

Interim Report of the Ad Hoc Task Force on Homelessness to the Fort Worth City Council

June 3, 2014

Background

On April 15, 2014, the Fort Worth City Council created an ad hoc Task Force on Homelessness and requested that it perform the following tasks:

- (a) Review the roles and responsibilities of all major organizations that fund and/or deliver services to homeless persons in Fort Worth;
- (b) Analyze the flow of financial resources associated with these services;
- (c) Assess the general efficiency and effectiveness of this service delivery system;
- (d) Identify opportunities to improve communication, coordination, and collaboration among public and non-profit agencies serving the homeless; and
- (e) Advise the City Council on opportunities to streamline the funding and delivery of services to the homeless.¹

The Council further requested that the Task Force produce an interim report of findings no later than June 3, 2014 and, after receipt of public comment from interested citizens, a final report of the Task Force's conclusions and recommendations be delivered to the Council no later than July 22, 2014. The timing of the interim report was selected so that the Council could have the benefit of the Task Force's counsel at the outset of the budget development process.

To date, the Task Force has met three times. Meetings have included briefings from City staff, subject area experts, and presentations by the leadership of Fort Worth agencies that serve people who are homeless. The Task Force has also toured portions of the Day Resource Center, Presbyterian Night Shelter, Samaritan House, The Salvation Army, and Union Gospel Mission.

Interim Report Sources

The source material for this report is drawn exclusively from Task Force deliberations, background materials and handouts, and presentations from public meetings convened by the Task Force. Meeting

¹ City Council Resolution #4312-04-2014

agendas, background materials and handouts, and presentations will be made available to the public on the Internet.

Background Materials and Handouts

- Continuum of Care (CoC) Board Charter
- CoC Board of Directors Organization Chart
- CoC Strategic Plan
- Directions Home (City Homelessness Plan) Executive Summary
- Directions Home Fact Sheet
- FY2013 CoC Program Projects Tier 1 Renewal Funding Summary
- Memorandum of Understanding between TX-601 CoC Board and TCHC
- Point In Time (PIT) Count Summary for TX-601
- Summary of the Federal Strategic Plan to Prevent and End Homelessness
- Tarrant County Homeless Coalition (TCHC) Organization Chart
- The Cost of Homelessness in Tarrant County, Executive Summary

Meeting Presentations

- Task Force Charge – Fernando Costa, Assistant City Manager
- Briefing on Compliance with Texas Open Meetings Act – Mary J. Kayser, City Secretary
- Briefing on HEARTH Act and Continuum of Care Strategic Plan – Cindy J. Crain, Executive Director, Tarrant County Homeless Coalition
- Overview of Funding Sources and Delivery of Services to Homeless Persons in Fort Worth – M. Otis Thornton, Homelessness Program Director, City of Fort Worth
- Measuring the Performance of Tarrant County’s Service Delivery System – Cindy J. Crain
- Coordinating Fort Worth’s Efforts to End Chronic Homelessness
 - Community Engagement – Sheryl Kenny, Fort Worth Advisory Commission on Ending Homelessness
 - Permanent Supportive Housing – Andy Taft, Fort Worth Advisory Commission on Ending Homelessness
- Briefings by Selected Service Providers
 - Fort Worth Independent School District – June Davis, Director of Special Programs
 - First Street Methodist Mission – Rev. Page Hines, Executive Director
 - YWCA of Fort Worth and Tarrant County – Carol Klocek, Executive Director
- Interim Report Outline: Preliminary Findings, Budget Recommendations, and Next Steps – M. Otis Thornton

Findings

The homeless services system reflects the diversity and complexity of the needs of people who are homeless.

Around 5,200 people will experience homelessness in our community this year, around 2,400 at any point in time. The primary reasons people become homeless include: 1) ability to afford rent; 2) domestic violence (women); and, 3) unemployment (men).²

Those at greatest risk of becoming homeless are the very poor:

- Poverty rate in Tarrant County is 1 in 6
- Poverty rate in Fort Worth is getting worse relative to the state
- Child poverty rate is 1 in 4; growing faster than state average
- In the Fort Worth Independent School District, there are 2,007 students classified as homeless by the U.S. Department of Education
- Texas – Top 10% in affordable homes; bottom 10% in home ownership
- A family must earn a “housing wage” of \$18.04 per hour to afford a 2 bedroom apartment at Fair Market Rent in Fort Worth—the equivalent of 2.5 full time jobs at minimum wage⁴
- 35% of households in Fort Worth have incomes that are below the housing wage⁵

A large and multifaceted network of homeless services has evolved in our community to respond to the diversity of needs of people who are homeless. The array of evidence-based services, techniques, and systems organization strategies is indicative of the complex and layered needs of the people for whom they are provided.

Services⁶

Permanent Supportive Housing
 Housing-focused Street Outreach
 Rapid Re-housing
 Income and Benefit Assistance
 Medical and Behavioral Health Care
 Prevention

Techniques

Housing First
 Trauma Informed Care
 Client-centered, Strengths-based, Solution-focused Service Delivery

² Directions Home Fact Sheet, pg. 1

⁴ [Out of Reach 2014, National Low Income Housing Coalition](#)

⁵ Directions Home Fact Sheet, pg. 1; the figure is calculated by comparing housing wage data and census bureau income figures

⁶ Directions Home Fact Sheet, pg. 3

Systems Organization

Housing Prioritization

Coordinated Assessment

Homeless Management Information System (HMIS)

Services that are provided specifically for people who are homeless are delivered alongside and coordinated with other community, health, and human services such as those provided by Adult Protective Services, Community Action Partners, Fort Worth Police Department (FWPD), Fort Worth Fire Department (FWFD), foster care, Goodwill Industries, MedStar Mobile Healthcare, MHMR of Tarrant County, Recovery Resource Council, Tarrant Area Food Bank, Travelers Aid, U.S. Department of Veterans Affairs, Workforce Solutions, and numerous community- and faith-based food pantries and clothes closets.

The Continuum of Care (CoC) serves as the central planning and coordinating body for Tarrant and Parker counties

With the adoption of the Federal plan to end homelessness, *Opening Doors*, and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, the Continuum of Care (CoC) has emerged as the central planning and coordinating body for our area.⁷ The Fort Worth/Arlington/Tarrant County CoC was chartered in November of 2013⁸ and since then has developed an ambitious Strategic Plan for the coming year.⁹

The Continuum of Care (CoC) Board of Directors has selected the Tarrant County Homeless Coalition (TCHC) to be the “Lead Agency” for CoC operations, accountability, resources, and planning. In this capacity, TCHC insures statutory compliance and competitive eligibility for Federal funds.¹⁰ The CoC Board has also designated TCHC to serve as the lead agency for the implementation of the community’s shared Homelessness Management Information System (HMIS).

Housing and services are funded by a complex array of public and private sources, each with a unique set of goals, eligibility requirements, and regulatory constraints

Funding for mainstream and homeless-specific services is complex, technical, layered, multi-sourced, and frequently siloed. Dollars that are spent on emergency response health care for a person who is homeless cannot be spent on a rent subsidy that otherwise could have prevented the emergency room admission in the first place.

⁷ Presentation: Homeless Emergency Assistance and Rapid Transition to Housing Act and the Continuum of Care. Two members of the Task Force serve on the CoC Board of Directors: Councilmember Kelly Allen Gray and Mr. Ted Blevins.

⁸ CoC Board Charter

⁹ CoC Strategic Plan

¹⁰ CoC Board Charter

Resourceful agency leaders solicit funds from a wide variety of private and public sources:

- Federal: 17 agencies operating 94 programs
- State: 11 agencies operating 22 programs
- Local: city- and county-funded services
- Private: foundations, philanthropists, events, individuals, corporations, and program income

The service array of a particular agency is influenced by client needs, funding availability, politics, and the mission or philosophical orientation of the organization. Factors that influence utilization of services by people who are homeless include fit, availability, eligibility, suitability, and choice.

Public funding is provided through mainstream services and instrumentalities (e.g., Medicaid, VA Hospitals) and through competitive grant programs, the largest of which is the Continuum of Care (CoC) program operated by the Department of Housing and Urban Development (HUD).¹¹ The transparency and standardization of publically-funded housing and services does not apply to private dollars; thus, program outcomes and overall funding levels are difficult to evaluate.

Fort Worth area agencies work together to achieve a great deal with scarce resources

The resources currently being spent to provide housing and services for the homeless are accomplishing a great deal, providing emergency shelter for 1,200 people county-wide as well as rental assistance and supportive services for more than 2,800 people in transitional and permanent supportive housing programs who live in apartments. Despite challenging circumstances, organizations and local government in the Near East Side Neighborhood provide meals, shelter, housing placement, social services, and public safety around the clock.

The Task Force heard numerous examples of interagency collaboration and the extraordinary lengths to which organizations go to provide assistance. Unfortunately, demand continues to outpace the capacity of the system to provide the breadth and depth of services that are needed to more efficiently help people return to permanent housing.

CoC-wide continuous improvement efforts are underway to increase the efficiency and effectiveness of service delivery and coordination

The Continuum of Care (CoC) Strategic Plan for the coming year details numerous efforts to improve the efficiency and effectiveness of the housing and services delivery system for people who are homeless. Consistent with Federal expectations and best practices, the CoC is rolling out a Coordinated Assessment System (CAS) along with policies to better prioritize and further align the provision of services that are funded by the U.S. Department of Housing and Urban Development (HUD) through the CoC program.

¹¹ Management of the local competition for Continuum of Care (CoC) funds has been delegated to the Tarrant County Homeless Coalition; see example scorecard.

