 2018 and 2019, men experiencing homelessness significantly outnumber women (59.6% compared to 40%).
- **Age:** Most individuals (53.3%) in San Antonio experiencing homelessness are between 30 and 59 years of age. The second largest group are those under 20 years of age (22.5%), which mirrors recent increases in family homelessness.
- **Race:** Black individuals are overrepresented in the San Antonio homeless system of care (26.1%), despite making up only a small percentage of the total Bexar County population (8.5%). However, Black individuals appear to access several homeless programs at

higher rates than their rates of homelessness, which suggests that the system is serving Black individuals equitably after they have entered homelessness.

- **Ethnicity:** Hispanic/Latinx individuals made up a much smaller percentage of individuals experiencing homelessness from 2018 to 2019 compared to the overall population of Bexar County (47% versus 60.5%).

CAUSES OF HOMELESSNESS IN SAN ANTONIO

Individuals experiencing homelessness in San Antonio cited a variety of reasons for their homelessness. These include evictions, mental health, physical health, substance use, involvement in the criminal justice or foster care system, domestic violence, and natural disasters and crises such as the 2020 COVID-19 outbreak. Each of these difficulties are coupled with underlying structural challenges that San Antonio currently faces overall. For example:

- **1 in 5 five residents live in poverty**, and the San Antonio-New Braunfels Metropolitan Statistical Area (MSA) at large ranks highest for poverty among the 25 most populous MSAs in the United States;
- **Minimum wage is \$7.25 per hour**, which is only a third of the estimated amount required for a two-bedroom apartment (\$20.19).
- **San Antonio continues to see significant population growth**, which has caused rent and mortgage prices to increase substantially.

Given the level of poverty and increasing cost of housing, many individuals and families in San Antonio are only one crisis away from homelessness.

For additional information about individuals experiencing homelessness in San Antonio or causes of homelessness, see “Section 1: Homelessness in San Antonio.”

San Antonio’s Homeless Response System

Through significant community planning and coordination efforts, San Antonio has developed a highly sophisticated homeless response system, consisting of diverse funding sources, engagement from agencies and programs across the community, and a variety of service offerings, including: prevention, outreach, emergency shelter, transitional housing, permanent supportive housing, affordable housing, and other supportive services.

FUNDING

- **Federal:** U.S. Department of Housing and Urban Development (HUD), including Continuum of Care (CoC), Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA), Veterans Affairs (VA), and U.S. Department of Health and Human Services (HHS)
- **State:** Health and Human Services Commission (HHSC), Texas Workforce Commission (TWC), and Texas Department of Housing and Community Affairs (TDHCA)
- **Local:** City of San Antonio, Bexar County, South Texas Regional Advisory Council (STRAC), Private/philanthropic donations

MAJOR PARTNERS/AGENCIES

The responses system consists of several agencies and initiatives offering services and housing to individuals experiencing homelessness. A handful of major partners include:

- Alamo Area Resource Center
- American GI Forum
- Beat Aids
- Catholic Charities
- Center for Healthcare Services
- Centro San Antonio
- City of San Antonio
- Crosspoint
- Endeavors
- Haven for Hope
- Housing Authority of Bexar County
- Pay it Forward
- Roy Maas Youth Alternatives
- SAMMinistries
- San Antonio Aids Foundation
- San Antonio Housing Authority
- St. PJ's
- St. Vincent de Paul
- Strong Foundation
- The Salvation Army
- Thrive Youth Center

HMIS/COORDINATED ENTRY

As of April 2020, a total of 45 agencies (including both HUD-funded and non-HUD-funded partners) are currently contributing data into San Antonio's homeless management information system (HMIS). San Antonio's HMIS is fully integrated with Coordinated Entry and serves as the primary data system through which assessments are entered and the prioritization list for homeless housing is managed.

For additional information on funding, partner agencies, housing/services offered, or HMIS, see "Section 2: San Antonio's Homeless Service and Resource Landscape."

Key Strengths/Areas of Opportunity

STRENGTHS

1. **A "can do" attitude and spirit of innovation.** The community's ability to quickly respond to the emerging needs among persons experiencing homelessness reflects a "can do" attitude and spirit of innovation that is unique to San Antonio.
2. **Culture of compassion and empathy.** The City is "an inherent collaborative and compassionate city" with a desire to develop compassionate solutions to homelessness.
3. **Strong public-private partnerships to support homelessness efforts.** This creates a stronger base of homelessness initiatives than relying on public funding alone.
4. **Well-established network of homeless service providers.** Stakeholders widely recognized the expertise and strengths of existing homeless service providers.
5. **Increasing engagement of partners from outside the homeless response system.** Several organizations outside the homeless response system expressed excitement at increased engagement around preventing and ending homelessness in San Antonio.
6. **Ethos of continuous improvement.** Stakeholders demonstrate a commitment to trying new models and expand on current successes to decrease homelessness in San Antonio.
7. **Strong data systems and wide participation.** Agencies across San Antonio, both within and outside the homeless response system, actively participate in entering data into the

homeless management information system (HMIS), which increases its utility both to provide services and improve systems.

OPPORTUNITY AREAS

1. **Need for more permanent, affordable housing options and services:** Stakeholders noted the need for expanded permanent, affordable options and services that reflect local realities, such as rising rents, limited affordable housing stock, and a scarcity of mental health and substance use treatment options. This is corroborated by HMIS data, which shows that only 3,161 of 20,401 unique individuals—or 15%—accessed some form of permanent homeless housing (permanent supportive housing, rapid re-housing, or other permanent housing) in 2018-2019.
2. **Large unsheltered homeless population:** Unsheltered homelessness has increased steadily in the past five years and has raised concerns around health and public, both for those living in unsheltered situations as well as for other community members. This includes questions about how to balance public safety alongside the priority to connect unsheltered persons to available shelter and services and how to best utilize outreach to achieve positive outcomes for persons experiencing unsheltered homelessness.
3. **Limited coordination and communication:** There is a need for increased coordination and communication at the community, provider, and systems levels. This is corroborated by HMIS data, which show that individuals frequently cycle between the Haven for Hope Courtyard and street outreach without being connected to higher levels of shelter, services, or case management, particularly for clients with behavioral health needs. Additionally, the COVID-19 crisis in 2020 has demonstrated the need for organizations to be able to respond quickly and in a coordinated manner to address the urgent needs of persons experiencing homelessness.
4. **Need for cross-system partnerships:** While many organizations outside the homeless response system have begun to engage, increased involvement will enhance opportunities for response (e.g. discharge from criminal justice or health care) and identification of clients engaged in multiple systems of care.
5. **Additional funding with more flexibility:** More funding will be needed to support the development of housing and services. Additionally, stakeholders expressed concern that there is a lack of flexible funding available to develop new, innovative interventions that reflect the reality of homelessness and housing.
6. **Adjusting responses for unique groups experiencing homelessness:** Stakeholders expressed the need for distinct trauma-informed, culturally-responsive interventions and strategies to address the needs of specific subpopulations experiencing homelessness.
7. **Evaluating admissions criteria and processes to shelter and streamline across similar programs:** Need for more low-barrier options to shelter.

For additional information about stakeholder feedback and strengths/opportunity areas in San Antonio or causes of homelessness, see “Section 4: Stakeholder Feedback & Insights into Homelessness in San Antonio.”

Recommendations

- **RECOMMENDATION #1:** Implement a single collective-impact leadership group for San Antonio and Bexar County.
- **RECOMMENDATION #2:** Increase investment in community-based housing and service options.
- **RECOMMENDATION #3:** Increase capacity and effectiveness of outreach through improved structure for coordinating diverse outreach efforts across San Antonio/Bexar County and expansion of homeless outreach clinician pilot program.
- **RECOMMENDATION #4:** Conduct a Frequent User System Engagement (FUSE) analysis to identify high utilizers of public resources among persons experiencing homelessness and connect them to appropriate housing and resources.
- **RECOMMENDATION #5:** Develop detailed prioritization policies and targeted interventions to most effectively connect persons experiencing unsheltered homelessness to stable housing.
- **RECOMMENDATION #6:** Increase focus on consumer engagement and equity throughout the homelessness response system.

Metrics of Success for San Antonio Homeless Strategic Plan

San Antonio's progress towards implementing the goals and recommendations in this plan can be measured in two ways: improved **outcome measures** related to homelessness and **changes in process** that respond to identified gaps and needs.



Outcome Measures

- **Decrease the percentage of unsheltered homelessness** during the annual Point in Time Count by 20%.
- **Decrease first time homelessness**, according to HMIS data, by 20%.
- **Increase number of units on Housing Inventory Chart (HIC)** by 15%, including increases in units appropriate for families and those experiencing chronic homelessness. This is inclusive of emergency shelter beds and transitional housing units.
- **Increase the housing stock** for affordable housing and Permanent Supportive Housing unit by at least 10%.
- **Increase the number of individuals connected to behavioral health services** by 35%.
- **Decrease the number of clients entering homelessness from correctional facilities and penal institutions** by 15% through improved coordination and reentry efforts.



Process Changes

- Create a **homeless governance structure** in San Antonio.
- **Scale “upstream” prevention and diversion programs** to reduce entries into homelessness when possible.
- Increase **outreach services, staffing and coordination** to meet need.
- Foster **partnerships with different agencies** to create permanent housing options for persons experiencing homelessness utilizing new and different funding streams.
- Incorporate an **equity focus** into all service delivery and housing models.
- Build partnerships between the homeless response, behavioral health, and medical communities to create housing that is supportive of San Antonio's most vulnerable populations.
- **Build capacity** among local homeless service providers.
- **Maintain rapid response policies and protocols** for responding to COVID-19 among persons experiencing homelessness in San Antonio.

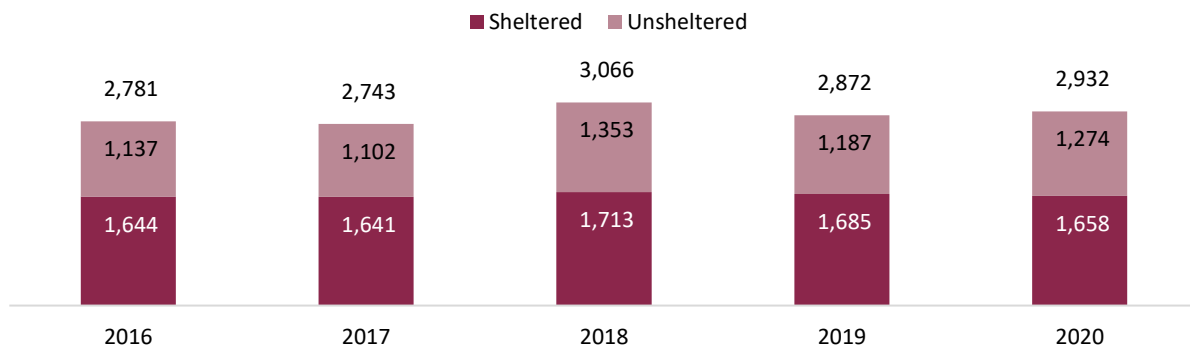
Section 1: Homelessness in San Antonio

Current Landscape

HOW MANY PEOPLE ARE EXPERIENCING HOMELESSNESS?

Over the past five years, the annual Point in Time (PIT) Count has shown San Antonio's homeless population has remained mostly flat, with a slight increase from 2,781 total individuals in 2016 to 2,932 individuals in 2020 (an overall increase of 5%). **That said, the number of individuals experiencing unsheltered homelessness has grown much faster during the same period—from 1,137 to 1,274, or a total increase of 12%.** A vast majority of these unsheltered individuals sleep in the Haven for Hope Courtyard.

Figure 1. Total Number of Individuals Experiencing Homelessness During Annual Point-in-Time (PIT) Count⁷

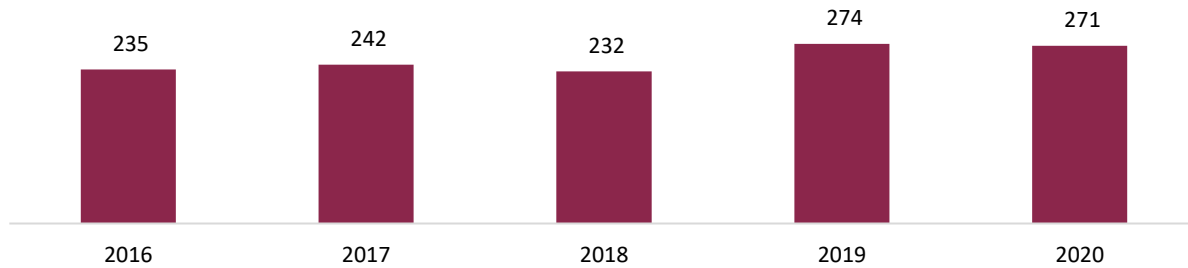


San Antonio continues to refine its PIT Count methods to ensure the most accurate counts. While the below numbers undercount the total amount of homelessness in San Antonio—especially given that the numbers in HMIS reflect a larger number over a one-year period—they do provide some estimate to track progress annually.

While the total number of individuals (including both single individuals and individuals in families) only slightly increased between 2016 and 2020 (by 5%), **the total number of homeless family households increased significantly during this same period—by 15% overall.** A family consists of at least one adult and one child. While most of these family households are living in some form of shelter, this 15% increase still demonstrates that homelessness in San Antonio has quickly become challenge for families and not just single adults.

⁷ San Antonio/Bexar County Point in Time Count.

Figure 2. Total Number of Family Households Experiencing Homelessness During Annual Point-in-Time (PIT) Count^{8,9}



In addition, the breakdown of single individuals compared to individuals in families as percentages of the overall sheltered PIT count has shifted significantly since 2016. In 2016, individuals in families only made up 42% of all individuals experiencing sheltered homelessness across San Antonio, while single individuals made up 58% of the total PIT. **By 2020, individuals in families and single families made up an equal share of the sheltered PIT count, at 50% each.**

Figure 3. Number of Individuals Experiencing Sheltered Homelessness During Annual Point-in-Time (PIT) Count¹⁰

Year	Single Individuals	Individuals in Families	Total
2016	949 (58%)	695 (42%)	1,644
2017	801 (49%)	840 (51%)	1,641
2018	912 (53%)	801 (47%)	1,713
2019	887 (53%)	798 (47%)	1,685
2020	834 (50%)	824 (50%)	1,658

That said, despite unsheltered homelessness increasing overall between 2016-2020, individuals in families made up only a small percentage of the unsheltered PIT count. This includes families accounting for less than one percent of the unsheltered PIT count in 2020.

Figure 4. Number of Individuals Experiencing Unsheltered Homelessness During Annual Point-in-Time (PIT) Count¹¹

Year	Single Individuals	Individuals in Families	Total
2016	1,099	38	1,137
2017	1,098	4	1,102
2018	1,353	0	1,353
2019	1,179	8	1,187
2020	1,270	4	1,274

⁸ Including all households composed of at least 1 adult and 1 child.

⁹ San Antonio/Bexar County Point in Time Count. 2020 numbers have not been finalized.

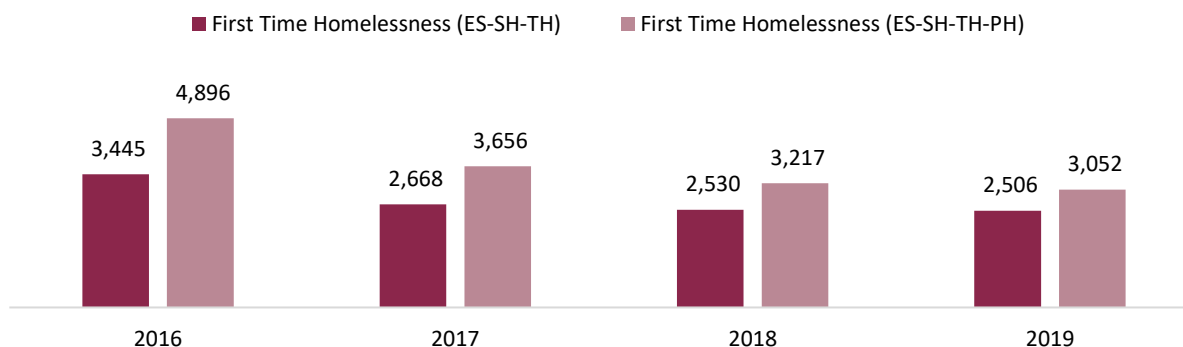
¹⁰ Ibid.

¹¹ Ibid.

FIRST TIME HOMELESSNESS

While the total number of individuals has remained mostly constant according to the PIT Count, **HMIS has shown the number of individuals experiencing homelessness for the first time decreasing significantly between 2016 and 2019.** For example, when considering all new entries into homeless housing programs – Emergency Shelters, Safe Havens, Transitional Housing, and Permanent Housing (which includes Permanent Supportive Housing and Rapid Re-Housing) – first time homelessness decreased by 38% (from 4,896 individuals to 3,052).¹²

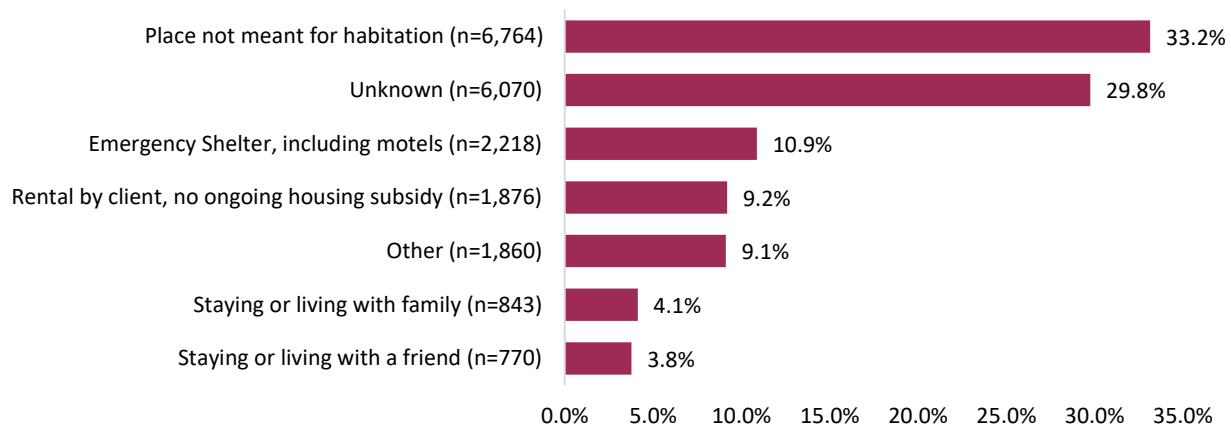
Figure 5. Number of Individuals Experiencing First Time Homelessness (2016-2019)^{13,14}



This combination (PIT numbers remaining flat, but first-time homelessness decreasing) suggests that several individuals remain homeless over subsequent years and/or experience periodic homelessness—and are therefore counted in multiple years.

Additionally, the most common living situations prior to homelessness are shown below:

Figure 6. Breakdown of Previous Living Situations Prior to Homelessness



Includes all **individuals**: a) With one or more enrollments after 1/1/2018, and b) In any project type but “Services Only.”

¹² Because HMIS only captures individuals who access the homeless response system, this may undercount the total number of individuals experiencing first-time homelessness. Additionally, while San Antonio has several projects that fall outside of HUD’s standard project types, many of these programs are classified as “Emergency Shelter” in HMIS to account for as many individuals as possible in these calculations.

¹³ Ibid

¹⁴ HUD System Performance Measure 5.1 & 5.2, retrieved from HUD HDX. 2019 numbers have not been finalized.

A third of individuals entering the San Antonio homeless responses system were previously in a place not meant for human habitation (e.g. outside, warehouses, bus stops, etc.). Nearly a third did not have a previous living situation recorded. 10% were in emergency shelters or another temporary living situation, and nearly 10% were staying or living with a family or friend.

RETURNS TO HOMELESSNESS

In 2019, 773 of 3,072 individuals that had exited the homeless response system two years prior returned to homelessness. This equates to 25%—or 1 in 4—individuals returning to homelessness after successfully exiting the homeless response system. **By comparison, only 22% of individuals (659 of 2,969) returned to homelessness within two years in 2016.**

This contributes to why overall homelessness has remained mostly flat despite a decrease in first time homelessness. It also suggests that San Antonio may benefit from prioritizing practices that sustain successful exits over the long term (e.g. long-term case management and housing retention services), particularly for clients who have experienced long periods of unsheltered homelessness.

Figure 7. Returns to Homelessness in 6 and 24 Months (2016-2019)^{15,16}

Year	Total # of Individuals That Exited to a Permanent Destination (2 Years Prior)	Returns in 0-6 Months		Returns in 24 Months	
		<i>n</i>	%	<i>n</i>	%
2016	2,969	184	6%	659	22%
2017	3,148	375	12%	774	25%
2018	3,095	274	9%	770	25%
2019	3,072	358	12%	773	25%

EXITS FROM THE HOMELESS RESPONSE SYSTEM

While individuals do enter and return to homelessness every year in San Antonio, many individuals also successfully exit the homeless response system to permanent housing destinations on an annual basis. These destinations include both supportive housing within the homeless response system (e.g. permanent supportive housing), as well as more independent permanent housing options with fewer—or zero—supports. **Between 2016 and 2019, San Antonio consistently exited 42% of individuals to permanent housing options** from Emergency Shelters¹⁷, Transitional Housing, Safe Haven, and Rapid Re-Housing Options.

¹⁵ HUD System Performance Measure 2a.1. & 2b, retrieved from HUD HDX. 2019 numbers have not been finalized.

¹⁶ Because HMIS only captures individuals who access the homeless response system, this may undercount the percentage of individuals that return to homelessness. Additionally, while San Antonio has several projects that fall outside of HUD's standard project types, many of these programs are classified as "Emergency Shelter" in HMIS to account for as many individuals as possible in these calculations.

¹⁷ Including projects that are not officially Emergency Shelter, but tagged as Emergency Shelter in HMIS.

Figure 8. Percentage of Successful Exits from Emergency Shelter, Transitional Housing, Safe Havens, and Rapid Re-Housing to Permanent Housing (2016-2019)^{18,19}

Year	Individuals in ES, SH, TH and PH-RRH who exited	# that Exited to Permanent Housing Destinations (n)	%
2016	4,583	1,927	42%
2017	4,723	1,962	42%
2018	4,850	2,028	42%
2019	4,632	1,928	42%

Additionally, of those individuals that exit to permanent supportive housing, most remain in their units year-over-year at an overwhelming rate (next page). This percentage did decrease slightly between 2018 and 2019 (by 4%), along with the number of individuals inhabiting permanent housing projects overall (from 2,318 to 1,910). Still, **San Antonio consistently maintained 94% or above retention in permanent supportive housing units between 2016 and 2019.**

Figure 9. Percentage of Individuals Successfully Retaining Permanent Supportive Housing (2016-2019)²⁰

Year	Individuals in all PH projects except PH-RRH	Individuals that Remained in PH or Exited to Permanent Housing Destinations (n)	%
2016	2,071	1,973	95%
2017	1,853	1,778	96%
2018	2,318	2,277	98%
2019	1,910	1,789	94%

Homeless Demographics^{21,22}

Between 2018-2019, there were 20,401 unique individuals enrolled in the following program types: Emergency Shelter, Transitional Housing, Rapid Re-Housing, Permanent Supportive Housing, Other Permanent Housing, Courtyard, Sober Living, Special Population Bed, Transformational Campus, DRP, Street Outreach, Prevention, and Follow-up Services.

GENDER

In 2018 and 2019, males made up a significantly higher portion of the individuals in HMIS than both their share in the county (49.4%) and compared to females in HMIS (40%). This mirrors trends from homeless response systems across the country.

¹⁸ Ibid.

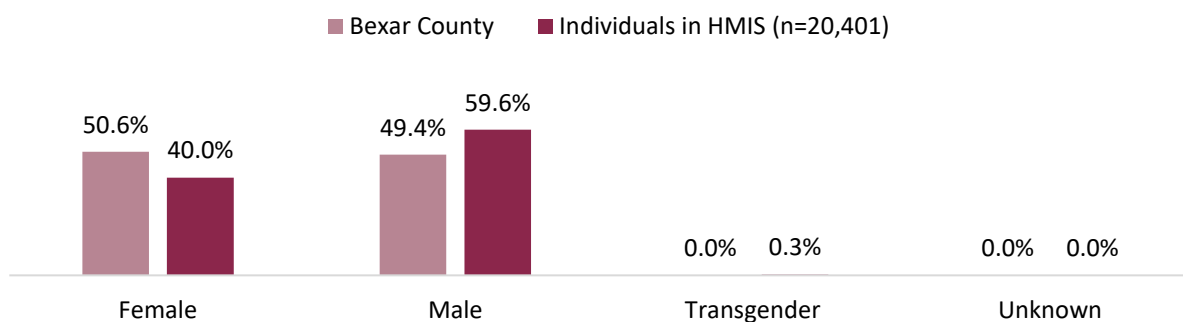
¹⁹ HUD System Performance Measure 7b.1, retrieved from HUD HDX. 2019 numbers have not been finalized.

²⁰ HUD System Performance Measure 7c, retrieved from HUD HDX. 2019 numbers have not been finalized.

²¹ Graphs are based on all HMIS enrollments occurring between 1/1/2018 and 12/20/2019. Due to several records with "Services Only" enrollments having blank race or ethnicity data, Service Only enrollments have been removed from graphs where unknown values would significantly impact results ("Overall Age", "Overall Race", "Overall Ethnicity", etc.)

²² For more information on the methods used to create graphs in this section, see Appendix B: Quantitative Data Methodologies.

Figure 10. Overall Gender, Individuals in HMIS (2018-2019) vs. Census Demographics of Bexar County (2019)²³

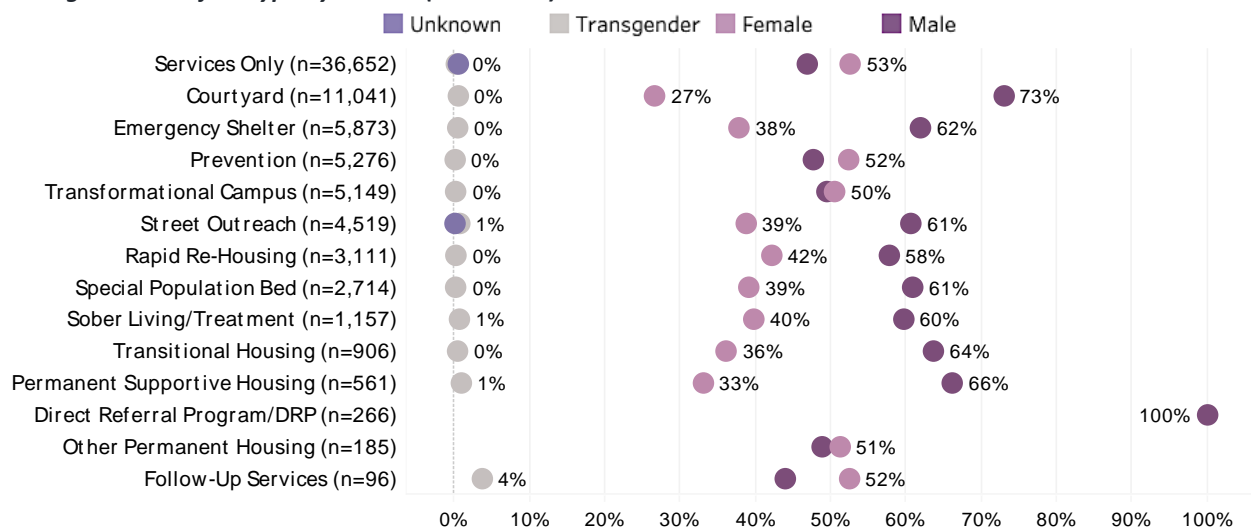


Includes all **individuals**: a) With one or more enrollments after 1/1/2018, and b) In any project type but “Services Only.”

When breaking down each project type by gender²⁴, other trends emerge:

- Across several project types, the percentage of male enrollments mirror percentage of males in HMIS overall (59.6%), including emergency shelter (62%), street outreach (61%), rapid re-housing (58%), special population beds (61%), and sober living/treatment (60%). The percentage of female enrollments follow similar trends.
- **Men are significantly overrepresented in the Courtyard** compared to the percentage of males in HMIS overall (73% vs. 59.6%), and **significantly underrepresented in other project types, such as prevention (48%)**, likely due to the number of single males.
- Females access **prevention and other services at rates much higher than their overall percentage in the system (52% and 53% compared to 49.4%)**, which may suggest they are more likely to seek out support before falling into homelessness.

Figure 11. Project Type by Gender (2018-2019)



Note: The pink vertical line represents the overall share of female individuals in HMIS (40%), while the purple vertical line represents the overall share of males in HMIS (59.6%).

Includes all **enrollments**: a) Recorded on or after 1/1/2018, b) In any project type (including “Services Only”).

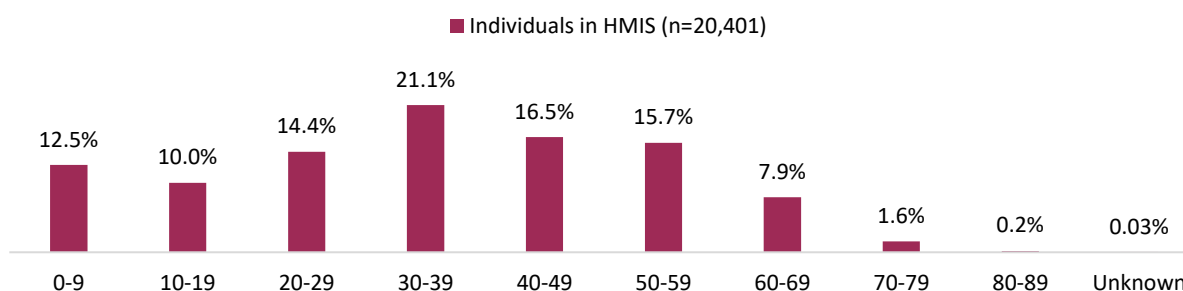
²³ For more information on the methods used to create graphs in this section, see Appendix B: Quantitative Data Methodologies.

²⁴ By enrollments, since an individual can have more than one enrollment.

AGE

- **<20 years old:** 22.5% of individuals in HMIS were children and youth under 20 years of age²⁵. Individuals in this age range primarily enrolled in the Haven for Hope Transformational Campus (30% of enrollments), Prevention Resources (30% of enrollments), Emergency Shelter (16%), and Rapid Re-Housing (14%).
- **20-29:** Individuals between 20-29 made up 14.4% of all individuals. In contrast with those under 20 years old, 36% of all enrollments in this range were for the Courtyard.
- **30-59 years old:** More than half of all individuals in HMIS were adults between 30-59 years of age, representing 53.3% of all individuals. In this age range, 34% of enrollments were for the Courtyard, followed by emergency shelter (16%).
- **60-89 years old:** Individuals in this age range made up 9.7% of all individuals in HMIS, and they followed a similar enrollment pattern as those 20-29 and 30-59. 28% of this group's enrollments were for the Courtyard, followed by 17% for emergency shelter.

Figure 12. Overall Age at Time of First Enrollment, Individuals in HMIS (2018-2019)²⁶



Includes all **individuals**: a) With one or more enrollments after 1/1/2018, and b) In any project type but "Services Only."

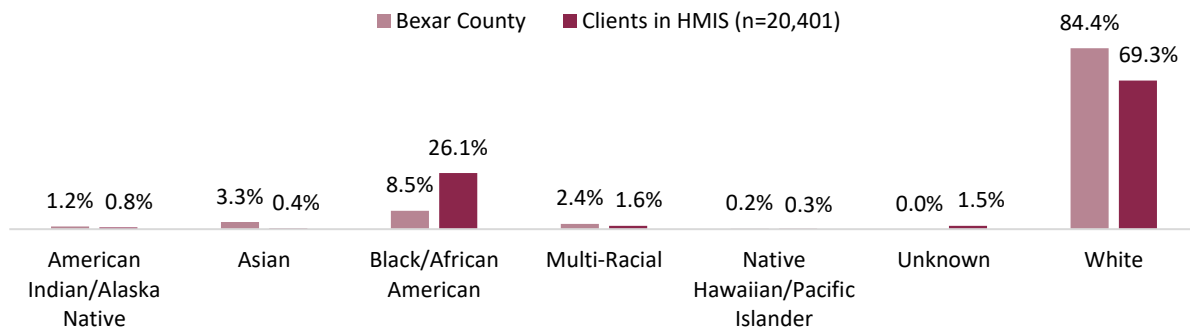
RACE

While the US Census Bureau estimates that Bexar County was only 8.5% Black in 2019, Black individuals made up 25.8% of individuals in HMIS in 2019—a difference of 17.3%. By contrast, white individuals accounted for a significantly smaller portion of HMIS enrollments in 2019 as compared to their total county demographic overall (69.5% versus 84.4%). In other words, **Black individuals made up a disproportionate share of the individuals accessing the homeless response system compared to the overall population** in 2018 and 2019. Each of the other race categories made up a smaller, or similar share compared to the county overall.

²⁵ At the time of their first enrollment.

²⁶ Ibid.

