

City of Fort Worth – Permanent Supportive Housing Task Force Proposed Development Guidelines

General Guidance

1. Permanent Supportive Housing (PSH) is permanent and affordable -- tenants hold leases and acceptance of services is not a condition of occupancy.
2. Comprehensive case management services are accessible by tenants where they live and in a manner designed to maximize tenant stability and self-sufficiency.
3. PSH projects may be either 100% supportive housing or integrated supportive housing where 40% of the total units are made available to one or more of the target populations.
4. PSH projects should be presented to, and receive an endorsement from, the local Continuum of Care (CoC).
5. PSH projects should utilize a Housing First approach, minimizing barriers to immediate access to housing for targeted populations.
6. PSH projects should have Eviction Avoidance/Problem Resolution Plans.
7. PSH projects should have Tenant Community Integration Plans. Proximity to diverse opportunities does not qualify by itself. Active tenant engagement strategies should be included.
8. PSH projects should come in with full partnerships among developer, service provider, and property management entity. Documentation of this partnership via a Memorandum of Understanding (MOU) is highly recommended.

Target population

PSH projects should be targeted to populations that are most vulnerable, or need PSH the most, such as:

1. PSH that uses a coordinated assessment and referral system that prioritizes those most in need
2. PSH that targets frequent or expensive users of primary health care, behavioral health care, or criminal justice systems
3. Documented emergency shelter long-stayers

(In many cases, the CoC Coordinated Assessment process will do this prioritization.)

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Design recommendations

1. PSH should have space available for service provision for onsite case management and other services.
2. Where feasible, PSH should have communal space to allow for resident services (i.e., classes, holiday parties, and other community building activities).
3. Ideally, PSH units have kitchen and full bathroom facilities. If this is not feasible due to structure or rehab options, bathroom and kitchen facilities should be accessible and available.

Community recommendations

1. PSH project sponsors should establish Good Neighbor Agreements with other community entities (businesses, faith based institutions, etc.)
2. PSH should be near transportation for tenants.
3. Where feasible, PSH should connect with local community centers, faith based institutions and other community supports to connect tenants to the neighborhood.
4. Resident services should support stable tenancy via community building.