Service providers are free to operate, endow, fund, and support programs of their choosing no less than foundations, philanthropists, or individual donors. While this arrangement allows for a great deal of freedom, the Task Force observed that it does add complexity and reduces the number of levers available to make system-wide adjustments.

Systems Change Strategy	Pro	Con
Strategic Funding	Funder can achieve quick, specific results	It is very difficult to achieve change at a sufficient scale across more than one service sector due to expenses
Regulatory Action	Government can achieve quick, specific results	Also difficult to take to scale within regulatory authority and retain buy-in of partners
Collective Impact ¹²	Best practices for developing large scale, long-term change	Slow, must balance Short-Term Wins with Long-Term Planning

Most often cited inefficiency is a shortage of safe, affordable housing

As Councilmember Kelly Allen Gray noted, “Every provider concurred that despite all that is being done to assist and provide services to the men, women, and children living on East Lancaster, housing is the most needed resource.” Indeed, every presenter and tour guide underscored the need for additional units of dispersed, mixed-income, affordable and supportive housing.

Task Force discussions and questions related to this issue have centered on what the most appropriate and viable methods for funding additional affordable housing and what agency/entity should take the lead locally in accomplishing this goal.

Budget Recommendations

Fort Worth citizens have a significant financial interest in decreasing homelessness—especially chronic homelessness. Costs incurred by the community are in terms of cash, lost opportunity, quality of life, and human lives.

A TCU-led study found that charges for taxpayer-funded services at the JPS Hospital, MHMR, and MedStar were reduced by 36% after the individual was moved off the streets or out of a shelter. While cash outlays were necessary to provide rental assistance and supportive services in the program, the costs to ongoing essential services were lower. Moreover, by moving people out of homelessness, the return on the investment in supportive housing improved neighborhood conditions as well as the health and self-sufficiency of individuals.

¹² CoC Strategic Plan

Local studies have also demonstrated the opportunity costs that homelessness has on economic development efforts and property values. Quality of life for residents, business owners, tourists, and, of course, for people who are homeless, improves when people return to housing. A 2008 citizen survey reveals that 90% of Fort Worth citizens feel that dealing with homelessness is important, very important, or extremely important.¹³

City resources and services were cited by agency leaders who met with the Task Force as “critical” to their efforts to maintain public safety and to help people escape homelessness. Current year (FY 2014) allocations total \$2,501,661.

Dept.	Program	FY '10	FY '12	FY '14	'14 APs
Housing & Eco. Dev.	Contracted Services & Admin.	2,556,042	2,556,042	2,349,163	2
Code Compliance	Homeless Court – Community Services	71,652	-	-	-
Law	Homeless Court – Prosecutors	195,435	-	-	-
Municipal Court	Homeless Court – Social Services	75,424	62,379	55,161	1
Police	Narcotics Section	253,222	-	-	-
Police	Liaison Officer	-	84,758	97,337	1
TOTAL		\$3,151,775	\$2,703,179	\$2,501,661	4

The Fort Worth Advisory Commission on Homelessness recommends a system-wide increase of \$6 million per year and has advised the Council to establish a Task Force to identify possible resources from the public and private sectors to meet this need.

Next Steps

The Task Force plans to conclude its work by July 8, 2014 and the final report will be presented to Council by July 22, 2014.

¹³ Directions Home Plan, Pg. 4

Date	Action
June 3	Deliver interim report to Council
June 17	Receive briefing on communication, coordination, and collaboration
June 24	Open house and public comment
July 8	Review and approve final report
July 22	Final report presented to Council

Backup Material

A Resolution

NO. 4312-04-2014

APPOINTING AN AD HOC TASK FORCE TO ADVISE THE CITY COUNCIL ON OPPORTUNITIES TO STREAMLINE THE FUNDING AND DELIVERY OF SERVICES TO HOMELESS PERSONS IN FORT WORTH

WHEREAS homelessness in Fort Worth is a complex human and economic problem that adversely affects individuals, families, neighborhoods, and the community as a whole; and

WHEREAS the City of Fort Worth, the Fort Worth/ Arlington/ Tarrant County Continuum of Care, the Tarrant County Homeless Coalition, the United Way of Tarrant County, and an informal network of public and non-profit agencies seek to address this problem by funding and delivering emergency shelter, permanent supportive housing, and a variety of other essential services to homeless persons; and

WHEREAS the City of Fort Worth wishes to promote greater efficiency and effectiveness in the provision of these services;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FORT WORTH, TEXAS:

Section 1. The City Council hereby appoints an ad hoc Homelessness Task Force to be comprised of ten members, as follows:

1. Councilmember Kelly Allen Gray, Co-Chair;
2. Councilmember Danny Scarth, Co-Chair;
3. Ted Blevins;
4. Don Boren;
5. June Davis;
6. Monnie Gilliam;
7. Mark Hill;
8. Alex Jimenez;
9. J.R. Labbe; and
10. Norbert White.

Section 2. The City Council requests that the Homelessness Task Force perform the following tasks:



following tasks:

- (a) Review the roles and responsibilities of all major organizations that fund and/or deliver services to homeless persons in Fort Worth;
- (b) Analyze the flow of financial resources associated with these services;
- (c) Assess the general efficiency and effectiveness of this service delivery system;
- (d) Identify opportunities to improve communication, coordination, and collaboration among public and non-profit agencies serving the homeless; and
- (e) Advise the City Council on opportunities to streamline the funding and delivery of services to the homeless.

Section 3. The City Council requests that the Homelessness Task Force present an interim report of its findings no later than June 3, 2014; conduct one or more public meetings to receive comments from interested citizens; and present a final report of its conclusions and recommendations no later than July 22, 2014.

Section 4. The City Council requests that the City Manager provide the Homelessness Task Force with appropriate staff support to fulfill its mission as set forth in Section 2.

Section 5. The Homelessness Task Force shall be dissolved upon the completion of its duties but no later than July 22, 2014.

Adopted this 15th day of April, 2014.

ATTEST:

By: _____

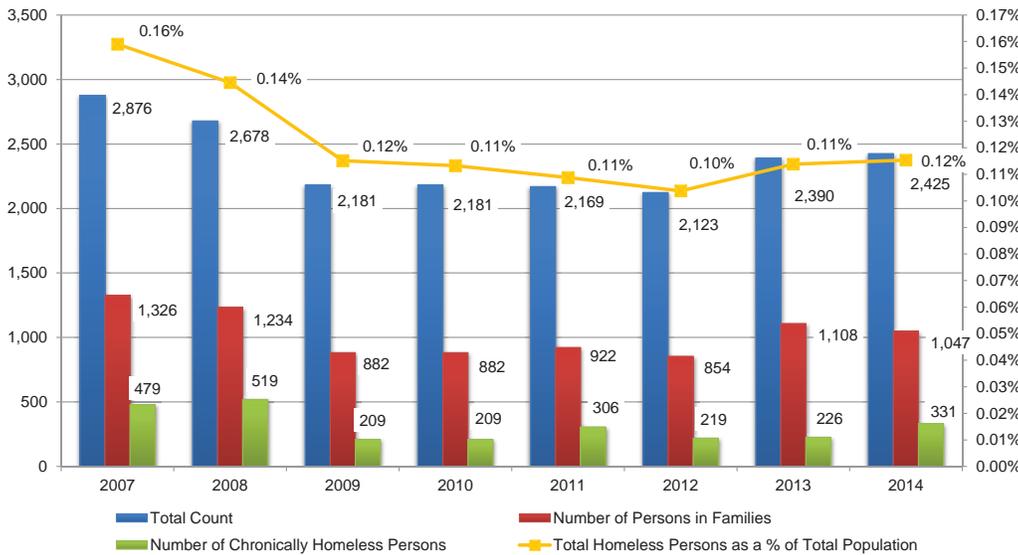


Mary J. Kayser, City Secretary



Who is homeless?

directionshome.org



29% children
11% chronically homeless
24% domestic violence
10% veterans
19% severe mental illness
7% chronic substance abuse

35% of households in Fort Worth do not make enough to afford Fair Market Rent on a 2-bedroom apartment.

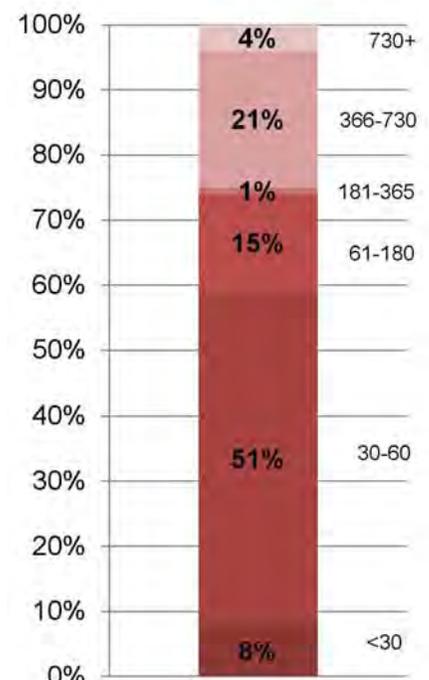
TOP REASONS FOR HOMELESSNESS

1. Ability to afford rent
2. Domestic violence (women)
3. Unemployment (men)

WHERE DO THEY SLEEP AT NIGHT?