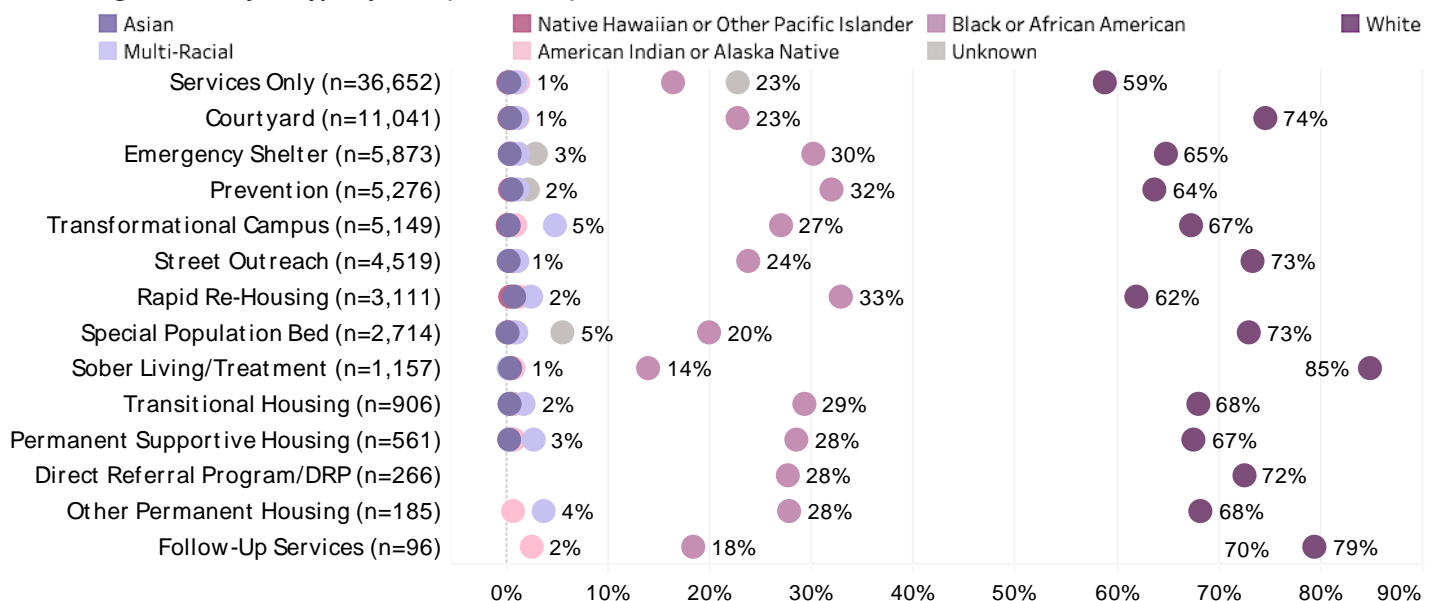
Figure 13. Overall Race, Individuals in HMIS (2018-2019) vs. Bexar County (2019)²⁷



Includes all **individuals**: a) With one or more enrollments after 1/1/2018, and b) In any project type but “Services Only.”

When breaking down each project type by race²⁸, race clearly has an impact on service enrollment. That said, it is important to note that these trends may have been influenced by the CoC’s use of the VI-SPDAT as a prioritization assessment tool, which has recently been shown to have limitations.²⁹

Figure 14. Project Type by Race (2018-2019)³⁰



Note: The pink vertical line represents the overall share of Black individuals in HMIS (25.8%), while the purple vertical line represents the overall share of white individuals in HMIS (69.5%).

Includes all **enrollments**: a) Recorded on or after 1/1/2018, b) In any project type (including “Services Only”).

²⁷ 2019 county-wide demographic information from United States Census: <https://www.census.gov/quickfacts/bexarcountytexas>

²⁸ By enrollments, since an individual can have more than one enrollment.

²⁹ Brown, Molly & Cummings, Camilla & Lyons, Jennifer & Carrión, Andres & Watson, Dennis. (2018). Reliability and validity of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in real-world implementation. Journal of Social Distress and the Homeless. 10.1080/10530789.2018.1482991.

³⁰ Because an individual can have multiple enrollments, this graph is at the enrollment—and not the individual—level. As a result, final numbers have been minimally impacted by some individuals with multiple enrollments.

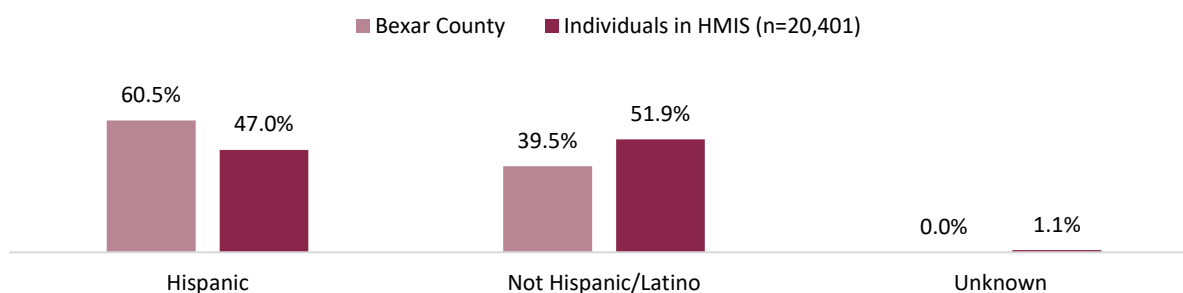
Key findings include:

- The percentage of enrollments by **Black individuals in sober living/treatment programs (14%) is significantly lower than share of Black individuals in HMIS overall (25.8%)**. This may be because some sober living/treatment programs require a form of payment or insurance coverage.
- By contrast, the share of enrollments by **Black individuals in rapid re-housing exceeds the percentage of Black individuals** by a notable margin (33% vs. 25.8%). This may suggest that these individuals are scoring higher on the assessment tool, which would result in higher placement rates into rapid re-housing.
- Mirroring the above, **the percentage of enrollments by Black individuals exceeded the percentage of Black individuals overall across all other shelter types** (emergency shelter, transformational campus, transitional housing, permanent supportive housing, and other permanent housing), albeit with different margins. Thus, **the homeless response system appears to be serving Black individuals equitably once they have entered the system**, despite their high rate of homelessness, overall.
- By contrast, **white individuals have a smaller percentage of enrollments compared to their overall number in HMIS in most other project types**, save for a few exceptions. These include sober living/treatment (85% vs. 69.5%), follow-up services (79% vs. 69.5%), and the Courtyard (74% vs. 69.5%).
- Additionally, **multi-racial individuals accessed the Transformational Campus, Other Permanent Housing, and Permanent Supportive Housing** at higher than expected rates.

ETHNICITY

Like race, the ethnicity of individuals in HMIS also varied from San Antonio and Bexar County, overall. Hispanic individuals made up a much smaller percentage of individuals in HMIS in 2018-2019 compared to the overall population of Bexar County (47% versus 60.5%).

Figure 15. Overall Ethnicity, Individuals in HMIS (2018-2019) vs. Bexar County (2019)³¹



Includes all **individuals**: a) With one or more enrollments after 1/1/2018, and b) In any project type but "Services Only."

³¹ 2019 county-wide demographic information from United States Census: <https://www.census.gov/quickfacts/bexarcountytexas>

Equity of Exits to Permanent Housing Destinations

When comparing demographics of individuals whose final exit was to a permanent destination, additional trends emerged.³²

GENDER

Not only did females make up a smaller percentage of individuals within the San Antonio homeless response system, **they had 94% higher odds of exiting to a permanent destination—or nearly 2x the odds—than males**³³. This may be because several females within the system are in a household with children, which increases their access to additional housing options intended specifically for families. While transgender individuals had 63% worse odds of exiting to permanent destinations than males, this number was not statistically significant³⁴.

AGE

Age impacted an individual's likelihood of exiting to a permanent destination in a minimal way; **younger individuals had higher odds of exiting to permanent destinations than their older counterparts**.

RACE

Despite their overrepresentation within the system of care, **Black individuals had 47% higher odds than white individuals of exiting to permanent destinations**³⁵. This does not change the reality that Black individuals make up a disproportionate share of those accessing the San Antonio homeless response system; however, it does suggest that the system is equitably placing individuals in housing after entering and exiting the system. The sample sizes of other races (Multi-Racial, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander) were not large enough to produce statistically significant results³⁶.

ETHNICITY

As stated above, Hispanic individuals made up a smaller share of the overall HMIS population than Non-Hispanic individuals. Similarly, **Hispanic individuals also had 28% higher odds of exiting to permanent destinations than Non-Hispanic individuals**³⁷.

LAST PROJECT TYPE

While some stakeholders stated an assumption that individuals had similar outcomes regardless of whether their last project was an Emergency Shelter, Street Outreach program, or the Haven for Hope Courtyard, statistical analysis showed otherwise. **Individuals whose last project enrollment was the Haven for Hope Courtyard had 460% higher odds—or nearly 6x**

³² Using the same dataset and parameters (all individuals with one or more enrollments after 1/1/2018, in any project type but “Services Only”), and applying logistical regression modeling to assess the effect of different variables on whether an individual exits to permanent destinations.

³³ Holding other factors constant (e.g. Age, Last Project, Length of Time in System)

³⁴ Using a p-value threshold of .05.

³⁵ Holding other factors constant (e.g. Age, Last Project, Length of Time in System)

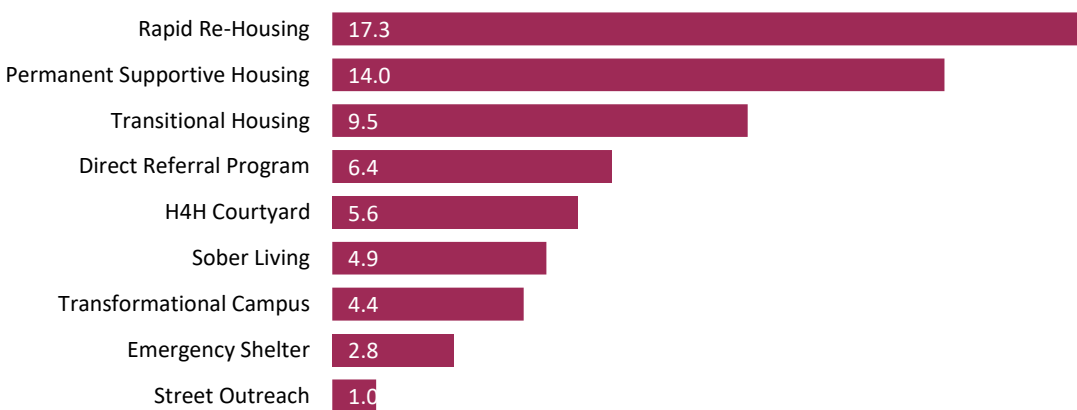
³⁶ Using a p-value threshold of .05.

³⁷ Holding other factors constant (e.g. Age, Last Project, Length of Time in System)

the odds—of exiting to permanent destinations than those exiting from street outreach project types. Similarly, individuals whose last project was an Emergency Shelter had nearly 3x the odds of exiting to a permanent destination as those exiting a Street Outreach program.

While this could be largely related to the kind of individual that accesses Emergency Shelters or the Haven for Hope Courtyard versus those accessing Street Outreach (e.g. they may have lower acuity or fewer disabilities than those individuals living on the street), it likely also speaks to the projects and their ability to connect individuals to housing, as well.

Figure 16. Likelihood (Odds) of Exiting to Permanent Destination by Project Type, Compared to Street Outreach³⁸



On the other end, those exiting Rapid Re-Housing Programs and Permanent Supportive Housing programs had 1,630% and 1,300% higher odds of exiting to permanent destinations than those exiting Street Outreach, respectively. While it may seem surprising that the odds are lower for those exiting Permanent Supportive Housing than Rapid Re-Housing, this is likely because not all individuals ultimately move into a Permanent Supportive Housing unit after enrollment due to the limited number of units available. In turn, these individuals will often return to the street or another temporary location while waiting for a unit.

Primary Causes of Homelessness in San Antonio

The factors that contribute to homelessness are often complex and intersectional, making it difficult to identify one cause or reason into homelessness. However, our quantitative and qualitative analysis indicates that there are several common “entry points”—or shared circumstances and experiences—that contribute to loss of housing and the onset of homelessness for low-income individuals and households in San Antonio.

³⁸ 2019 county-wide demographic information from United States Census: <https://www.census.gov/quickfacts/bexarcountytexas>

EVICTIIONS

Many stakeholders, including current and former residents of public housing units, identified eviction as a primary cause of homelessness in San Antonio. The number of eviction filings in San Antonio rose by 34% from 14,986 to 20,121 between 2011 and 2018; during the same time, evictions rose by 80% from 6,597 to 11,874.³⁹ From 2013 to 2018, at least 275 tenants were evicted for owing less than \$100.⁴⁰ This data does not reflect the number of households that left housing due to threat of eviction or before formal eviction proceedings took place.

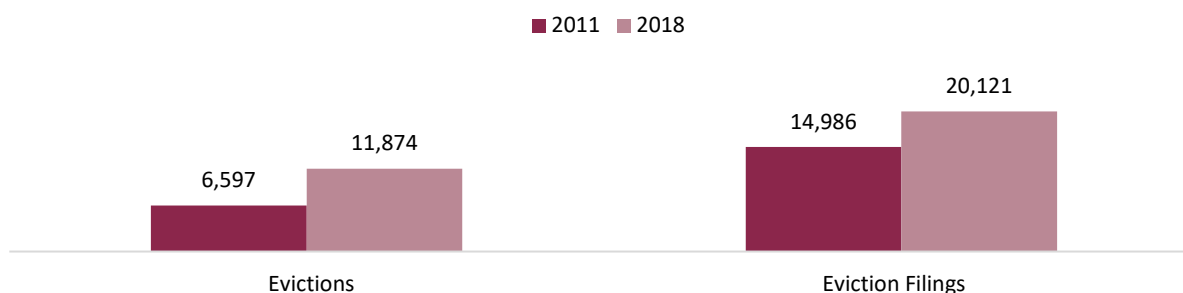
An eviction not only destabilizes a household's current housing situation, it damages credit and makes it more difficult to rent an apartment in the future, as landlords often reject rental applications from households with a history of eviction. Current and former residents of public housing expressed that with so few market-rate options for low-income renters, eviction from public housing creates a direct pathway to homelessness for many. Additionally, existing eviction prevention services are often limited to one-time assistance, which is often insufficient to address the underlying factors creating housing instability for the household.

The South Alamo Regional Alliance for the Homeless (SARAH) has developed a [San Antonio and Bexar County Eviction Prevention Toolkit](#).

This toolkit provides information to rental housing providers on preventing evictions and a list of local resources, including those offered by AACOG, City of San Antonio, Bexar County, SAMMinistries, Society of St. Vincent de Paul, American GI Forum, Endeavors, and the Center for Health Care Services (CHCS).

The COVID-19 health and economic crisis of 2020 has resulted in significant additional financial strain for many low-income renters and has raised concerns about an influx of eviction filings – and potential increases in homelessness as a result – once local and federal eviction moratoria are lifted.

Figure 137. Evictions and Eviction Filings (2011 vs. 2018)⁴¹



³⁹ Marina Riker, "Fall behind, get evicted. Period." *San Antonio Express-News*, December 8, 2019, <https://www.expressnews.com/news/local/article/Kicked-out-14862093.php>

⁴⁰ Ibid.

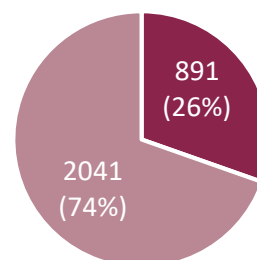
⁴¹ San Antonio Express-News analysis of Bexar county Justice of the Peace court data, as cited by Marina Riker, "Fall behind, get evicted. Period." *San Antonio Express-News*, December 8, 2019, <https://www.expressnews.com/news/local/article/Kicked-out-14862093.php>

MENTAL HEALTH

During the 2020 Point-in-Time Count (PIT), 891 (26%) individuals experiencing homelessness reported having a severe mental illness (SMI).⁴² Interviews with consumers, outreach workers, health care representatives and homeless service providers identified SMI as a frequent cause and consequence of homelessness. SMI can impact an individual's ability to attain and maintain housing and employment by disrupting their ability to complete essential aspects of daily life and by fracturing relationships with family and friends that could help prevent homelessness.⁴³ Mental illness can also impair judgement, decision-making skills and ability to cope with current experiences and circumstances, creating personal instability that can result in financial and housing instability and homelessness.⁴⁴

Figure 18. 2020 PIT Count: Severely Mental Ill

■ Persons Experiencing Severe Mental Illness (SMI)



n=2,932

Note: The PIT Count was used for this statistic instead of HMIS due to inconsistent data collection for this field.

A number of programs in Bexar County serve individuals with mental health needs, including the San Antonio Police Department (SAPD) Mental Health Unit and Homeless and Mental Health Chronic Crisis Stabilization Initiative (CCSI), the Center for Health Care Services (CHCS), and others.

PHYSICAL HEALTH

Approximately 293 (10%) persons experiencing homelessness in San Antonio are chronically homeless, meaning that they have a disabling condition such as a serious mental illness, substance use disorder, or physical disability and have been homeless for over a year.⁴⁵ Physical health conditions that lead to homelessness may be chronic—such as asthma, diabetes, or HIV/AIDS—or the result of a physical injury. Consumers shared that although disability benefits such as SSDI are available for people with physical disabilities, this income is not enough to maintain rent payments and the basic costs of living in San Antonio. Additionally, some consumers expressed difficulty finding affordable housing that is accessible to individuals with disabilities, particularly those in wheelchairs or with mobility devices.

The San Antonio Fire Department (SAFD) Mobile Integrated Health Care (MIH) Program and low-cost medical care services available through providers such as CHCS, AARC LGBTQ Health Equity and Pride Community Clinics, CentroMed, Corazon Ministries, and Methodist Healthcare Ministries of South Texas are available to help with physical health needs.

⁴² SARA, "2020 Point-In-Time Count Report: San Antonio and Bexar County," page 9.

⁴³ National Coalition for the Homelessness, "Mental Illness and Homelessness," Washington, D.C., July 2009, page 1, https://www.nationalhomeless.org/factsheets/Mental_Illness.pdf

⁴⁴ Institute of Medicine (US) Committee on Health Care for Homeless People. Homelessness, Health, and Human Needs. Washington (DC): National Academies Press (US); 1988. 3, Health Problems of Homeless People. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK218236/>

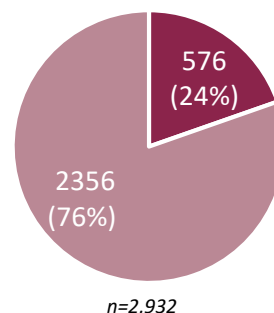
⁴⁵ SARA, "2020 Point-In-Time Count Report: San Antonio and Bexar County," page 13.

SUBSTANCE USE

Substance use was identified as another leading cause and consequence of homelessness in San Antonio. 576 (24%) individuals experiencing homelessness identified during the 2020 PIT Count reported having a substance use disorder.⁴⁶ Similar to SMI, substance use disorders can disrupt an individual's ability to complete activities of daily life and strain relationships that serve as protective factors from homelessness.⁴⁷ Additionally, the cost of drugs and/or alcohol can create financial strain and substance use can result in loss of employment.⁴⁸ Substance use can also result in eviction, either directly (as a consequence of drug use in a rental unit) or indirectly (non-payment of rent) as a potential pathway into homelessness.

Figure 19. 2020 PIT Count: Substance Use

■ Persons Reporting a Chronic Substance Use Disorder



Note: The PIT Count was used for this statistic instead of HMIS due to inconsistent data collection for this field.

Many clients experiencing homelessness experience both an SMI and a substance use disorder. However, dual diagnosis can be difficult for clinicians and service providers until a person is partially stabilized in meeting their housing or behavioral health needs.

Site-based behavioral health treatment options for people at risk of or experiencing homelessness in San Antonio include the CHCS Restoration Center and Integrated Treatment Program (ITP) on the Haven for Hope campus. Additionally, outpatient substance use treatment options are available through CHCS.

INVOLVEMENT IN CRIMINAL JUSTICE SYSTEM

Consumers with lived experiences of homelessness identified involvement in the criminal justice system as a significant and almost insurmountable barrier to accessing housing and employment, including public housing options. Several consumers shared that stigma and a lack of affordable housing options for people with criminal records—particularly those with felonies or sexual offenses—resulted in prolonged experiences of homelessness and, in some cases, re-entry into the criminal justice system. Key stakeholders also identified a lack of adequate discharge planning as a contributing factor to homelessness, leaving individuals with no place to go other than the street or a homeless shelter upon release and re-entry.

Haven for Hope's Jail Release Program is available for incarcerated individuals who are at risk of experiencing homelessness upon release from the criminal justice system. Reentry services are offered through the Bexar County Reentry Services Center.

⁴⁶ SARAH, "2020 Point-In-Time Count Report: San Antonio and Bexar County," page 23.

⁴⁷ National Coalition for the Homeless, "Substance Use and Homelessness," Washington, D.C., July 2009, page 1, <https://www.nationalhomeless.org/factsheets/addiction.pdf>

⁴⁸ Homeless Hub, "Substance Use and Addiction," Accessed March 5, 2020, <https://www.homelesshub.ca/about-homelessness/topics/substance-use-addiction>

INVOLVEMENT IN THE CHILD WELFARE SYSTEM

In 2018, Bexar County had 2,158 youth and young adults (YYAs) exit from DFPS legal custody, the highest number in the State of Texas.⁴⁹ Of those exits, 157 were categorized as "Youth Emancipation" and 1,211 aged out of care.⁵⁰ Bexar County also had the highest number in the state for Youth running away from foster care at 129.⁵¹ Statewide data indicates that 25% of youth who exit foster care become homeless within two years.⁵²

In 2020, for the first time the PIT Count analyzed the characteristics of persons experiencing homelessness who had previously aged out of foster care. This analysis identified 163 (3%) individuals who had aged out of foster care, with an average length of time experiencing homelessness of 546 days – three months longer than the average for all persons experiencing homelessness.⁵³

The high incidence of youth entering homelessness after exiting the foster care system and for prolonged periods of time can be the result of insufficient transition planning, including a housing plan for when youth age out of or are emancipated from the foster care system, as well as a lack of family and social supports to serve as protective factors from experiencing homelessness.

Services are available through Family Tapestry at The Children's Center and St. Jude's Ranch for Children (SJRC) Texas for youth with involvement in child welfare system. San Antonio's Youth Homelessness Demonstration Program (YHDP) will result in new housing and service options for youth with experiences in the child welfare and foster care system.



DOMESTIC VIOLENCE

Many consumers with lived experience shared stories of entering homelessness due to fleeing a domestic violence situation. The City of San Antonio's Metropolitan Health Department identified a need for victim-centered emergency and long-term housing in order to prevent housing instability and potential homelessness for survivors of domestic violence.⁵⁴ In 2019, approximately 9% of individuals ($n=480$) accessing homeless shelter/housing beds were survivors of domestic violence, but only 4% of beds ($n=214$) are dedicated for domestic violence

⁴⁹ Texas Department of Family and Protective Services, Interactive Data Book, FY2016-FY2018, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp

⁵⁰ Ibid.

⁵¹ Ibid.

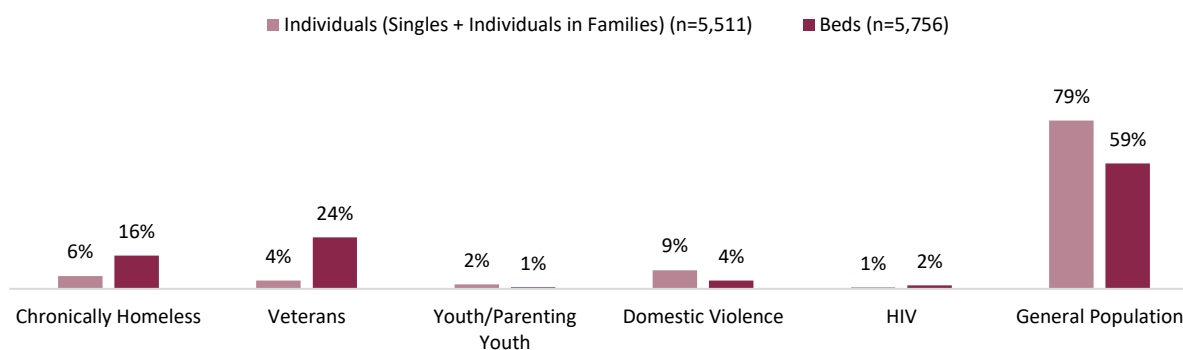
⁵² US DHHS ACF Children's Bureau, National Youth in Transition Database Services and Outcome Reports: Percent reporting experiencing with homelessness, February 2018, <https://www.acf.hhs.gov/cb/resource/nytd-services-and-outcomes-reports>

⁵³ SARAH, "2020 Point-In-Time Count Report: San Antonio and Bexar County," page 29.

⁵⁴ San Antonio Metropolitan Health Department, "City of San Antonio Comprehensive Domestic Violence Plan," Spring 2019, page 27, <https://www.sanantonio.gov/Portals/0/Files/health/HealthyLiving/ViolencePrevention/ComprehensivePlan.pdf>

survivors.⁵⁵ This discrepancy between supply and demand can result in a lack of appropriate shelter and supports for families fleeing domestic violence, resulting in prolonged experiences of housing instability, and for some, homelessness.

Figure 20. Homeless Beds vs. Total Number of Persons Experiencing, or Previously Experiencing, Homelessness⁵⁶



Note: The n-value for individuals (n=5,511) exceeds the overall PIT Count number in 2019 (n=2,872) because it includes those individuals utilizing Rapid Re-Housing, Permanent Supportive Housing, and Other Permanent Housing beds. When an individual enrolls in one of these project types, they are no longer considered homeless as part of the yearly PIT Count; however, they and their beds still appear on the Housing Inventory Chart.

San Antonio has one centralized domestic violence shelter—the Battered Women and Children’s Shelter operated by Family Violence Prevention Services (FVPS).

NATURAL DISASTERS & INFECTIOUS DISEASE OUTBREAKS

Data indicates that natural disasters such as hurricanes are a cause of homelessness for only a small number of persons in San Antonio. During the 2018 PIT Count, only 7 individuals identified that their homelessness resulted from a natural disaster such as Hurricane Harvey.⁵⁷ Although this is a less common cause of homelessness for individuals in San Antonio, it is important to use this information to inform San Antonio’s homeless response and disaster response systems. Additionally, the COVID-19 health and economic crisis in 2020 is anticipated to result in an increase in households that are severely housing cost-burdened and at risk of homelessness due to eviction, unemployment/ loss of income, and health care costs.⁵⁸

During a natural disaster or public health crisis, new resources are often made available at the local, state, and federal level to address urgent needs, including funding and resource opportunities from the Federal Emergency Management Agency (FEMA). The City of San Antonio Department of Human Services (DHS) established a “DHS Hub” in response to the COVID-19 crisis that has been well-received by stakeholders to support emergency response coordination.

⁵⁵ 2019 Housing Inventory Chart, retrieved from HUD HDX, “PIT Count” and “Total Beds” columns.

⁵⁶ 2019 Housing Inventory Chart, retrieved from HUD HDX, “PIT Count” and “Total Beds” columns.

⁵⁷ Melissa Fletcher Stoeltje, “Number of people living on the streets of San Antonio up dramatically,” San Antonio Express-News, May 7, 2018, <https://www.expressnews.com/news/local/article/Number-of-people-living-on-the-streets-of-San-12886184.php>

⁵⁸ National Low Income Housing Coalition (NLIHC), “Research Note: The Need for Emergency Rental Assistance During the COVID-19 and Economic Crisis,” April 2020, <https://nlihc.org/sites/default/files/Need-for-Rental-Assistance-During-the-COVID-19-and-Economic-Crisis.pdf>

Additional Contributing Factors to Homelessness in San Antonio

POVERTY AND HOUSING COSTS

In 2018, 301,024 (20%) San Antonio residents lived in poverty (as determined by 2018 poverty thresholds), compared to 14.9% in Texas and 13.1% in the US overall⁵⁹ With one in every five residents living in poverty, census data indicates that the San Antonio-New Braunfels Metropolitan Statistical Area (MSA) ranks highest for poverty among the 25 most populous U.S. MSAs, with a number of particularly high poverty rates for already vulnerable populations:⁶⁰

- **119,537 (23.3%) children under 18 live in poverty**, compared to 21.1% in Texas and 18% in the United States.
- **29,041 (11.8%) seniors over 65 live in poverty** compared to 11.1% in Texas and the 9.4% in the United States.
- **177,481 (17.4%) women in San Antonio live in poverty**, a higher percentage compared to Texas (16.3%) and the United States overall (14.3%), and
- **107,841 (32.2%) families with a single female as the head of household** live in poverty in San Antonio.⁶¹

The impact of poverty in San Antonio is exacerbated when considering housing opportunities and costs for low-income persons in San Antonio.

Figure 21. Fair Market Rent for San Antonio (2019 and 2020)⁶²

	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2019 FMR	\$688	\$844	\$1,050	\$1,379	\$1,689
2020 FMR	\$702	\$851	\$1,051	\$1,372	\$1,689

“Housing wage” is the hourly wage needed to afford a two-bedroom apartment at Fair Market Rent (FMR) without paying more than 30% of income on housing. It assumes a 40-hour work week, 52 weeks per year. Based on San Antonio’s FMR, **the housing wage for a two-bedroom apartment in the San Antonio-New Braunfels MSA is \$20.19/hour.**⁶³ Minimum wage in San Antonio/Bexar County is only \$7.25/hour. An individual earning minimum wage **would thus have to work 111 hours each week in order to afford a two-bedroom apartment at Fair Market Rent.**⁶⁴ Additionally, more than 38,000 San Antonio households receive an average SSI disability payment of \$771/month, which alone is insufficient to afford housing and other costs of living such as food and transportation the San Antonio-New Braunfels MSA.⁶⁵

⁵⁹ Census American Community Survey (ACS) 2018 51-Year Estimates, as cited in City of San Antonio, Table S1701. Note: Local and state poverty rate estimates for 2019 were not available as of April 2020 for inclusion in this report.

⁶⁰ Census American Community Survey (ACS) 2018 51-Year Estimates, as cited in City of San Antonio, Table S1701. Note: Local and state poverty rate estimates for 2019 were not available as of April 2020 for inclusion in this report.

⁶¹ Census American Community Survey (ACS) 2018 1-Year Estimates, table S1701 and S1703.

⁶² Ibid.

⁶³ HUD User, “FY 2020 Fair Market Rent Documentation System: San Antonio-New Braunfels, TX HUD Metro FMR Area FMRs for All Bedrooms,” Accessed April 8, 2020,

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2020_code/2020summary.odn?cbsasub=METRO41700M41700&year=2020&fmrtype=Final&dallas_sa_override=TRUE

⁶⁴ National Low Income Housing Coalition, “Out of Reach 2019: San Antonio-New Braunfels HMFA”, <https://reports.nlihc.org/oor/texas#>

⁶⁵ Ibid; LISC San Antonio, “Who Benefits from Service-Enriched Housing?”, https://www.lisc.org/media/filer_public/dc/2f/dc2fdfb0-b01d-4ae7-b2cd-f62bdd5a1730/seh_infographic.pdf

Additionally, the reality from San Antonio and many other cities is that **FMR is lower than the actual market rate housing costs** for renters. Current rent trend data in San Antonio for March 2020 indicates that the average rent for any apartment in San Antonio is \$1,150/month, with an average one-bedroom cost of \$961/month and two-bedroom cost of \$1,226/month.⁶⁶

Figure 22. Fair Market Rent vs. Actual Housing Costs for San Antonio (March 2020)⁶⁷

	One-Bedroom	Two-Bedroom	Gap Between 2020 FMR and Actual Rental Market Costs
2020 FMR	\$844	\$1,050	(\$206)
March 2020 Actual Rental Market Costs	\$961	\$1,226	(\$265)

This **gap between FMR and actual rental market costs in San Antonio not only creates significant housing stock limitations for persons receiving rental assistance**, it can push these renters into lower opportunity, disinvested neighborhoods or substandard housing in order to find units that meet FMR standards.⁶⁸

For homeowners, housing affordability challenges exist as well, making it difficult for San Antonio residents to not only afford homeownership but also to maintain mortgage payments.

- Between 2005 and 2016, **the median sales price of a home in San Antonio increased by an average of 4.7% per year** (\$120,000 to \$180,000) while local AMI increased by an average of only 1.9% per year (\$40,100 to \$49,300).⁶⁹
- As a result, the “affordability gap”—the difference between the median sales price of a home and the affordable purchase price for a household earning 100 percent of Area Median Income (AMI)—**has increased from \$18,900 in 2005 to \$26,300 in 2016.**⁷⁰
- From February 2019 to March 2020 alone, **San Antonio home values have gone up 3.7% and were anticipated to rise 3.5% within the next year.**⁷¹ However, there is uncertainty about the impact of the 2020 COVID-19 outbreak on the housing market, including the potential for a housing market drop as a result of the pandemic.
- As a result of the affordability gap and the mismatch between home values and household incomes, **31,900 (21%) homeowner households are cost-burdened**, meaning they spend more than 30% of their income on housing.⁷²

These conditions—higher poverty rates, stagnant incomes, and rising housing costs—increase the risk of low-income households falling into homelessness due to an inability to attain or sustain

⁶⁶ Rent Jungle, “Rent Trend Data in San Antonio, Texas,” accessed April 8, 2020, <https://www.rentjungle.com/average-rent-in-san-antonio-rent-trends/>

⁶⁷ Rent Jungle, “Rent Trend Data in San Antonio, Texas,” accessed April 8, 2020, <https://www.rentjungle.com/average-rent-in-san-antonio-rent-trends/>; and HUD User, “FY 2020 Fair Market Rent Documentation System: San Antonio-New Braunfels.”

⁶⁸ National Housing Law Project (NHL), “Fair Market Rents,” <https://www.nhlp.org/initiatives/housing-voucher-utilization/fair-market-rents/>

⁶⁹ Mayor’s Housing Task Force, “San Antonio’s Housing Policy Framework,” August 2018, page 15, <https://www.sanantonio.gov/Portals/0/Files/HousingPolicy/Resources/SA-HousingPolicyFramework.pdf>

⁷⁰ Ibid, page 16.

⁷¹ Zillow, “San Antonio Home Prices and Values,” Accessed April 9, 2020, <https://www.zillow.com/san-antonio-tx/home-values/>

⁷² Mayor’s Housing Task Force, “San Antonio’s Housing Policy Framework,” August 2018, page 17.

housing. As the population of San Antonio continues to grow and place increased demands on the current housing market, these housing challenges for low-income renters and homeowners will become even more severe without new affordable housing interventions.