Homeless Population Point-in-Time Counts	2007	2014	% Change
Unsheltered includes people living in places not intended for human habitation, such as in cars, vacant lots/buildings, under bridges, or in the woods	201	184	-8%
Emergency Shelters are intended for short-term lodging and crisis relief; examples include ACH Child and Family Services, Presbyterian Night Shelter, and SafeHaven of Tarrant County	1,049	1,273	21%
Transitional Housing programs provide time-limited rental assistance (<2 years) and supportive services geared toward self-sufficiency and independence. Effective for victims of domestic violence, transition-aged youth, and substance abusers	1,626	948	-42%
TOTAL	2,876	2,425	-16%

AVERAGE NUMBER OF DAYS IN EMERGENCY SHELTER

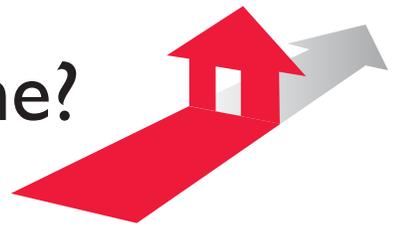


AVERAGE LENGTHS OF STAYS

Permanent Housing	Rapid Rehousing	Transitional Housing	SafeHaven	Unsheltered	Emergency Shelter
3 years 3 months	7 months	13 months	14 months	2 years 8 months	33 days

In 2014, area agencies will provide care for over **1,900 tenants in permanent supportive housing**; these formerly homeless residents are not included in the annual point-in-time count.

What is Directions Home?



VISION

Homelessness will be a rare, short-term and non-recurring experience in Fort Worth, Texas by the year 2018.

Directions Home is a 10-year plan to make homelessness rare, short-term, and nonrecurring in greater Fort Worth by 2018. It aligns the efforts of public, private, and social service agencies in our community.

STRATEGIES

1. Increase the Supply of Permanent Supportive Housing
2. Expand Opportunities & Services Linked with Accountability
3. Develop & Operate a Central Resource Facility
4. Coordinate & Expand Homelessness Prevention Initiatives
5. Support & Strengthen Existing Public, Private & Faith-based Efforts
6. Mitigate the Negative Community Impacts of Homelessness
7. Lead, Educate & Advocate for Change

Chambers of Commerce, City of Fort Worth (Council, Commission & 13 Departments), Consumers, Continuum of Care (CoC), Day Resource Center, Dispute Resolution Services, District Attorney, District Courts, Faith- and community-based partners, Faith Communities, First Street Methodist Mission, Fort Worth Housing Authority, Fort Worth Independent School District, Foster Care, Funders Council, Health Care Partners, HMIS Provider, Homeless System/ Service Coordinator, Hospitals, Jails, JPS, Mental Health & Substance Abuse Service Providers, Mental Health Mental Retardation, MHMR Mental Health Liaison Officer, Neighborhood Alliances, Neighborhood Groups, Operator and Co-located partners in the Central Resource Facility, Outreach Team, Private Sector/ non-profit, Providers of employment and rehabilitative services, Providers of legal aid services, Room in the Inn, Tarrant County, Tarrant County College, Tarrant County Commissioners, Tarrant County District Attorney's Office, Tarrant County Homeless Coalition, Tarrant County Human Services, Tarrant County JP Courts, Tarrant County Re-entry Council, The T, United Way of Tarrant County, University Partner, UNT Center for Community Health, Utility Companies, Workforce Solutions

The Directions Home plan was developed through a participatory, public process and articulates a vision for community-wide action. The lead entities and partners identified in Directions Home represent a diverse group of community organizations and leaders.

SAMPLE ACTION ITEMS

#	Action Item	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
1.4	Create/ identify 1,088 permanent supportive housing units by year 10.	2018	CFW-Housing Department, Homelessness Team, CoC	See PSH production model	1,088 units by end of Year 10	1,088 units by end of Year 10	1,088 units by end of Year 10
2.6	Increase the number of background friendly employers.	2008; ongoing	Tarrant County Re-Entry Council, Faith Communities, Workforce Solutions, Chambers of Commerce,	Tarrant County Re-Entry Council	Use existing staff and resources	Use existing staff and resources	Use existing staff and resources
4.6	Fund one-time eviction, foreclosure & utility shut off prevention assistance programs & link persons to HUD approved foreclosure counseling agency.	2009; ongoing	Tarrant County Human Services, Utility Companies, Tarrant County JP Courts	Foundation, Corporate Partners & Utilities	\$1,000,000	\$500,000	\$250,000
7.6	Develop an annual legislative and advocacy agenda to support plan implementation.	2009; ongoing	MACH, TCHC, CFW- City Council, Tarrant County Commissioners Court	Use existing staff and resources	Use existing staff and resources	Use existing staff and resources	Use existing staff and resources

WHAT IS A CONTINUUM OF CARE?

HUD's Continuum of Care (CoC) Program is designed to assist people experiencing homelessness and to provide the services they need to move into transitional and permanent housing, with the goal of long-term stability. More broadly, the program is designed to promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its program to the particular strengths and challenges within that community.

The Tarrant County Homeless Coalition (TCHC) was selected to serve as the Lead Agency for the Fort Worth/ Arlington/Tarrant County CoC and is responsible for: (1) Operating the CoC; (2) Community-Wide Planning; (3) Designating and Operating an Homeless Management Information System (HMIS); and (4) Preparing the Application for CoC Funds.

How can we end homelessness?

SERVICES

- **★ Permanent Supportive Housing** combines rental assistance and a package of supportive services tailored to the needs of the tenant and designed to support tenancy and movement towards health and independence. It is a research-proven, cost-effective strategy that ends homelessness for people with complex barriers to getting and keeping housing.
- **Housing-focused Street Outreach** engages the unsheltered homeless outdoors and on the streets with the goal of improving safety and housing stability. This difficult work is most efficient when field staff has on-demand access to housing, and medical and behavioral health treatment resources.
- **Rapid Re-housing** is a short- and mid-term rental assistance intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Assistance includes housing identification, move-in and rent supports, along with case management and services that are tailored to the unique needs of the household.
- **Income & Benefit Assistance** helps people who are homeless find and keep jobs, or receive financial supports for which they are entitled due to age, disability, or military service.
- **Medical and Behavioral Health Care** delivered in community-based (non-crisis) settings, help very-low income residents stabilize chronic and acute health conditions, improve health outcomes, and minimize overuse and inappropriate use of first-responder and emergency healthcare services.
- **Prevention** services attempt to divert persons with a housing crisis from falling into homelessness through emergency rent and utility assistance, landlord mediation, and case management.

TECHNIQUES

- **Housing First** prioritizes the task of getting people into housing when addressing the overall list of things that inhibit their self-sufficiency. Housing First programs place homeless individuals in permanent supportive housing with case management services, rather than sheltering them in temporary or transitional facilities.
- **Trauma Informed Care** is an evidence-based practice that teaches service providers about the triggers and vulnerabilities of trauma survivors. Homelessness is traumatic because it can involve the loss of home, safety, and social networks; thus, effective care needs to be sensitive and avoid re-traumatization.
- **Client-centered, Strengths-based, Solution-focused Service Delivery** maximizes the dignity, capacities, and resiliency of people who are homeless to collaboratively overcome barriers and achieve goals.

CROSS-CUTTING PRINCIPLES

- Cultural competency is reflected in services.
- Services to women are tailored to meet special needs.
- Self-help opportunities and practices are an integral part of services.
- Consumer and recovering person's involvement in services and planning is valued and included.
- Motivational interviewing techniques and concepts related to stages of change are incorporated into service delivery strategies.
- Integrated treatment for co-occurring substance abuse and mental illness disorders is a guiding principal for program and services development strategies.
- Consumer and family advocacy is a guiding principle for program and services development strategies.

SYSTEMS ORGANIZATION

- **Housing Prioritization** creates consistency and coordination between organizations and makes community expectations transparent regarding the criteria by which available housing resources will be allocated.
- **Coordinated Assessment** standardizes the access and assessment process for persons experiencing a housing crisis. Providers use a shared process for intake so that participants can be served with the most appropriate housing or prevention intervention.
- **Homeless Management Information System (HMIS)** is the community's shared, local information technology system used to collect client-level data on housing and services for people who are homeless or at-risk of homelessness. The HMIS provides the basis for measuring the nature and extent of homelessness, service utilization, program performance and outcomes, as well as reporting to federal, state and local grantors.

Why is ending homelessness the right thing to do?

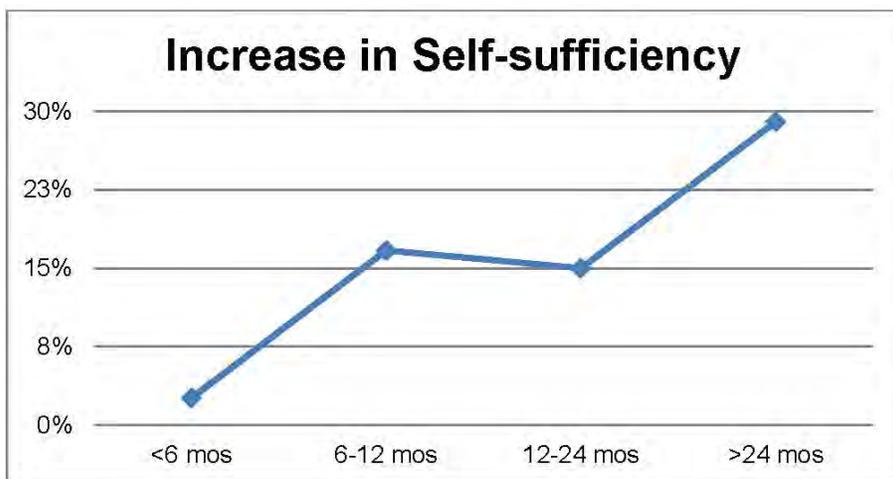
IT'S BETTER FOR THE COMMUNITY

A TCU-led study that examined service utilization before and after people moved off the streets found that charges from JPS Health Network, MHMR, and MedStar were reduced by **36%**.