POPULATION GROWTH AND HOUSING DEMAND

San Antonio is one of the fastest growing cities in the United States, with an estimated population of 1,999,700 persons living in Bexar County as of 2019.⁷³

- From April 2010 to July 2018, San Antonio’s population **grew by 15.5%, from 1,326,786 to 1,532,233 residents**.⁷⁴
- The Texas Demographic Center is projecting that the population of Bexar County will increase to over **3.3 million persons** by 2050, with the population residing in the San Antonio-New Braunfels Metropolitan Area increasing to over **4.4 million**.⁷⁵

Figure 23. Projected population growth for Bexar County and San Antonio-New Braunfels MSA, 2020 to 2050⁷⁶

Year	Project Total Population: Bexar County	Project Total Population: San Antonio-New Braunfels MSA
2020	2,093,502	2,632,849
2025	2,297,072	2,908,481
2030	2,502,617	3,196,038
2040	2,914,615	3,794,508
2050	3,353,060	4,467,980

Given the significant population growth already underway in San Antonio/Bexar County and projected to continue, there is a need for additional housing stock to accommodate new residents. There are an estimated **46,796 vacant housing units** in San Antonio resulting in an **8.5% vacancy rate**, including 19,330 units available for rent and 4,409 units for sale only.⁷⁷ This vacancy rate is balanced based on total demand for rental units, estimated at **21,600 units** for the San Antonio-New Braunfels metropolitan area from September 2019 to September 2021.⁷⁸ The Mayor’s Housing Policy Task Force found that overall, a lack of housing inventory is not the primary housing challenge for low-income San Antonio residents. Instead, there is a mismatch between the city’s supply of housing affordable to households at various incomes levels and the demand for those units based on the number of households at those income levels.⁷⁹

Additionally, vacant rental units vary per market niche and on a monthly basis. For example, during the First Quarter of 2018, vacancy rates were highest in Far North Central San Antonio

⁷³ Esri forecasts for 2019, “Coronavirus Planning for HUD Continuums of Care: San Antonio/Bexar County,” April 2020, https://bao.arcgis.com/InfographicsPlayer/ArcGISPro/BA_Covid19/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=06904706ab-SNAPS-COVID-19-Digest-3.19.20&utm_medium=email&utm_term=0_f32b935a5f-06904706ab-18494365

⁷⁴ U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

⁷⁵ Texas Demographic Center, “Population Projects Data Tool Result: Bexar County and San Antonio-New Braunfels MSA Metro,” Accessed April 2020, <https://demographics.texas.gov/Data/TPEPP/Projections/Report.aspx?id=1ee17e52890244a49e1ac824f0f5820a>

⁷⁶ Ibid.

⁷⁷ 2018 ACS 1-Year Estimates Detailed Tables, Tables B25002 and B25004.

⁷⁸ U.S. Department of Housing and Urban Development, Office of Policy Development and Research, “Comprehensive Housing Market Analysis: San Antonio-New Braunfels, Texas,” September 1, 2018, <https://www.huduser.gov/portal/publications/pdf/SanAntonio-NewBraunfelsTX-CHMA-18.pdf>

⁷⁹ Mayor’s Housing Task Force, “San Antonio’s Housing Policy Framework,” page 19.

(7.6%), New Braunfels/Schertz/ Universal City (7.6%), and South San Antonio (7.7%), and lowest in North Central San Antonio (6.1%), Central San Antonio (6.3%), and the Airport Area (6.5%).⁸⁰ As a result, low-income renters are not only limited by the number of affordable housing units available at their income level, but also by the variable availability of these units in different neighborhoods that may be more or less accessible to employment, school, child care, transportation, and other resources.

AFFORDABLE HOUSING GAP

A particular challenge for San Antonio is that there are not enough housing units at appropriate price points to ensure that new and existing residents at different income levels (but particularly those below 100% AMI) spend no more than 30 percent of their income on housing.⁸¹ An analysis conducted by the Mayor's Housing Task Force identified the following issues when looking at housing supply and demand by income level in San Antonio:

- There is a need for **16,400 units for households with incomes at or below 30% AMI**.
- Since 2005, the city's **supply of housing affordable to households between 60 and 120 percent AMI has decreased** by more than 24,000 housing units while the number of households in those income categories has remained constant.
- Approximately **1,000 households are living in units that have physical deficiencies**, like a lack of plumbing or kitchen facilities.
- Approximately **5,200 owner households live in overcrowded conditions**.⁸²

The Mayor's Housing Task Force estimates that if current general market conditions prevail over the next decade, by 2030, the **city's supply-demand imbalance for low- and moderate-income households will increase by another 29,600 units**.⁸³ Additionally, LISC San Antonio identified a wide array of vulnerable populations likely to benefit from service-enriched housing (SEH), defined as "affordable and accessible housing that integrates a robust menu of social services and other supports into its daily operations to promote stability in the lives of vulnerable residents."⁸⁴ Some of the vulnerable populations identified by LISC San Antonio include⁸⁵:

- Over **9,000 Veterans** living in poverty, of whom over 40% have a disability
- More than **288,000 San Antonio residents** living with a disability
- Almost **60,000 adults** living with serious mental illness in San Antonio/Bexar County
- **25,000 people exiting criminal justice system** and facing significant housing challenges
- **90,000 adults** having difficulty living independently

⁸⁰ Marcus & Millchap, "Multifamily Research Market Report: San Antonio Metro Area," Second Quarter 2018, https://assets.recenter.tamu.edu/Documents/MktResearch/SanAntonio_Multifamily_MarcusMill_MarketReport.pdf

⁸¹ Marcus & Millchap, "Multifamily Research Market Report: San Antonio Metro Area," Second Quarter 2018, https://assets.recenter.tamu.edu/Documents/MktResearch/SanAntonio_Multifamily_MarcusMill_MarketReport.pdf

⁸² Ibid, pages 18-19.

⁸³ Mayor's Housing Task Force, "San Antonio's Housing Policy Framework," page 20.

⁸⁴ LISC San Antonio, "Who Benefits from Service-Enriched Housing?", May 2019, https://www.lisc.org/media/filer_public/e9/95/e9959d5d-1287-4d75-95a4-0c4414ba1c9f/lisc_seh_populations_estimates_and_sources_only_20190509.pdf

⁸⁵ LISC San Antonio, Infographic Datasheet, May 2019, https://www.lisc.org/media/filer_public/dc/2f/dc2fdb0-b01d-4ae7-b2cd-f62bdd5a1730/seh_infographic.pdf

- Approximately **150 youth** who “age out” of the foster care system every year
- **50,000 older adults** living alone

These vulnerable and diverse populations who live in sub-standard housing and are at risk of homelessness due to evictions or foreclosure are in need of innovative housing options outside of traditional single-family and multi-family housing typologies that is tailored to their needs, including age, ability/special needs, and special considerations for those living alone. These populations may need greater supports and better subsidies to sustain and maintain housing than traditional low-income affordable housing can provide.

SPOTLIGHT ON EMERGING ISSUE: AGING OF THE HOMELESS POPULATION

The homeless population is aging faster than the general population in the United States.⁸⁶ Over the past two decades, **the median age of single homeless adults in the U.S. increased from 37 years in 1990 to nearly 50 years in 2010.**⁸⁷ By 2050, the elderly homeless population is projected to more than double, with 95,000 elderly persons expected to be living without stable housing nationwide.⁸⁸ **There are approximately 138,604 persons over the age of 65 residing in San Antonio, of whom 17,464 (12.6%) are estimated to be living in poverty.**⁸⁹

Interviews with key stakeholders—including outreach workers, homeless service providers, and representatives from health care systems—along with national research highlights the impact the aging of San Antonio’s homeless population will have on the homeless response system and local capacity to meet the needs of older adults experiencing homelessness.

Increased Severity of Chronic/Complex Health Problems: Homeless service providers and outreach workers in San Antonio shared that they have seen increases in chronic health conditions among their older adult clients, including dementia, chronic substance abuse, and cancer. Many of these conditions are treatable but difficult for clients experiencing homelessness who do not have access to consistent medical care.

Insufficient Shelter and Housing Options to Meet Higher Level of Care Needs: It is difficult for aging clients with chronic health conditions to navigate the services they need, including emergency shelter, through the traditional homeless response system. Shelters and other emergency housing services are often inaccessible to individuals who are unable to care for themselves due to a disabling condition or cognitive impairment. Additionally, there is a lack of assisted living options available to aging adults in San Antonio who do not have health insurance or are actively using substances.

Premature Aging: Individuals experiencing homelessness and poverty often experience “weathering” or premature aging by 10 to 20 years beyond their chronological age as a result of

⁸⁶ Rebecca Brown et al, “Meeting the Housing and Care Needs of Older Homeless Adults: A Permanent Supportive Housing Program Targeting Homeless Elders,” *Seniors Housing & Care Journal*. 2013 Jan 1; 21(1): 126, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3980491/>

⁸⁷ Ibid, page 127.

⁸⁸ Ibid.

⁸⁹ Census American Community Survey (ACS) 2018 5-Year Estimates.

prolonged exposure to stress.⁹⁰ This correlates with observations from outreach workers in San Antonio that the unsheltered persons seem to experience an earlier and more significant decline in physical and mental abilities than the general population, creating a need for more intensive housing and supportive services.

Limited Income: Many older adults have limited employment options or have already retired, with their primary source of income being Supplemental Security Income (SSI). SSI may not provide enough financial support to cover rent or housing expenses, along with food, utilities, and medical care and treatment.⁹¹ One outreach worker in San Antonio shared that one of her clients was unable to receive her SSI benefits for years because she had no permanent mailing address during her time on the street experiencing homelessness.

Violence and Victimization: Older adults experiencing unsheltered homelessness are at an increased risk of being victimized due to their health and mobility limitations.⁹² This may also be true for older adults who are residing in shelter but are forced to leave during the day, leaving them vulnerable on the streets outside of shelter hours.⁹³ Older adults may avoid shelters or homeless services in general due to fear of victimization.⁹⁴

Access to Housing Assistance: Federally-funded homeless assistance is prioritized for individuals experiencing chronic homelessness—those experiencing homelessness continually for at least a year or repeated episodes of homelessness over three years and who have a disabling condition.⁹⁵ Older adults experiencing first-time homelessness do not meet the definition of chronic homelessness despite their significant vulnerabilities, and as a result may find it difficult to access resources. It may be particularly difficult for this population to access affordable housing with the level of supports and intensive wraparound services they need, as this level of supportive housing is often prioritized for chronically homeless individuals.

Barriers and Considerations for Improving San Antonio's Emergency Response System for Older Adults Experiencing Homelessness	
Barrier	Consideration for System Improvement
Older adults may not feel comfortable or properly accommodated in emergency shelter.	<ul style="list-style-type: none"> • Ensure all emergency shelters are in compliance with ADA and Fair Housing regulations. • Provide 24-hour shelter options so that elderly individuals can stay inside and rest during the day. • Make a special effort to allow older adults to sleep near a bathroom.
Older adults have high accessibility needs,	<ul style="list-style-type: none"> • Ensure programs have protocols in place for accessing 24/7 emergency services due to health emergencies.⁹⁶

⁹⁰ NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 2.

⁹¹ Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 128.

⁹² SeniorNavigator,, "Special Concerns for the Elderly Who Are Homeless".

⁹³ Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 128.

⁹⁴ Justice in Aging, "How to Prevent and End Homelessness Among Older Adults," Special Report, April 2016, page 5.

⁹⁵ U.S. Department of Housing and Urban Development (HUD), "Final Rule on Defining Chronic Homelessness," December 2015, <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>

⁹⁶ Justice in Aging, "How to Prevent and End Homelessness Among Older Adults," Special Report, April 2016, page 5.

including needs for reliable transportation and in-home or physically accessible service locations.	<ul style="list-style-type: none"> Consider transportation services targeted to older adults such as volunteer driver programs, paratransit services, door-through-door escort services, access to public transit/fixed route services, transportation voucher programs, and partnerships with mobility managers (if employed through your local aging organization or transportation agency).⁹⁷
Older adults may need assistance in completing activities of daily living (ADLs).	<ul style="list-style-type: none"> Home and community-based (HCB) services help with activities of daily living with the goal of providing the support needed so tenants can remain in their homes.⁹⁸ Medicaid and the Older Americans Act can provide funding to support the delivery of HCB services (amount of assistance available and eligibility may vary by state).⁹⁹
Some individuals may have severe health concerns that require end-of-life planning and care.	<ul style="list-style-type: none"> Provide training to program staff on end-of-life care and planning. Develop relationships with staff at partner organizations such as hospice care providers who can provide this support.
It can be difficult to identify older adults at-risk of or experiencing homelessness.	<ul style="list-style-type: none"> Local Adult Protective Services (APS) offices can help identify and make outreach to older adults who are at-risk of or experiencing homelessness.¹⁰⁰ Work with APS and local police to understand the process for identifying, referring, and connecting clients experiencing unsheltered homelessness to APS for services (<i>please note: this requires a client to be in extreme circumstances of self-neglect</i>). Local outreach workers may already have relationships with older adults experiencing homelessness.
Older adults are susceptible to predatory “flippers” who encourage them to sell their homes at low prices through deceptive tactics.	<ul style="list-style-type: none"> Develop an information campaign for older adult homeowners on the dangers of predatory “flippers”, including how to identify and react to deceptive claims and tactics (e.g. claims by flippers that they are City of San Antonio code inspectors)
There are not enough permanent, affordable housing options for older adults experiencing homelessness.	<ul style="list-style-type: none"> Target a set number of PSH units for older adults and seniors who have experienced homelessness.¹⁰¹ Provide age-specific wraparound services in PSH and other housing, including access to health care, benefits, and employment supports that are tailored to older adults.¹⁰² Implement flexible housing policies that permit hospital stays without losing housing or service program eligibility. Supportive housing funders

⁹⁷ CSH, “Healthy Aging in Supportive Housing,” page 32.

⁹⁸ Ibid, page 23.

⁹⁹ Ibid.

¹⁰⁰ SeniorNavigator, A VirginiaNavigator Website, “Special Concerns for the Elderly Who Are Homeless,” 2019,

¹⁰¹ CSH and Hearth, Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing,” page 8.

¹⁰² CAEH, “Homeless Over 50: The Graying of Chicago’s Homeless Population,” October 2011, page 23.

like HUD are generally flexible about the duration of hospital stays, provided there is proper documentation.¹⁰³

- Renovate publicly assisted housing to accommodate older adults experiencing homelessness so that units are accessible for people with mobility impairments. Sources of funding that can support renovations include Section 8 program, Public Housing capital account, Public Housing operating account, Community Development Block Grant, and HOME program.¹⁰⁴
- Help older adult homeowners make modifications to their homes so they can safely age in place.¹⁰⁵
- Investigate methodologies to increase prioritization of older adults experiencing first-time homelessness in Coordinated Entry.

SPOTLIGHT ON EMERGING ISSUE: INCREASES IN UNSHELTERED HOMELESSNESS

The rising occurrence and visibility of unsheltered homelessness in San Antonio/Bexar County was identified as a significant concern across local stakeholders, including persons with lived experience, outreach workers, service providers, and local businesses. This is supported by local data, which shows that the number of individuals experiencing unsheltered homelessness has increased in recent years – by **12%** from 1,137 in 2016 to 1,274 in 2020.

Persons experiencing unsheltered homelessness often experience co-occurring issues that compound their experience of homelessness and make it more difficult to access shelter and resources, including physical health conditions, mental health and substance use issues, histories of criminal justice involvement, unemployment, and a lack of social or familial supports.



Additionally, stakeholders throughout San Antonio and Bexar County identified barriers that prevent individuals experiencing unsheltered homelessness from accessing shelter and services. These include the following:

Difficulty Obtaining Identification Documents: Many individuals experiencing unsheltered homelessness have either lost or never had access to primary identification documents such as a driver's license, birth certificate, or social security card. Without these primary identification documents, it can be difficult to meet the requirements for identification in order to access

¹⁰³ Ibid, 16.

¹⁰⁴ Ibid.

¹⁰⁵ San Antonio Area Foundation's Successfully Aging and Living in San Antonio (SALSA), "Successfully Aging and Living in San Antonio: Summary of Barriers and Solutions to Senior Housing," page 2, https://give.saafdn.org/file/SALSA-Housing-Report_Final.pdf

services through the homelessness response system, including for shelters that have residency requirements, Rapid Re-Housing, and Permanent Supportive Housing.

There are resources in place in San Antonio/Bexar County to support identification recovery, including the ID Recovery Program operated by DHS, SAPD H.O.P.E. Unit, and the City Clerk's Office. However, stakeholders identified a need for additional ID recovery opportunities and improved coordination of ID recovery programs with existing outreach efforts to address the immense need to help unsheltered persons obtain identification documentation.

Insufficient Outreach to Meet Need: Some individuals experiencing unsheltered homelessness have had negative experiences with shelters or the homeless response system or face challenges related to serious mental illness or substance use disorders, resulting in disengagement from outreach efforts. For these individuals, consistent and assertive outreach to build trust and slowly support engagement in services is needed.

However, San Antonio/Bexar County currently lacks sufficient outreach personnel to consistently engage persons residing on the street and in encampments. Stakeholders have expressed an urgent need for an increase in outreach capacity and coordination in order to more effectively address unsheltered homelessness and create pathways from the street into shelter and stable housing situations.

Barriers to Accessing Shelter: It can take a significant amount of time, relationship-building, and case management for unsheltered clients to feel ready to accept shelter. However, shelter is not always readily available or accessible once an unsheltered client is willing to accept shelter and services. Transportation provides an initial barrier in connecting persons experiencing unsheltered homelessness to shelter.

Additionally, clients may be turned away from certain shelter programs with Bexar County residency or ID requirements if they are unable to meet these requirements at the time they are seeking shelter. Stakeholders shared that clients with histories of criminal justice involvement, those actively using substances, and individuals with significant mental health issues also face significant difficulties in accessing shelter or other emergency housing options in San Antonio/Bexar County.

Section 2: San Antonio’s Homeless Service and Resource Landscape

San Antonio’s Homeless Response System

Through significant community planning and coordination efforts, San Antonio has developed a highly sophisticated homeless response system, including diverse funding sources, engagement from homeless-specific programs as well as mainstream providers, and a wide a range of community interventions, including: prevention, outreach, emergency shelter, transitional housing, permanent supportive housing, affordable housing, and supportive services.

San Antonio Homeless Response Model ¹⁰⁶	
Government Funding Source	<ul style="list-style-type: none"> • <u>Federal</u>: U.S. Department of Housing and Urban Development (HUD), including Continuum of Care (CoC), Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA), Veterans Affairs (VA), and U.S. Department of Health and Human Services (HHS) • <u>State</u>: Health and Human Services Commission (HHSC), Texas Workforce Commission (TWC), and Texas Department of Housing and Community Affairs (TDHCA) • <u>Local</u>: City of San Antonio, Bexar County, South Texas Regional Advisory Council (STRAC)
Function	<ul style="list-style-type: none"> • Coordinate care for persons experiencing homelessness through integrated service delivery across various industries. • Connect service providers to improve individual outcomes. • Incorporate person-centered, trauma-informed, and recovery-oriented interventions. Adjust to developing trends regarding homelessness.
Funded Population Types	<ul style="list-style-type: none"> • All persons experiencing homelessness—including those experiencing chronic homelessness, Veterans, youth, families, persons with HIV/AIDS, and survivors of domestic violence—and persons at risk of becoming homeless.
Funded Interventions and Partners	<ul style="list-style-type: none"> • <i>Outreach</i>: General, housing-focused, clinical, in-reach, encampment, population-specific • <i>Prevention</i>: Transportation assistance, family reunification, referral services • <i>Emergency Shelter</i> • <i>Transitional Housing</i> • <i>Permanent Housing</i>: Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), rental assistance, housing vouchers, utility assistance • <i>Affordable Housing</i>: Mayor’s Housing Policy, bridge funding for housing placement • <i>Coordinated Entry</i> • <i>Supportive Services</i> <ul style="list-style-type: none"> ○ <u>Criminal Justice</u> - San Antonio Police Department (SAPD), Bexar County, jail outreach, legal support, pre-trial services

¹⁰⁶ The information in this table was collected and summarized by Ladder Logik in 2018 and adapted/edited for this report by Homebase in March 2020.

	<ul style="list-style-type: none"> ○ <u>Education and Employment</u> - Head Start/early childhood interventions, school retention in district of origin, GED, financial literacy, certificate programs, employment placement assistance ○ <u>Health Care</u>—Federally Qualified Health Clinic (FQHC), Local Mental Health Authority (LMHA), South Texas Regional Advisory Council (STRAC), SAPD Mental Health Unit, San Antonio Fire Department (SAFD) Mobile Integrated Healthcare (MIH) Program, hospital districts, crisis, detox, integrated medical services, clinical case management, psychiatric services, medical supplies, vision, dental, diversion (physical/behavioral health conditions), health and wellness, adult protective services ○ <u>Basic Needs</u>—Food, mainstream benefits, ID Recovery, meals, hygiene, clothing, move-out kits, transportation, housing retention ○ <u>Families</u>: Family support services, childcare, child welfare, child activities, Child Protective Services ○ <u>Wellness</u>: Peer services, spiritual enrichment, counseling, social work interns, psychosocial support, Integrated Treatment Program (ITP)
Data Contributors	Any organization that is committed to serving persons experiencing homelessness, including non-profit organizations, cross-system partners, and recipients of federal funding.
Data Fields	Data fields are aligned with funded interventions. The data entry process is collaborative for partner organizations choosing to participate. HUD Universal Data Elements and Project Specific Data Elements are required for HUD-funded programs.
Evaluation	Reports are developed in accordance with contractual requirements determined by the funding source. Reports required for HUD-funded organizations include the Annual Performance Review (APR), Housing Inventory Count (HIC), Longitudinal System Analysis (LSA), Point-In-Time Count, and Coordinated Entry.

HAVEN FOR HOPE¹⁰⁷

Haven for Hope is the largest homeless service provider in San Antonio and offers several levels of shelter and housing for men, women, and families, along with supportive services to residents. The campus also includes employment, education, life skills training, legal services, health care, child care, and mental health and substance use services.

Since the opening of the campus in April 2010, Haven for Hope has helped almost 13,000 individuals transition from homelessness to permanent or supportive housing.

As a snapshot, the total residents served by Haven for Hope on September 30, 2019 included:

- **Haven’s Residential Centers (Men’s, Women’s, and Family Dorm)** –575 persons
- **Family Emergency Services**—46 families (62 adults and 113 children)
- **Direct Referral Program**—76 men
- **Center for Health Care Services (CHCS) Integrated Treatment Program (ITP)** –80 men and 61 women
- **Next Right Steps (NRS) Program**—43 men and 12 women
- **Thrive program**—7 youth

¹⁰⁷ Haven for Hope Fact Sheet, January 2020, <https://www.havenforhope.org/wp-content/uploads/2020/02/H4H-Fact-Sheet-January-2020.pdf> and Morjorie White (DHS), “City of San Antonio Homeless Investments and Partnerships,” November 18, 2019.

Haven for Hope also operates the Courtyard, which offers a safe-sleeping environment where persons experiencing homelessness can access case management, mental health services, and resources to meet their basic needs.

To meet the needs of individuals residing in the Courtyard and members of the transformational campus, Haven for Hope partners with **184 partner organizations** that provide over **300 services**, including:

- **71 campus partners** who provide regular services on campus. 25 of these partners have offices on campus and 11 are universities.
- **83 referral partners** who provide services to Haven members at their own sites.
- **30 community partners** with whom Haven has a strong relationship, including the South Alamo Regional Alliance for the Homeless (SARAH), Southwest Texas Regional Advisory Council (STRAC), Emergency Medical Services (EMS), and school districts.



HOMELESSNESS PREVENTION EFFORTS

Homeless prevention efforts are designed to help individuals stabilize in their current housing situation, resolve their immediate crisis, and avoid entry into homelessness. This assistance is often one-time to address an immediate crisis, but may involve ongoing supports such as case management, housing counseling, and conflict mediation to support long-term housing stability.

Homeless prevention assistance is currently available through the following programs in San Antonio and Bexar County:

- **SAMMinistries Homeless Prevention¹⁰⁸**: This program provides rental assistance, utility assistance, and supportive services to families, individuals, Veterans, and seniors who are in imminent danger of eviction to avoid homelessness. This program is eligible to individuals with some form of stable income (SSI, SSDI, or employment) who have an eviction notice, notice to vacate, or utility disconnect notice. The program can serve approximately 20-25 households/week.

¹⁰⁸ SAMMinistries Fact Sheets, provided November 2019.

- **Society of St. Vincent de Paul Essential Services Program¹⁰⁹:** This program provides an array of programming and services to address basic needs for vulnerable persons in and around San Antonio, with a special focus on veterans, the disabled, seniors, those with children under 5, the homeless, and those at high risk of becoming homeless. Limited financial assistance is provided for expenses such as utility bills and rent.
- **City of San Antonio, Neighborhood and Housing Services Department (COSA NHSD)¹¹⁰:** NHSD offers emergency utility assistance; rent, mortgage, and relocation assistance; and fair housing counseling for renters and owners to help residents maintain housing stability and overcome financial hardships. NHSD also launched a COVID-19 Emergency Housing Assistance program which has committed over \$70 million to provide Emergency assistance for rent, mortgage, utilities, and other supports for income-qualified households within city limits.
- **Provider Liability Assurance for Community Empowerment (PLACE) Fund¹¹¹:** The PLACE Fund is a Rental Incentive/Risk Mitigation Fund program created collaboratively through SARAH, COSA NHSD and USAA. This program allows service providers to commit funds on behalf of a person experiencing homelessness with barriers to housing for potential damages beyond the security deposit made to a rental unit or in case of an eviction. The fund is targeted specifically to assist individuals who are displaced, homeless veterans, or chronically homeless individuals who are working with a housing provider.
- **Emergency Utility Bill Assistance¹¹²:** Bexar County Department of Community Resources (DCR) operates the Comprehensive Energy Assistance Program (CEAP) and, along with DHS, the Resident Energy Assistance Program (REAP) to provide utility assistance for low-income households. REAP assistance is prioritized for individuals who are elderly, disabled, or a household with children 16 years of age and younger.

Many faith-based organizations and community centers also provide services and financial assistance to help low-income households pay for food, rent, utilities and other basic needs, including Christian Assistance Ministry (CAM), the Alamo Area Resource Center (AARC), and Guadalupe Community Center.

Barriers to Homelessness Prevention Efforts: *There is currently a limited number of homelessness prevention and diversion programs that operate in San Antonio and Bexar County, particularly for low-income families. Due to these resource limitations, it is important that existing resources be targeted to those who face the most significant risk of experiencing homelessness without intervention. COVID-19 has created even more financial instability for low-income renters, creating an even greater need for targeted homelessness prevention to avoid new entries into homelessness.*

¹⁰⁹ Society of St. Vincent de Paul San Antonio, TX, "Family and Community Assistance Program," Accessed March 7, 2020, <https://svdpsa.org/community-assistance-program-1>

¹¹⁰ SACRD, "City of San Antonio, Neighborhood and Housing Services (NHSD)," <https://sacrd.org/directory/organization/1711>

¹¹¹ South Alamo Regional Alliance for the Homeless (SARAH), "PLACE," Accessed March 7, 2020, <https://www.sarahomeless.org/place/>

¹¹² SACRD, "Bexar County Department of Human Resources, (DCR)" <https://sacrd.org/directory/organization/1568>

HOMELESS OUTREACH EFFORTS

Homeless outreach is a vital component of San Antonio's homeless response system. Outreach workers connect with the community's most vulnerable individuals experiencing homelessness and build trust, provide resources to meet their immediate needs, and work to make connections to shelter, housing and resources.

There are over a dozen agencies that conduct outreach in San Antonio, including Haven for Hope, SAPD San Antonio Fear Free Environment (SAFFE) Unit and Mental Health Unit, Department of Human Services (DHS), Centro, SAMMinistries, Veterans Affairs (VA), Family Endeavors, American GI Forum-NVOP, Family Violence Prevention Services, CHCS Projects for Assistance in Transition from Homelessness (PATH), Thrive, and Stand Up for Kids. Organizational priorities and needs result in different types of outreach and engagement strategies, including the following which are conducted in San Antonio:

- **General:** Light-touch outreach that focuses on consistency, relationship building, and meeting immediate needs until an individual is ready to accept shelter, housing, or services. This type of outreach can span over months and years to build trust and rapport with clients *(including Haven for Hope, SAPD SAFFE Unit and Centro)*.
- **Housing-focused:** Outreach that prioritizes getting the highest-need, most vulnerable individuals into permanent housing as quickly as possible, without going through emergency shelters or transitional housing, including providing housing assessments with clients in non-provider-based settings *(including SAMMinistries and Centro)*.
- **Clinical:** Outreach by a trained clinician in order to assess and address immediate health and behavioral health needs and make connections to the homeless and health care systems that will result in positive health outcomes for the individual *(including DHS, SAPD Mental Health Unit, and CHCS PATH)*.
- **Encampment:** Outreach conducted to individuals residing in an encampment to build relationships and make connections to shelter, housing, and/or services prior to an encampment being abated *(including DHS, Haven for Hope and SAMMinistries)*.
- **Population-specific:** Outreach that is focused on making connections to a particular population, such as Veterans or youth experiencing homelessness *(including American GI Forum and VA outreach to Veterans, Thrive outreach to youth)*.
- **In-reach:** Efforts to engage with individuals and make housing connections before they leave an institution or other system of care, including hospitals, jails, and foster care *(including Haven for Hope Jail Release Program and PATH outreach at the Haven for Hope Courtyard)*.

Currently, each outreach team operates independently, with representatives from most outreach teams coming together bi-weekly to engage in case conferencing to coordinate outreach efforts, discuss information on shared clients, ask questions regarding difficult cases, and prioritize individuals for housing and services.

Barriers to Homeless Outreach Efforts: *Given the geographic size and sprawling nature of San Antonio/Bexar County, the region is currently understaffed for outreach staff. This includes a lack of geographic coordination around outreach to different parts of the city and county and a general need for improved communication and coordination across outreach staff from different agencies. There is also no consistent definition or standards of practice defined for outreach at a citywide level, which results in inconsistent approaches on issues such as intake, transportation, and where outreach ends.*

EMERGENCY SHELTER OPTIONS

Emergency shelter programs in San Antonio/Bexar County often specialize in serving one of three groups: 1) single men, 2) women and families, and 3) children and youth, examples of which are provided below:

Examples of Shelter Options for Single Men¹¹³

- **Haven for Hope Direct Referral Program (DRP):** Low barrier emergency shelter beds with supportive services for men experiencing homelessness (by referral only).
- **The Salvation Army Dave Coy Men's Shelter:** Emergency shelter and transitional housing opportunities for up to 131 men experiencing chronic homelessness and/or lack a stable housing environment (fees may apply after three days, Texas ID required).
- **San Antonio Rescue Mission Men's Shelter:** Dormitory houses with access to bunk beds for up to 40 men experiencing homelessness

Examples of Shelter Options for Women and Families¹¹⁴

- **Family Violence Prevention Services (aka The Battered Women and Children's Shelter):** 24-hour emergency shelter services for women and children who are survivors of domestic violence.
- **The Salvation Army Emergency Family Center:** Immediate, short-term (up to 7 days) housing for women and families experiencing homelessness. Rooms are available most days on a first-come, first-served basis.
- **Strong Foundation Ministries:** Emergency shelter and services to homeless families with children.

Examples of Shelter Options for Children and Youth¹¹⁵

- **The Children's Shelter Zachry Cottage:** 66-bed emergency shelter that provides round-the-clock trauma-informed care for children. Access to medical, dental, and psychological services. Children can stay at the emergency shelter for as little as 24 hours or as long as 90 days.

¹¹³ Morjorie White (DHS), "City of San Antonio Homeless Investments and Partnerships," November 18, 2019; The Salvation Army of San Antonio, "Dave Coy Shelter for Men," Accessed March 11, 2020, <http://www.salvationarmysanantonio.org/dave-coy-shelter-men/>; and SACRD, "San Antonio Rescue Mission Men's Shelter," <https://sacrd.org/directory/program/250>

¹¹⁴ SACRD, "Family Violence Prevention Services," <https://sacrd.org/directory/program/341> and "Strong Foundation Ministries," <https://sacrd.org/directory/organization/1049>; The Salvation Army of San Antonio, "Children and Families Emergency Housing," Accessed March 11, 2020, <http://www.salvationarmysanantonio.org/housing/>

¹¹⁵ SACRD, "The Children's Shelter," <https://sacrd.org/directory/program/271> and "Roy Maas Youth Alternatives," <https://sacrd.org/directory/organization/1557> and "Boysville, Inc.," <https://sacrd.org/directory/organization/1560>

- **Roy Maas Youth Alternatives Bridge and La Puerta Emergency Shelters:** 24-hour shelters serving children in a structured setting for up to 90 days. La Puerta focuses on chronic runaways, severely abused and trafficked children, and children with high therapeutic needs due to trauma-induced behavioral and emotional issues.
- **Boysville, Inc. Emergency Shelter Program:** Temporary care for children and youth up to age 17 who cannot remain in their home. Boysville serves children whose families are in crisis as a result of illness, unemployment, poverty, abuse, neglect, or homelessness.

Additionally, for many adults over age 18 experiencing unsheltered homelessness in San Antonio/Bexar County, their first form of shelter is the **Courtyard at Haven for Hope**. Although the Courtyard is not an emergency shelter by HUD's definition, it provides a safe-sleeping environment where individuals experiencing homelessness can stabilize before moving into other programs on Haven for Hope's transformational campus or elsewhere in the community.

The Haven for Hope Courtyard is designed to serve adults experiencing unsheltered homelessness and currently does not provide services for unaccompanied youth (under age 18). San Antonio's Youth Homelessness Demonstration Program (YHDP) is also working to increase the number of non-shelter access points available for YYA entering homelessness and will collaborate with Haven for Hope to develop safe shelter diversion protocols for this population.¹¹⁶

Barriers to Emergency Shelter: *Currently, there are not enough emergency shelter beds in San Antonio/Bexar County if all persons experiencing unsheltered homelessness sought shelter at once. Additionally, a number of existing shelters have identification requirements, residency requirements, time limited stays, or prohibit clients who are actively using substances, resulting in a lack of low-barrier shelter options for a substantial portion of persons experiencing chronic, unsheltered homelessness.*

PERMANENT HOUSING OPTIONS

Permanent Supportive Housing (PSH)

PSH is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people.¹¹⁷ This housing model is designed to provide low-barrier permanent housing to people with significant vulnerabilities with access to comprehensive wraparound services to meet their individualized needs.

There were 19 PSH programs operating 2,113 beds in San Antonio/Bexar County in 2019, according to the annual Housing Inventory Count (HIC) with an average inventory utilization

¹¹⁶ Information from San Antonio Youth Homelessness Demonstration Program (YHDP) Coordinated Community Plan (not published as of April 2020).