Sector	12-Month Assessment (Overall)				
	Pre-Housing	Post-Housing	24-Month Total	Difference	% Difference
Public Hospital Services	868	656	1,524	212	-24%
Public Hospital Charges	\$1,750,197	\$1,050,483	\$2,800,680	\$699,713	-40%
MHMR Services & Rx	2,272	2,937	5,209	665	29%
MHMR Charges & Rx	\$172,234	\$182,179	\$354,413	\$14,243	8%
Ambulance Services	80	57	137	23	-28%
Ambulance Charges	\$111,762	\$74,173	\$185,935	\$37,589	-34%
All Sectors: Services	3,220	3,650	6,870	430	13%
All Sectors: Charges	\$2,034,192	\$1,306,836	\$3,341,028	\$727,356	-36%

IT'S BETTER FOR PEOPLE WHO ARE HOMELESS

UNTHSC independent evaluation found that tenants in supportive housing programs improved on an array of measures including income, employment, food, mobility, family, health, mental health, substance abuse, legal matters, and life skills.



IT'S BETTER FOR NEIGHBORHOODS

Concentrations of unsheltered and emergency sheltered homeless people hinder economic investment and growth in central city neighborhoods.

The Directions Home approach is **cost-effective** and **compassionate**.

It invests in housing and services that link accountability with opportunities to **end homelessness, improve neighborhoods, and save lives.**

In Fort Worth, Texas, the value of properties within 500 feet of permanent supportive housing developments **appreciated at a higher rate** than in their Census Tract as well as in the City as a whole.

89% percent of Americans believe that communities are safer when people do not have to live on the streets.

directionshome.org



**Homeless Emergency Assistance and Rapid
Transition to Housing Act**

and the

Continuum of Care

City of Fort Worth Ad Hoc Taskforce on Homelessness
April 23, 2014



HEARTH Act

Homeless Emergency Assistance and Rapid Transition
to Housing Act

Signed May 2009 and Interim Rule Issued August 2011

Codified into Federal law the **Continuum of Care
planning process as a required and integral local
function** necessary to generate the local strategies for
preventing and ending homelessness

HEARTH Act Performance Indicators

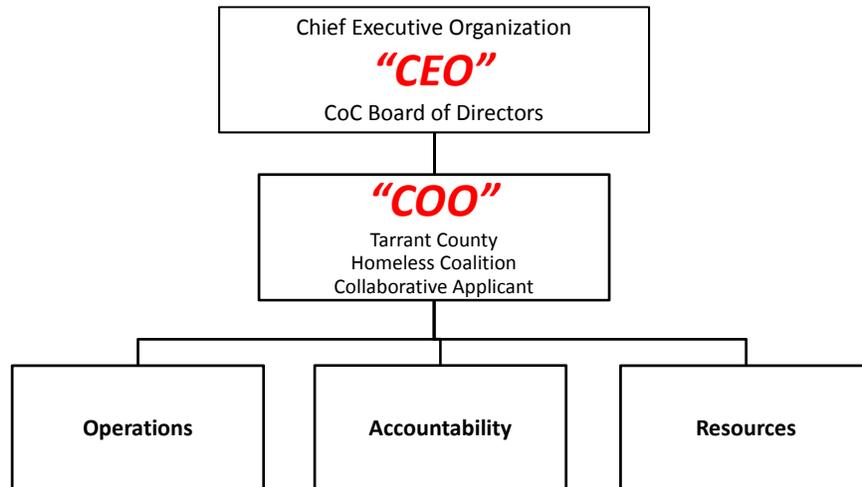
- Reduce the number of people who become homeless (*rare*)
- Reduce length of homelessness (*short-term*)
- Reduce returns to homelessness (*non-recurring*)
- Increase household incomes from employment and access to mainstream benefits

HEARTH Implementation

Responsibilities of the Continuum of Care Board

- Create a distinct Continuum of Care Board of Directors representative of a CoC jurisdiction (*Tarrant and Parker County – Created on August 28, 2013*)
- Designate a CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care (*Tarrant County Homeless Coalition 2008 to present*)
- Designate an Administrator of the Homeless Management Information System (HMIS) (*Tarrant County Homeless Coalition 2010 to present*)
- Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services.

Understanding the CoC Governance



CoC Operations

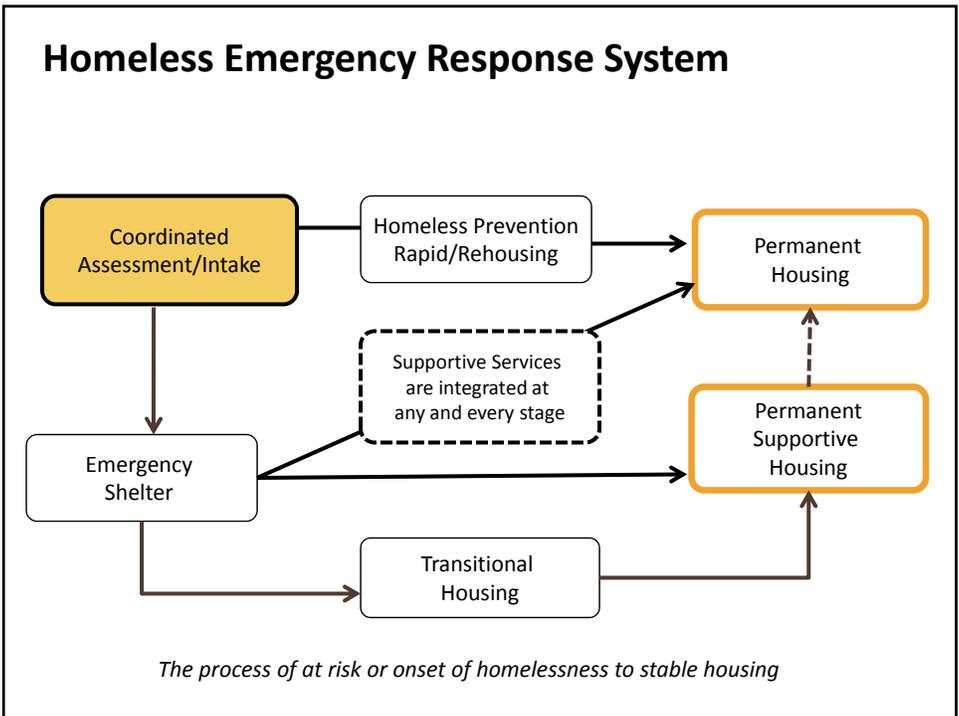
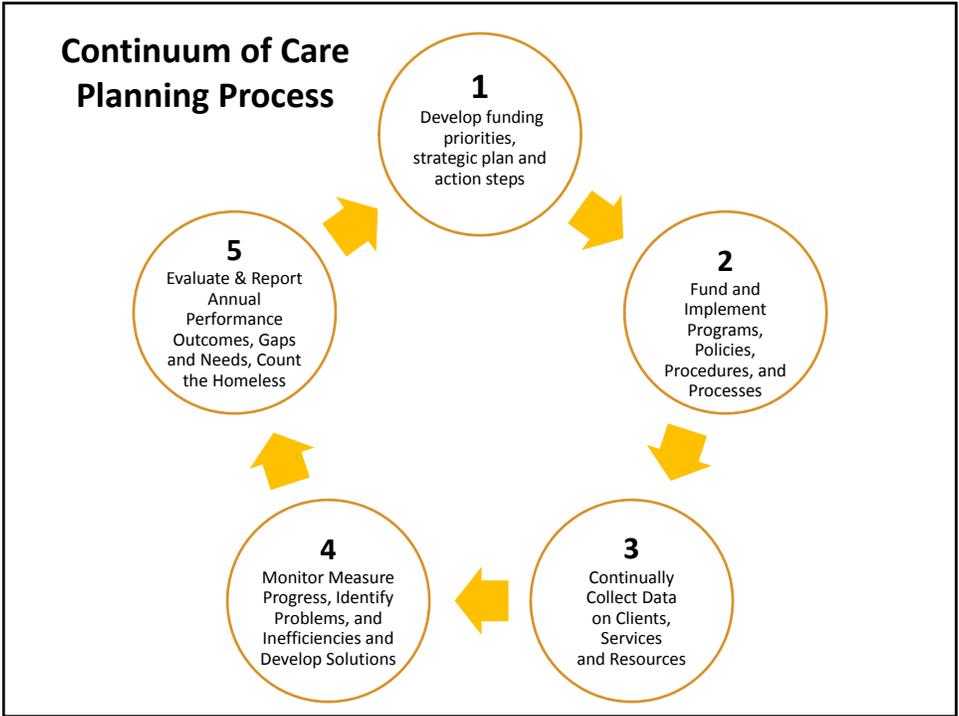
- Facilitate Year-Round Continuum of Care Planning
- Author the Continuum of Care Program Grant
- Manage the Coordinated Assessment System
- Administer the Homeless Management Information System
- Train Agency Staff on Systems, Services, Best Practices in Case Management
- Staff the Continuum of Care Board of Directors

CoC Accountability

- Monitor and Measure performance for All Continuum of Care Program Grant and Emergency Solutions Grant Programs
- Consult with Emergency Solutions Grant Grantees
- Consult and Provide Narratives for Fort Worth, Arlington and Tarrant County Consolidated Plans
- Produce Annual Performance Scorecards for all CoC Program
- Conduct Official Counts of the Homeless, Inventories of Housing and Annual Homeless Assessments Reports

CoC Resources

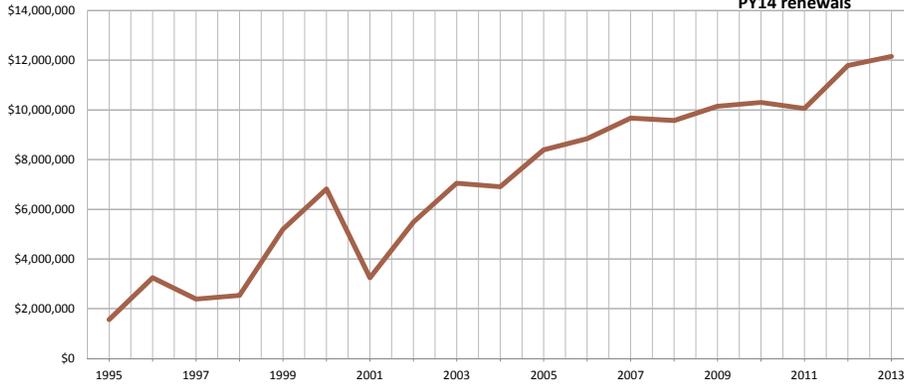
- Facilitate the Continuum of Care Project Prioritization and Funding Decisions \$12 Million
- *Serve as Recipient of Texas Department of Housing and Community Affairs Emergency Solutions Grant for the Continuum of Care \$418K
- Provide Continuum of Care Endorsement of PY 2014 Veterans Affairs Priority 1 Surge Funding Supportive Services for Veteran Families Grants \$3 Million
- Provide Endorsement Documentation of Coordinated Assessment System Participation for Competitive HOPWA \$810k



Continuum of Care Program Funding

TX601 - Continuum of Care Program Grant
1995 to 2013

\$12,147,115
PY13 request plus
PY14 renewals

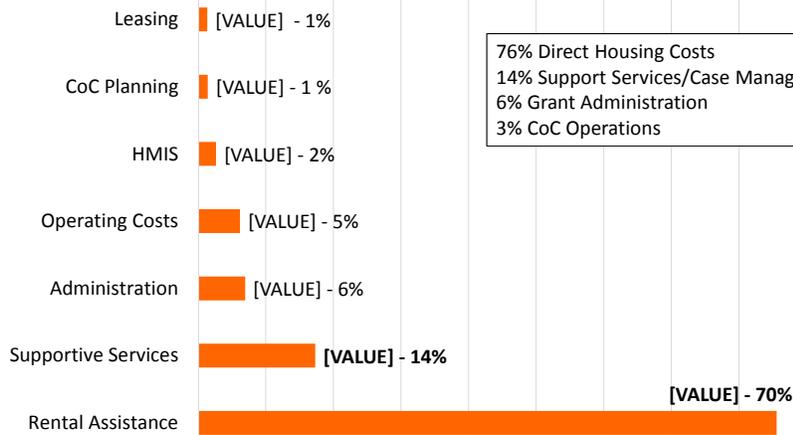


FUNDING SOURCE: HUD

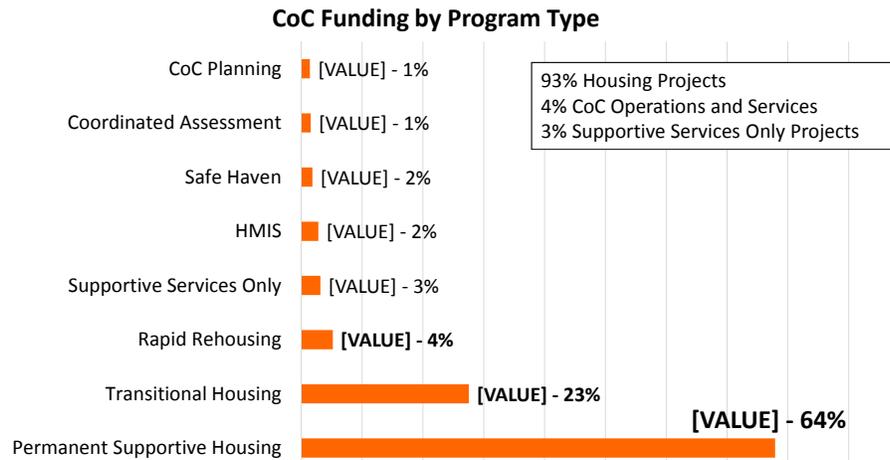
TOTAL BUDGET: Grant plus 25% Cash and In Kind match from local sources \$2,814,375 Total: \$14,924,192

Continuum of Care Program Funding

CoC Program Grant Expenditures

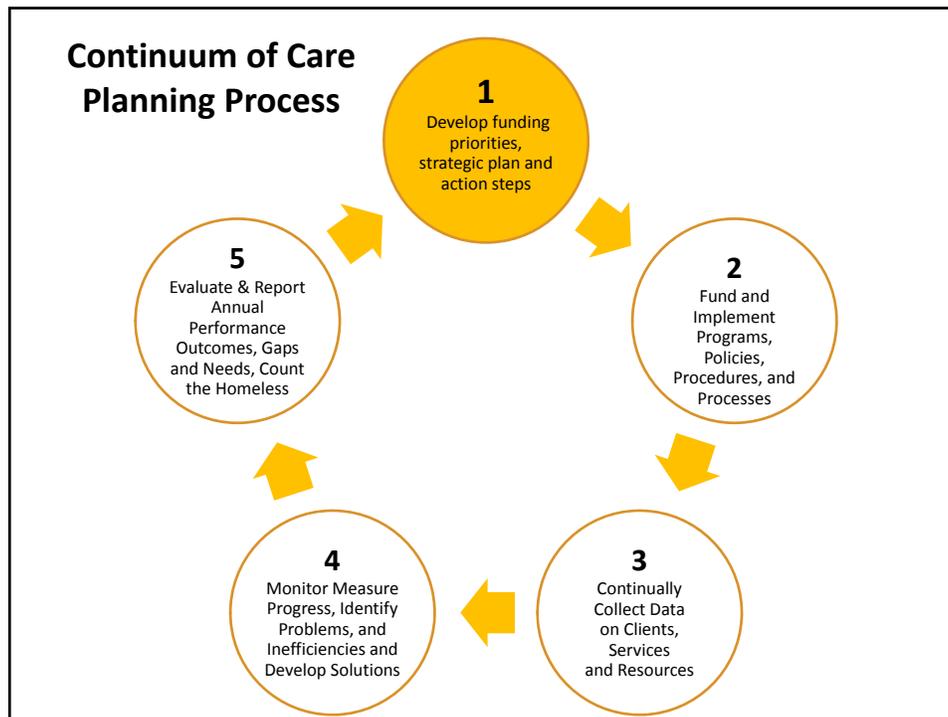


Continuum of Care Program Funding



Other Public Homeless Funding in CoC Operations

Housing Opportunities for Persons With AIDS/HIV (Fort Worth and Tarrant)	\$ 752,046
Veterans Affairs – VASH Veterans Affairs Supportive Housing (PY2013) 290 units	1,533,460
Veterans Affairs SSVF – Catholic Charities (PY2013)	819,000
Veterans Affairs SSVF Surge Funding Priority 1 (PY2014) – To be announced	3,000,000
HHS – SAMHSA PATH Team	257,206
ESG – State of Texas (PY2014), Arlington, Fort Worth, Tarrant County	1,223,802
FWHA – HCV Homeless Preference (FWISD, WISH, MHMR, SPC Transition) 200 units	1,286,712
TDHHS – Healthy Community Collaborative (PY 2014 June 2014 – Sept 2015)	4,300,000
SAMHSA Project LINK (30 units)	381,572
Directions Home PY 6	2,042,687
Texas Department of Housing and Community Affairs HHSP (Fort Worth, Arlington)	777,955
Community Development Block Grant (CDBG) Funds – Public Services for Homeless Services (Fort Worth, Tarrant County, Arlington)	611,775
HOME Funds (Arlington) 40 TH units	300,000
TOTAL:	\$ 17,286,215



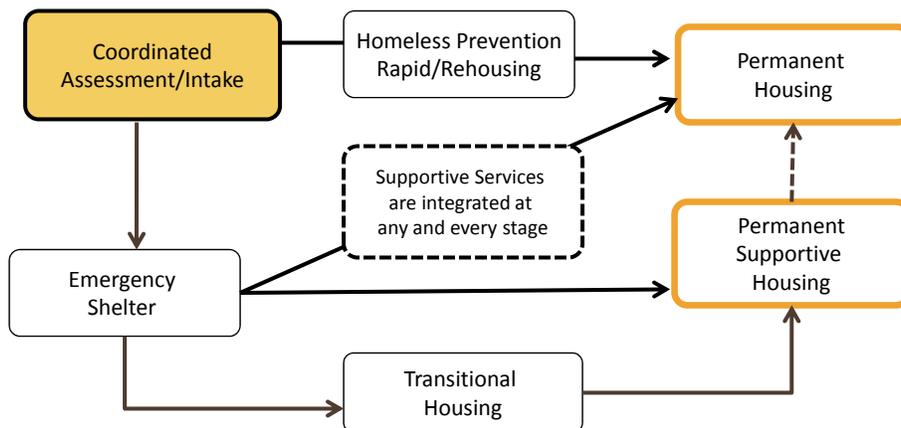
CoC Strategic Plan

- Detailed Performance Metrics included in every CoC Program Grant Application
(Last submission PY 2013 February 3, 2014)
- Derived from annual counts, surveys and HMIS analysis including: Point in Time Counts, Housing Inventories, Needs Assessment Survey, Annual Performance Reports, Annual Homeless Assessment Report
- CoC Planning Committees, Taskforces, Board Meetings, Public Forums and Trainings
(78+ CoC meetings a year)