¹¹⁷ National Alliance to End Homelessness (NAEH), "Permanent Supportive Housing," Updated January 2020, <https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>

rate of 93% and an average housing sustainment rate of 98%.¹¹⁸ These beds are offered through programs operated by SAMMinistries, The Salvation Army, American GI Forum-National Veterans Outreach Program, Endeavors, San Antonio AIDS Foundation, CHCS, and Haven for Hope. San Antonio's entire stock of PSH is scattered-site, meaning tenants are provided with rental assistance for private market apartments, with supportive services provided through home visits or at site-based locations.¹¹⁹ There is currently no site-based PSH for persons experiencing homelessness in San Antonio, in which tenants receiving assistance live in the same apartment building(s) offering affordable housing with supportive services offered on-site.¹²⁰

Although this resource is limited, the creation of additional units of PSH targeting chronic homelessness (888 chronic homeless beds) in recent years has allowed San Antonio to significantly reduce chronic homelessness, including a 28% reduction from 2018 to 2019.¹²¹ Providers have also dedicated 1,087 PSH beds to Veterans experiencing homelessness, helping San Antonio/Bexar County to effectively end veteran homelessness in May of 2016 according to the United States Interagency Council on Homelessness (USICH) federal benchmarks.¹²²

Rapid Re-Housing (RRH)

*RRH quickly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.*¹²³

There are currently 17 RRH programs operating 582 beds in San Antonio/Bexar County, including SAMMinistries, American GI Forum, Family Violence Prevention Services, St. Vincent de Paul, and Thrive. In San Antonio, there are 39 RRH beds dedicated to youth through the Thrive Program and 130 RRH beds dedicated to Veterans through the American GI Forum and SAMMinistries.¹²⁴

Public Housing

Public housing provides safe, affordable rental housing opportunities for individuals and households that are low-income, aging adults, and persons with disabilities.

Two housing authorities serve San Antonio/Bexar County: San Antonio Housing Authority (SAHA) and the Housing Authority of Bexar County (HABC). SAHA and HABC offer many voucher programs for low-income households, Veterans, persons with disabilities, and other special needs.

¹¹⁸ SARAH, "Everyone Counts," page 4 and TX-500 2019 Housing Inventory Count (HIC), https://files.hudexchange.info/reports/published/CoC_HIC_CoC_TX-500-2019_TX_2019.pdf

¹¹⁹ U.S. Department of Health & Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE), "A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Supportive Housing" Chapter 3.1: Permanent Supportive Housing for People Experiencing Chronic Homelessness, July 2017, <https://aspe.hhs.gov/reports/3-permanent-supportive-housing-and-services-people-experiencing-chronic-homelessness/31-0>

¹²⁰ Ibid.

¹²¹ SARAH, "Everyone Counts," page 4.

¹²² SARAH, "Everyone Counts," page 4.

¹²³ U.S. Department of Housing and Urban Development (HUD), "Rapid Re-Housing Brief," July 2014, <https://www.hudexchange.info/resource/3891/rapid-re-housing-brief/>

¹²⁴ TX-500 2019 Housing Inventory Count (HIC), https://files.hudexchange.info/reports/published/CoC_HIC_CoC_TX-500-2019_TX_2019.pdf

Figure 164. SAHA and HABC Housing Voucher Programs and Number of Vouchers, April 2020¹²⁵

Voucher Program	Number of SAHA Vouchers	Number of HABC Vouchers
Housing Choice Voucher (HCV) Program: Provides the opportunity for low-income families to rent from a landlord in the private rental market; the family pays a portion of the rent, while the remainder of the rent is subsidized by the Housing Authority. <i>Note: The HCV waitlist for both SAHA and HABC are closed as of April 2020, meaning that no new vouchers are available to be issued at this time.</i>	400	60
HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program: Combines HCV rental assistance with case management and clinical services provided by the Department of Veterans Affairs (VA) at VA medical centers and community-based outreach clinics to serve homeless veterans.	564	288
Non-Elderly Disabled (NED) Vouchers: Enable non-elderly disabled families to lease affordable private housing of their choice.	75	0

SAHA also operates several housing programs in collaboration with homeless service providers to offer affordable housing opportunities to individuals experiencing homelessness:

- **Set Aside Homeless Voucher Program (SHVP):¹²⁶** Provides voucher assistance to homeless individuals through a collaborative referral process with case management and supportive services provided by CHCS and SAMMinistries.
- **Homeless Services Voucher (HSV) Program:¹²⁷** Provides rental voucher assistance to homeless individuals through collaboration among different organizations, including Haven for Hope and COSA. Haven for Hope provides continual case management and supportive services.
- **Family Referral Program:¹²⁸** Permanent housing solution program designed to transition families experiencing homelessness seamlessly into subsidized housing with SAHA. Families with longer lengths of homelessness, survivors of domestic violence, and families with an open Child Protective Services case are prioritized for this program.
- **Move-On Preference Program:¹²⁹** Permanent housing solution program for agencies to seamlessly transition clients who have previously experienced chronic homelessness, have been successfully served through PSH, and who will benefit from on-going housing subsidy to prevent a return to homelessness into subsidized housing with SAHA.

¹²⁵San Antonio Housing Authority (SAHA), "Voucher Programs", Accessed April 9, 2020, <https://www.saha.org/housing/find-a-home/voucher-programs/>; Housing Authority of Bexar County (HABC), "Housing Authority of Bexar County Programs," Accessed April 9, 2020, <https://habctx.org/resident-resources/housing-programs>; and Technical Assistance Collaborative (TAC), "Database of Vouchers for People with Disabilities," Accessed April 9, 2020, <http://www.tacinc.org/knowledge-resources/vouchers-database/?state=TX>

¹²⁶ SAHA, "Voucher Programs", Accessed April 9, 2020, <https://www.saha.org/housing/find-a-home/voucher-programs/>

¹²⁷ Ibid.

¹²⁸ SARAH, "Family Referral Program," Accessed April 9, 2020, <https://www.sarahomeless.org/family-referral-program/>

¹²⁹ SARAH, "Move-On Preference Program," Accessed April 9, 2020, <https://www.sarahomeless.org/move-on-program/>

Barriers to Permanent Housing: *The most significant barrier to permanent housing for persons experiencing homelessness is a lack of housing stock, particularly service-enriched permanent housing designed to meet the needs of clients with significant vulnerabilities.*

- **PSH:** *There is a particular lack of site-based PSH. The scattered-site model can create barriers and increase the difficulty in accessing supportive services for tenants with significant needs and vulnerabilities.*
- **RRH:** *There is a lack of community-wide standards for RRH, resulting in inconsistencies in operations such as different standards around length of assistance.*
- **Public housing:** *The Housing Choice Voucher (HCV) programs waitlists are currently closed for both SAHA and HABC, which has created a barrier to providing affordable housing to low-income households and those experiencing homelessness in San Antonio and Bexar County.*

INTERVENTIONS FOR PERSONS WITH BEHAVIORAL HEALTH NEEDS

There is significant overlap between experiences of homelessness, serious mental illness, and substance use disorders. Currently, the primary means of accessing behavioral health services for persons experiencing homelessness is during an episode of behavioral health crisis, where an individual is typically taken to a hospital emergency department by first responders.¹³⁰

Stakeholders report that clients are often released within 24 hours from the emergency department, particularly if clients do not have health insurance.

Two site-based behavioral health treatment programs exist on the Haven for Hope campus to serve people experiencing homelessness:

- **Center for Health Care Services Restoration Center:**¹³¹ The Restoration Center provides critical sobering and detox services for persons experiencing homelessness. The program enables San Antonio Police Department and Haven for Hope security to quickly divert persons under the influence of drugs or alcohol to the Center for substance use treatment and divert their entrance into the legal system or detention facilities. The Restoration Center also provides psychiatric care and mental health crisis services.
- **Integrated Treatment Program (ITP):**¹³² ITP combines substance abuse and mental health treatment services for persons experiencing homelessness into one treatment program, allowing for the integrated treatment of co-occurring disorders. The ITP is a 120-day program but can be shorter or longer depending on individual needs.

San Antonio/Bexar County has also seen successful partnerships to improve the local emergency response to behavioral health crises among persons experiencing homelessness involving SAPD, Fire/EMS, and the Southwest Texas Regional Advisory Council (STRAC).

¹³⁰ Morjorie White (DHS), "City of San Antonio Homeless Investments and Partnerships," November 18, 2019.

¹³¹ Haven for Hope Fact Sheet, January 2020 and Morjorie White (DHS), "City of San Antonio Homeless Investments and Partnerships," November 18, 2019.

¹³² Ibid.

San Antonio Police Department (SAPD): Every SAPD officer receives crisis intervention training (CIT) during basic training in order to effectively respond to calls from people experiencing a mental health crisis, de-escalate mental health emergencies, and coordinate treatment with local behavioral health providers.¹³³ Other SAPD initiatives include:

- **San Antonio Police Department (SAPD) Mental Health Detail (MHD) Unit:**¹³⁴ The SAPD MHD Unit responds to police calls for persons experiencing a mental health crisis and helps connect them to mental services, diverting them away from jails and emergency rooms. The Unit is currently comprised of ten officers, two detectives, and several social service and health care providers contracted to the city by STRAC.
- **Homeless and Mental Health Chronic Crisis Stabilization Initiative (CCSI):**¹³⁵ Program to help remove barriers to treatment for individuals who have been detained on an emergency basis three or more times in a month. MHD officers participate in the discharge process and provide follow up for 90 days to confirm that clinicians are in contact with the individuals and are addressing housing, employment, and other issues.
- **District 10 Homeless Outreach Clinician Pilot:**¹³⁶ A clinician was hired to work with law enforcement in District 10 to provide persons experiencing homelessness with mental illness with case management and connect them to appropriate services using individual-centered and trauma informed principles.

San Antonio Fire Department (SAFD) Emergency Medical Services (EMS):¹³⁷ SAFD EMS operates the Mobile Integrated Healthcare (MIH) Program to provide patient-centered, mobile resources in out-of-hospital environments. SAFD-EMS-MIH currently operates many programs, including a **High Volume Utilizers** program focused on patients with high volume use of the 911 system and the **Integrated Mobile Partners Action Crisis Team (I.M.P.A.C.T.)**, a collaboration between the SAFD and SAPD MHD Unit with an emphasis on the homeless population.

Southwest Texas Regional Advisory Council (STRAC):¹³⁸ STRAC operates the **Southwest Texas Crisis Collaborative (STCC)**, an effort focused on ending ineffective service utilization for people at the intersection of mental illness, homelessness, and high utilization in Southwest Texas. Key STCC programs for persons experiencing homelessness include:

- **Psychiatric Emergency Services (PES) System of Care model:** Provides an alternative to the emergency department for patients in need of acute psychiatric care through 20 PES beds across 3 different facilities in Bexar County. Patients at the PES can stay up to 48 hours and are stabilized and discharged with a care plan and follow-up.

¹³³ National League of Cities (NLC), "San Antonio, TX: Addressing Mental Health Crises with a Specialized Mental Health Detail Embedded in the Police Department," page 1, <https://www.nlc.org/sites/default/files/users/user57164/Case%20Study%20-%20San%20Antonio%20TX%20Emergency%20Response.pdf>

¹³⁴ Ibid.

¹³⁵ National League of Cities (NLC), "San Antonio, TX: Addressing Mental Health Crises with a Specialized Mental Health Detail Embedded in the Police Department," page 1, <https://www.nlc.org/sites/default/files/users/user57164/Case%20Study%20-%20San%20Antonio%20TX%20Emergency%20Response.pdf>

¹³⁶ Morjorie White (DHS), "City of San Antonio Homeless Investments and Partnerships," November 18, 2019.

¹³⁷ City of San Antonio, San Antonio Fire Department (SAFD), "Mobile Integrated Health Care Program," Accessed April 10, 2020, <https://www.sanantonio.gov/SAFD/About/Divisions/Emergency-Medical-Services/MobileHealthcare>

¹³⁸ Southwest Texas Regional Advisory Council (STRAC), "Southwest Texas Crisis Collaborative," Accessed April 10, 2020, <https://www.strac.org/stcc#programs>

- **Program for Intensive Care Coordination (PICC):** Multidisciplinary approach developed in partnership with SAFD-EMS-MIH, SAPD MHD Unit, and CHCS to reduce emergency detentions and use of emergency and inpatient services by providing ongoing engagement and wraparound care tailored to each patient’s unique needs.
- **SAFD Acute Care Station at Haven for Hope:** Collaborative model between STCC, SAFD-EMS-MIH, Haven for Hope and CentroMed to address Haven for Hope patients’ needs during the evening and overnight hours when healthcare resources are limited on campus. The Acute Care Station is staffed with an assigned MIH paramedic overnight, 7 days a week to respond to 9-1-1 calls that originate from the campus and work with the patient and Haven staff to navigate the patient to the appropriate place for care.

Despite a limited amount of behavioral health treatment options in San Antonio/Bexar County, existing options demonstrate high fidelity to evidence-based practices for mental health and substance use treatment, including trauma-informed care, harm reduction, integrated treatment for co-occurring disorders, and CIT. The City of San Antonio and Bexar County also recently partnered with a consulting firm to perform a gap analysis of the local mental health system, which identified the following recommendations:

- **Focus on strategies to prevent and reduce** behavioral health crisis events,
- Expand **coordination with the Southwest Texas Crisis Collaborative (STCC)**, and
- **Establish a pre-crisis walk-in center solely focused on addressing mental illness and substance use challenges** before they reach crisis level. This pre-crisis center will provide triage, immediate access to psychiatric services, and on-site pharmacy services to prevent escalation of behavioral health episodes to an emergency level.¹³⁹

Barriers to Behavioral Health Services: *The most significant barrier in San Antonio/Bexar County is a lack of affordable and accessible mental health and substance use treatment options in San Antonio and Bexar County. Existing resources may not be immediately available to individuals experiencing homelessness and access may be limited to persons in emergency situations (such as individuals experiencing suicidal tendencies, self-harm, or in immediate need of detox).*

RECENT HOMELESSNESS INITIATIVES & PILOTS

San Antonio/Bexar County has invested in several recent initiatives and pilot programs to develop a more coordinated community response to homelessness. Recent homelessness initiatives and pilots that have taken place in San Antonio/Bexar County include:

- **Outreach Grid Pilot:**¹⁴⁰ Pilot program conducted in Fall 2019 to test a new outreach app for use by street outreach workers and other key partners such as law enforcement officers, to better coordinate data collection, documentation, and referral processes. The pilot will expand to all outreach staff in Fall 2020.

¹³⁹ Morjorie White (DHS), “City of San Antonio Homeless Investments and Partnerships,” November 18, 2019.

¹⁴⁰ Ibid.

- **Coordinated Homeless Encampment Outreach:**¹⁴¹ A team of 8 collaborative partners and Haven for Hope conduct outreach to encampments to identify and connect people to shelter and services and to resolve public health and safety issues. Since FY 2017, 495 encampments have been resolved, with over 1076 individuals identified and 215 (20%) accepting services.
- **“Change the Way We Give” Alternative Giving Campaign:**¹⁴² This campaign provides a meaningful way that residents can compassionately give to organizations serving people experiencing homelessness in lieu of donating to people directly on the streets. This initiative is through a secured online mobile giving application, where donors can be assured they are giving directly to homeless service providers.

SAN ANTONIO COMMUNITY RESOURCE DIRECTORY (SACRD)

The San Antonio Community Resource Directory (SACRD) is a free, online directory of resources that allows San Antonio residents to find help in their local community for their emergency or crisis needs. SACRD captures a wide range of services and resources offered by congregations, nonprofit organizations, government agencies, and compassionate groups in and around San Antonio. The website lists over 3,000 resources that can be searched by zip code, with approximately 100 additional resources being added every month. The directory can be used directly by an individual in need or by case workers and navigators to help connect an individual in need to appropriate resources.

Homeless Data Collection and Management

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.¹⁴³ San Antonio uses CaseWorthy as its HMIS software vendor. Haven for Hope serves as San Antonio/Bexar County’s HMIS Lead, working closely with the South Alamo Regional Alliance for the Homeless (SARAH) to manage the day-to-day operations and administration of HMIS.

San Antonio’s 12 HUD-funded homeless service providers are required to use HMIS. As of April 2020, a total of 45 agencies (including both HUD-funded and non-HUD-funded partners) are currently contributing data into HMIS, making it clear that HMIS is valued as a community asset by providers across the community and beyond those agencies for whom HMIS participation is a requirement.¹⁴⁴ During a recent assessment of HMIS in San Antonio/Bexar County, HUD Technical Assistance (TA) provider ICF found “uniform support regarding the use of HMIS as the primary database to collect and store client-level data.”¹⁴⁵ This is supported by exceptionally

¹⁴¹ Ibid.

¹⁴² City of San Antonio, Department of Human Services, “Alternative Giving Campaign,” Accessed March 11, 2020, <https://www.sanantonio.gov/humanservices/Alternative-Giving-Campaign>

¹⁴³ U.S. Department of Housing and Urban Development (HUD), “Homeless Management Information System,” <https://www.hudexchange.info/programs/hmis/>

¹⁴⁴ ICF, “San Antonio/Bexar County CoC HMIS Lead Assessment Findings,” July 2018, pages 5-6.

¹⁴⁵ Ibid, page 6.

high bed coverage rates (the number of beds for persons experiencing homelessness that are captured in HMIS) within the CoC—as of 2018, the bed coverage rate was 99.38% for households with children and 99.96% for households without children.¹⁴⁶

Haven for Hope and SARA have worked together closely to successfully implement recommendations from ICF over the last 18 months. Both organizations are focused on continuing to build the local capacity of HMIS and strengthen the data capacity of San Antonio/Bexar County’s homeless response system.

COORDINATED ENTRY – HOMELINK¹⁴⁷

San Antonio’s Coordinated Entry System, Homelink, is how persons experiencing homelessness enter the homeless response system and are connected to housing resources. San Antonio operates a decentralized model that uses multiple coordinated locations and mobile access throughout the community to offer assessments and referrals. The vision for Homelink is that every person experiencing homelessness in San Antonio/Bexar County knows exactly how to access shelter, services, or housing immediately, and the approach is tailored to their individual needs, including for persons at-risk of homelessness, newly homeless, and experiencing long-term homelessness.

The following workflow provides an overview of the path a household may follow from an initial request for housing assistance through permanent housing placement.

Step 1: Connecting to the Coordinated Entry process through a Hub/Access Point	<ul style="list-style-type: none"> • The Coordinated Entry process provides access to housing assistance through multiple, convenient locations or “hubs” throughout the community, as well as mobile assessments conducted by outreach teams. • There are six access hubs across San Antonio and Bexar County: Haven for Hope (primary access point), American GI Forum, Catholic Worker House, SAMMinistries, The San Antonio Public Library, and Roy Maas Youth Alternatives (youth ages 18-24 only).
Step 2: Housing Assessment	<ul style="list-style-type: none"> • Assessors are located at Access Points and within the outreach teams. • A standardized assessment tool (VI-SPDAT) and process is used to ensure fair and equal access to homeless system resources for all eligible households. • Prior to assessment, all clients are engaged in a problem-solving conversation. Assessors work with the client to identify safe alternatives within a person’s support network to help them avoid entry into the homeless system if possible and connect them to a flex fund if appropriate. • A thorough explanation of privacy and confidentiality practices so households know how their information is used and potentially shared. • “Network partners” such as emergency shelters, transitional housing, and outreach projects that have an agreement with SARA can also conduct the standard assessment as a feature of the services they offer to participants.

¹⁴⁶ Ibid, page 5.

¹⁴⁷ San Antonio Regional Alliance for the Homeless (SARA), “Coordinated Entry Policy Manual.”

Step 3: Matching and Prioritization based on Household Vulnerability	<ul style="list-style-type: none"> Based on responses to assessment questions, household vulnerability is determined through an objective calculation and a project type (Transitional Housing, Rapid Re-Housing, Permanent Supportive Housing) is assigned. Households that are identified as having lower service needs may not be matched to a housing intervention. Case conferencing may be conducted to supplement the VI-SPDAT assessment to determine an individual's vulnerability and prioritize them for housing.
Step 4: Eligibility screening	<ul style="list-style-type: none"> Based on the project type to which the household is matched, an eligibility screening is completed to ensure the household meets basic eligibility criteria.
Step 5: Referral to available housing resource	<ul style="list-style-type: none"> Households are referred to available housing and service openings.
Step 6: Intake process with housing provider	<ul style="list-style-type: none"> Households meet with housing provider to complete final steps (i.e. homelessness verification, documentation of disability) and to be introduced to the housing resource and staff.

Coordinated Entry is fully integrated and aligned with HMIS, which serves as the primary data system through which assessments are entered and the prioritization list is managed.¹⁴⁸ Homelink has seen strong participation and input from diverse local providers, including interest from new agencies in serving as access points.

Data from Homelink is also used to maintain San Antonio's by-name list, which is an up-to-date list of all persons experiencing homelessness in the geographic area. The by-name list gives key community partners involved in addressing homelessness a solid understanding of the clients who need to be re-housed at any given time and facilitates efficient decision-making around how best to refer individuals experiencing homelessness to housing resources.

Figure 25. Homelink Waitlist System Data – January 2020 and August 2020¹⁴⁹

	January 2020			August 2020			Delta	
Client Status/Census	Number	Percentage	Ave. Time On waitlist	Raw Number	Percentage	Ave. Time On waitlist	Raw Number	Percentage
Active	1362	32%	278.02	667	50%	395.43	695	-51%
Inactive	2428	57%	282.63	569	43%	441.54	1859	-77%
No Activity	476	11%	125.07	91	7%	130.12	385	-81%
Waitlist Total	4266			1327				-69%
# Connected to Service/Activity/ Outreach	3790	89%		1236	93%			

¹⁴⁸ ICF, "San Antonio/Bexar County CoC HMIS Lead Assessment Findings," July 2018, pages 5-6.

¹⁴⁹ Data provided by SARA from Homelink, August 25, 2020.

Important Considerations for this Dataset:

- *The number of enrollments and referrals significantly decreased in March, April and May due to restrictions associated with COVID-19.*
- *In May 2020, SARAH implemented an Inactivity Policy¹⁵⁰ and the ability to update a client's activity with a new "Current Living Situation" activity.*
- *The referral process has been revised to ensure more accurate and timely referrals and tracking.*
- *Claims and Homelink enrollments are being monitored and tracked to ensure timely client movement (i.e., claims are reaching disposition within 30 days and closing enrollments and/or claims as appropriate).*

This information from Homelink indicates that both before and during the COVID-19 pandemic, a majority (89% in January 2020 and 93% in August 2020) of clients are connected to either a homeless service, activity, or outreach. This is a positive indicator that individuals on the by-name list are aware of and access services, either through an agency or through outreach. This supports targeted outreach and engagement to these clients to provide continued supports, engage in ongoing problem-solving efforts, and streamline the matching/referral process once a client on the by-name list is prioritized for housing.

SARAH is currently in the process of evaluating Homelink and updating its policies and procedures to ensure that the process works well to connect persons experiencing homeless to the right intervention for their needs. A summary of challenges and next steps for Homelink identified by SARAH include:

Current Homelink Challenges	Next Steps for Homelink
<ul style="list-style-type: none">• Ensuring that all access points (including shelters, hotline, and outreach workers) follow the same process in HMIS.• Accounting for local system dynamics while prioritizing limited resources by vulnerability.• Lack of "system navigators" working to get people "document ready" for housing.• Lack of case management resources to support people in PSH and RRH.• Increasing marketing and education on Homelink so that the process is widely understood and communicated easily by all in community.	<ul style="list-style-type: none">• Implementing a "priority pool" to work proactively with clients on housing readiness.• Defining "short-term" vs "long-term" RRH as two different interventions with different target populations.• Implementing TAY-SPDAT and RHY metrics for YHDP grantees.• Addressing new HUD requirements.• Exploring integration with Outreach Grid.• Developing a "referral decision solution" process where people are connected immediately to community resources.• Integrating involvement from persons with lived experience throughout the process.

¹⁵⁰ Agencies are notified of clients associated with their programs who have been on the waitlist with no documented service activity for longer than 31 days. Agencies are asked to update service activity to maintain clients' active status or close Homelink enrollments for clients who are no longer receiving services through that agency.

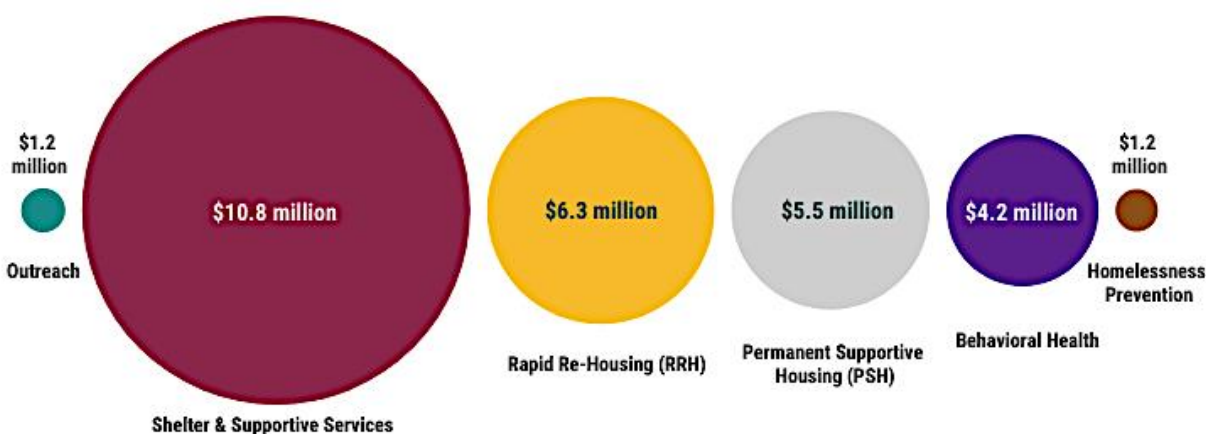
Funding for Homelessness in San Antonio and Bexar County

HOMELESSNESS FUNDING INVESTMENT IN SAN ANTONIO/BEXAR COUNTY

In San Antonio and Bexar County, like most U.S. metropolitan areas, the primary sources of funding to respond to and prevent homelessness are from local and federal government sources. However, it is important to note that private and philanthropic investment has played a significant role in the development and maintenance of targeted homelessness interventions, such as Haven for Hope, and provide an important source of leverage for government funding.

The following chart shows the breakdown of local and federal government funding (CoC, ESG, and CDBG) that was allocated to the six primary types of homeless response programs operating in San Antonio/Bexar County in FY 2020 through the City of San Antonio, Bexar County, and SARAH: 1) outreach, 2) shelter and supportive services, 3) Rapid Re-Housing, 4) Permanent Supportive Housing, 5) behavioral health, and 6) homelessness prevention

Figure 176. FY 2020 COSA, Bexar County, and SARAH Investments by Homeless Project Type¹⁵¹



Currently, nearly **40% (\$10.8 million)** of local and federal government funding for homelessness is allocated to shelter and supportive services, while less than **5% (\$1.2 million)** is dedicated to outreach and homelessness prevention each. The result of this current funding investment strategy is that it has placed significant strain on the emergency shelter system as the primary homelessness response model in San Antonio, creating deficits in local capacity to prevent homelessness, conduct outreach, and move clients from shelter into safe and stable housing.

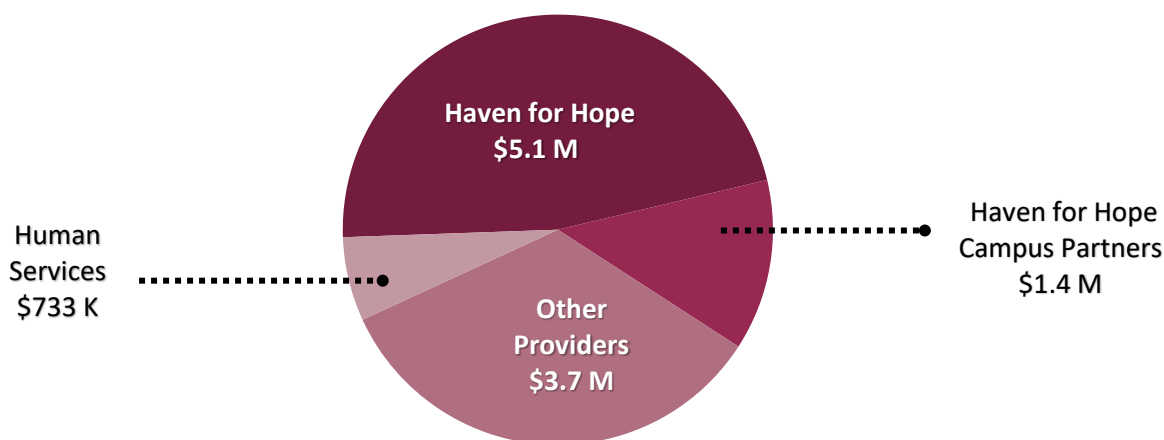
CARES Act funding in response to the 2020 COVID-19 crisis has provided San Antonio/Bexar County with a new influx of funding resources, and the City is using this opportunity to invest more in outreach, homelessness prevention, and Rapid Re-Housing. It is also important that funding investment continue to evolve and change as the needs of persons experiencing homelessness and the landscape of funding, resources, and need in San Antonio change.

¹⁵¹ City of San Antonio FY 21 and CARES Act Homeless Investments, *Bexar County Budget Book (FY19-FY20 Adopted Budget) and Economic and Community Development staff, and HUD 2019 CoC Awards by Component Type, TX-500 San Antonio/Bexar County CoC*, https://files.hudexchange.info/reports/published/CoC_AwardComp_CoC_TX-500-2019_TX_2019.pdf

CITY OF SAN ANTONIO

The City of San Antonio is a strong investor in preventing and ending homelessness in San Antonio. The City of San Antonio supports initiatives designed to impact those most vulnerable in the community, including individuals experiencing homelessness by ensuring that homelessness is rare, brief, and non-recurring.¹⁵² The Department of Human Services (DHS) alone invests over \$15 million annually in homeless programs and initiatives.

Figure 27. FY 2021 DHS Homeless Investment, General Funds and Grants¹⁵³



For FY 2021, the City of San Antonio has also dedicated over **\$16.9 million** to Recovery and Resiliency Plan Homeless Initiatives in response to COVID-19. This funding includes supports for long term rental assistance, hotel shelter for persons experiencing homelessness at high risk of COVID-19 complications, outreach, homelessness prevention, RRH, and support for operation of the Homelink homeless hubs and homeless hotline.

Other major City of San Antonio programs to help address homelessness (investments over \$1 million) include:

- **SAPD Homeless Outreach and Mental Health - \$1.5 M** - Funding to support dedicated outreach to high utilizer mental health patients.
- **SAPD Downtown Bike Patrol and SAFFE—\$13.9 M** - Assist with providing intervention and prevention services for chronically homeless and unsheltered homeless individuals
- **SAFD EMS Homeless Medical Response—\$3.5 M** - EMS resources dedicated to responding to homeless related medical emergency calls¹⁵⁴

¹⁵² City of San Antonio, "Status of Poverty in San Antonio," 2019, page 20.

¹⁵³ City of San Antonio FY 21 and CARES Act Homeless Investments.

¹⁵⁴ Ibid.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Continuum of Care (CoC) Program:¹⁵⁵ Each year, San Antonio/Bexar County receives funding from HUD through the Continuum of Care (CoC) competitive funding process. The CoC Program provides funding for efforts by local nonprofit providers to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. SARAH serves as San Antonio/Bexar County's collaborative applicant for CoC Program funding. Funding allocations are determined based on system-wide performance measures and the community's demonstrated collaboration and progress toward ending homelessness.

On March 13, 2020, HUD announced the award of **\$9,935,694** in CoC funding to San Antonio/Bexar County to support programs operated by CHCS, SAMMinistries, Haven for Hope (to support HMIS), SARAH (to support Coordinated Entry), American GI Forum, and others.

Emergency Solutions Grant (ESG) Program: ESG provides dedicated homelessness funding to support local street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and HMIS efforts. San Antonio and Bexar County both receive annual formula allocations from HUD. Additionally, the State of Texas receives an ESG award each year that is administered by the Texas Department of Housing and Community Affairs (TDHCA) to be sub-awarded to agencies throughout the state, including those in San Antonio/Bexar County.

San Antonio 2020 ESG Award
Bexar County 2020 ESG Award

TDHCA 2019 ESG Awards in Bexar County¹⁵⁶

\$1,131,767

\$202,085

Family Violence Prevention Services, Inc. - \$202,925

Haven for Hope - \$144,200

SAMMinistries - \$248,500

St. Vincent de Paul - \$84,090

Community Development Block Grant (CDBG) Program:¹⁵⁷ CDBG provides communities with resources to address a wide range of unique community development needs. CDBG funds 28 eligible activities, including infrastructure, economic development projects, installation of public facilities, community centers, housing rehabilitation, public services, clearance/acquisition, code enforcement, and homeowner assistance. CDBG funds can be utilized to address homelessness in a number of ways, including the development of permanent housing (through community-based development organizations or housing rehabilitation), emergency shelters and transitional housing, and through the provision of public services such as drug abuse counseling and treatment, child care, and emergency payment of rent and utilities.

¹⁵⁵ U.S. Department of Housing and Urban Development (HUD), "Continuum of Care (CoC) Program," <https://www.hudexchange.info/programs/coc/> and HUD Exchange, "FY 2019 CoC Competition Grants," March 13, 2020, <https://www.hudexchange.info/programs/coc/awards/>

¹⁵⁶ Texas Department of Housing and Community Affairs (TDHCA), "2019 Emergency Solutions Grants Subrecipients," <https://www.tdhca.state.tx.us/home-division/esgp/docs/19-ESG-Awards.pdf> (2020 TDHCA Awards not available as of April 10, 2020)

¹⁵⁷ HUD, "CDBG: Community Development Block Grant Programs," Access April 9, 2020, <https://www.hudexchange.info/programs/cdbg/> and HUD Community Planning and Development, "Notice CPD-03-14: Using CDBG Funds in Addressing the Challenges of Homelessness," December 29, 2003, <https://files.hudexchange.info/resources/documents/Notice-CPD-03-14-Using-CDBG-Funds-HOMElessness.pdf>

San Antonio 2020 CDBG Award	\$13,101,216
Bexar County 2020 CDBG Award	\$2,393,295

HOME Investment Partnerships Program (HOME):¹⁵⁸ HOME provides formula grants to States and localities to fund a wide range of activities to build, buy, and/or rehabilitate affordable housing for rent or homeownership or providing direct rental assistance to people with low incomes. HOME is the largest Federal block grant to state and local governments designed exclusively to create affordable housing for households with low incomes. HOME funds can also be used to acquire and/or develop transitional or permanent rental housing for people experiencing homelessness, including Group Homes and Single Room Occupancy (SRO) units.

San Antonio 2020 HOME Award	\$5,473,415
Bexar County 2020 HOME Award	\$720,989

Housing Opportunities for Persons with AIDS (HOPWA) program:¹⁵⁹ The HOPWA Program provides States and localities with the resources to meet the housing needs of low-income persons living with HIV/AIDS and their families. The HOPWA program provides direct housing assistance that supports unmet housing needs for this population of focus through the provision of rental assistance; the use of short-term rent, mortgage, and utility payments to reduce the risk of homelessness; and through the operation of supportive housing facilities. In 2020, the City of San Antonio received a HOPWA allocation of **\$2,043,971**.

Youth Homelessness Demonstration Program (YHDP):¹⁶⁰ In August 2019, San Antonio/Bexar County was selected as one of 23 communities to participate in Round 3 of YHDP. YHDP is designed to build a movement to prevent and end youth and young adult (YYA) homelessness through a combination of funding, planning frameworks, support from national experts, and opportunities for new partnerships and collaboration. San Antonio/Bexar County received **\$6,881,802** to fund innovative new projects and develop a coordinated community response to prevent and end YYA homelessness.

Coronavirus Aid, Relief, and Economic Security (CARES) Act Supplemental Formula Allocations¹⁶¹: On March 27, 2020, the CARES Act was signed into law to provide additional support to individuals, businesses, states and localities in responding to the COVID-19 pandemic. The CARES Act included supplemental ESG, CDBG and HOPWA funding to support state and local governments in developing and implementing their COVID-19 crisis response for vulnerable populations, including individuals experiencing homelessness.

¹⁵⁸ HUD, "HOME Investment Partnerships Program", Accessed April 10, 2020,

https://www.hud.gov/program_offices/comm_planning/affordablehousing/programs/home/

¹⁵⁹ HUD Community Planning and Development, "HOPWA 20: Housing Innovations in HIV Care," July 2012,

https://files.hudexchange.info/resources/documents/HOPWA20_HousingInnovationsinHIVCare.PDF

¹⁶⁰ U.S. Department of Housing and Urban Development (HUD), "FY 2018 (Round 3) Youth Homelessness Demonstration Program Community Selection Announcement," August 20, 2019, <https://www.hudexchange.info/news/fy-2018-round-3-youth-homelessness-demonstration-program-community-selection-announcement/>

¹⁶¹ U.S. Congress, "S.3548 - CARES Act," March 19, 2020, and HUD, "CARES Act Supplemental Funding for FY 2020," Accessed April 9, 2020, https://www.hud.gov/program_offices/comm_planning/budget/fy20/

San Antonio 2020 CARES Act–Supplemental ESG Award	\$16,853,222
Bexar County 2020 CARES Act–Supplemental ESG Award	\$2,556,746
San Antonio 2020 CARES Act–Supplemental CDBG Award	\$7,707,015
Bexar County 2020 CARES Act–Supplemental CDBG Award	\$1,407,897
San Antonio 2020 CARES Act–Supplemental HOPWA Award	\$297,456

HEALTHY COMMUNITY COLLABORATIVE¹⁶²

The Healthy Community Collaborative is a grant program created by the State of Texas Department of State Health Services (DSHS) to establish or expand community collaboratives to provide services to individuals experiencing issues related to mental health and homelessness. \$25 million was appropriated by the 2014-2015 General Appropriations Act to award a maximum of five grants to the five most populous urban municipalities located in counties with a population of over one million, which encompasses Dallas, Fort Worth, Austin, San Antonio, and Houston. From FY 2014 through FY 2016, Haven for Hope was awarded **\$6,578,408** through the Healthy Community Collaborative to support their efforts to provide emergency shelter and housing services to individuals in San Antonio who are experiencing homelessness.

PRIVATE DONATIONS AND PHILANTHROPY¹⁶³

Private donations and philanthropy have played a vital role in shaping the homelessness response system in San Antonio/Bexar County. For example, businessman and philanthropist Bill Greehey of NuStar Energy raised over \$100 million to found Haven for Hope, including \$60 million from the private sector.

¹⁶² Health and Human Services Commission, “Report on the Healthy Community Collaborative Program for FY 2016,” January 2017, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/healthy-community-collaboratives-fy2016-jan2017.pdf> and “Healthy Community Collaborative Report,” December 2014.

¹⁶³ Haven for Hope Fact Sheet, January 2020 and Iris Dimmick, “San Antonio to Reevaluate How it Fights Homelessness,” The Rivard Report, October 20, 2019, <https://therivardreport.com/san-antonio-to-reevaluate-how-it-fights-homelessness/>

Section 3. System Map

To identify how individuals move about the homeless response system, along with additional questions (e.g. “Where do individuals go after receiving street outreach?” “Do individuals move on past the Courtyard?”), the City of San Antonio’s DHS requested a “system map” created from HMIS data. In addition to the following graphs, Tableau dashboards are available to provide a more dynamic exploration of movement data.

- ***For the methodology used to create the following graphs, see Appendix B: Quantitative Data Methodologies.***
- ***To learn more about the Tableau Dashboards, see Appendix C: Tableau Dashboards.***

Background/Context

“MOVEMENTS” DEFINED

The following graphs show the percentage of “movements” between programs. “Movements” represent individual segments of a full pathway through a homeless response system. Because an individual can have several movements during their time in the homeless response system, and because these combinations of movements can vary, movements are not recorded at the individual level. Instead, movements are at the enrollment level. To demonstrate what this means by example:

1. Six individuals enroll in Emergency Shelter 1 (ES1). These six individuals then subsequently enroll in Rapid Re-Housing Program 1 (RRH1). Each of these would count as 6 movements occurring between ES1 and RRH1.
2. However, if two of these six individuals happened to return to ES1 and then again subsequently enroll in RRH1, this would count as a 7th and 8th movement between ES1 and RRH1, despite there being only 6 individuals. The dashboard would show ES1 to: RRH1 (n=8).

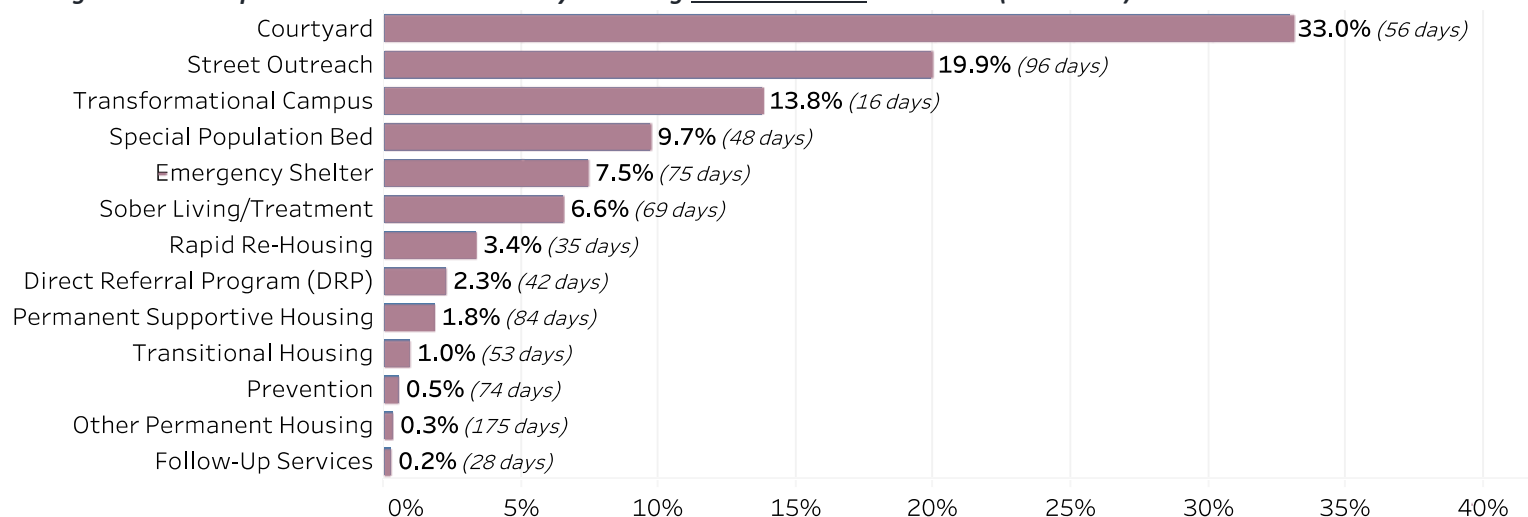
Because of this, there will be some minor duplication that can be offset in several ways (e.g. limiting to only those movements where an individual has x records or less). That said, this method accounts for each of an individual’s individual movements, as well as aggregates and summarizes in a meaningful way. *Note: Movements do not automatically imply a formal relationship between providers (e.g. via a referral). While these relationships/referrals do exist, understanding the depth of those relationships (light touch, warm hand-off, etc.) would require additional follow-up with the individual providers.*

Individual Movement Between Project Types

WHERE INDIVIDUALS GO AFTER STREET OUTREACH

The below chart shows the project types into which individuals enrolled after receiving street outreach services. The percentage is a reflection of the number of times that particular movement occurred (e.g. street outreach to courtyard, street outreach to transformational campus, etc.) compared to the other movements that originated in street outreach. Overall, most individuals receiving street outreach services either moved to the Courtyard (33%) or remained on the street for a future street outreach visit (19.9%). 7.5% go into Emergency Shelters. **This means that only 39.6% of individuals in street outreach move on to a more robust form of shelter or service.** Of this group, individuals tend to go to the Transformational Campus (13.8%), a special population bed (9.7%), or a sober living program (6.6%). Few exited to rapid re-housing or permanent supportive housing (5.2% combined).

Figure 28. Subsequent Enrollment Immediately Following Street Outreach Enrollment (2018-2019)¹⁶⁴



n=1,974

Includes all **enrollments** where street outreach enrollment and subsequent enrollment were on or after 1/1/2018.

Note: Chart shows individuals who moved on to other project types; however, it is worth noting that a sizable number of enrollments had no further enrollments after street outreach (n=665).

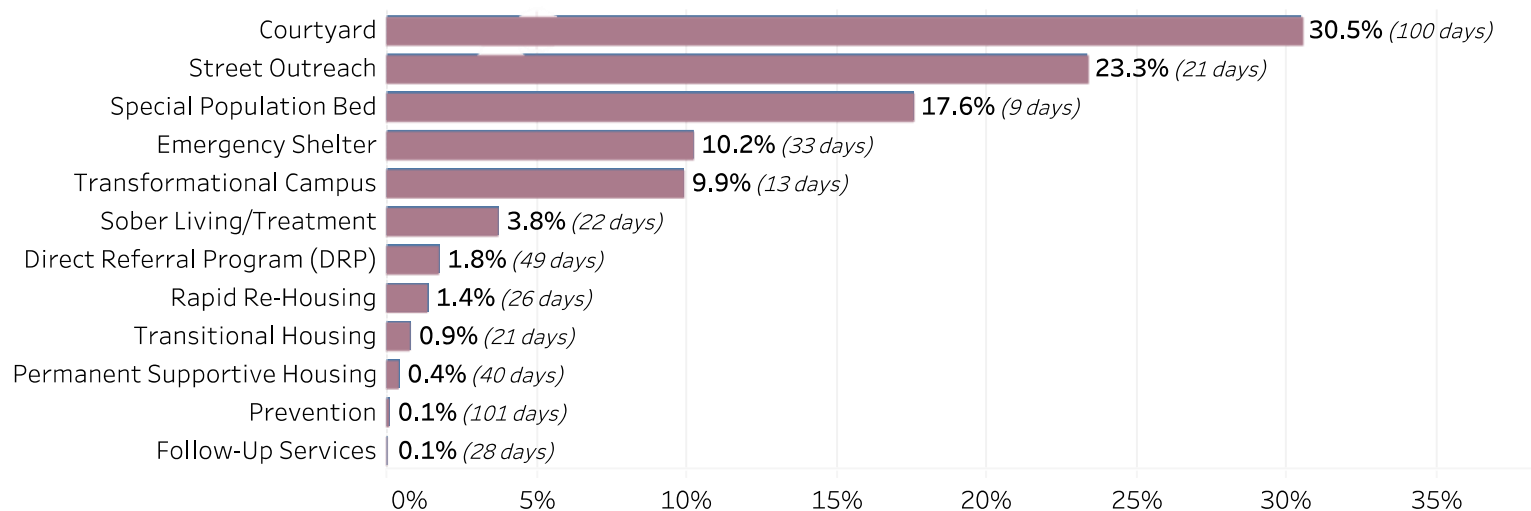
¹⁶⁴ Not de-duplicated by individual. See section above, "Movements Defined," and Appendix B: Quantitative Data Methodologies for more information.

WHERE INDIVIDUALS GO AFTER COURTYARD

Like street outreach, just over half of individuals in the Courtyard (53.7%, $n=3,331$) either remained in the Courtyard for a future enrollment (30.5%, $n=1,887$) or went to the street and received street outreach (23.3%, $n=1,444$). Given the similarities with the previous chart, this suggests that several individuals simply revolve between the Courtyard and street without ever moving to a higher level of care.

That said, individuals in the Courtyard do appear to have easier—and faster—access to some programs compared to individuals in street outreach. For example, 17.6% of individuals move on to special population beds at Haven for Hope compared to 9.7% from street outreach—and in nine days compared to 48 days (based on medians). A higher percentage of individuals in the Courtyard also access emergency shelter services than individuals in street outreach (10.2% vs. 7.5%), and in 33 days compared to 75 days. This suggests that individuals may have easier access to some project types from the Courtyard than those that remain on the street; however, this percentage remains low compared to the amount of individuals that remain in the Courtyard or go to the street. Additionally, an even smaller percentage than individuals in street outreach eventually access rapid re-housing or permanent supportive housing (1.8% combined).

Figure 29. Subsequent Enrollment Immediately Following Courtyard Enrollment (2018-2019)¹⁶⁵



$n=4,301$

Includes all **enrollments** where Courtyard enrollment and subsequent enrollment were on or after 1/1/2018.

Note: Chart shows individuals who moved on to other project types; however, it is worth noting that a sizable number of enrollments had no further enrollments after Courtyard ($n=2,972$).

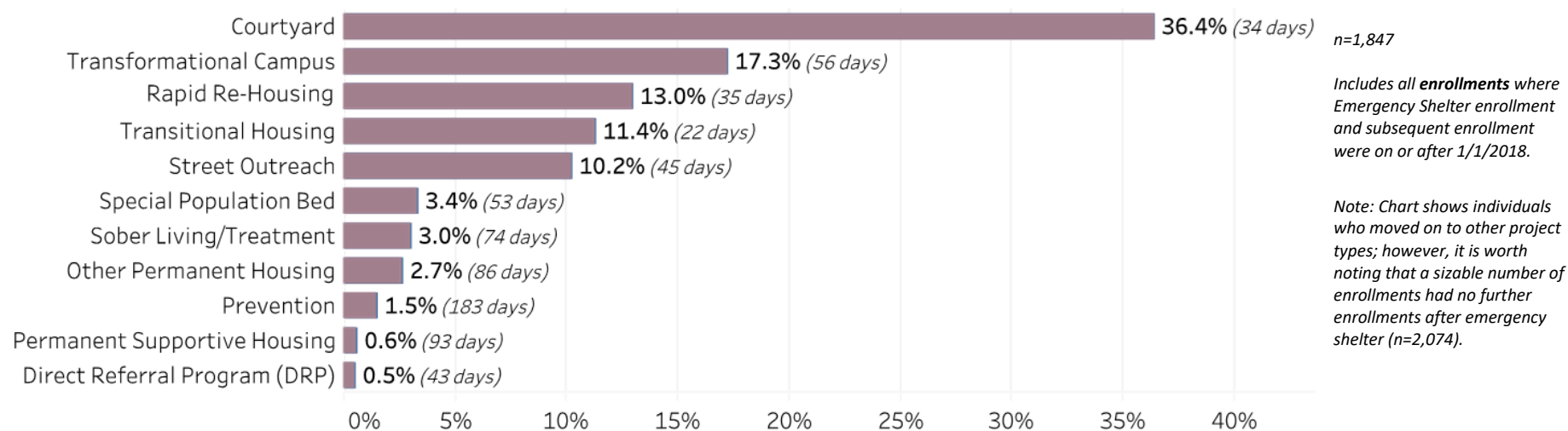
¹⁶⁵ Not de-duplicated by individual. See section above, “Movements Defined,” and Appendix B: Quantitative Data Methodologies for more information.

WHERE INDIVIDUALS GO AFTER EMERGENCY SHELTER

The Courtyard is the most frequent enrollment for individuals after leaving an emergency shelter. This is unsurprising, given the sheer sleeping capacity of the Courtyard. However, it demonstrates that emergency shelters are not significantly more effective than the Courtyard or street outreach projects in connecting individuals to other types of housing.

Still, only 10.2% of individuals in emergency shelters move to street outreach afterward—less than half of the Courtyard. **Furthermore, nearly one in five individuals (17.3%) move on to the Transformational Campus, 13% go into rapid re-housing, and one in 10 (11.4%) move on to transitional housing.** These percentages significantly exceed rates for the same project types for individuals previously in street outreach or the Courtyard and may suggest easier access to these project types from emergency shelter. That said, it may also be a result of demographics, given that there is a smaller percentage of individuals with significant mental/physical health challenges in emergency shelters than those receiving street outreach.

Figure 30. Subsequent Enrollment Immediately Following Emergency Shelter Enrollment (2018-2019)¹⁶⁶



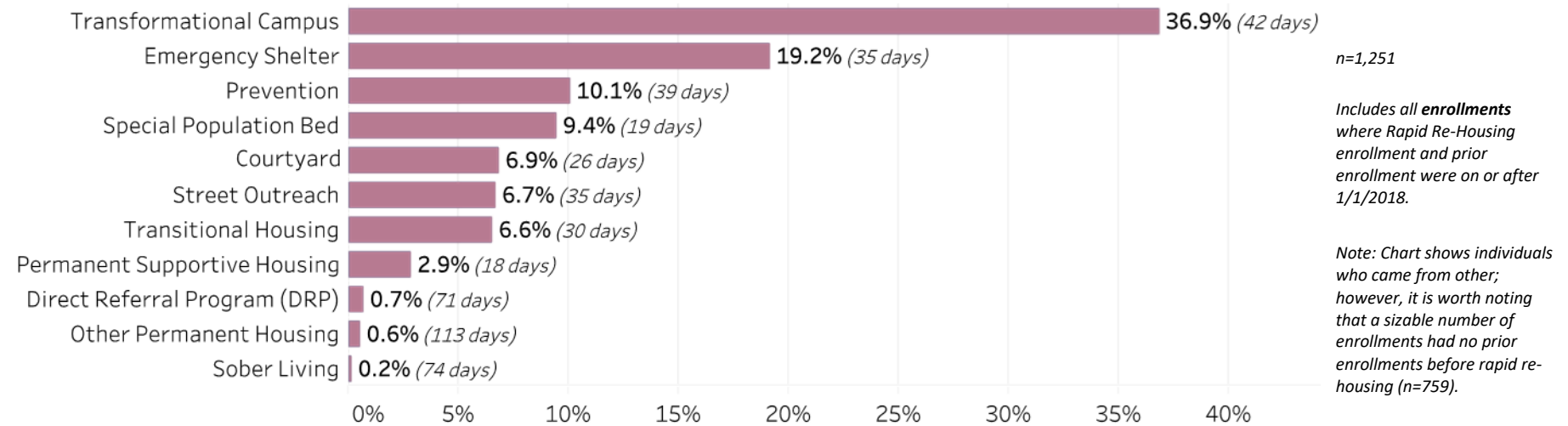
¹⁶⁶ Not de-duplicated by individual. See section above, “Movements Defined,” and Appendix B: Quantitative Data Methodologies for more information.

WHERE INDIVIDUALS ARE PRIOR TO RAPID RE-HOUSING

The below chart shows where individuals were enrolled prior to their rapid re-housing enrollment (note: this is the opposite of the previous three charts). Individuals entering rapid re-housing overwhelmingly came from the Transformational Campus (36.9%). This was followed by emergency shelter programs (including The Salvation Army, Crosspoint, and Strong Foundation).

Mirroring the previous trends, **very few individuals in rapid re-housing programs came from the Courtyard or street outreach, despite the substantial number of individuals accessing both types of projects.** In total, individuals formerly in the Courtyard or street outreach make up only 14.3% of all individuals in rapid re-housing. Based on this and the previous graphs, it appears difficult for an individual to move immediately to rapid re-housing directly from one of these two project types without first going through another project type. However, this is likely because the VI-SPDAT prioritizes rapid re-housing for less vulnerable populations that have a greater chance of securing income and self-sufficiency.

Figure 3118. Enrollment Immediately Prior to Rapid Re-Housing Enrollment (2018-2019)¹⁶⁷



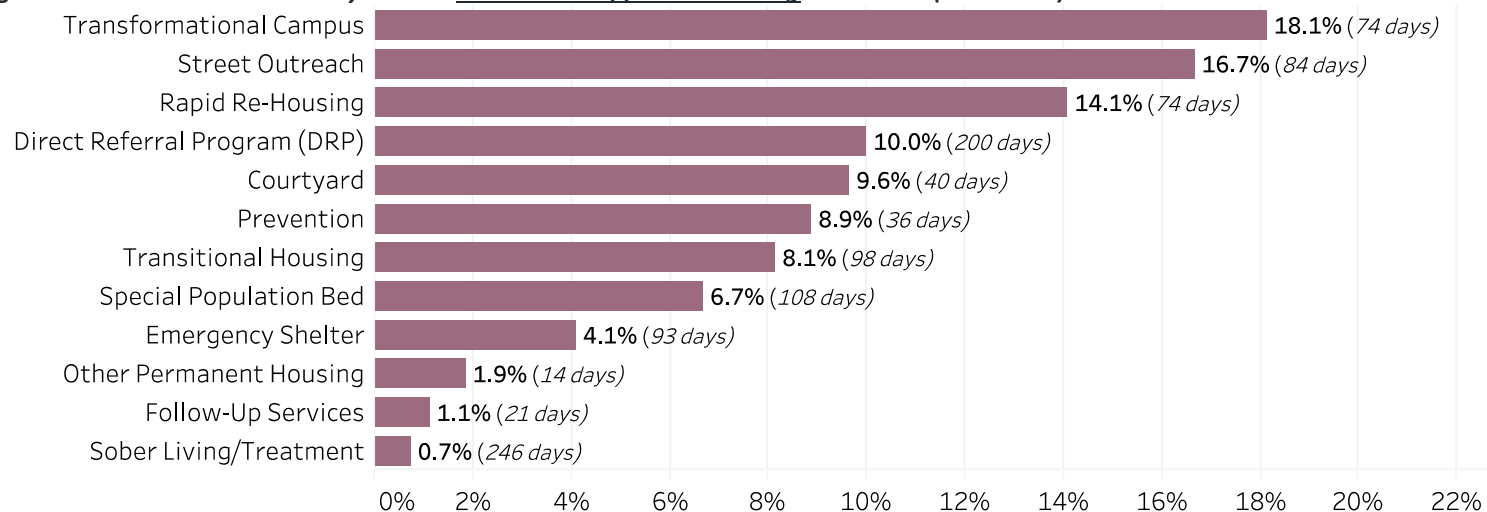
¹⁶⁷ Not de-duplicated by individual. See section above, "Movements Defined," and Appendix B: Quantitative Data Methodologies for more information.

WHERE INDIVIDUALS ARE PRIOR TO PERMANENT SUPPORTIVE HOUSING

Like rapid re-housing, individuals entering permanent supportive housing at the highest rate come from the Transformational Campus (18.1%). However, in contrast with rapid re-housing, 16.7% of individuals entering permanent supportive housing were most recently receiving street outreach. This provides some evidence of prioritization structures in place, given the number of individuals receiving street outreach services. 14.1% of individuals came from rapid re-housing programs.

Regardless, individuals enter permanent supportive housing from project types across the homeless response system, with no one project type as a primary previous enrollment. This suggests that the current Coordinated Entry and assessment practices are effective at prioritizing individuals for permanent supportive housing, regardless of their movement through the homeless response system.

Figure 32. Enrollment Immediately Prior to Permanent Supportive Housing Enrollment (2018-2019)¹⁶⁸



n=270

Includes all **enrollments** where Permanent Supportive Housing enrollment and prior enrollment were on or after 1/1/2018.

Note: Chart shows individuals who came from other; however, it is worth noting that a sizable number of enrollments had no prior enrollments before permanent supportive housing (n=191).

¹⁶⁸ Not de-duplicated by individual. See section above, "Movements Defined," and Appendix B: Quantitative Data Methodologies for more information.

Section 4. Stakeholder Feedback & Insights on Homelessness in San Antonio

- *For the methodology used to capture stakeholder feedback, see Appendix E: Qualitative Data Methodologies.*
- *For a full summary of the stakeholder feedback on areas of improvement collected from Homebase’s stakeholder meetings, interviews, and community forums, see Appendix F.*

Community Strengths

Key stakeholders in San Antonio identified strengths and assets that already exist within the community to help prevent and end homelessness. These strengths and assets include:

A “can do” attitude and spirit of innovation. Stakeholders identified successful innovative programs and pilots in San Antonio, including Outreach Grid, D10 homeless outreach clinician pilot, Change the Way We Give/SAGIVES initiative, San Antonio Police Department H.O.P.E. Team’s ID Recovery Program, and the Digital Denture Pilot. The community’s ability to quickly respond to the emerging needs among persons experiencing homelessness reflects a “can do” attitude and spirit of innovation that is unique to San Antonio.

Culture of Compassion and Empathy. Homebase heard from numerous stakeholders that San Antonio is “an inherent collaborative and compassionate city” with a desire to develop compassionate solutions to homelessness.

Strong public-private partnerships to support homelessness efforts. Several stakeholders within the homeless response system identified that they receive support from both the public and private sectors, creating a stronger base of support for homelessness initiatives than relying on public funding alone.

Haven for Hope is a unique resource and asset for San Antonio. Homebase heard from stakeholders, including clients with lived experience, that Haven for Hope offers a unique, transformational experience for many people experiencing homelessness in San Antonio. Stakeholders spoke to the value of different aspects of the Haven for Hope model, including safe sleeping in the Courtyard, the Direct Referral Program (DRP), access to detox and recovery programs, and the co-location of services and resources on the Transformational Campus.

Strong, well-established network of homeless service providers. The experience, expertise, and strengths of existing homeless service providers in San Antonio was widely recognized by stakeholders, including among clients who reported positive experiences with many of the programs and program staff they encountered while seeking housing and resources.

Commitment to collaboration and coordination among key stakeholders. Key stakeholders who have been involved in the development of the Homeless Strategic Plan appreciated the commitment to collaboration and coordination demonstrated throughout the process, including among the City of San Antonio Department of Human Services, Haven for Hope, SARAH, HUD-funded homeless housing and service providers, and many others.

Increasing engagement of partners from outside the homeless response system. Key stakeholders from faith-based organizations, the criminal justice system (including law enforcement and the DA's Office), the healthcare and hospital systems, business owners and private sector industries, and many others expressed excitement at being involved in this process and at their increasing engagement in conversations around preventing and ending homelessness in San Antonio.

Compassionate role and engagement of law enforcement in addressing homelessness. Stakeholders—including clients and engaged neighbors and citizens—spoke highly of the role of the San Antonio Police Department in connecting people experiencing homelessness to outreach and services, including through the H.O.P.E. Team ID Recovery Program.

Strengths-based, person-centered outreach approaches. Adult clients with lived experience—particularly those residing in Downtown San Antonio—reported incredibly positive experiences with outreach workers during focus groups, client feedback forums, and conversations with clients while shadowing street outreach efforts, including their ability to build relationships, make connections to resources, and help address crises as they arise for persons residing on the streets.

Ethos of continuous improvement. Stakeholders from across systems and lived experiences expressed a refusal to be complacent with the current state of homelessness, expressing a desire to try new models and expand on current successes to decrease homelessness in San Antonio.

Strong data systems and wide participation. Agencies across San Antonio, both within and outside the homeless response system, actively participate in entering data into the homeless management information system (HMIS), which increases its utility both to provide services and improve systems. In addition, the roll-out of Outreach Grid – a mobile app software used to improve data and service coordination amongst providers engaging with the unsheltered population which will interface with HMIS – will further opportunities for participation in data collection efforts.

Opportunity Areas

In addition to areas of strength, key stakeholders shared their feedback and insights on opportunity areas for the San Antonio homeless response system based on their own knowledge and experience. The feedback below is representative of the shared topics and concerns raised by meetings and stakeholder groups. Six themes emerged that capture the cross-cutting areas of improvement identified by stakeholders.

THEME #1: NEED FOR MORE HOUSING AND SERVICES

Stakeholders identified the need for a more robust continuum of shelter, housing and services for persons experiencing homelessness, ranging from prevention to permanent and affordable housing options. Stakeholders also expressed the importance of new and expanded housing and service options reflecting local realities and needs, such as rising rents and limited affordable housing stock.

- 1. Prevention and Diversion:** Stakeholders expressed concern that there are not enough resources to prevent people from experiencing homelessness, particularly those in subsidized housing and those at-risk of eviction. This need is two-fold, with concerns around addressing low wages and economic insecurity that can result in housing instability, as well as expanding and improving access to emergency assistance for rent, utilities, and other needs address housing crises as they arise and before they result in homelessness. Among homeless service providers, there was also concern that prevention and diversion efforts are not being adequately aligned, utilized, prioritized and tracked. Youth stakeholders identified a particular need for improved coordination—particularly across the homeless, juvenile justice, education, and child welfare systems—for preventing youth homelessness.
- 2. Services:** Stakeholders, particularly clients with lived experience, expressed the need for more robust and low-barrier service options to address the basic needs of people experiencing homelessness, particularly those in unsheltered situations. Key services identified include food, clothing, shower facilities, basic hygiene supplies, medical supplies, phones, and access to storage facilities. Stakeholders also expressed the importance of providing more robust services to help attain and maintain housing, such as ID recovery supports and employment resources.
- 3. Shelter and Crisis Response:** Stakeholders identified a need for more shelter options to help quickly move people off the streets and out of unsheltered situations when they are ready to engage in services. Stakeholders were concerned that current shelter options in San Antonio are operating over capacity and that there is a lack of options for populations of focus, including families and unaccompanied youth and young adults (YYA) ages 18-24. Additionally, stakeholders expressed a desire for more low-barrier shelter options, particularly 24/7 shelter options and options for individuals who are actively using substances. Improving safety and security of shelters was also a common concern among persons with lived experience of homelessness.

4. **Rapid Re-Housing (RRH):** Stakeholders reported having positive experiences with RRH across programs in San Antonio. However, some stakeholders expressed concerns regarding establishing community-wide definitions and standards for RRH to create more consistency across programs, including length of time of assistance and how clients should be prioritized for RRH. A number of stakeholders also expressed a need for RRH to be able to better address the intensive needs of persons experiencing homelessness in San Antonio, which may require looking at different models such as TH-RRH (for the general population as well as for specific populations such as YYA and persons exiting institutions) and opportunities to provide more robust and comprehensive case management in RRH projects.
5. **Permanent and Affordable Housing:** Stakeholders from across experiences and systems of care identified a need for additional permanent and affordable housing units. Affordable housing units were identified as a need for both homeless prevention and homeless response, whereas permanent housing (with and without supports) was identified as an important need for people exiting street homelessness and transitioning out of emergency and medium-term housing interventions. Stakeholders expressed a need for single-site permanent supportive housing (PSH) that can provide wraparound supportive services and case management on-site for persons with significant chronic conditions.

Many stakeholders were open to innovative and unconventional housing models—such as renovation and reuse of abandoned properties, shared and co-housing models, and tiny home communities—as long as these models are implemented according to best practices, in accordance with zoning and code compliance requirements, and with access to comprehensive wraparound supportive services provided. Stakeholders also expressed a desire for a range of permanent housing options that include but are not limited to operating within the Housing First model.

6. **Housing First:** Housing First is required for HUD-funded projects and is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness and providing them with voluntary wraparound services to help them achieve personal and housing stability. Some stakeholders expressed a desire for greater understanding and implementation of Housing First among programs in San Antonio.
7. **Coordinated Entry System:** Stakeholders working within the homeless response system expressed concern over making sure that San Antonio's Coordinated Entry System is standardized and operating in an effective, efficient manner to quickly connect vulnerable persons to housing and services.

THEME #2: LARGE UNSHELTERED HOMELESS POPULATION

Unsheltered homelessness was one of the predominant themes that emerged from Homebase's meetings with stakeholders, including concerns regarding unsheltered homelessness in the Downtown District, encampments, and vehicular homelessness. Stakeholders expressed concerns for health and safety of people residing in unsheltered situations, as well as for neighbors, tourists, and local industries that are impacted by unsheltered homelessness as well.

- 1. Outreach:** Adult consumers with lived experience of unsheltered homelessness shared positive experiences with outreach but expressed that there are not enough outreach workers to meet their needs. Youth clients shared different experiences with outreach, describing a system that lacks empathy and fails to respect their trauma and build trust. Clients widely expressed the importance of increasing outreach to “meet people where they are” (including through drop-in centers), build trust and rapport, address basic needs, and provide connections to housing and services once an individual is ready. One key focus that emerged was the need for increased outreach that can help meet the clinical health and behavioral health needs of persons in unsheltered situations and connect them to housing and health services. Youth also identified the need for more outreach and access points that are welcoming regardless of sexual or gender identity.
- 2. Encampments:** Many stakeholders expressed concerns regarding the growth and entrenchment of encampments throughout San Antonio's neighborhoods, particularly regarding the health and safety concerns posed by waste. Stakeholders also expressed frustration that the encampment resolution process often feels temporary, with encampments reappearing shortly after they are cleared. Some stakeholders expressed a need for more time and outreach to encampments to move people into supportive shelter and services, decreasing the chance of re-encampment.
- 3. Health & Mental Health:** Stakeholders expressed concerns about the severe and often untreated health and mental health challenges experienced by people in unsheltered situations. Stakeholders were also concerned about the lack of accessible health and mental health resources available to meet people in unsheltered situations where they are at. For youth clients, lack of access was tied to experiences of feeling unsafe and unwelcome seeking health and behavioral health services.
- 4. Vehicular Homelessness:** Stakeholders identified people residing in their cars as their only form of shelter as a “hidden” population of persons experiencing unsheltered homelessness in San Antonio. Stakeholders, including persons with lived experiences of vehicular homelessness, reported that there are few resources or strategies in place to meet the needs of this distinct population.