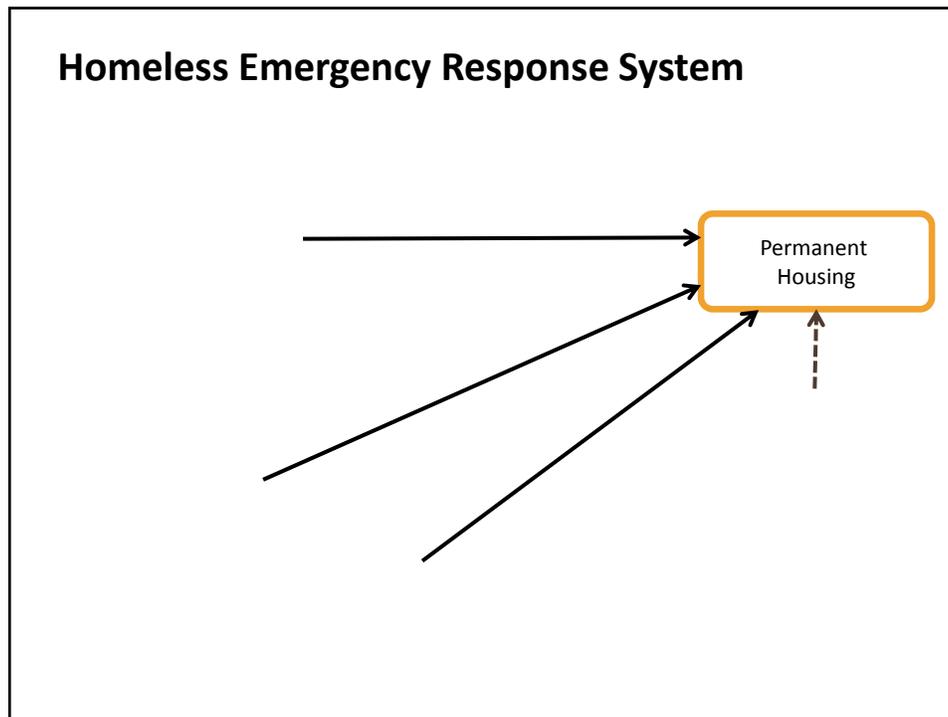
Priority CoC Needs: Housing

- Medical respite beds
- Additional inpatient detox and rehabilitation beds
- Additional affordable group and assisted living housing options
- Additional quality affordable housing options for persons with vouchers (*CoC Obj 1, DH Strategy 1*)
- Additional quality affordable housing options for persons with incomes at or below 30% average median income (*CoC Obj 1, DH Strategy 1*)

Homeless Emergency Response System



The process of at risk or onset of homelessness to stable housing



Strategy 1: Increase the Supply of Permanent Supportive Housing

Develop a citywide Comprehensive Housing Strategy

A Housing Strategy to inform the public, policy makers, and stakeholders about the city's current housing conditions and market trends. It will also develop a practical, viable, and implementable set of data and information that is specific to the needs, concerns and future of housing in the city. And the Strategy will provide the foundation and insight the city needs to develop effective, informed, and focused housing policies, plans, and programs that **will create and maintain a spectrum of housing choice and opportunity for residents of all income status.**

6th objective

Lead the Continuum of Care

- The CoC Board of Directors will address the challenges of homelessness with the principles of Collective Impact: **Common Agenda, Shared Measurement, Mutually Reinforcing Activities, Continuous Communication, Backbone Support Organization**
- Provide fully transparent leadership in planning, policy making and implementation of our community's response system to homelessness.
- Administer program monitoring, evaluation and performance measurement with professionalism and neutrality.
- Be guided by the mission of ending homelessness in its coordination and utilization of public and private resources.
- Provide a highly skilled and experienced professional staff to implement and coordinate the actions of the CoC Strategic Plan.



Participation in the Continuum of Care is open to the public.

CoC General Meetings are held the third Tuesday of every month at 10:30 am and Noon
Broadway Baptist Church, 305 W. Broadway, Fort Worth, Texas • TCHC Calendar at AHomeWithHope.org

CoC Board of Directors

Board Chair

Randy Clinton, Community Enrichment Center

Board Vice Chair

County Commissioner Roy C. Brooks

Board Members

Councilwoman Kelly Allen - Gray, City of Fort Worth

Councilman Charlie Parker, City of Arlington

Paula Robinson, Center of Hope

Mayor Richard Hutchison, Haltom City

James Tapscott, Recovery Resource Council

Ted Blevins, Executive Director of True Worth

Sean Burton, MedStar Mobile Healthcare

Judge Brent Carr, Tarrant County Judge Criminal Court 9

Jason Hall, Fannie Mae

Barbara Holston, Fort Worth Housing Authority

Kristy Hroch, Day Resource Center for the Homeless

Tim McKinney, United Way of Tarrant County

Toby Owen, Presbyterian Night Shelter

Carla Storey, ACH Child and Family Services

Walter Taylor, MHMR Tarrant

Tia Thomas, SafeHaven of Tarrant County

Rev. Karl Travis, First Presbyterian Church of Fort Worth

Trevin Ware, Legal Aid of NorthWest Texas

Ex-Officio Board Members

Rev Fritz Ritsch, TCHC Board Chair

Linda Saucedo, US Department of Veterans Affairs

Tarrant County Homeless Coalition Staff

Cindy J. Crain, Executive Director

cjcrain@ahomewithhope.org

CoC Planning

Rebecca Cox, CoC Coordinator

rebecca@ahomewithhope.org

Carolyn Curry, CoC Planning Specialist

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HMIS

Alexandra Espinosa, HMIS Manager

alexandra@ahomewithhope.org

David Paniagua, HMIS Scan Card Clerk

david@ahomewithhope.org

Sharon Short, HMIS Scan Card Clerk

sharon@ahomewithhope.org

Coordinated Assessment

Mario Puga, CoC Resources Specialist

mario@ahomewithhope.org

Connie Nieswiadomy, Info & Referral Specialist

connie@ahomewithhope.org

Kali Montague, Program Administration

kali@ahomewithhope.org

Phone: 817-509-3635 Fax: 817-719-9489

1201 E. 13th Street, Fort Worth, TX 76102

web: AHomeWithHope.org

Approved April 9, 2014

2014-2015 Continuum of Care Strategic Plan



Lead, coordinate and develop strategies and resources to end homelessness.

The Continuum of Care FY2014-2015 Strategic Plan will demonstrate to the US Department of Housing and Urban Development that the Fort Worth/Arlington/Tarrant County Continuum of Care TX601 conducts a year round planning process consistent with 24 CFR part 578.1 to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, States and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness;
- Promote access to and effective use of mainstream programs by homeless individuals and families; and,
- Optimize self-sufficiency among individuals and families experiencing homelessness.

Goals of the Continuum of Care

- End chronic homelessness by 2015
- End veteran homelessness by 2015
- Reduce the number of persons experiencing homelessness
- Reduce the length of stay in homelessness
- End family homelessness by 2020
- Reduce the incidence of sexual and physical assault against homeless women