THEME #3: LIMITED COORDINATION AND COMMUNICATION

Stakeholders identified a need for increased coordination and communication at the community, provider, and systems levels. Stakeholder meetings revealed a wealth of information, resources and opportunities that exist in San Antonio to address homelessness, but that knowledge of these resources was often not shared among all relevant stakeholders including clients and the public. Homeless service providers, including those in the faith-based community, also expressed a desire for improved coordination between organizations to avoid duplication of services and improve cross-agency referrals.

- 1. System Level Coordination:** Stakeholders shared that they saw opportunities for formalizing collaboration and coordination at the systems level, in turn streamlining local decision-making processes and increasing cross-systems alignment around homelessness initiatives. Stakeholders indicated that this work will require buy-in from executive leadership among key stakeholders in San Antonio. This was identified as a high priority by many stakeholders to help streamline decision-making processes and align funding and policy priorities for San Antonio. Stakeholders also expressed that true system level coordination will require engaging partners beyond traditional homeless response providers to establish cross-system strategies and priorities for addressing homelessness.
- 2. Community-Wide Education and Communication:** Throughout Homebase's on-site meeting, stakeholders acknowledged a lack of shared understanding of core components of the homeless response system, including what housing and service options exist for people experiencing homelessness; what resources exist for providers, agencies, and systems to assist their individuals experiencing homelessness; how the Coordinated Entry System works; or where to refer someone in order to access housing and services. This includes a need to prevent knowledge loss by improving staff retention and decreasing staff turnover within the homeless response system. Stakeholders also identified a need for more standardized access to educational information and trainings on homelessness and the homeless response system.
- 3. Outreach:** Stakeholders shared that outreach efforts in San Antonio are strong and well-regarded among persons experiencing homelessness. However, there were significant concerns that there is a lack of coordination among the diverse outreach efforts of different organizations, which is particularly difficult on outreach staff because there are too few outreach workers to meet the need for outreach in San Antonio. Stakeholders shared that outreach efforts look different and serve different purposes across agencies, but these efforts are not coordinated to reach the right person with the right type of outreach and intervention at the right time. Outreach workers have information on shared individuals but struggle to share this information with each other in a coordinated, formalized way. Additionally, outreach workers have inconsistent access to resources necessary for supporting their work with the unsheltered population, including transportation options.

4. **Data Sharing:** Stakeholders shared that in order to improve cross-systems coordination and communication, there needs to be improved efforts to increase alignment and data sharing across different data management systems, including HMIS, hospital databases, criminal justice, education, and the child welfare systems. Stakeholders identified that key to the success of cross-systems data sharing will be identifying an agency or organization to lead these efforts.
5. **Grant Reporting:** Homeless providers shared that there is a need for outcomes alignment across different funding sources. Grantees of different funding sources have found that funding and reporting requirements vary significantly across funders, creating an extra burden of work for grantees of multiple streams of funding, including some reporting metrics are difficult to capture and track. Alignment of grant requirements and outcomes will require identifying a lead agency to coordinate efforts and communicate concerns between grantees and funders.

THEME #4: NEED FOR CROSS-SYSTEM PARTNERSHIPS

Homebase's on-site meetings brought together key stakeholders from outside the homeless response system that work with persons experiencing homelessness, including faith-based organizations, the criminal justice system, health care providers, and local business sectors such as the tourism & hospitality industry. Universally, these stakeholders expressed a desire to play a more substantial role in efforts to prevent and end homelessness in San Antonio.

1. **Faith-Based Community:** Faith-based organizations are providing outreach, support and resources to people experiencing homelessness but shared that they are often not linked to the homeless response system or its resources. Faith-based organizations also shared that they face challenges in providing services to people experiencing homelessness without running into "red tape" and concerns around compliance with local and federal regulations. These organizations expressed a desire for greater involvement and support to participate in San Antonio's formal homeless response system. Some youth experiencing homelessness, particularly LGBTQ+ youth, have expressed distrust in working with faith-based organizations, identifying a need for increased collaboration with the faith-based community to build trust and provide culturally competent supports for this population.
2. **Local Businesses and Industries:** Local businesses and industries shared that homelessness deeply impacts their operations, particularly Downtown where unsheltered homelessness is more visible and concentrated. Business stakeholders shared that they are already taking action to help address homelessness, including donating private funds and providing resources to meet basic needs. Stakeholders from the local business community, including the hotel and tourism industry, expressed that they would like to be more involved and engaged as more formal partners in San Antonio's ongoing efforts to address homelessness.
3. **Criminal Justice System:** Stakeholders from the criminal justice system—including the San Antonio Police Department and the District Attorney's Office—are already deeply engaged in

San Antonio's efforts to prevent and end homelessness. However, opportunities were identified to forge stronger connections between the criminal justice and homeless response systems, particularly around successful discharge planning from criminal justice institutions and the decriminalization of homelessness. Stakeholders identified the need for housing navigators to assist in making connections to housing prior to release, a model that is currently being explored through YHDP for youth involved in the juvenile justice system.

- 4. Health Care Partners:** Health care partners such as hospitals and mental health service providers shared that they see a significant number of persons experiencing homelessness, many of whom are disengaged from the homeless response system. Health care partners identified the need for improved communication and coordination of care between the homeless and healthcare systems to expand access to health and mental health resources to people experiencing homelessness and keep them engaged in long-term treatment.

THEME #5: NEED FOR ADDITIONAL FUNDING

Several stakeholders expressed concern that more funding will be needed to support the development of new shelter, permanent supportive housing, affordable housing, and supportive services. Stakeholders also felt that there is a lack of flexible funding available in San Antonio to develop new, innovative interventions that reflect the reality of homelessness and housing in the City. Additionally, stakeholders expressed concern over whether existing funds are being utilized to the best of their ability.

- 1. Additional Funding:** Stakeholders expressed a need for additional funding to help fill the existing housing and homeless service gaps in San Antonio. Many stakeholders expressed that access to more flexible funding would create stronger, more positive outcomes for people experiencing homelessness by allowing for increased investment in prevention, diversion, undesignated operating costs, and innovative housing solutions that cannot be funded through federal programs (such as the Community First! Village in Austin).
- 2. Maximization of Existing Funds:** Several stakeholders expressed concerns that existing homelessness funds are not being aligned to complement each other around different program requirements, eligible populations and costs, and creating unnecessary funding gaps in the San Antonio homeless response system. They noted opportunities in particular for non-HUD-funded programs to be able to fill gaps and serve persons experiencing homelessness that are ineligible under HUD requirements.

THEME #6: ADJUSTING RESPONSES FOR UNIQUE GROUPS EXPERIENCING HOMELESSNESS

Across Homebase's on-site meetings, stakeholders expressed the need for distinct interventions and strategies to address the needs of specific subpopulation of persons experiencing homelessness in San Antonio. Populations of focus include seniors, persons with histories of criminal justice involvement, survivors of domestic violence, and youth.

1. **Seniors:** Stakeholders expressed significant concern over the aging population of persons experiencing homelessness, with many people aging into senior homelessness or becoming homeless for the first time at an elevated age. Many stakeholders did not feel that San Antonio currently has the proper resources in place to meet the higher level of care needs for seniors experiencing homelessness, many of whom suffer from chronic homelessness and/or chronic health conditions.
2. **Persons with Histories of Criminal Justice Involvement:** A criminal record was identified by many stakeholders, including clients with lived experience, as one of the most significant barriers to housing faced by people experiencing homelessness. Stakeholders identified a need for more supportive services, transition planning, and re-entry supports for persons experiencing homelessness with histories of criminal justice involvement. There was significant praise for the success of Haven for Hope's Jail Release Program and recommendations that San Antonio learn from and build on the success of this program.
3. **Survivors of Domestic Violence:** Conversations with key stakeholders indicated that it is likely that the intersection of homelessness and domestic violence is under-reported in San Antonio, as individuals and households may not report their experience of domestic violence when seeking homeless services or may be disconnected from the homeless response system altogether. Stakeholders expressed the need for housing and interventions built around trauma-informed care for survivors of domestic violence, including interventions for special populations such as pregnant and parenting youth who are survivors of domestic violence.
4. **Youth and Student Homelessness:** Stakeholders identified that there is a significant population of youth and students experiencing homelessness for whom the adult homeless response system is not available or appropriate. At the same time, several stakeholders also noted that youth are already being prioritized for dedicated housing and service interventions through San Antonio's Youth Homelessness Demonstration Program (YHDP). Although opinions differed on how strongly youth should be prioritized as a population of focus, there was general agreement that San Antonio should build upon and leverage the work being done by YHDP to further meet the needs of youth.



This Strategic Plan is in alignment with ***We Empower San Antonio Youth (WE SAY)***, San Antonio/Bexar County's Coordinated Community Plan to Prevent and End Youth Homelessness, which will guide the community's YHDP initiative and ongoing coordinated community response to youth homelessness.

Section 5. Recommendations

Based upon an evaluation of local quantitative and qualitative data gained from key stakeholders across San Antonio and Bexar County, Homebase proposes the following high priority recommendations for the improvement of San Antonio's community response to homelessness:

Recommendation #1: Implement a single collective-impact leadership group for San Antonio and Bexar County.

This collective-impact leadership group will provide systems level coordination for San Antonio and Bexar County and will be the owner of the issue of homelessness throughout the community. This group's role will be to serve as the coordinator and connector of the various funding streams and systems of care that impact homelessness in San Antonio and Bexar County, with oversight on measuring success, coordinating policy and funding, and identifying gaps and program needs.

Cost Estimate: \$0. Implementation of this strategy will require executive and staff time, but with an overall projection of saving costs and time through improved coordination and streamlined decision-making.

Homebase recommends the following:

- ☐ **Identify executive level leaders to participate in small collective-impact leadership group** of no more than five individuals.
 - This group should meet bi-annually to discuss key aspects of homeless planning.
 - This group should be organized together in emergency situations, such as natural disasters and public health crises, to provide leadership and coordination.
 - This group should be kept small, with SARAH, DHS, and Haven for Hope being the core members, each represented with two staff members.
- ☐ **Focus on areas of alignment for the overall strategic vision** of preventing and ending homelessness in San Antonio. Topics may include coordinated investment planning and community-wide funding strategies; policy priorities; local system performance and outcome measures; equity; and building the capacity of the homeless response system and homeless service providers.

Recommendation #2: Increase investment in community-based housing and service options.

Based on qualitative and quantitative data available, Homebase recommends investing in the grassroots desire from faith-based and local organizations to develop and build permanent housing solutions in the community. This process can be assisted and accelerated by offering targeted pre-development loans along with development expertise to interested groups to

more effectively facilitate a timely development process. These loans can be targeted to the needs and gaps identified in the Homeless Strategic Plan.

Cost Estimate: \$100,000 - \$250,000. Many of these loans will be repaid when programs are completed and can be used to assist other programs.

Homebase recommends the following:

- ☐ **Create a Homeless Strategic Plan Housing Implementation Executive Team** to be accountable for the following responsibilities:
 - Quantitatively estimating housing unit need
 - Exploring categories/typologies of housing models such as co-housing, tiny homes, Community First, single room occupancy and micro-units, traditional permanent and affordable supportive housing
 - Determining population served and service integration need for each housing project
- ☐ **Create a pre-development loan or lending fund** (e.g. a housing trust fund) to create additional affordable housing building opportunities.
- ☐ **Conduct system modeling** to develop an estimate of needed units for different populations experiencing homelessness, including families and older adults with significant health needs.
- ☐ **Invest in site-based affordable and permanent supportive housing** with intensive on-site wraparound services and supports for highly vulnerable persons experiencing homelessness, including those who have experienced extended periods chronic and unsheltered homelessness and those with significant behavioral health needs.

Recommendation #3: Increase capacity and effectiveness of outreach through increased investment in outreach, improved structure for coordinating diverse outreach efforts across San Antonio/Bexar County, and expansion of homeless outreach clinician pilot program.

There is a significant need to increase the number of outreach workers serving San Antonio and Bexar County. Given the large geographic size and sprawling nature of the metropolitan area, there is an insufficient number of outreach staff to consistently connect with persons experiencing homelessness, provide them with the type of outreach needed, and connect them to shelter and services.

Furthermore, outreach efforts in San Antonio and Bexar County currently lack coordination, resulting in duplication of outreach efforts, a lack of communication and collaboration around serving shared clients, and strain on the time and resources of outreach workers. Additionally, there is not a shared definition or understanding of what outreach efforts should look like in San Antonio, including desired outcomes for client engagement. The development of an outreach coordinator role that could work across outreach teams to disseminate information

and provide real-time updates and coordination regarding resources available would improve San Antonio's outreach capacity. Additionally, developing cross-agency agreement and structure around the goals and outcomes of outreach will help ensure that outreach efforts are successfully resulting in connections to shelter, housing, and services.

San Antonio has also received very positive feedback regarding the homeless clinician outreach pilot. Expansion of this program would help create new touchpoints between clinicians, law enforcement officers, and persons experiencing homelessness throughout the City to build rapport with the most frequent users of police and emergency services and connect them to housing and services. This program should serve as a primary intervention for assisting those who are unlikely seek services on their own and to support those coming from mental health and criminal justice facilities to utilize the resources that exist in the community.

Cost Estimate: **\$43,000 – \$65,000** per homeless outreach clinician; recommended to hire 6 to 7 clinicians to cover San Antonio/Bexar County using police substations. **\$36,000 - \$54,000** per case manager; recommended at least two case managers hired to work under each homeless outreach clinician.

Homebase recommends the following:

- ☐ **Improve definition and operationalization of outreach in San Antonio**, including development of standard operating procedures for all outreach efforts, defining local outreach and engagement priorities and desired outcomes, and establishing cross-agency policies for client transport and referral processes.
- ☐ **Identify causes for inefficiencies in connecting clients to permanent housing through street outreach** through feedback sessions with consumers and outreach staff.
- ☐ **Establish an outreach coordinator role** to work across and independently of current outreach teams to coordinate and disseminate real-time information and resources.
- ☐ **Expand the homeless outreach clinician pilot** to cover all ten districts of San Antonio.
- ☐ **Develop a lead homeless outreach clinician** who can serve as a coordinator and provide oversight to homeless outreach clinicians in the field.
- ☐ **Create distinct protocols for warm hand-offs** from street outreach workers to Haven for Hope staff based on the client's destination—Transformational Campus, Courtyard, or Homelink (housing).
- ☐ **Develop shared standards of practice and definitions regarding outreach** in San Antonio, including the desired outcomes from different outreach approaches (i.e. general, clinical, housing-focused).
- ☐ **Develop a curriculum of trainings to be provided for all outreach workers** regardless of organization to include: Crisis Intervention Training (CIT), self-defense, stress response, trauma-informed care, motivational interviewing, problem solving, person-centered approaches to outreach, crisis intervention, and navigating the health and hospital system.

- ☐ **Identify and/or establish a stable stream of funding to support the SAPD H.O.P.E. Team ID Recovery Program**, including costs for transportation, documentation, and co-location of supportive services.
- ☐ **Formalize and operationalize Outreach Grid** as the uniform platform for data collection on persons experiencing unsheltered homelessness, incorporating HMIS as well as data from other agencies/organizations outside the homeless response system.
- ☐ **Develop a referral and communication process between outreach workers and the SAPD Mental Health Detail (MHD) Unit** to improve connections to mental health services for persons experiencing a mental health crisis on the street.

Recommendation #4: Conduct a Frequent User System Engagement (FUSE) analysis to identify high utilizers of public resources among persons experiencing homelessness and connect them to appropriate housing and resources.

A FUSE analysis looks at utilization of the medical, mental health, and criminal justice system among persons experiencing homelessness to identify those individuals that are frequently moving between the street and institutions and utilizing significant public resources. A FUSE analysis helps identify those clients who are touching and cycling between multiple systems, but have not been able to gain housing stability due to significant vulnerabilities such as mental health, substance use, criminal justice involvement, and chronic health conditions.

Other communities have found that even establishing a baseline understanding of how frequently services are being utilized and by whom can help to ensure these individuals are offered navigation assistance (which can be provided through homeless outreach clinicians), placed on Coordinated Entry waitlists, and encouraged to utilize post-institution services that may be available (such as group homes, halfway houses, and family reunification services). If these lighter touch interventions do not resolve the high utilization of services among this group of individuals, targeted permanent supportive housing can be explored as an option.

Cost Estimate: \$25,000 - \$35,000. This estimate is based on the cost of hiring a Data Analyst to support planning and data sharing, matching and analysis activities for FUSE.

Homebase recommends the following:

- ☐ **Identify partners and systems of care to be included in FUSE stakeholder group**, which may include but not be limited to jails/criminal justice system, hospitals, local or county behavioral health services, shelters, EMS, SAPD, and other crisis public services.
- ☐ **Identify a lead agency to coordinate stakeholders and lead the data matching process** (recommendation: SARAH).

- ☐ **Establish a stakeholder group that meets regularly to guide the data matching process**, answer questions, and troubleshoot challenges as they arise.
- ☐ **Use the results of the FUSE analysis to develop a plan for targeted housing and service interventions** designed for the clients identified as the highest utilizers of public resources.
- ☐ **Explore the opportunity to establish a homeless court** to address the needs of persons experiencing homelessness who touch the criminal justice system. A homeless court helps divert persons experiencing homelessness from both the criminal justice and homeless response system through multidisciplinary coordination and service delivery by the homeless, criminal justice, health, behavioral health, social service, and other systems to help the individual end their experience of homeless and achieve stability.

Recommendation #5: Develop detailed prioritization policies and targeted interventions to most effectively connect persons experiencing unsheltered homelessness to stable housing.

San Antonio must consider how it prioritizes individuals in Coordinated Entry who have been living outdoors for extended periods of time in either encampments or other unsheltered situations. As other jurisdictions have learned, it can be beneficial to ensure that those who have experienced unsheltered homelessness for an extended period of time are supported in entering the system (with the assistance of a homeless outreach clinician) in a place of strength and advantage when compared to individuals entering the homeless response system with little or no time spent in unsheltered situations. Other jurisdictions have shown that it is important to *not* prioritize all units for persons experiencing unsheltered homelessness. Instead, having a proportional set-aside for this population has been seen to help to reduce unsheltered homelessness in a more effective manner.

To assist in this transition, other jurisdictions have explored temporary shelter and controlled outdoor living options targeted for individuals who have spent a significant period living in unsheltered situations. These models include sanctioned encampments, community-run tent cities, tiny home communities, and navigation centers, all incorporating wraparound service models. Such models provide time limited assistance to the unsheltered population, usually by invitation only, to assist in the documentation and housing readiness process. Some communities have paired these models with requirements of use after encampments are closed. Although many of these models are new, they have shown early success at easing the transition from the street to system-focused care for the unsheltered population.

Cost Estimate: \$50,000 - \$100,000 in capital costs, \$75,000 in operating costs for a pilot program. Please note that costs will vary greatly on the model chosen and the size of the program. This cost estimate is based on costs seen in other communities for developing 10-15 units within a pilot project, with plans to expand the model if successful in the community. A number of communities have also utilized volunteers to significantly reduce capital and operating costs for these pilot programs.

Homebase recommends the following:

- ☐ **Establish a pilot program to offer low-barrier temporary living options** to individuals currently experiencing unsheltered homelessness with a goal of moving them through to housing in 90 days. This could be similar to a Navigation Center model or sanctioned encampment model being utilized by other communities.
- ☐ **Utilize assertive outreach and engagement through homeless outreach clinicians** and system navigators to connect individuals in temporary living situations to the homeless response system for housing and services.
- ☐ **Target outreach and engagement of persons in this pilot program and other low-barrier interventions who are currently ineligible or have difficulty accessing shelter**, including individuals who do not have current state or local identification, those who do not meet local shelter residency requirements, persons with criminal justice records and persons who are actively using substances.

Recommendation #6: Increase focus on consumer engagement and equity throughout the homelessness response system.

The insights of persons with lived experience of homelessness were critical for the development of this Homeless Strategic Plan, including understanding the strengths and opportunities for improvement in the existing homeless response systems and developing recommendations to improve San Antonio's efforts to prevent and end homelessness. Consumer engagement has also been an incredibly successful part of San Antonio's Youth Homelessness Demonstration Program (YHDP) and the development of youth-focused homelessness strategies and interventions.

San Antonio should work to expand upon the work undertaken during these initiatives to establish more forums and methods for authentic consumer engagement in the design of strategies and interventions to address homelessness. It is also important that these efforts bring a focus on equity and equitable representation of persons with different lived experiences, including Veterans; persons experiencing chronic homelessness; persons experiencing unsheltered homelessness; and families.

Cost Estimate: \$0. Implementation of this strategy will require staff time, but with an overall projection of saving costs by improving system responsiveness to the needs of persons experiencing homelessness.

Homebase recommends the following:

- ☐ **Document lessons learned from YHDP and Homeless Strategic Planning processes** to identify successful consumer engagement efforts that could be expanded to additional populations and operationalized and formalized within the community.

- ☐ **Establish diverse forums for consumer input** such as surveys, community forums and focus groups for persons with lived experience to provide feedback on the homeless response system. Ensure that marketing and outreach for these consumer engagement efforts reach persons' experiences of homelessness with different lived experiences.
- ☐ **Consider development of a Consumer Action Board** to help provide ongoing input and guidance on responding to homelessness in San Antonio and Bexar County.
- ☐ **Work with persons with lived experience to address inequities in the homeless response system** identified through HMIS data and qualitative consumer input data.

Additional Low-Cost/High Impact Recommendations

The following recommendations are of lower priority than those listed in the previous section but could be achieved with minimal additional costs and in a short timeframe while having a high impact on improving San Antonio's homeless response system. These recommendations are community-driven and based on the feedback and insights gained by Homebase from over 50 distinct meetings with hundreds of stakeholders from San Antonio/Bexar County. *A full summary of the stakeholder feedback on areas of improvement collected from Homebase's stakeholder meetings, interviews, and community forums can be found in Appendix F.*

Topic	Recommendation
Assess racial and gender equity of access into different project types	<ul style="list-style-type: none"> Using HMIS data, qualitative interviews, and a review of written policies, analyze whether all programs are enrolling individuals equitably. <ul style="list-style-type: none"> For example, assess why Black individuals enroll in sober living programs at rates much lower than their overall share of the homeless population. Due to the large data set in HMIS, multiple regression or alternative quantitative analysis model would be highly reliable method to identify unbiased conclusions.
Community Education	<ul style="list-style-type: none"> Develop community-wide trainings and educational opportunities, including Homelessness 101 and Coordinated Entry 101 for the general public and cross-system/non-homeless service providers (e.g. education system partners, hospitals) Build and expand on Membership Council meetings to support regular communication and information sharing with key stakeholders, such as City Departments. Provide more regular updates at neighborhood forums to share information on current homelessness progress and initiatives and how individuals can help their neighbors experiencing homelessness. Offer free educational classes for citizens to be trained on how to help people experiencing homelessness (ex: how to be an advocate, knowledge of local resources, compassionate communication, how to deal with situations without creating or escalating conflict). Increase community-wide awareness and education around SACRD.org as a central directory for homeless resources in San Antonio.
Enhance Data Sharing and Data-Driven Decision-Making	<ul style="list-style-type: none"> Create public dashboards that are accessible to all service providers to easily produce reports. Since CaseWorthy requires a certain level of technical expertise to pull reports (e.g. understanding SQL), it is difficult for providers to pull their own reports quickly and independently. Therefore, public-facing

dashboards that are periodically updated would allow for increased transparency and utility of homelessness data at the provider and community levels.

- **Conduct trainings on data sharing** and how it can improve outcomes for vulnerable populations including those experiencing homelessness with cross-systems partners (e.g. education, health/hospital systems, behavioral health, criminal justice)

Improve Precision of Project Type Codes in HMIS

- Currently, several project types unique to San Antonio are tagged in HMIS as “Supportive Services Only” or “Emergency Shelter”, even if they do not match these project types.
- Because HUD prescribes the options for the Project Type Code field in its Universal Data Elements, consider adding a new, custom field (e.g. “Project Type Code-Custom”) and inputting custom project types for each project in order to more easily and accurately analyze data.

Encampment Outreach

- Provide a **longer notice of abatement to encampments** (currently 48 hours) to allow for more intensive outreach and engagement to persons residing in the encampment.

Landlord Engagement

- **Increase marketing and awareness of the Provider Liability Assurance for Community Empowerment (PLACE)** landlord risk mitigation fund through the Housing Strategies Workgroup.
- Develop a **community-wide strategy for identifying and recruiting landlords** through the Housing Strategies Workgroup.

Prevention and Diversion

- **Utilize SACRD.org with low acuity clients** who would not be prioritized for resources in the homeless response system.
- **Build diversion into HMIS and Coordinated Entry** to allow tracking of utilization and outcomes (ex: additional touches with the homeless response system after diversion efforts).

Rapid Re-Housing

- **Develop community-wide, standardized policies and procedures for Rapid Re-Housing programs** applicable across programs and funding streams (ex: length of assistance).

Coordinated Entry

- **Improve education and marketing of Coordinated Entry** as the entry point for homeless housing and resources among client, providers, and other systems of care (ex: hospitals).

Strengthening partnerships with businesses/private sector

- **Develop a Business Resource Guide** to help San Antonio business owners, executive leaders, human resources directors, staff supervisors and team members unite in a collective effort to end homelessness. Look to Tulsa, OK’s Business Resource Guide and webpage as a model: <https://csctulsa.org/business-resources/>
- Work with local businesses to **promote the “Change the Way We Give” campaign** and other homeless initiatives as they arise.

Strengthening partnerships with faith-based organizations

- **Continue to build rapport with faith-based leaders** through regularly meetings and coordination between the City, SARAH, and the San Antonio Faith-Based Initiative.
- Work with **faith-based organizations to understand and come into compliance with local and federal regulations** and to navigate bureaucratic processes for operating homeless assistance programs.
- Provide access to **trainings for faith-based organizations on best practices for working with persons experiencing homelessness** and navigating the homeless system of care, including safety considerations and working with persons experiencing serious mental illness, a substance use disorder, or a co-occurring disorder.
- **Offer trainings on key principles of working with youth experiencing homelessness** including Positive Youth Development (PYD), trauma-informed care, and LGBTQ+ competency to help build competencies and address concerns among youth about working with faith-based organizations.

Vehicular Homelessness

- **Conduct a census and create a taxonomy of persons experiencing vehicular homelessness in San Antonio**, including demographics/ household characteristics, common locations, and immediate, short-term and long-term housing and service needs. Work with persons with lived experience of vehicular homelessness to assist in this effort.
- **Establish a Safe Parking Program** for persons residing in their vehicles. Collaborate with faith-based organizations and higher education campuses as potential partners to provide safe parking lots.

Marketing and Public Relations

- **Work with marketing professionals** to help craft and execute marketing targeted at people experiencing homelessness to change their perceptions about existing homeless service options.

Appendices

Appendix A: List of Acronyms

Acronym	Definition
AARC	Alamo Area Resource Center
ACA	Affordable Care Act (Obamacare)
ADAP	AIDS Drug Assistance Program
AHAR	Annual Homeless Assessment Report - a U.S. Department of Housing and Urban Development (HUD) report to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons
AI	Analysis of Impediments (to fair housing), a part of Consolidated Plans
AOD	Alcohol and Drug Dependency
APR	Annual Performance Report (for HUD homeless programs)
CBO	Community Based Organization
CES	Coordinated Entry System
CDBG	Community Development Block Grant (federal program)
CDC	Community Development Corporation
CH	Chronically Homeless
CHCS	Center for Health Care Services
CSBG	Community Services Block Grant (federal program)
CHDO	Community and Housing Development Organization. Non-profit housing provider receiving minimum of 15% of HOME funds.
CoC	Continuum of Care—a group organized to carry out the responsibilities prescribed by HUD in the CoC Program Interim Rule for a defined geographic area.
COD	Co-occurring disorder (co-occurring mental health and substance use disorder)
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG and other federal Community Planning and Development (CPD) programs
CPD	Community Planning and Development (HUD Office)
CY	Calendar Year
DA	District Attorney
Davis Bacon	Statutory requirement that persons working on Federal assisted projects be paid at least minimum prevailing wage rates.
DHS	Department of Human Services (City of San Antonio)
DRP	Direct Referral Program (low barrier emergency shelter beds with supportive services operated by Haven for Hope)
DV	Domestic Violence
ESG	Emergency Solutions Grants (Federal program)
ELI	Extremely low income
e-SNAPS	Electronic grants application and management system for HUD Homeless Assistance Programs
FHEO	Fair Housing and Equal Opportunity (HUD Office of)
FMR	Fair Market Rent (maximum rent for many HUD housing programs)
FQHC	Federally Qualified Health Center
FTE	full-time equivalent (employee) (2080 hours of paid employment)
FY	Fiscal Year
GAO	Government Accountability Office
HAP	Housing Assistance Plan; Housing Plans required by CDBG

Acronym	Definition
HCV	Housing Choice Voucher Rental Assistance (formerly Section 8)
HEARTH Act	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009, S. 896
HHS	U.S. Department of Health and Human Services
HIC	Housing Inventory Chart (inventory of housing for the homeless conducted annually in January for same night as the Point-In-Time Count)
HIPAA	Health Insurance Portability and Accountability Act
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
H.O.P.E. Team	SAPD Homeless Outreach Positive Encounters Team
HOPWA	Housing Opportunities for Persons with AIDS (CPD program)
HQS	Housing Quality Standards (required before move in for HUD programs)
HRSA	Health Resources and Services Administration (division of HHS)
HUD	U.S. Department of Housing and Urban Development (federal)
HUD-VASH	HUD Vouchers through Veterans' Affairs Supportive Housing
IDIS	Integrated Disbursement and Information System (CPD system)
IHSS	In-Home Supportive Services
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender, or Questioning
LSA	Longitudinal Systems Analysis: report, produced from a CoC's Homelessness Management Information System (HMIS) and submitted annually to HUD
MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
NAEH	National Alliance to End Homelessness
NAMI	National Alliance on Mental Illness
NIMBY	Not In My Back Yard
NOFA	Notice of Funding Availability—annual competition through which communities receive CoC program funding through HUD
PATH	Projects for Assistance in Transition from Homeless (SAMHSA-funded project for persons with serious mental illness experiencing homelessness)
PH	Public housing
PHA/ HA	Public Housing Authority
PIT Count (PITC)	Point-In-Time Homeless Count (unsheltered count conducted biennially, every odd numbered year; sheltered count, every January)
PLACE	Provider Liability Assurance for Community Empowerment (landlord risk mitigation fund)
PSH	Permanent Supportive Housing
RFP	Request for Proposals
RRH	Rapid Re-Housing (housing program model)
SA	Sexual Assault Or Substance Abuse
SACRD	San Antonio Community Resource Directory that can be accessed at SACRD.org
SAHA	San Antonio Housing Authority
SAMHSA	Substance Abuse & Mental Health Services Administration (division of HHS)
SAPD	San Antonio Police Department
SARAH	San Antonio Regional Alliance for the Homeless (San Antonio's CoC)
SASH	San Antonio State Hospital

Acronym	Definition
Section 8	Housing Assistance Payment Program (Housing and Community Development Act of 1974)
Section 202	Loans for construction/rehab of housing for the elderly or handicapped
Section 202/811	Programs for housing assistance to the elderly and people with disabilities
SMI	Serious Mental Illness or Seriously Mentally Ill
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamps)
SNAPS	Special Needs Assistance Program (HUD division that deals with homelessness)
SOAR	SSI/SSDI Outreach, Access, and Recovery (SSI/SSDI Application program)
SRO	Single-Room Occupancy housing units
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSO	Supportive Services Only (Type of CoC grant providing services only)
SSVF	Supportive Services for Veterans Families (but can serve single adults)
STRAC	Southwest Texas Regional Advisory Council
SUD	Substance use disorder
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth
TH	Transitional Housing
USDA	U.S. Department of Agriculture
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index–Service Prioritization Decision Assistance Tool
YHDP	Youth Homelessness Demonstration Program

Appendix B: Quantitative Data Methodologies

DATA REQUEST

Homebase requested three years of individual-level HMIS data from the South Alamo Regional Alliance for the Homeless (SARAH) in December 2019. Data elements revolved around program enrollments, start dates, movements around the homeless response system, and demographic information.

RE-CODING PROJECT TYPES

Because San Antonio has unique program types that fall outside of the standard HUD project types included in HMIS, Homebase re-coded projects to more accurately reflect the nature of their services offered. Codes were created based on of several discussions with Haven for Hope, stakeholder interviews, and internet research. The revised Project Types include:

- Courtyard (CY)
- Direct Referral Program (DRP)
- Emergency Shelter (ES)
- Follow-Up Services (FUP)
- Other Permanent Housing (OPH)
- Permanent Supportive Housing (PSH)
- Prevention (PRE)
- Rapid Re-Housing (RRH)
- Services Only (SSO)
- Sober Living/Treatment (SL)
- Special Population Bed (SPB)
- Street Outreach (STR)
- Transformational Campus (TC)
- Transitional Housing (TH)

For a table showing how Homebase re-coded each of the programs, see Appendix B: Re-Coded Program Types.

Note: Because two major program enrollment types—Haven for Hope Intake and Haven For Hope Master Enrollment—act as overarching enrollments in tandem with other sub-enrollments, Homebase chose to drop these enrollments from all datasets and instead leave only the sub-enrollments for analysis.

RE-STRUCTURING DATA

Homebase applied the following filters to the original data to capture a large sample of recent data:

- Only enrollments occurring between 1/1/2018 and 12/20/19,
- Enrollment was in one of the following (re-coded) project types: Courtyard, Direct Referral Program/DRP, Emergency Shelter, Follow-Up Services, Other Permanent Housing, Permanent Supportive Housing, Prevention, Rapid Re-Housing, Sober Living/Treatment, Special Population Bed, Street Outreach, Transformational Campus, or Transitional Housing.

Note: Homebase did not include Services Only projects in the System Map section, due to the overwhelming number of Services Only records. This meant that a vast majority of “movements” involved a Services Only project, which in turn made it unfeasible to discern relationships between other project types.

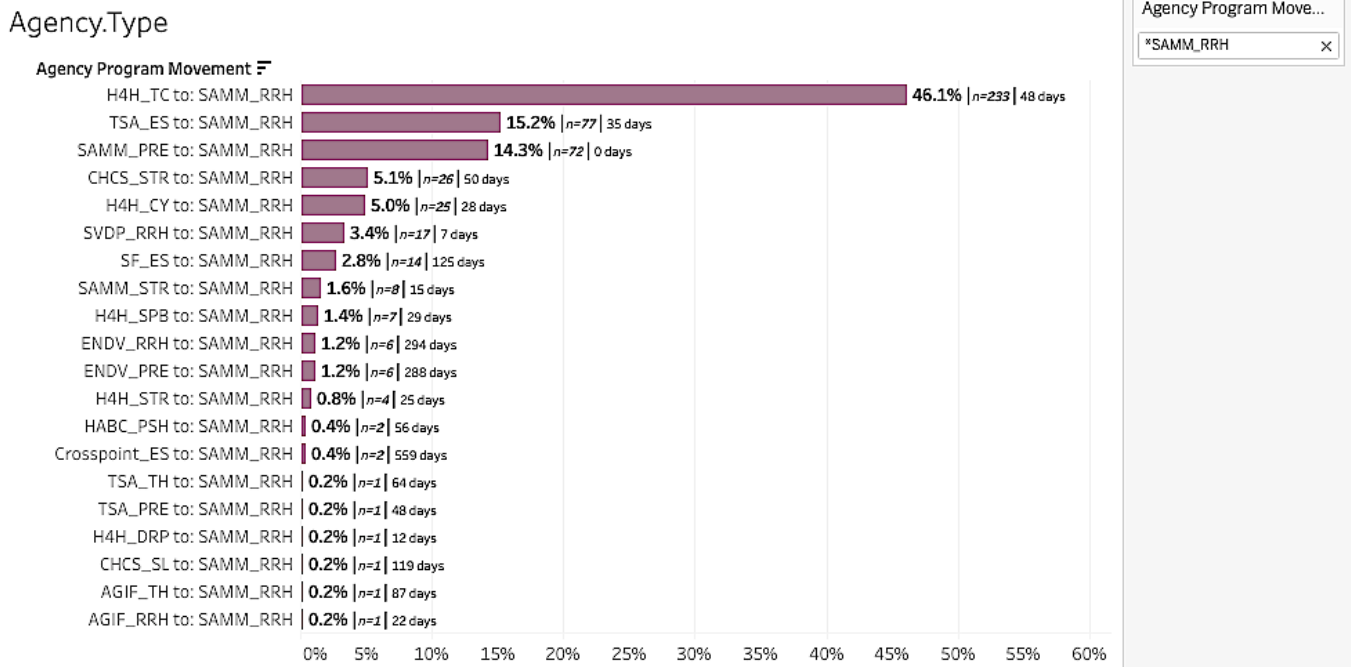
After filtering, Homebase cleaned various cells that appeared inaccurate likely due to data input errors—this typically centered around birthdates (e.g. 2203 instead of 2003).

Next, Homebase sorted by individual ID (to group each of an individual’s individual enrollments together), and then by enrollment start date (from oldest to newest) for each individual. From here, Homebase pivoted the dataset so that each row showed a one unique individual, with their various program enrollments, project types, and start dates across columns. From here, Homebase created new columns to capture each individuals’ individual movements. For example, the first column showed the first movement, which captures each individuals movement from Program A to Program B. The second added column captures the second movement, from Program B to Program C, and so forth.

Appendix C: Tableau Dashboards

While each of the following graphs are static and cannot be altered, the Tableau Dashboards used to create them are available to the City’s DHS, SARAH, and other interested providers. The below screenshot shows a dashboard at the agency/project type level, and displays where individuals were prior to their enrollment in SAMM (agency) RRH (project type):

Figure 193. Example Screenshot of Agency/Project Type Dashboard



Users can filter all “movements” to see where individuals were immediately **before** a certain agency/project type, as well as where individuals go immediately **after** a certain agency/project type. Users can also choose to filter to isolate movements from/to a certain project type, a certain agency, or a certain agency/project type combination.

Dashboards show the percentage of movements for each filtered view, as well as the raw n-value to see the exact number of times a movement occurred. For example, in the above screenshot, the user can see that a movement between the H4H Transformational Campus and SAMM rapid re-housing occurred 233 times between 1/1/18-12/31/19, accounting for 46.1% of all movements into SAMM rapid re-housing. Similarly, 15.2% of all movements into SAMM rapid re-housing came from TSA emergency shelter, and 14.3% came from SAMM prevention.

Dashboards also display the median number of days between the start date in the first project and the start date in the second. In other words, across the 233 movements that occurred between H4H TC and SAMM, the median number of days between start dates was 48 days.

Appendix D: Re-Coded Project Types

Because San Antonio has unique project types that fall outside of the standard project types included in HMIS, Homebase sought to re-code programs to more accurately reflect the nature of their services offered. The revised Project Types include: Services Only, Courtyard, Emergency Shelter, Prevention, Transformational Campus, Street Outreach, Rapid Re-Housing, Special Population Bed, Sober Living/Treatment, Transitional Housing, Permanent Supportive Housing, Direct Referral Program/DRP, Other Permanent Housing, and Follow-Up Services. These codes were created based off of several discussions with Haven For Hope, stakeholder interviews, and internet research.

The below chart shows the name of the program as captured in HMIS (left), along with its original project type in HMIS (middle), along with a more specific revised project type (right).

Note: Because two major program enrollment types—Haven for Hope Intake and Haven For Hope Master Enrollment—act as overarching enrollments in tandem with other sub-enrollments, Homebase chose to drop these enrollments from all datasets and instead leave the sub-enrollments for analysis.

Program Name	Type (Original in HMIS)	Type (Re-Coded)
AARC HOPWA Housing Works SSO	Services Only	Services Only
AARC HOPWA STRMU HP	Homelessness Prevention	Prevention
AARC HOPWA TBRA PH	PH - Permanent Supportive Housing (disability required)	PSH
AARC HOPWA Transportation SSO	Services Only	Services Only
AARC SHP Permanent Housing 2 Program	PH - Permanent Supportive Housing (disability required)	PSH
AGIF CoC NVOP RC SRO PSH	PH - Permanent Supportive Housing (disability required)	PSH
AGIF CoC NVOP RRH II	PH - Rapid Re-Housing	RRH
AGIF NVOP RC SRO 2 PSH	PH - Permanent Supportive Housing (disability required)	PSH
AGIF VA GPD BRIDGE TH	Transitional Housing (TH)	TH
AGIF VA GPD SITH TH	Transitional Housing (TH)	TH
AGIF VA NVOP RC TH	Transitional Housing (TH)	TH
AGIF VA SSVF HA Category 2 TX500 RRH	PH - Rapid Re-Housing	RRH
AGIF VA SSVF HA Category 2 TX607 RRH	PH - Rapid Re-Housing	RRH
AGIF VA SSVF HA Category 3 TX500 RRH	PH - Rapid Re-Housing	RRH
AGIF VA SSVF HA Category 3 TX607 RRH	PH - Rapid Re-Housing	RRH
AGIF VA SSVF TX500 HP	Homelessness Prevention	Prevention
AGIF VA SSVF TX607 HP	Homelessness Prevention	Prevention
AGIF Veteran Lease Housing PH	*PH - Housing with Services (no disability required)	OPH
BEAT AIDS N.E.W. HOPWA TH	Transitional Housing (TH)	TH

BEAT AIDS N.E.W. Non-HOPWA TH	Transitional Housing (TH)	TH
BEAT AIDS RW HOPWA PH	PH - Permanent Supportive Housing (disability required)	PSH
BEAT AIDS SSO	Services Only	Services Only
CAM Emergency Assistance DeZavala SSO	Services Only	Services Only
CAM Emergency Assistance McCullough SSO	Services Only	Services Only
CC Community Voicemail	Other	Services Only
CC Family Self-Sufficiency SSO	Services Only	Services Only
CC Guadalupe Home TH	Transitional Housing (TH)	TH
CHCS CoC CY PSH	PH - Permanent Supportive Housing (disability required)	PSH
CHCS COSA ITP F ES	Other	Sober Living/Treatment
CHCS COSA ITP M ES	Other	Sober Living/Treatment
CHCS PATH Street Outreach	Street Outreach	Street Outreach
CHCS Restoration Center	Not a HUD HMIS Project	Services Only
CHCS Sobering SSO	Services Only	Services Only
CHCS VP SSO	Services Only	Services Only
CHRC Individual Choice	Other	Services Only
CJM REACH Basic Center ES	Emergency Shelter (ES)	ES
COSA ESG HP	Homelessness Prevention	Prevention
Crosspoint Inc VA ES	Emergency Shelter (ES)	ES
ENDV CoC FFL PSH	PH - Permanent Supportive Housing (disability required)	PSH
ENDV Fairweather Lodge PH	PH - Permanent Supportive Housing (disability required)	PSH
ENDV USAA Grant 3 RRH	PH - Rapid Re-Housing	RRH
ENDV USAA HP	Homelessness Prevention	Prevention
ENDV USAA RRH	PH - Rapid Re-Housing	RRH
ENDV VA SSVF H2 TX607 RRH	PH - Rapid Re-Housing	RRH
ENDV VA SSVF TX500 HP	Homelessness Prevention	Prevention
ENDV VA SSVF TX500 RRH	PH - Rapid Re-Housing	RRH
FE ESG Navigator	Street Outreach	Street Outreach
FE ESG Prevention	Homelessness Prevention	Prevention
FE Navigator Assistance	Street Outreach	Street Outreach
FE SSVF Homeless Assistance TX501	PH - Rapid Re-Housing	RRH
FE SSVF Homeless Assistance TX504	PH - Rapid Re-Housing	RRH
FE SSVF Homeless Prevention TX501	Homelessness Prevention	Prevention
FE SSVF Homeless Prevention TX504	Homelessness Prevention	Prevention
FVPS Community Based Counseling	Not a HUD HMIS Project	Services Only
GG RHY Basic Center ES	Emergency Shelter (ES)	ES
H4H Aftercare ESG RRH	PH - Rapid Re-Housing	RRH

H4H Aftercare SSO	Services Only	Follow-Up Services
H4H Benefits Entitlement SSO	Services Only	Services Only
H4H County Jail Release SSO	Services Only	Special Population Bed
H4H Courtyard OSSA	Other	Courtyard
H4H Courtyard Respite Bay SSO	Services Only	Special Population Bed
H4H CY Community Care	Services Only	Services Only
H4H CY COSA DRP ES	Emergency Shelter (ES)	DRP
H4H CY Guest Relations SSO	Services Only	Courtyard
H4H CY Mobility Impaired SSO	Services Only	Courtyard
H4H Day Sleeper SSO	Services Only	Transformational Campus
H4H DSHS PSH	PH - Permanent Supportive Housing (disability required)	PSH
H4H DSHS Retention SSO	Services Only	Follow-Up Services
H4H Education ELA	Not a HUD HMIS Project	Services Only
H4H Emergency Services ES	Other	Transformational Campus
H4H Employment Readiness SSO	Services Only	Services Only
H4H Employment Readiness TWC SSO	Services Only	Services Only
H4H ESG Downtown Street Outreach	Street Outreach	Street Outreach
H4H ESG Street Outreach	Street Outreach	Street Outreach
H4H GED SSO	Services Only	Services Only
H4H Haven to Home Families SSO	Services Only	Transformational Campus
H4H Haven to Home SSO	Services Only	Transformational Campus
H4H Higher Education	Not a HUD HMIS Project	Services Only
H4H Indirect Services	Services Only	Services Only
H4H Intake Services SSO	Services Only	H4H Intake
H4H Jail Release SSO	Services Only	Special Population Bed
H4H Job Training - MAP	Not a HUD HMIS Project	Services Only
H4H Job Training Custodian	Not a HUD HMIS Project	Services Only
H4H Job Training- Laundry	Not a HUD HMIS Project	Services Only
H4H Kennel SSO	Services Only	Services Only
H4H Late Arrivals SSO	Services Only	Transformational Campus
H4H Master ES	Emergency Shelter (ES)	Master Enrollment
H4H Off Campus Education Certificate	Not a HUD HMIS Project	Services Only
H4H Pre Intake	Not a HUD HMIS Project	H4H Pre-Intake
H4H Qualfon Program SSO	Services Only	Services Only
H4H Sack Meals Breakfast	Not a HUD HMIS Project	Services Only
H4H Sack Meals Dinner	Not a HUD HMIS Project	Services Only
H4H Sack Meals Lunch	Not a HUD HMIS Project	Services Only
H4H Spiritual Services SSO	Services Only	Services Only
H4H TWC Alamo Colleges Job Training	Not a HUD HMIS Project	Services Only

H4H UHS Jail Release SSO	Services Only	Special Population Bed
H4H Verified Late Worker SSO	Services Only	Courtyard
H4H Verified Worker SSO	Services Only	Courtyard
H4H Veteran Navigator SSO	Services Only	Special Population Bed
HABC ESG Prevention	Homelessness Prevention	Prevention
HABC VASH PSH	PH - Permanent Supportive Housing (disability required)	PSH
Jail Re-entry Program	Other	Services Only
Pay it Forward NRS ES	Other	Sober Living/Treatment
RMYA RHY Basic Center ES	Emergency Shelter (ES)	ES
RMYA RHY Turning Point TLP TH	Transitional Housing (TH)	TH
SAAF CoC PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAAF CoC PSH II	PH - Permanent Supportive Housing (disability required)	PSH
SAAF Dining SSO	Services Only	Services Only
SAAF HOPWA Skilled Nursing/Hospice PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAAF HOPWA TBRA PH	PH - Permanent Supportive Housing (disability required)	PSH
SAAF HOPWA TH	Transitional Housing (TH)	TH
SAFB Job Training Culinary Arts SSO	Services Only	Services Only
SAHA CHCS Set Aside Voucher PH	PH, Housing Only	OPH
SAHA CoC PSH 86	PH - Permanent Supportive Housing (disability required)	PSH
SAHA H4H Homeless Services Voucher PH	PH, Housing Only	OPH
SAHA SAMM Set Aside Voucher PH	PH, Housing Only	OPH
SAHA VASH PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAMM Aftercare SSO	Services Only	Services Only
SAMM Bexar EIP RRH	PH - Rapid Re-Housing	RRH
SAMM Bexar EIP SSO	Services Only	Services Only
SAMM Bexar ESG HP	Homelessness Prevention	Prevention
SAMM Bexar ESG RRH	PH - Rapid Re-Housing	RRH
SAMM Bexar FDC RRH	PH - Rapid Re-Housing	RRH
SAMM CoC Housing First I PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAMM CoC Housing First III PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAMM CoC Housing First IV PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAMM CoC PSH	PH - Permanent Supportive Housing (disability required)	PSH
SAMM CoC TH	Transitional Housing (TH)	TH

SAMM COSA RRH Intake	PH - Rapid Re-Housing	RRH
SAMM COSA Street Outreach	Street Outreach	Street Outreach
SAMM ESG CDBG RRH	PH - Rapid Re-Housing	RRH
SAMM ESG COSA RRH	PH - Rapid Re-Housing	RRH
SAMM ESG TDHCA HP	Homelessness Prevention	Prevention
SAMM ESG TDHCA RRH	PH - Rapid Re-Housing	RRH
SAMM HP	Homelessness Prevention	Prevention
SAMM HUD RRH	PH - Rapid Re-Housing	RRH
SAMM HUD RRH Intake	PH - Rapid Re-Housing	RRH
SAMM Senior HP	Homelessness Prevention	Prevention
SAMM Senior RRH	PH - Rapid Re-Housing	RRH
SAMM TDHCA Prevention Intake	Homelessness Prevention	Prevention
SAMM TVC VHSP HP	Homelessness Prevention	Prevention
SAMM United Way HP	Homelessness Prevention	Prevention
SAMM USAA HP	Homelessness Prevention	Prevention
SAMM USAA Veteran HP	Homelessness Prevention	Prevention
SAMM USAA Veteran RRH	PH - Rapid Re-Housing	RRH
SAMM VHSP RRH	PH - Rapid Re-Housing	RRH
SAPD Hope SSO	Services Only	Services Only
SARAH USAA Operation Blue Heart SSO	Not a HUD HMIS Project	Services Only
St. Mary's Lawyering SSO	Services Only	Services Only
St. PJ's ESG Prevention (Catholic Charities)	Homelessness Prevention	Prevention
St. PJ's Project Ayuda ESG HP	Homelessness Prevention	Prevention
St. PJ's Project Ayuda TH	Transitional Housing (TH)	TH
Street2Feet SSO	Services Only	Services Only
Strong Foundation ES	Emergency Shelter (ES)	ES
Strong Foundation HomeBase TH	Transitional Housing (TH)	TH
SVDP Baptist Health HP	Homelessness Prevention	Prevention
SVDP Bexar ESG HP	Homelessness Prevention	Prevention
SVDP Bexar ESG RRH	PH - Rapid Re-Housing	RRH
SVDP Bistro Trainee SSO	Services Only	Services Only
SVDP Bistro Volunteer SSO	Not a HUD HMIS Project	Services Only
SVDP Community Assistance SSO	Other	Services Only
SVDP COSA ESG RRH	PH - Rapid Re-Housing	RRH
SVDP COSA RRH Retention	PH - Rapid Re-Housing	RRH
SVDP EFSP HP	Homelessness Prevention	Prevention
SVDP SA Area Foundation SSO	Services Only	Services Only
THRIVE Adult Services SSO	Services Only	Services Only
THRIVE Courtyard SSO	Services Only	Services Only
THRIVE ES	Other	ES

TSA CoC Scattered Sites PSH	PH - Permanent Supportive Housing (disability required)	PSH
TSA CoC Stepping Forward RRH	PH - Rapid Re-Housing	RRH
TSA CoC Stepping Forward TH	Transitional Housing (TH)	TH
TSA Dave Coy Men SSI Dormitory ES	Emergency Shelter (ES)	ES
TSA Dave Coy Men SSI Dormitory TH	Transitional Housing (TH)	TH
TSA Dave Coy Men Transient ES	Emergency Shelter (ES)	ES
TSA Dave Coy Men Workers ES	Emergency Shelter (ES)	ES
TSA Dave Coy Men Workers TH	Transitional Housing (TH)	TH
TSA Emergency Women and Family Shelter ES	Emergency Shelter (ES)	ES
TSA ESG RRH FY16	PH - Rapid Re-Housing	RRH
TSA Social Services	Services Only	Services Only
TSA Social Services Emergency SSO	Services Only	Services Only
TSA Social Services Food Pantry SSO	Services Only	Services Only
TSA Social Services Rental Assistance	Services Only	Services Only
TSA Social Services Utilities SSO	Services Only	Services Only
TSA Veterans HP	Homelessness Prevention	Prevention
TSA Women's Worker	Transitional Housing (TH)	TH
YMCA PreSchool SSO	Services Only	Services Only

Appendix E: Qualitative Data Methodologies

From November 2019 through February 2020, Homebase conducted several site visits to learn more about San Antonio's homeless response system from stakeholders, including strengths of the current system and areas of improvement. During this period, Homebase attended and facilitated over 50 distinct meetings with hundreds of stakeholders in San Antonio, including:

- Homeless service providers
- Clients and persons with lived experience
- South Alamo Regional Alliance for the Homeless (SARAH), San Antonio's Continuum of Care (CoC)
- San Antonio City Departments
- Bexar County
- City councilmembers
- Outreach workers
- Domestic violence service providers
- Representatives from the criminal justice system
- Faith-based organizations
- Local business sectors, including the Hotel and Tourism industry
- Representatives of local hospital systems and medical service providers
- Representatives of the corrections and judicial systems
- Neighbors and citizens

Homebase has summarized the feedback and insights gained from these meetings in Appendix F, which highlights both the community assets and the areas of improvement identified by key stakeholders throughout this process.

Appendix F: Full List of Stakeholder Feedback & Insights on Areas of Improvement for San Antonio’s Homeless Response System

THEME #1: CONTINUUM OF HOUSING AND SERVICES

Stakeholders identified the need for a more robust continuum of shelter, housing and services for persons experiencing homelessness, ranging from prevention to permanent and affordable housing options. Stakeholders also expressed the importance of new and expanded housing and service options reflecting local realities and needs, such as rising rents and limited affordable housing stock.

- 1. Prevention and Diversion:** Stakeholders expressed concern that there are not enough resources to prevent people from experiencing homelessness, particularly those in subsidized housing and those at-risk of eviction. This need is two-fold, with concerns around addressing low wages and economic insecurity that can result in housing instability, as well as expanding and improving access to emergency assistance for rent, utilities, and other needs address housing crises as they arise and before they result in homelessness. Among homeless service providers, there was also concern that prevention and diversion efforts are not being adequately aligned, utilized, prioritized and tracked. Youth stakeholders identified a particular need for improved coordination—particularly across the homeless, juvenile justice, education, and child welfare systems—for preventing youth homelessness.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Evictions by private property owners and Public Housing Authorities (PHAs) are resulting in evictions.	<ul style="list-style-type: none"> • Work with PHAs to evaluate existing policies, including notices to vacate, eviction policies and fine and fee structures. • Better identify and support households at-risk of losing their PHA units in order to prevent eviction and potential exits into homelessness. • Provide life skills, credit, and financial management classes, and other supportive services to those in PHAs and subsidized housing units “moving on” to market rate housing units. • Research other eviction prevention programs that may work in San Antonio (ex: WA State Eviction Prevention Legislation, Denver eviction prevention program). • Increase public education regarding tenant’s rights and eviction prevention services.
Prevention and diversion efforts are not being adequately aligned, prioritized, utilized, or tracked.	<ul style="list-style-type: none"> • Utilize SACRD.org with low acuity individuals who would not be prioritized for resources in the homeless response system. • Build diversion into HMIS and Coordinated Entry to allow tracking of utilization and outcomes (ex: additional touches with the homeless response system after diversion efforts). • Train intake workers and case management staff to engage in problem-solving as a form of prevention and diversion

(identifying individual strengths and resources outside the homeless response system).

- Increase access to family engagement/reunification services, utility assistance, and school-based prevention resources for individuals at-risk of homelessness.
- Increase alignment with employment and jobs programs as part of homeless prevention efforts.
- Implementation of a prioritization process to ensure that prevention assistance is being provided to those most vulnerable to losing their housing and falling into homelessness. Look to prioritization process and eligibility criteria for City of San Antonio Neighborhood & Housing Services Department (NHSD) homeless prevention assistance program as a model.
- Improve coordination across systems (homeless, juvenile justice, education, child welfare) to prevent homelessness, particularly for at-risk youth.
- Collaborate and advocate to address the issue of low wages and the economic drivers that result in housing instability and homelessness.

Silos exist between existing prevention efforts, leading to a lack of coordination.

- Improve community-wide knowledge of how to connect and navigate individuals to prevention resources.
- Determine how to most effectively utilize prevention funds to address homelessness, including how to assess and provide the right amount of support to each individual.
- Develop a process to triage assessments that indicate that an individual is “doubled-up”, “couch-surfing”, or otherwise at-risk of homelessness to prevention services, preferably through Coordinated Entry.
- Align all sources of prevention funding in San Antonio to maximize utilization of each funding source. Utilize private prevention funds from donors and foundations to fill gaps and meet needs that cannot be provided by ESG prevention funds.
- Investigate the use of CDBG funds to provide security deposits as part of homeless prevention efforts.

- 2. Services:** Stakeholders, particularly clients with lived experience, expressed the need for more robust and low-barrier service options to address the basic needs of people experiencing homelessness, particularly those in unsheltered situations. Key services identified include food, clothing, shower facilities, basic hygiene supplies, medical supplies, phones, and access to storage facilities. Stakeholders also expressed the importance of providing more robust services to help attain and maintain housing, such as ID recovery supports and employment resources.

Stakeholder Concerns	Stakeholder Ideas for Solutions
People experiencing homelessness need more access to resources to address their basic needs.	<ul style="list-style-type: none"> • Expand low-barrier programs that meet the basic needs of people experiencing homelessness, including food, clothing, shower facilities, basic hygiene supplies, medical supplies, and phones. • Provide long-term case management, counseling, and navigation services that follows an individual from the street through the homeless response system or other systems of care to connect the person to what they need. • Increase mobile and satellite resources that are available to neighborhoods beyond the Downtown district. • Provide more resources in one-stop shops or drop-in centers, allowing people to meet multiple needs and access multiple services all at once.
People experiencing homelessness lack safe and secure places to keep their belongings.	<ul style="list-style-type: none"> • Provide access to safe locker or storage facilities to prevent property theft or loss for people in unsheltered situations and those residing in shelter.
People experiencing homelessness need access to additional resources to help them attain and sustain housing.	<ul style="list-style-type: none"> • Increase awareness and utilization of workforce and employment programs in San Antonio such as WorkSource and Job Corps for people experiencing homelessness. • Increase marketing and awareness of ID recovery programs in San Antonio, including through street outreach efforts.

3. Shelter and Crisis Response: Stakeholders identified a need for more shelter options to help quickly move people off the streets and out of unsheltered situations when they are ready to engage in services. Stakeholders were concerned that current shelter options in San Antonio are operating over capacity and that there is a lack of options for populations of focus, including families and unaccompanied youth and young adults (YYA) ages 18-24. Additionally, stakeholders expressed a desire for more low-barrier shelter options, particularly 24/7 shelter options and options for individuals who are actively using substances. Improving safety and security of shelters was also a common concern among persons with lived experience of homelessness.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There are not enough low-barrier shelter options.	<ul style="list-style-type: none"> • Provide more shelter opportunities that are low-barrier, such as: <ul style="list-style-type: none"> ○ Shelter options for partners/gender neutral congregate shelter ○ Programs that operate without sobriety requirements, residency requirements or shelter fees ○ Shelters targeted to individuals with serious mental illnesses or substance use disorders

	<ul style="list-style-type: none"> • Explore opportunities to expand and replicate the Bunk House model, which provides a low-cost place to sleep and store belongings, throughout other part of San Antonio. • Provide more housing options for populations of focus who are being underserved by current shelter options, including families and unaccompanied youth and young adults ages 18 to 24.
There are not enough ready and accessible shelter options for when a person is ready to move off the street.	<ul style="list-style-type: none"> • Establish emergency shelter beds dedicated for street outreach to quickly move chronically homeless individuals off the street when they say they are ready to engage in services. • Provide 24/7 shelter options for individuals experiencing an emergency or crisis after Coordinated Entry and program hours. • Explore options for day shelters and drop-in centers to provide access to rest, shower facilities, and basic needs outside of standard shelter hours. • Develop more intermediary housing options (ex: peer run respite centers, halfway houses) to keep connected to people experiencing homelessness and continue providing services while they await a housing placement.
People in unsheltered situations feel unsafe entering shelter.	<ul style="list-style-type: none"> • Work with shelters to expand safety and security measures to avoid property theft and violence. • Identify and target funding for shelter safety and security improvements. • Expand or establish new shelter options dedicated or targeted to vulnerable populations who may currently feel unsafe entering shelter, including survivors of sexual domestic violence and youth experiencing homelessness.

4. Rapid Re-Housing (RRH): Stakeholders reported having positive experiences with RRH across programs in San Antonio. However, some stakeholders expressed concerns regarding establishing community-wide definitions and standards for RRH to create more consistency across programs, including length of time of assistance and how clients should be prioritized for RRH. A number of stakeholders also expressed a need for RRH to be able to better address the intensive needs of persons experiencing homelessness in San Antonio, which may require looking at different models such as TH-RRH (for the general population as well as for specific populations such as YYA and persons exiting institutions) and opportunities to provide more robust and comprehensive case management in RRH projects.

Stakeholder Concerns	Stakeholder Ideas for Solutions
The structure and role of RRH as a housing model is not defined across programs.	<ul style="list-style-type: none"> • Develop community-wide policies and procedures for Rapid Re-Housing programs that establish a standardized approach to what RRH looks like, including length of time of assistance and who will be prioritized for RRH as an intervention.

RRH is not currently able to respond to the intensive needs of persons experiencing homelessness in San Antonio.	<ul style="list-style-type: none"> • Identify funding sources to provide more intensive case management in RRH for individuals who present more significant vulnerabilities and needs. • Consider utilizing RRH with intensive supports as bridge housing to PSH when PSH units are unavailable for highly vulnerable individuals. • Investigate TH-RRH as a model for the general population, as well as implementing through YHDP for youth and young adults experiencing homelessness.
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5. Permanent and Affordable Housing: Stakeholders from across experiences and systems of care identified a need for additional permanent and affordable housing units. Affordable housing units were identified as a need for both homeless prevention and homeless response, whereas permanent housing (with and without supports) was identified as an important need for people exiting street homelessness and transitioning out of emergency and medium-term housing interventions. Stakeholders expressed a need for single-site permanent supportive housing (PSH) that can provide wraparound supportive services and case management on-site for persons with significant chronic conditions.

Many stakeholders were open to innovative and unconventional housing models—such as renovation and reuse of abandoned properties, shared and co-housing models, and tiny home communities—as long as these models are implemented according to best practices, in accordance with zoning and code compliance requirements, and with access to comprehensive wraparound supportive services provided. Stakeholders also expressed a desire for a range of permanent housing options that include but are not limited to operating within the Housing First model.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is a lack of local capacity for affordable housing development in San Antonio.	<ul style="list-style-type: none"> • Establish a requirement to include ELI/ULI units whenever City of San Antonio incentivizes housing development. • Build the capacity of Community Development Corporations (CDCs) to develop housing that meets the needs of persons experiencing homelessness.
It is difficult to build permanent housing for people experiencing homelessness in San Antonio given market and development constraints.	<ul style="list-style-type: none"> • Consider innovative permanent and affordable housing strategies, including: <ul style="list-style-type: none"> ○ Renovation of abandoned motels/hotels to SRO units with wraparound supportive services ○ Reuse and renovation of Kelly Airforce Base as housing with supportive services for persons experiencing homelessness (potentially targeted to Veterans or senior citizens), including employment opportunities at the Port

- Tiny home/RV communities with supportive services, including education, employment, and medical resources, similar to Community First! Village in Austin
- Shared housing, co-housing and room sharing models, including dormitories and single room occupancy (SRO) units
- Microunits and container home units
- Advocate for flexible funding for permanent and affordable housing at the local, state, and federal levels.
- Explore opportunities to collaborate with faith-based organizations to develop affordable housing on faith-based properties. Look at Good Acres as a potential model.
- Involve code compliance from the beginning to ensure that non-traditional housing models meet all safety regulations.
- Work with the San Antonio Zoning Commission to address barriers to non-traditional housing models such as tiny homes.

There are not enough PSH units for families.

- Collaborate with SAHA to dedicate project-based vouchers to new PSH/affordable housing developments, including vouchers set-aside for families.
- Increase the number of PSH units that are available for families experiencing homelessness.
- Conduct system modeling to develop an estimate of needed units for different populations experiencing homelessness, including families.

There is a need for more property owners who are willing to serve people who have experienced homelessness.

- Increase marketing and awareness of the Provider Liability Assurance for Community Empowerment (PLACE) landlord risk mitigation fund.
- Provide landlord education on program supports and case management that are provided for individuals in RRH and PSH programs. Identify point of contact to help navigate landlord-individual relationship and mediate concerns.
- Work with SARA to develop a community-wide strategy for identifying and recruiting landlords.

6. Housing First: Housing First is required for HUD-funded projects and is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness and providing them with voluntary wraparound services to help them achieve personal and housing stability. Some stakeholders expressed a desire for greater understanding and implementation of Housing First among programs in San Antonio.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Housing First is not well understood or implemented among San Antonio housing and homeless service providers.	<ul style="list-style-type: none"> • Establish a community-wide, standard definition of Housing First and community standards for use across San Antonio homeless service providers. • Provide community-wide education and trainings on Housing First as a philosophy. • Work with programs that have already adopted of the Housing First philosophy to help other programs implement Housing First policies and procedures. • Provide training and education on key principles of Housing First, including utilizing a person-centered approach and developing low-barrier policies and procedures.

7. Coordinated Entry System: Stakeholders working within the homeless response system expressed concern over making sure that San Antonio’s Coordinated Entry System is standardized and operating in an effective, efficient manner to quickly connect vulnerable persons to housing and services. It is important to note that SARAH is in the process of evaluating Coordinated Entry and updating its policies and procedures, which will address many of the concerns identified by stakeholders during this process.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Coordinated Entry’s Policies and Procedures are not standardized or streamlined to connect the most vulnerable people quickly and efficiently on the by-name list to housing.	<ul style="list-style-type: none"> • Ensure Coordinated Entry’s Policies and Procedures are in alignment with HUD’s Coordinated Entry and Prioritization Notices. • Improve alignment between outreach case conferencing and Coordinated Entry prioritization and referral processes. <ul style="list-style-type: none"> ○ Ensure that individuals identified as highly vulnerable by outreach workers are prioritized for housing and services. ○ Utilize case notes from outreach workers to help connect each individual to a housing intervention suited to their vulnerabilities and needs. ○ Improve coordination between housing providers, SARAH, and outreach teams to find and engage with people who are prioritized and referred for PSH. • Develop a process for regularly reviewing and clean-up of the by-name list to reflect those individuals with the highest vulnerability who can be served right away. <ul style="list-style-type: none"> ○ Set expectations for regular staff check-ins and follow-up with individuals on the by-name list to update their information and keep them “active” in the Coordinated Entry System.

- Streamline referral process so that units in transitional housing (TH), rapid re-housing (RRH), and permanent supportive housing (PSH) are being filled quickly when there are vacancies.
 - Establish reducing vacancies as a priority for Coordinated Entry.
 - Improve integration of different program eligibility standards and requirements into Coordinated Entry System to improve efficiency of matching and referral process.

Not all homeless service providers are using Coordinated Entry to serve the most vulnerable individuals and connect them to housing and services.

- Increase community alignment with the standardized prioritization process, including ensuring that all placements are being taken from Coordinated Entry.
- Work to align non-federal grant agreements with HUD requirements that programs take all referrals from the Coordinated Entry.
- Establish strict policies and procedures around program denials of referrals, including an expectation that provider agencies will only rarely reject a referral from Coordinated Entry.

There is a lack of community knowledge and utilization of Coordinated Entry as the access point for homeless housing and resources.

- Improve education and marketing of Coordinated Entry as the entry point for homeless housing and resources among individual, providers, and other systems of care (ex: child welfare, hospitals).
- Consider re-branding Coordinated Entry/Coordinated Entry to improve buy-in and resonance with non-HUD-funded programs.
- Identify additional hubs or satellite sites that can function as Coordinated Entry access points.

THEME #2: UNSHELTERED HOMELESSNESS

Unsheltered homelessness was one of the predominant themes that emerged from Homebase’s meetings with stakeholders, including concerns regarding unsheltered homelessness in the Downtown District, encampments, and vehicular homelessness. Stakeholders expressed concerns for health and safety of people residing in unsheltered situations, as well as for neighbors, tourists, and local industries that are impacted by unsheltered homelessness as well.