Schedule of CoC Strategic Plan Progress Reports

May 30, 2014

August 29, 2014

November 25, 2014

February 27, 2015

May 29, 2015

August 28, 2015

December 16, 2015

1 Objective  INCREASE PROGRESS TOWARDS ENDING CHRONIC HOMELESSNESS	2 Objective  INCREASE HOUSING STABILITY	3 Objective  INCREASE INCOMES OF PROGRAM PARTICIPANTS	4 Objective  INCREASE PARTICIPANTS OBTAINING MAINSTREAM BENEFITS	5 Objective  USE RAPID REHOUSING TO REDUCE FAMILY HOMELESSNESS
<p>1. Increase the supply of Permanent Supportive Housing beds</p> <ul style="list-style-type: none"> > Include an RFP for new permanent supportive housing projects in FY 2014 and FY 2015 CoC Program Grants > Seek local funding to meet the 25% match requirement to support new CoC PSH projects > Advocate for the development of permanent supportive housing and housing units dedicated for households below 30% AMI <p>2. Increase the portion of existing beds dedicated for the chronically homeless to 85%.</p> <ul style="list-style-type: none"> > Maintain the master inventory of permanent supportive housing to immediately identify > Streamline the process of verifying priority populations for PSH housing through the Coordinated Assessment System > Award local performance scores to agencies that maintain 100% occupancy <p>3. Increase turnover of CoC PSH beds through achievement of housing independence.</p> <ul style="list-style-type: none"> > Implement the Independent Housing Readiness Assessment process as an annual PSH participant self sufficiency review > Update and optimize the search capabilities of the TCHC web-based housing inventory 	<p>1. Increase the number of persons that exit PSH programs into permanent housing.</p> <ul style="list-style-type: none"> > Increase funding for the Direct Client Services Fund to expand to outside of the City of Fort Worth for deposits, application fees and move in > Expand the MHMR Tenant Based Solutions program to develop community and neighborhood support systems where clients reside <p>2. Increase preventative and primary health, mental health and behavioral health care.</p> <ul style="list-style-type: none"> > Implement the strategies of the Healthy Community Collaborative Grant Program > Coordinate the activities of the CoC with the JPS Care Connections for the Homeless DSRIIP program > Approve a county-wide hospital discharge planning policy > Establish a Back To Basic program targeting the homeless population <p>3. Expand outreach and rapid rehousing for homeless women.</p> <ul style="list-style-type: none"> > Establish this subpopulation as a priority for ESG funding in the Fort Worth, Arlington and Tarrant County 2014 Consolidated Action Plans > Formalize the homeless women's workgroup as a committee of the Continuum of Care Board > Establish outreach to homeless women as a specific funding priority for ESG funds > Establish rapid rehousing 'bridge' housing programs for chronically homeless women with ESG 	<p>1. Increase access to critical documents.</p> <ul style="list-style-type: none"> > Update the TCHC Critical Documents web application > Streamline online payment method options for agencies to reduce time to access documents > Develop archive of copies of critical documents when received by the client within the HMIS client record > Expand critical document secure storage for emergency sheltered and unsheltered clients <p>2. Increase training and job skills opportunities.</p> <ul style="list-style-type: none"> > Expand the use of the Direct Client Services fund for securing training certifications, licenses, exams and tests > Secure scholarship funding for the Fort Worth Housing Authority Certified Nurse Assistant training program <p>3. Increase employment opportunities.</p> <ul style="list-style-type: none"> > Develop the web-based pilot project that introduces employment ready homeless to potential employers 'IWillWork.org' > Expand transitional employment opportunities through Workforce Solutions 	<p>1. Increase access to SSI/SSDI benefits for persons with disability.</p> <ul style="list-style-type: none"> > Create SOAR Network within the CoC made up of one dedicated SOAR leads at each homeless provider agency > Provide two SOAR trainings through Texas Homeless Network per year > Fully implement utilization of the SOAR Online Application Tracking System (OAT) > Apply for the SOAR national Technical Assistance Grant <p>2. Increase access to SNAPs/TANF/WIC.</p> <ul style="list-style-type: none"> > Establish benefits specialist lead at each homeless provider agency > Develop HMIS driven tracking of application progress > Develop archive of client documents required for application for benefits within the HMIS client record > Train agencies on benefits appeal processes > Educate recipients on how to maintain their benefits, recertify, and what to do if loss or denied. <p>3. Increase access to VA benefits.</p> <ul style="list-style-type: none"> > Integrate Veteran Services Agencies into the Continuum of Care > Provide VA access to the Direct Client Services Fund for VASH applicants for deposits, critical documents, transportation and move in 	<p>1. Increase the supply of rapid rehousing from CoC Program and Emergency Solutions Grants</p> <ul style="list-style-type: none"> > Apply to TDHCA as an ESG direct grantee to provide local decision making in the allocation of state funds > Conduct quarterly planning meetings of transitional housing and rapid rehousing providers to improve success in current RRH programs <p>2. Convert more transitional housing programs into rapid rehousing.</p> <ul style="list-style-type: none"> > Explore best—practices in transforming CoC Transitional Housing programs into a Rapid Rehousing model > Conduct NAEH sponsored Rapid Rehousing Workshop > Create a one-year Rapid Rehousing Learning Collaborative > Develop a plan to retain transitional housing programs for domestic violence victims . <p>3. Prioritize families for rapid rehousing through the Coordinated Assessment System</p> <ul style="list-style-type: none"> > Establish formal communications procedures with school districts in the identification and prioritization of families at risk of and falling into homelessness > Centralize eligibility paperwork for homeless prevention assistance in the HMIS and through the Coordinated Assessment System

What we will measure, track, and report:



- > Number of chronically homeless
- > Turnover rates of PSH beds
- > Exits from PSH to permanent housing
- > Number of IHRA assessments completed
- > Length of stay in emergency shelters
- > Disability documentations in client records

- > Number of unsheltered and emergency sheltered homeless women
- > Number of enrollments in JPS Connection, Medicaid, Medicare, Healthcare.gov
- > Number of Emergency Department visits by homeless
- > Criminal Activity reports
- > Rapid Rehousing stability

- > Number of critical documents acquired
- > Increase in income from employment
- > Exits with employment income
- > Incomes at quarterly assessments
- > Number of case managers completing trainings
- > Quarterly point in time counts

- > Quarterly occupancy rates
- > Housing turnover rates
- > 911 calls to emergency shelters
- > Recidivism rates and returns to homelessness
- > SSI/SSDI rates

**Continuum of Care Board Charter
Fort Worth/Arlington/Tarrant and Parker County CoC TX 601**

CONTINUUM OF CARE BOARD PURPOSE

The Continuum of Care Board (CoC Board) shall serve the geographic area of the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601, which includes all of Tarrant and Parker County, Texas, to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, States and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness;
- Promote access to and effective use of mainstream programs by homeless individuals and families;
- Optimize self-sufficiency among individuals and families experiencing homelessness.

I. COC BOARD ROLES AND RESPONSIBILITIES

The CoC Board shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:

- A. Designate a CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care;
- B. Designate an Administrator of the Homeless Management Information System; and
- C. Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services.

II. COC BOARD MEMBERS

A. Board Composition

The CoC Board shall include community representatives within the geographic area who are:

- A. Homeless or formerly homeless individual(s).
- B. Representatives of the relevant organizations and projects serving homeless subpopulations such as:
 - a. Persons with substance use disorders
 - b. Persons with HIV/AIDS
 - c. Veterans
 - d. Persons who are chronically homeless
 - e. Families with children
 - f. Unaccompanied youth
 - g. Persons who are seriously mentally ill
 - h. Persons who are victims of domestic violence, dating violence, sexual assault, and/or stalking.
- C. Appointed representatives from local government entities:
 - a. The following local governmental entities shall be represented:
 - i. Tarrant County
 - ii. City of Fort Worth
 - iii. City of Arlington
 - b. The following local governmental entities will have the right, but not the obligation, to each appoint a member:
 - i. Parker County
 - ii. Tarrant County Mayor's Council
 - c. Other governmental entities may request of the CoC Board the right to appoint a member.
- D. Representatives of other homeless service providers and advocates such as:
 - a. Faith-based organizations
 - b. Businesses
 - c. Public Housing Agencies
 - d. School districts
 - e. Mental health care providers

- f. Health care providers
- g. Universities
- h. Affordable Housing Developers
- i. Foundations
- j. Law Enforcement

5. Representative of the Continuum of Care Lead Agency as an *ex officio* member.

B. CoC Board Selection/Election

Other than those members that are appointed by the governmental entities as set forth in Section II.A.3 above, there will be an annual call for nominations from the public to fill any vacancies then existing on the board. The existing CoC Board will elect new members to fill such vacancies by majority vote. The CoC Board will be comprised of at least nine and no more than 21 voting members. Vacancies may be filled immediately or through the annual nominating process.

C. Conflicts of Interest

Board members with actual or perceived conflicts of interest must identify them as they arise. Individuals with a conflict of interest may participate in all discussion but shall recuse themselves from voting on any issue in which they may have a conflict. No member of the Board shall vote upon any matter which shall have a direct financial bearing on the organization that the member represents or sits as a board member on the organization. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions.

D. CoC Board Term

Other than those members that are appointed by the governmental entities as set forth in Section II.A.3 above, membership on the board is limited to two (2) three-year terms. The board terms shall be staggered so as to insure continuity of the board. Members serving a complete six year term are not eligible for re-appointment. After the passage of one year from the expiration of their term such individual can be considered for re-election to the board. The inaugural year of the CoC Board, one third (1/3) of board

members will serve starting from the first session through December 31, 2014 and one third (1/3) of the board through December 31, 2015 and one third (1/3) through December 31, 2016. Subsequent boards will serve two year terms January through December.

E. CoC Board Leadership

A Chair and Vice Chair will be elected by the CoC Board. In the inaugural year of the CoC Board, the current Tarrant County Homeless Coalition Board Chair/CoC Board Chair will preside over the new CoC Board until a Chair and Vice Chair is elected by the board membership. The Chair and Vice chair will serve one-year terms and may serve no more than two consecutive terms. The CoC Board shall appoint a Secretary, whose responsibilities will include insuring minutes of all meeting are taken, which minutes shall be maintained for public review upon request.

E. CoC Committees

The CoC Board shall create committees as necessary to accomplish its purpose, roles and responsibilities.

The CoC Board shall create the following Standing Committees::

Community Projects Review Committee responsible for conducting the CoC Program Grant project prioritization and funding process and other grant and program funding, allocation or selection decisions as assigned by the CoC Board.

HMIS Governance Committee responsible for making final recommendations to the CoC Board on the planning, participation, selection, implementation and ongoing oversight of the single HMIS system and the HMIS Administrator..

Governance Committee responsible for conducting the annual nominations process for CoC Board of Director members in compliance with Section II A-D.

F. CoC General Membership

Continuum of Care General Members shall be recognized by attendance signature at sign-in at CoC General Membership meetings.

III. COC MEETINGS

The CoC Board shall:

- A. Conduct at least two public meetings per year; a majority of the CoC Board membership shall constitute a quorum for the transaction of business, and;
- B. Provide prior reasonable notice of CoC Board and committee meetings and such notices shall be published on the CoC Lead Agency website. Each meeting shall have on its agenda the opportunity for members of the public to provide input and comment, and;
- C. Review and approve the minutes and consider recommendations from such committees established as provided in Section II.E. above, including such meetings as may be necessary to conduct the business of CoC operations, CoC Planning and HMIS governance.
- D. Conduct at least six CoC General Membership meetings per year and such notices shall be published on the CoC Collaborative Applicant website.

IV. COC REPORTS

The CoC Board shall approve the following reports and documents:

- A. CoC Program Grant Project Priority List
- B. Annual Homeless Assessment Report (AHAR)

The CoC Board shall review the following reports:

- A. Annual report on homeless services needs and gaps
- B. Annual Point In Time Count (PIT)
- C. Annual Housing Inventory Chart (HIC)

V. AMENDMENT TO CHARTER

This Charter will be reviewed by the board at least once every five years.
This Charter can be amended by a vote of 75% of the then sitting CoC Board.

2014 Scorecard for Continuum of Care (CoC): Renewal Projects

This scorecard will be used by the Community Project Review Committee (CPRC) as an evaluation tool for allocation decisions for CoC program funds. Score will be a starting point for CPRC discussion regarding ranking and projects to be included in the final application to HUD.

Recipient:

Subrecipient:

Project Name:

Annual Performance Report (APR) Date Range:

Agency Instructions: Please review your scoring. After review please return your draft scorecard with any comments to Rebecca@ahomewithhope.org no later than three business days after receipt of this document. If for any reason a correction is requested the request will be reviewed and the agency will be provided a final scorecard within three additional business days with any approved changes included.

DRAFT

Objective 1					
Ending Chronic Homelessness					
Maximum Points Available: 25					
Minimum Threshold: 20					
Capacity Rate: Maintain Efficient Unit Capacity					
1.1 What is the quarterly PIT unit capacity rate?					
Proposed	Actual	Computation	Point Distribution Scale	Possible Score	Project Score
	Q1:		0 quarters between 90-150%	0	
	Q2:		1 -2 quarters between 90-150%	2	
	Q3:		3 quarters between 90-150%	5	
	Q4:		*4 quarters between 90-150%	10	
Chronically Homeless: Percentage Served					
1.2 What percentage of the people (adults and children) served by the project were chronically homeless (CH) at time of enrollment?					
Total Served	CH Served	Computation	Point Distribution Scale	Possible Score	Project Score
			Less than 25%	0	
			Between 25% and 49%	5	
			Between 50% and 84%	10	
			*Between 85% and 89%	15	
			90-100%	20	
Total Points Available for this Section				25	0

Objective 2

Housing Stability

Maximum Points Available: 30 Points PSH and RR / 15 Points TH

Minimum Threshold: 20 Points PSH and RR / 10 Points TH

Housing Retention: Ensure Participants are Stably Housed in Program

2.1 What % of program participants (leavers and stayers) maintained program housing for 6 months or longer?

Total Served	Total 181 days+	Computation	Point Distribution Scale	<u>PSH</u> Possible Score	Project Score
			≤ 69%	0	
			70% - 87%	5	
			*88-92%	10	
			93%-100%	15	

Housing Retention: Ensure Low Return to Homelessness

2.2 Of participants who exited the program what % did not return to category one homelessness (Emergency Shelter, Transitional Housing, Unsheltered)?

Total Leavers	Total Returned	Computation	Point Distribution Scale	<u>RR</u> Possible Score	Project Score
			≥ 59%	0	
			60%-72%	2	
			73%-86%	5	
			*87%-92%	10	
			93%-100%	15	

Housing Stability: Ensure Participants are Stably Housed Upon Exit

2.3 What % of leavers exited into permanent housing situations?

Total Leavers	Total Leavers to PH	Computation	Point Distribution Scale	<u>PSH</u> Possible Score	<u>TH</u> Possible Score	<u>RR</u> Possible Score	Project Score
			≥ 59%	0	0	0	
			60%-72%	0	5	5	
			RR/TH*73%-86%	5	10	10	
			PSH*87%-92%	10	15	15	
			93%-100%	15	15	15	

Total Points for this Section				30	15	30	0
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Objective 3
Increased Income / Employment
Maximum Points Available: 40 Points
Minimum Threshold: 30 Points

Increase Self Sufficiency through Employment

3.1 What % of adult leavers had earned income from employment at time of exit?

Total Adult Leavers	Leavers w/ Employment	Computation	Point Distribution Scale	Possible Score	Project Score
			< 20%	0	
			20% - 25%	10	
			*26% - 49%	15	
			50%-100%	20	

Increase Self Sufficiency through Higher Income (Any Source)

3.2 What is the % of adult leavers that had an increase of income at time of exit when compared to income at entry?

Total Adult Leavers	Total Increased Income	Computation	Point Distribution Scale	Possible Score	Project Score
			< 20%	0	
			20% - 37%	10	
			*38% - 75%	15	
			75% - 100%	20	

Total Points Available for this Section **40** **0**

Objective 4 (Continued on Next Page)
Increased Mainstream Benefits
Maximum Points Available: 60 Points
Minimum Threshold: 40 Points

Increased Utilization of Mainstream Sources of Cash Benefits

4.1 What % of adult leavers were connected with mainstream cash benefits at exit?

Total Adult Leavers	Adult Leavers w/ Cash Benefit	Computation	Point Distribution Scale	Possible Score	Project Score
			< 40%	0	
			40% - 52%	5	
			*53% - 69%	10	
			70% - 100%	15	

Increased Utilization of Mainstream Sources of Cash Benefits

4.2 What % of adult stayers connected with mainstream cash benefits?

Total Stayers	Stayers w/ Cash Benefit	Computation	Point Distribution Scale	Possible Score	Project Score
			< 40%	0	
			40% - 52%	5	
			*53% - 69%	10	
			70% - 100%	15	

Objective 4 - (Continued From Prior Page)

Increased Mainstream Benefits

Maximum Points Available: 60 Points

Minimum Threshold: 40 Points

Increased Utilization of Mainstream Sources of Non Cash Benefits

4.3 What % of adult leavers connected with non-cash benefits at exit?

Total Leavers	Leavers w/ Non-Cash Benefit	Computation	Point Distribution Scale	Possible Score	Project Score
			≤ 40	0	
			41%-72%	5	
			*73% - 85%	10	
			86%-100%	15	

Increased Utilization of Mainstream Sources on Non Cash Benefits

4.4 What % of adult stayers connected with non-cash benefits?

Total Stayers	Stayers w/ Non-Cash Benefit	Computation	Point Distribution Scale	Possible Score	Project Score
			≤ 40	0	
			41%-72%	5	
			*73% - 85%	10	
			86%-100%	15	

Total Points Available for this Section 60 0

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HMIS Participation

Maximum Points Available: 15

Correct and Complete Information is Entered into HMIS

5.1 What % of data elements were completed in the HMIS for the program?

# Clients X 24 Data Elements	# Missing Data Elements	Computation	Point Distribution Scale	Possible Score	Project Score
			< 2%	15	
			2% - 8%	-10	
			≥ 9%	-15	

Total Points Available for this Section 15 0

Financial Management Maximum Points Available: 10					
Ensure that Programs are Utilizing all Funding Allocated for Project					
6.1 What percentage of total grant funds did the applicant have recaptured in the most recent grant closeout year?					
Total Funding Allocated	Total Funding Recaptured	Computation	Point Distribution Scale	Possible Score	Project Score
			> 4%	0	
			2% - 4%	2	
			* < 2%	5	
			No funds recaptured	10	
Total Points Available for this Section				10	0

Organizational Participation (Continued on Next Page) Maximum Points Available : 50 Points Minimum Threshold: 30 Points					
Organization is Active Participant in the Continuum of Care					
7.1 What % of TCHC general and round table meetings did the applicant attend?					
Total # Meetings	Total # of Meetings Attended	Computation	Point Distribution Scale	Possible Score	Project Score
			< 50%	0	
			*50% - 74%	5	
			75% - 100%	10	
7.2 What % of CoC sponsored trainings or events did the applicant attend?					
Total Trainings	Total # of Trainings Attended	Computation	Point Distribution Scale	Possible Score	Project Score
			< 50%	0	
			*50% - 74%	5	
			75% - 100%	10	
7.3 Applicant participates in a CoC / TCHC committee or workgroup. (Attends at least 1/2 of scheduled meetings)					
Point Distribution Scale				Possible Score	Project Score
Yes				10	
No				0	

Organizational Participation (Continued From Prior Page)		
Maximum Points: 50 Points		
Minimum Threshold: 30 Points		
Organization is Participating with CoC Strategic Plan Goals		
7.4 Applicant designates at least one staff member to become a Site Administrator and Navigator with the CPP Your Texas Benefits Program.		
Point Distribution Scale	Possible Score	Project Score
*Yes	10	
No	0	
7.5 Applicant designates at least one staff member to become SOAR certified.		
Point Distribution Scale	Possible Score	Project Score
*Yes	10	
No	0	
Total Points Available for this Section		0

DRAFT

Overall Score for the Project			
Maximum Points Possible: 230 for PSH and RR / 215 for TH			
Minimum Threshold to be Met: 165 PSH and RR / 155 TH			
SECTION	OBJECTIVE	SECTION SCORE	TOTAL SCORE
Section 1	Ending Chronic Homelessness	0	0
Section 2	Housing Retention and Stability	0	
Section 3	Increase Income and Employment	0	
Section 4	Increase Mainstream Non-Cash Benefits	0	
Section 5	HMIS Participation	0	
Section 6	Financial Management	0	
Section 7	Organizational Participation	0	

Agency Comment: Use this section to respond to any metric above with any unusual circumstances that may have abnormally lowered a performance category for your agency.