1. **Outreach:** Adult consumer with lived experience of unsheltered homelessness shared positive experiences with outreach but expressed that there are not enough outreach workers to meet their needs. Youth clients shared different experiences with outreach, describing a system that lacks empathy and fails to respect their trauma and build trust. Clients widely expressed the importance of increasing outreach to “meet people where they are” (including through drop-in centers), build trust and rapport, address basic needs, and provide connections to housing and services once an individual is ready. One key focus that emerged was the need for increased outreach that can help meet the clinical health and

behavioral health needs of persons in unsheltered situations and connect them to housing and health services. Youth also identified the need for more outreach and access points that are welcoming regardless of sexual or gender identity.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is a need for more outreach that addresses the significant health, mental health, and substance use disorders experienced by people on the streets.	<ul style="list-style-type: none"> • Expand the homeless outreach clinician pilot program. The homeless outreach clinician provides intensive case management and connections to appropriate services for individuals experiencing unsheltered homelessness who have a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorder (COD). • Increase clinical outreach to the Courtyard to identify persons with mental health needs and make appropriate referrals and connections. Adopt a progressive engagement model with Courtyard occupants to connect them with more voluntary resources, services, and groups while they await housing placement.
People experiencing unsheltered homelessness need additional support navigating the homeless response system.	<ul style="list-style-type: none"> • Support outreach workers in providing continuity of care for highly vulnerable persons experiencing homelessness, including helping individuals navigate the homeless response system and providing more intensive case management. • Develop more clinical and non-clinical case manager roles to help navigate people experiencing homelessness through the systems of care they need. • Establish two new system navigator roles: one focused on system discharges and one on unsheltered homelessness. • Develop a formal peer outreach program for individuals experiencing unsheltered homelessness and those with serious mental illness.
SOAR is not adequately incorporated into existing outreach efforts.	<ul style="list-style-type: none"> • Strengthen local relationship with SSA to allow for expansion of SOAR program in San Antonio, particularly as part of outreach, engagement, and system navigation efforts.
There is a need for increased outreach and engagement efforts that meet people where they are and are welcoming of all persons.	<ul style="list-style-type: none"> • Invest in the development and expansion of drop-in centers, including a drop-in center for youth ages 18 to 24. • Ensure new and existing access points to housing and services are welcoming to all persons experiencing homelessness, regardless of their sexual or gender identity.

2. **Encampments:** Many stakeholders expressed concerns regarding the growth and entrenchment of encampments throughout San Antonio's neighborhoods, particularly regarding the health and safety concerns posed by waste. Stakeholders also expressed frustration that the encampment resolution process often feels temporary, with

encampments reappearing shortly after they are cleared. Some stakeholders expressed a need for more time and outreach to encampments to move people into supportive shelter and services, decreasing the chance of re-encampment.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Encampments are becoming entrenched and pose a health and safety risk to the local community.	<ul style="list-style-type: none"> • Prioritize encampments for resolution and abatement based on risks, which include health, safety, and the vulnerability of populations residing in them. • Continue efforts to identify and map encampments in real-time to allow quick outreach and engagement to residents before encampments become entrenched. Consider using Outreach Grid as primary tool for mapping of encampments. • Improve 311SA App to be more user-friendly for residents to record encampment or unsheltered homelessness issues.
The current encampment resolution process does not provide enough supports and resources to prevent people experiencing homelessness from returning to encampments.	<ul style="list-style-type: none"> • Ensures that intensive services, supports, and assistance, including temporary and permanent housing options are provided well in advance of encampment closure. • Provide a longer notice of abatement to encampments (currently 48 hours) to allow for more intensive outreach and engagement to persons residing in the encampment. • Identify potential funding sources, such as ESG outreach funds, to support assertive outreach and engagement efforts to encampment residents prior to encampment abatement. • Develop dedicated shelter beds and temporary housing options to assist those transitioning out of encampments. • Explore storage options for individuals who are residing in encampments that are planned for abatement.

3. Health & Mental Health: Stakeholders expressed concerns about the severe and often untreated health and mental health challenges experienced by people in unsheltered situations. Stakeholders were also concerned about the lack of accessible health and mental health resources available to meet people in unsheltered situations where they are at. For youth clients, lack of access was tied to experiences of feeling unsafe and unwelcome seeking health and behavioral health services.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There are not enough health and mental health resources to meet persons with serious health and mental health issues where they are at, physically and in their	<ul style="list-style-type: none"> • Target high utilizers of mental health and crisis resources experiencing unsheltered homelessness and those in the Courtyard and for existing mental health resources. Consider development of a frequent user program for San Antonio to achieve improved outcomes for this population.

willingness to engage in services.

- Develop partnerships with medical and dental schools for medical students to participate in homeless health clinics or street medicine initiatives.
- Increase coordination with PATH team to get unsheltered individuals with SMI, SUD, or COD referred for mental health services as soon as possible through the PATH program.
- Establish a crisis response team of licensed professionals to respond to health and mental health issues on the streets:
 - Consider partnership between law enforcement and licensed clinician(s)
 - Need to operate (on-call) 24/7 to respond to crises
 - Develop system for triaging 9-1-1 calls that deal with homelessness to crisis response team instead of SAPD
- Expand and strengthen capacity of health and mental health partner agencies to provide same-day/next-day appointments for unsheltered patients.
- Decrease barriers for accessing mental health services such as residency requirements.
- Work with youth with lived experience to address barriers to health and behavioral health services they have faced, including feeling unsafe and unwelcome seeking services.
- Work with behavioral health providers to develop contract detox beds that are available to outreach teams for people experiencing homelessness in need of immediate assistance.

There are not enough programs or resources that provide the level of care needed for people experiencing homelessness who are chronically ill or mentally ill.

- Work with the Southwest Texas Regional Advisory Council (STRAC) and other health care partners to identify and establish acute health and mental health supports for chronically ill persons experiencing homelessness. Needs to be addressed include:
 - Mobile crisis health and mental health interventions
 - Long-term health and behavioral health in-patient care
 - Pre-crisis mental health center
 - Dedicated respite and recovery beds for chronically ill individuals experiencing homelessness
 - Step down facilities for people who are chronically ill or mentally ill
- Foster connections between individuals experiencing homelessness and primary care physicians to help address their primary medical and mental health needs, including stress response to homelessness.
- Strengthen extended care network of specialists and tertiary care providers willing and able to help individuals experiencing homelessness with their serious, chronic health concerns.

It is difficult to provide health and mental health care to persons experiencing homelessness without insurance.

- Improve provider knowledge and education on how to connect persons experiencing homelessness with Medicaid, Medicare, and other subsidized health care, including how to make referrals to benefits specialists at Haven for Hope and health care navigators throughout the community.
- Explore option to set up and enroll people experiencing homelessness into a health insurance program.

Unsheltered situations often create health risks that exacerbate existing health conditions for people experiencing homelessness.

- Increase access to trash cans and restroom facilities for people experiencing unsheltered homelessness and those residing in encampments to decrease health risks.

4. Vehicular Homelessness: Stakeholders identified people residing in their cars as their only form of shelter as a “hidden” population of persons experiencing unsheltered homelessness in San Antonio. Stakeholders, including persons with lived experiences of vehicular homelessness, reported that there are few resources or strategies in place to meet the needs of this distinct population.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There are no dedicated strategies or interventions for serving people residing in their vehicle in San Antonio.	<ul style="list-style-type: none"> • Establish a Safe Parking Program for persons residing in their vehicles. • Evaluate existing policies and ordinances that may disproportionately impact people residing in their vehicles. • Look to best practices from other communities to develop solutions and implement protections for persons experiencing vehicular homelessness. • Work with persons with lived experience of vehicular homelessness to develop appropriate outreach strategies and housing and service interventions for this population.

THEME #3: COORDINATION AND COMMUNICATION

Stakeholders identified a need for increased coordination and communication at the community, provider, and systems levels. Stakeholder meetings revealed a wealth of information, resources and opportunities that exist in San Antonio to address homelessness, but that knowledge of these resources was often not shared among all relevant stakeholders including clients and the public. Homeless service providers, including those in the faith-based community, also expressed a desire for improved coordination between organizations to avoid duplication of services and improve cross-agency referrals.

1. System Level Coordination: Stakeholders shared that they saw opportunities for formalizing collaboration and coordination at the systems level, in turn streamlining local decision-

making processes and increasing cross-systems alignment around homelessness initiatives. Stakeholders indicated that this work will require buy-in from executive leadership among key stakeholders in San Antonio. This was identified as a high priority by many stakeholders to help streamline decision-making processes and align funding and policy priorities for San Antonio. Stakeholders also expressed that true system level coordination will require engaging partners beyond traditional homeless response providers to establish cross-system strategies and priorities for addressing homelessness.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is a need for more formalized coordination and collaboration at the systems level in San Antonio.	<ul style="list-style-type: none"> • Establish decision-making body of Executive Leaders to meet in-person regularly and align high-level policies, priorities, and funding decisions regarding homelessness in San Antonio. • Increase the role of Bexar County and HUD-funded providers in decision-making processes, including establishing housing and service priorities. • Work with system leaders beyond traditional homeless response stakeholders—including health, mental health, justice, foster care, and education systems—to formalize relationships and establish cross-system strategies and priorities for addressing homelessness.

2. **Community-Wide Education and Communication:** Throughout Homebase’s on-site meeting, stakeholders acknowledged a lack of shared understanding of core components of the homeless response system, including what housing and service options exist for people experiencing homelessness; what resources exist for providers, agencies, and systems to assist their individuals experiencing homelessness; how the Coordinated Entry System works; or where to refer someone in order to access housing and services. This includes a need to prevent knowledge loss by improving staff retention and decreasing staff turnover within the homeless response system. Stakeholders also identified a need for more standardized access to educational information and trainings on homelessness and the homeless response system.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is no standardized process for sharing information, providing education, and facilitating regular communication with homeless providers and system partners, resulting in gaps of knowledge about	<ul style="list-style-type: none"> • Develop community-wide trainings and educational opportunities, including Homelessness 101 and Coordinated Entry 101. <ul style="list-style-type: none"> ○ Establish a training schedule and a lead convener for community-wide training opportunities. ○ Offer quarterly trainings on compliance with local, state, and federal regulations for community stakeholders, including faith-based organizations. ○ Ensure all staff working directly with people experiencing homelessness, including landlords, are trained on trauma-informed care, cultural competency, and working

community policies, practices, and resources.

with individuals with serious mental illness and substance use disorders.

- Build and expand on Membership Council meetings to support regular communication and information sharing with key stakeholders, including City Departments.
 - Consider developing both a regular in-person forum to foster connections, as well as a virtual forum for real-time information sharing and communication.
 - Utilize these forums as an opportunity to share what different programs do, how they work, what they offer, and how referrals can be made to their programs.
- Increase transparency around City and County grant processes, including how RFPs are designed and how outcome metrics are determined.

Prevent knowledge loss by increasing staff retention and decreasing staff turnover.

- Provide more funding for case managers to support higher wages and benefits to decrease turnover and improve capacity to attend learning opportunities.

There is a need for a central directory of homeless resources in San Antonio.

- Increase community-wide awareness and education around SACRD.org as a central directory for homeless resources in San Antonio.

Neighbors, citizens, and businesses would like additional information on how they can help address homelessness.

- Provide community education on several key topics identified through stakeholder meetings, including:
 - Navigating the homeless response system
 - Connecting persons experiencing homelessness to mainstream benefits such as Medicaid, Medicare, and SNAP
 - Conflict resolution and de-escalation
- Provide more regular updates at neighborhood forums to share information on current homelessness progress and initiatives and how individuals can help their neighbors experiencing homelessness.
- Offer free educational classes for citizens to be trained on how to help people experiencing homelessness (ex: how to be an advocate, knowledge of local resources, compassionate communication, how to deal with situations without creating or escalating conflict).

There is not enough urgency around the issue of homelessness in San Antonio.

- Develop a campaign for 2021 as “the year to eliminate homelessness” in San Antonio that reframes homelessness as a local emergency and provides immediate opportunities for action.

Information on homeless resources are not widely reaching persons experiencing homelessness.

- Improve outreach and information sharing with people experiencing homelessness by spreading news through flyers, word of mouth, and through street outreach efforts.

3. Outreach: Stakeholders shared that outreach efforts in San Antonio are strong and well-regarded among persons experiencing homelessness. However, there were significant concerns that there is a lack of coordination among the diverse outreach efforts of different organizations, which is particularly difficult on outreach staff because there are too few outreach workers to meet the need for outreach in San Antonio. Stakeholders shared that outreach efforts looks different and serves different purposes across agencies, but these efforts are not coordinated to reach the right person with the right type of outreach and intervention at the right time. Outreach workers have information on shared individuals but struggle to share this information with each other in a coordinated, formalized way. Additionally, outreach workers have inconsistent access to resources necessary for supporting their work with the unsheltered population, including transportation options.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is not a shared definition of outreach or what outreach should look like in San Antonio, including practices for conducting outreach to different populations of focus.	<ul style="list-style-type: none"> • Establish a shared definition of outreach (or for each type of outreach) in San Antonio. • Provide training for all outreach workers across agencies to establish shared expectations around individual engagement, including trauma-informed care, cultural competency, motivational interviewing, and engaging people with serious mental illness and substance use disorders. • Ensure outreach workers are trained to provide appropriate outreach and care to different populations of focus, including youth, families, and Veterans and to make referrals to population-specific outreach workers as appropriate.
Outreach efforts and resources are not coordinated across programs and providers.	<ul style="list-style-type: none"> • Develop a lead outreach position to organize outreach efforts across regions and agencies to improve cross-agency coordination and avoid duplication of efforts. • Expand outreach case conferencing to include all relevant agencies, including faith-based outreach initiatives. Work with agencies to develop schedule and strategy that supports staff attendance from all relevant agencies. • Provide centralized access to resources including basic needs (food, medical supplies, etc.), transportation/bus passes, and other supports that can be accessed by all outreach workers, regardless of agency. • Establish a consistent policy around outreach transportation across agencies.

- Consider investment in a shared transportation service that can be utilized by all outreach workers, regardless of agency.
- Improve coordination with programs and agencies providing transportation services, including PATH Team and Taxi Voucher Program.
- Expand use of Outreach Grid beyond the pilot project to help coordinate outreach efforts and sharing of information across outreach workers on shared individuals.

4. Data Sharing: Stakeholders shared that in order to improve cross-systems coordination and communication, there needs to be improved efforts to increase alignment and data sharing across different data management systems, including HMIS, hospital databases, criminal justice, education, and the child welfare systems. Stakeholders identified that key to the success of cross-systems data sharing will be identifying an agency or organization to lead these efforts.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is a need for more opportunities and information across systems to align data management systems and share information regarding homelessness.	<ul style="list-style-type: none"> ● Identify a lead agency to oversee the development of cross-system data sharing policies and practices (e.g. SARAH, DHS). ● Conduct trainings with stakeholders across systems to create shared understanding and break down myths regarding data sharing, HIPAA, and individual consent. ● Identify existing opportunities for alignment and integration of information for individuals experiencing homelessness across platforms. ● Develop new processes to help track how individuals experiencing homelessness are moving through systems of care and accessing resources. ● Work with YHDP cross-system data group to formalize cross-system partnerships for data sharing between education, juvenile justice, and child welfare.

5. Grant Reporting: Homeless providers shared that there is a need for outcomes alignment across different funding sources. Grantees of different funding sources have found that funding and reporting requirements vary significantly across funders, creating an extra burden of work for grantees of multiple streams of funding, including some reporting metrics are difficult to capture and track. Alignment of grant requirements and outcomes will require identifying a lead agency to coordinate efforts and communicate concerns between grantees and funders.

Stakeholder Concerns	Stakeholder Ideas for Solutions
The is a need for improved alignment are reporting and outcomes requirements for homeless funds from different funding sources.	<ul style="list-style-type: none"> • Identify a lead agency to coordinate the alignment of reporting and outcomes requirements and communicate concerns regarding funding requirements between grantees and funders. • Develop a crosswalk of grant and reporting requirements across common funding streams in San Antonio and develop areas for alignment. • Request grantee feedback on metrics that are difficult to capture and identify new ways to capture similar outcomes and data, including existing data elements in HMIS.
Current metrics and methods of data collection and reporting do not always capture information in a way that is beneficial for programs.	<ul style="list-style-type: none"> • Increase opportunities to capture individual feedback via client focus groups rather than surveys, which can be difficult for some individuals. • Improve data collection and reporting on why individuals become homeless in San Antonio to improve our response and local prevention efforts.

THEME #4: CROSS-SYSTEM PARTNERSHIPS TO PREVENT AND END HOMELESSNESS

Homebase's on-site meetings brought together key stakeholders from outside the homeless response system that work with persons experiencing homelessness, including faith-based organizations, the criminal justice system, health care providers, and local business sectors such as the tourism & hospitality industry. Universally, these stakeholders expressed a desire to play a more substantial role in efforts to prevent and end homelessness in San Antonio.

1. **Faith-Based Community:** Faith-based organizations are providing outreach, support and resources to people experiencing homelessness but shared that they are often not linked to the homeless response system or its resources. Faith-based organizations also shared that they face challenges in providing services to people experiencing homelessness without running into "red tape" and concerns around compliance with local and federal regulations. These organizations expressed a desire for greater involvement and support to participate in San Antonio's formal homeless response system. Some youth experiencing homelessness, particularly LGBTQ+ youth, have expressed distrust in working with faith-based organizations, identifying a need for increased collaboration with the faith-based community to build trust and provide culturally competent supports for this population.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Faith-based organizations should be more directly connected to the homeless response system.	<ul style="list-style-type: none"> • Continue to build rapport with faith-based leaders through regularly meetings and coordination between the City, SARAH, and the San Antonio Faith-Based Initiative. • Establish faith-based organizations as touchpoints for persons experiencing homelessness to connect with the homeless response system, including Coordinated Entry.

	<ul style="list-style-type: none"> • Improve alignment with faith-based organizations to de-duplicate efforts and to help fill the gaps that the City, County, SARAH, and other homeless response organizations cannot, such as serving individuals who are doubled-up and couch-surfing. • Increase outreach to faith-based organizations for their involvement in the annual Point-in-Time Count.
Faith-based organizations experience challenges in overcoming “red tape” and providing services in abundance with local and federal regulations.	<ul style="list-style-type: none"> • Work with faith-based organizations to come into compliance with local and federal regulations and to navigate bureaucratic processes for operating homeless assistance programs. • Provide access to trainings for faith-based organizations on best practices for working with persons experiencing homelessness and navigating the homeless response system, including safety considerations and working with persons experiencing serious mental illness, a substance use disorder, or a co-occurring disorder.
There is distrust among youth, including LGBTQ+ youth, about working with faith-based organizations.	<ul style="list-style-type: none"> • Increase involvement and engagement of faith-based providers in youth homelessness efforts, including YHDP. • Offer trainings on key principles of working with youth experiencing homelessness including Positive Youth Development (PYD), trauma-informed care, and LGBTQ+ competency to help build competencies and address concerns among youth about working with faith-based organizations.

2. Local Businesses and Industries: Local businesses and industries shared that homelessness deeply impacts their operations, particularly Downtown where unsheltered homelessness is more visible and concentrated. Business stakeholders shared that they are already taking action to help address homelessness, including donating private funds and providing resources to meet basic needs. Stakeholders from the local business community, including the hotel and tourism industry, expressed that they would like to be more involved and engaged as more formal partners in San Antonio’s ongoing efforts to address homelessness.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Local businesses and industries need additional support and resources to help address homelessness in San Antonio and address safety concerns for their guests and staff.	<ul style="list-style-type: none"> • Conduct regular education and outreach efforts with business owners to share resources and to gain their insights into current trends, experiences, and concerns regarding homelessness for the business community. • Work with local businesses to promote the “Change the Way We Give” campaign and other homeless initiatives as they arise. • Research best practices on how hotel and tourism industry is helping to address homelessness in other communities with strong tourism economies. • Engage more industries and business sectors in San Antonio’s local efforts to prevent and end homelessness.

- Provide guidance and trainings on topics such as safety, conflict resolution and de-escalation for business employees and staff who have regular interactions with persons experiencing homelessness.

3. Criminal Justice System: Stakeholders from the criminal justice system—including the San Antonio Police Department and the District Attorney’s Office—are already deeply engaged in San Antonio’s efforts to prevent and end homelessness. However, opportunities were identified to forge stronger connections between the criminal justice and homeless response systems, particularly around successful discharge planning from criminal justice institutions and the decriminalization of homelessness. Stakeholders identified the need for housing navigators to assist in making connections to housing prior to release, a model that is currently being explore through YHDP for youth involved in the juvenile justice system.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Homelessness should not be criminalized.	<ul style="list-style-type: none"> • Support the DA’s Office in sharing information and generating understanding of the new Criminal Trespass Policy among key stakeholders, including among SAPD officers, business owners, and homeowners’ associations. • Work with the DA’s Office to connect individuals who are identified as homeless through the new Criminal Trespass Policy to homeless and housing resources, preferably through Coordinated Entry. • Explore opportunity to establish a homeless court to support the specialized treatment and rehabilitation of homeless offenders. Look to the county’s Assisted Outpatient Treatment (AOT) program as a potential model. • Provide education to judges on homelessness and its intersection with criminal justice involvement.
The SAPD H.O.P.E. Team should be further supported as a model of compassionate policing.	<ul style="list-style-type: none"> • Support the establishment of the H.O.P.E. Team as a separate unit within the SAPD. • Establish a stable stream of funding to support the SAPD H.O.P.E. Team ID Recovery Program, including costs for transportation, documentation, and co-location of supportive services.
Homeless and mental health needs take law enforcement officers away from policing.	<ul style="list-style-type: none"> • Work with SAPD to develop a crisis response protocol for homeless and mental health needs that arise outside of outreach and agency hours. Determine level of additional outreach and clinical support needed to support SAPD in addressing homelessness.
People leaving the criminal justice system too often exit into homelessness.	<ul style="list-style-type: none"> • Collaborate with partners in the criminal justice system to strengthen discharge and transition planning process to avoid exits into homelessness:

- Improve identification of individuals at risk of homelessness (ex: persons who list their address as Haven for Hope).
- Work with incarcerated individuals at-risk of homelessness who will be released within 6 months to establish a transition plan including housing and supportive services.
- Expand navigator services to help connect persons involved with the criminal justice system to benefits prior to their release.
- Consider YHDP housing navigator for connecting youth to housing opportunities prior to release as a potential model for adults in the criminal justice system as well.

4. Health Care Partners: Health care partners such as hospitals and mental health service providers shared that they see a significant number of persons experiencing homelessness, many of whom are disengaged from the homeless response system. Health care partners identified the need for improved communication and coordination of care between the homeless and healthcare systems to expand access to health and mental health resources to people experiencing homelessness and keep them engaged in long-term treatment.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Health care providers need more coordination with the homeless response system to address the needs of patients experiencing homelessness.	<ul style="list-style-type: none"> ● Develop established pathways for communication and information sharing between the behavioral health system and homeless response system. This may include identifying points of contact for regular communication engagement as well as in-person and virtual forums for collaboration. ● Collaborate with the Southwest Texas Regional Advisory Council (STRAC) to improve communication regarding homelessness as a health concern across Bexar County's hospital systems. ● Provide education to hospitals and other health and mental health facilities on the San Antonio homeless response system, how to refer individuals experiencing homelessness to homeless resources and services, including how to connect patients to the Coordinated Entry System. ● Collaborate with NAMI to support their feasibility study for persons experiencing homelessness living with mental illness. ● Identify opportunities for the local Health Advisory Board to become involved in San Antonio homeless response and initiatives. ● Share with Health and Human Services at state level the need to address nexus of health and homelessness.

	<ul style="list-style-type: none"> • Work with the San Antonio State Hospital (SASH) and other hospital systems to provide access to HMIS and Coordinated Entry for their patients identified as experiencing homelessness. • Establish quarterly meetings between SARA and SASH hospital staff to continue responding to the health and mental health needs of persons experiencing homelessness.
Some patients experiencing homelessness are discharged from care before they are ready to care for themselves independently.	<ul style="list-style-type: none"> • Work with Haven for Hope to re-engage hospital leaders and staff around preventing inappropriate discharges for patients experiencing homelessness. • Continue to coordinate drop-offs and discharges from hospitals to Haven for Hope and other partners.
It is difficult for persons experiencing homelessness to find and maintain connections to health and mental health resources.	<ul style="list-style-type: none"> • Support San Antonio Clubhouse in expanding the capacity of its Connection Center, including staying open later, offering more beds, and developing a respite center for persons with mental health diagnoses. • Improve processes for individuals to remain connected to mental health services after they move from the Haven for Hope campus.

THEME #5: FUNDING FOR HOMELESS HOUSING AND SERVICES

Several stakeholders expressed concern that more funding will be needed to support the development of new shelter, permanent supportive housing, affordable housing, and supportive services. Stakeholders also felt that there is a lack of flexible funding available in San Antonio to develop new, innovative interventions that reflect the reality of homelessness and housing in the City. Additionally, stakeholders expressed concern over whether existing funds are being utilized to the best of their ability.

1. **Additional Funding:** Stakeholders expressed a need for additional funding to help fill the existing housing and homeless service gaps in San Antonio. Many stakeholders expressed that access to more flexible funding would create stronger, more positive outcomes for people experiencing homelessness by allowing for increased investment in prevention, diversion, undesignated operating costs, and innovative housing solutions that cannot be funded through federal programs (such as the Community First! Village in Austin).

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is a need to attract new funders and develop a “business case” for supporting homelessness efforts in San Antonio.	<ul style="list-style-type: none"> • Work with homeless service providers, business partners and private industries, and City Departments to determine an annual estimate of the public cost of homelessness in San Antonio. • Develop a comprehensive plan to accompany requests for funding, including details as to why funding is needed/existing

funding gaps, where funding will go, how different agencies are contributing, and how financial outcomes will be tracked.

- Connect with large local and regional funders to help fill gaps and meet flexible funding needs in San Antonio.
- Reach the public with more information about experiences of homelessness in San Antonio to increase public awareness and investment in developing solutions (“change hearts and minds”).
- Utilize program outcomes and metrics of success to advocate for increased funding, particularly for programs that are currently operating at a deficit.

Homeless programs that reduce public costs are not seeing those costs returned to them.

- Explore opportunities and models to transfer saved costs for other systems (emergency response, hospital, etc.) that result from providing housing and services to those experiencing homelessness back to the homeless response system.

Flexible funding is needed to expand programming and improve outcomes.

- Utilize flexible funding to increase local investment in prevention, diversion and innovative housing solutions that cannot be funded through federal programs (such as the Community First! Village in Austin).
- Look to San Antonio Area Foundation and United Way’s new funding models for ideas on funding undesignated operating costs for homeless response programs.

2. Maximization of Existing Funds: Several stakeholders expressed concerns that existing homelessness funds are not being aligned to complement each other around different programs requirements, eligible populations and costs, and creating unnecessary funding gaps in the San Antonio homeless response system. They noted opportunities in particular for non-HUD-funded programs to be able to fill gaps and serve persons experiencing homelessness that are ineligible under HUD requirements.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Current funding sources are not aligned, resulting in gaps and duplication of services.	<ul style="list-style-type: none"> • Develop a system map of existing programs and resources to identify gaps and areas of duplication. SACRD.org directory is a reliable source to help guide this work. • Improve data-driven decision-making around funding (ex: utilizing PIT Count data to identify priority populations for new interventions). • Encourage coordination between organizations and agencies in San Antonio to maximize efficiencies, de-duplicate efforts, and create program-level cost savings.
It is unclear if current funds are being maximized and utilized to	<ul style="list-style-type: none"> • Evaluate current CoC and ESG funded projects to ensure they are meeting system performance measures, serving the most vulnerable individuals, and providing the right interventions to meet local need.

the greatest extent possible.

- Identify and address root causes for CoC and ESG funded projects that are not meeting system performance measures.
- Develop and implement Performance Improvement Plans as needed.
- Coordinate with Haven for Hope to serve individuals who are ineligible for HUD-funded programs.

There is a need for more flexible funding that can address a range of services and housing models that are not currently funded or not eligible under state, local, and/or federal funding sources.

- Use flexible local, State, and private funding for individual supports such as move-in costs (non-refundable fees, security deposits), move-out kits, and transportation that are difficult to fund through federal funding streams.
- Identify local, State and/or private funding to support childcare for families experiencing homelessness across different housing interventions, from prevention to permanent supportive housing (PSH).
- Identify local, State, and private funding resources to develop a range of addiction and recovery services for people at different points in their recovery process, from sober living to wet housing options. “Housing First, but not housing only”
- Explore opportunities to fund transitional housing for individuals who do not need the level of care or intensive case management of Rapid Re-Housing or Permanent Supportive Housing.

THEME #6: SERVING SUBPOPULATIONS OF PERSONS EXPERIENCING HOMELESSNESS

Across Homebase’s on-site meetings, stakeholders expressed the need for distinct interventions and strategies to address the needs of specific subpopulation of persons experiencing homelessness in San Antonio. Populations of focus include seniors, persons with histories of criminal justice involvement, survivors of domestic violence, and youth.

1. **Seniors:** Stakeholders expressed significant concern over the aging population of persons experiencing homelessness, with many people aging into senior homelessness or becoming homeless for the first time at an elevated age. Many stakeholders did not feel that San Antonio currently has the proper resources in place to meet the higher level of care needs for seniors experiencing homelessness, many of whom suffer from chronic homelessness and/or chronic health conditions.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There are not enough housing units and resources to meet the higher level of care needs	<ul style="list-style-type: none"> ● Explore housing models for seniors that provide a higher level of care in shared living arrangements (ex: SROs with shared living space and robust wraparound supports including intensive health services).

of seniors experiencing homelessness.

- Work with housing, service, and health care providers to develop trainings, policies and procedures, and transition planning tools for when seniors require transfer to a higher level of care from supportive housing, such as hospice care or nursing homes.
- Work with affordable housing developers to develop a set number of units that are dedicated for and modified to the physical needs of seniors experiencing homelessness.
- Explore federal assistance programs that can be targeted for providing housing and services for seniors at-risk of or experiencing homelessness, such as the Section 202 Supportive Housing for the Elderly Program

2. Persons with Histories of Criminal Justice Involvement: A criminal record was identified by many stakeholders, including clients with lived experience, as one of the most significant barriers to housing faced by people experiencing homelessness. Stakeholders identified a need for more supportive services, transition planning, and re-entry supports for persons experiencing homelessness with histories of criminal justice involvement. There was significant praise for the success of Haven for Hope’s Jail Release Program and recommendations that San Antonio learn from and build on the success of this program.

Stakeholder Concerns	Stakeholder Ideas for Solutions
There is not enough transition planning for people exiting institutions who are at-risk of homelessness.	<ul style="list-style-type: none"> • Improve transition planning for individuals exiting the juvenile or criminal justice system who are at-risk of experiencing homelessness, including warm handoffs to housing and service providers and early morning (rather than late night) releases.
Persons with criminal records need re-entry housing and services to avoid homelessness and criminal justice recidivism.	<ul style="list-style-type: none"> • Explore Central City Concerns in Portland, OR as a transitional housing model for people recently released from incarceration. • Consider the Fairweather Lodge model, which provides supports for adults with mental illness through shared housing, as an option for justice-involved persons. • Build upon the successes of the Justice Intake & Assessment Center and the Jail Release Program to Haven for Hope that help people transition successfully back into the community after incarceration. • Investigate policy changes and action needed to support the development of halfway houses in San Antonio as an option for persons with criminal justice histories. • Re-evaluate existing policies at all levels (City, County, State, provider) that create restrictions to housing and services for persons experiencing homelessness with histories of criminal justice involvement.

People experiencing homelessness are not provided with adequate supports when they interact with the criminal justice system.

- Provide connection to housing and mental health services for persons experiencing homelessness who become involved in the criminal justice system because of trespassing or “quality of life” offenses.
- Explore 24/7 criminal justice diversion options for people experiencing homelessness.

A criminal record makes it difficult or impossible to get housing or employment.

- Collaborate with Legal Aid to help remove items from criminal record or get record sealed to improve housing opportunities for persons with histories of criminal justice involvement.
- Investigate feasibility of “ban the box” movement for housing applications in San Antonio/Bexar County.

3. Survivors of Domestic Violence: Conversations with key stakeholders indicated that it is likely that the intersection of homelessness and domestic violence is under-reported in San Antonio, as individuals and households may not report their experience of domestic violence when seeking homeless services or may be disconnected from the homeless response system altogether. Stakeholder expressed the need for housing and interventions built around trauma-informed care for survivors of domestic violence, including interventions for special populations such as pregnant and parenting youth who are survivors of domestic violence.

Stakeholder Concerns	Stakeholder Ideas for Solutions
Homeless service providers need to be trained to provide appropriate, trauma-informed care to survivors of domestic violence.	<ul style="list-style-type: none"> • Work with Domestic Violence providers to ensure that program components and funding requirements are trauma-informed and appropriate to the population served. • Provide trainings to housing and service providers on how to identify and refer potential cases of domestic violence to appropriate programs and case managers. • Work with YHDP to address the distinct needs of youth survivors of domestic violence, including pregnant and parenting youth.

4. Youth and Student Homelessness: Stakeholders identified that there is a significant population of youth and students experiencing homelessness for whom the adult homeless response system is not available or appropriate. At the same time, several stakeholders also noted that youth are already being prioritized for dedicated housing and service interventions through San Antonio’s Youth Homelessness Demonstration Program (YHDP). Although opinions differed on how strongly youth should be prioritized as a population of focus, there was general agreement that San Antonio should build upon and leverage the work being done by YHDP to further meet the needs of youth. This Strategic Plan is in alignment with ***We Empower San Antonio Youth (WE SAY)***, San Antonio/Bexar County’s Coordinated Community Plan to Prevent and End Youth Homeless, which will guide the community’s YHDP initiative and ongoing coordinated community response to youth homelessness.

Stakeholder Concerns	Stakeholder Ideas for Solutions
<p>There is a need for youth-focused homelessness interventions that support and align with San Antonio’s YHDP efforts.</p>	<ul style="list-style-type: none"> • Help facilitate coordination among youth-serving systems, including the education, child welfare and juvenile justice systems, assist in preventing youth homelessness and identifying youth who are at-risk of or experiencing homelessness. • Provide training and education for San Antonio housing and service providers serving youth experiencing homelessness, including cultural competency and combatting adultism. • Support the development of a low-barrier drop-in center as part of San Antonio’s YHDP initiative.