

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	5 Objective  USE RAPID REHOUSING TO REDUCE
<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 available units > 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 DSRIP 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 <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> = No significant action taken (16) = Action started (1) = Significant benchmark achieved (14) </div>	<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

6th objective

Lead the Continuum of Care - Upcoming Trainings

- June 17 CoC Round table - BEST PRACTICE SERIES: Improving Case Notes
- June 17 CoC General Meeting - Controlling Bed Bugs
- June 23 USICH Executive Director Conversation with Case Managers
- July 15 CoC Round table - BEST PRACTICE SERIES: Progressive Engagement
- July 15 CoC General Meeting - Joint Meeting with Texas Homeless Network Board
- August 7 SOAR Steering Committee Workshop

Looking Ahead to next CoC Quarterly Report...

- ⇒ Complete implementation of the TCHC Homeless Helpline 817-996-8800
- ⇒ Launch pilot local allocation and administration of state ESG funds of approximately \$400,000
- ⇒ Implementation of Housing Assessment Process for the MHMR Healthy Community Collaborative Grant of \$4.3 million
- ⇒ HUD second round funding announcement of FY2013 Continuum of Care Funds
- ⇒ Implementation of HMIS 2.0



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

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

June 11, 2014 QPR

2014-2015 Continuum of Care Strategic Plan



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

Quarterly Progress Report—Highlights

Coordinated Assessment System—The Documentation of Priority Status has been implemented resulting in streamlining and task redistribution of the requirement to document any disability and experience of homelessness of clients in order to identify targeted priority populations for CoC housing. The process has reduced the time to issue a housing voucher and reduced duplication of documentation efforts by multiple agencies for the same client through development of a permanent HMIS documentation archive. A secondary benefit is a more accurate count of sub-population data moving from self-report to documented actuals (e.g. chronicity, veterans, etc.).

Landlord Engagement Committee—Establishment of a private sector lead Landlord Engagement Committee to address challenges for finding rental units for the difficult to house. First charge is to recommend landlord incentive plan to increase number of multi-family housing properties willing to accept residents through reduction in screening criteria in exchange for other guarantees and incentives.

SOAR “SSI/SSDI Outreach, Access, and Recovery” Steering Committee —TCHC was one of only 6 communities chosen to receive national technical assistance to develop a fully coordinated system between homeless service providers and health care professionals and the Social Security Administration to streamline applications for SSI/SSDI through inter agency coordination and technology. National TA Forum will be held August 7. Goal 14 agencies with designated SOAR leads. 34 persons received SOAR certified training on June 4&5, 2014.

Fort Worth Housing Authority Coordination and Reporting—Co-location at the FWHA and TCHC has been deeply instrumental in quickly identifying ways to expedite housing application processes, assure rapid data entry into the HMIS, and maintain an improved accuracy of housing inventory of PSH.

Community Partner Program—Trained and readied CoC agencies to become Community Partners with Texas Health and Human Services Commission to in helping people apply for, and manage, their public benefits on-line via the HHSC web portal. Participation by CoC agencies will rbe incentivized through bonus points in funding competitions and will result in increased Medicaid WIC SNAPS and CHIP benefits for homeless families. 3 agencies achieved partner status and 5 in progress. Goal: 14 Community Partner Agencies in the CoC.

National Best Practices and Technical Assistance —TCHC hosted the National Alliance to End Homelessness Center for Capacity Building Executive Director for two days of training on CoC Leadership and Rapid ReHousing. Directions Home will host United States Interagency Council on Homelessness (USICH) Executive Director on June 23, and technical assistance from two national experts on rapid rehousing are being planned for late August.

Health Care for the Homeless—JPS has made significant gains in the development of the are Connections for the Homeless DSRIP program. JPS officials attended the National Health Care for the Homeless Symposium in May exposed to best practices in delivery of health care to homeless populations. Initial discussion of targeting homeless women for well woman care and developing HMIS based alerts in patient location and follow up .



Tarrant County Homeless Coalition

Continuum of Care

**Quarterly Performance Report
October 1, 2013 – March 31, 2014
April 23, 2014 Point In Time Date**

Occupancy Rates - Includes all homeless service providers

Measure	Available Beds	April PIT Data	Jan PIT Data	April Rate	Goal	Comparison/ Change
Permanent Supportive Housing	1353	1431	1437	106%	98%	8% over goal
Rapid Rehousing	178	New inventory			98%	
Transitional Housing	854	862	896	101%	98%	2% over goal
Safe Haven	20	20	20	100%	98%	2% over goal
Emergency Shelter	1471	1075	1273	73%		

Ending Chronic Homelessness and Veterans Homeless - Includes all homeless service providers

Measure	April PIT	Jan PIT	Comparison / Change
Chronically Homeless	282	265	6% increase
Chronically Homeless Families	21	17	24% increase
Veterans	267	299	11% decrease
Homeless Families with Children	286	299	4% decrease

Average Length of Stay – Includes Only Continuum of Care Funded Programs

Measure	QPR Leavers	QPR Stayers	QPR Total	PY2013 Leavers	PY2013 Stayers	PY2013 Total	Comparison / Change
Permanent Supportive Housing	38 months	45 months	44 months	42 months	42 months	42 months	3 month total increase
Rapid Rehousing	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Transitional Housing	15 months	14 months	14 months	15 months	10 months	12 months	2 month total increase
Safe Haven	4 months	15 months	13 months	13 months	10 months	12 months	1 month total increase
Emergency Shelter (Leavers & Stayers)	62 days			61 days			1 day increase

Housing Stability – Includes Only Continuum of Care Funded Programs

Measure	QPR	PY2013 Rate	Comparison/Change
Total served in PSH program	1302	1647	1% decrease from PY2013
Total that remained in PSH program plus those who exited PSH into other PH program	1254	1591	
Percentage who achieved stable housing	96%	97%	
Housed in PSH program 6 months or longer	92%	95%	3% decrease from PY2013

Exits to Permanent Housing – Includes Only Continuum of Care Funded Programs

Measure	QPR			PY2013 Rate			Comparison/Change
	53 leavers to PH	97 total leavers	55%	349 leavers to PH	419 total leavers	83%	
Permanent Supportive Housing							28% decrease from PY2013
Rapid Rehousing	N.A.			N.A.			N.A.
Transitional Housing	43 leavers to PH	81 total leavers	53%	213 leavers to PH	285 total leavers	75%	22% decrease from PY2013
Emergency Shelter – Long Term Beds*	314 leavers to PH	1167 total leavers	27%	403 leavers to PH	1904 total leavers	21%	6% increase from PY2013

**Emergency Shelter Exit to Permanent Housing data missing 237 elements for QPR, and 334 elements for PY 2013, measurement reflects those with completed exit assessment.*

Income and Mainstream Benefits at Exit – Includes Only Continuum of Care Funded Programs

Measure	QPR	PY2013 Rate	Comparison/Change
Increase in Income from Entry to Exit	Income data being reevaluated for future report		
Exited with 1+ Source of Non Cash Benefit	75%	73%	2% increase from PY2013
Exited with Employment Income	31%	27%	4% increase from PY2013
Exited with 1+ Source of Cash Mainstream Benefit (not employment)	42%	46%	4% decrease from PY2013
Exited with Zero Cash Income	21%	25%	4% decrease from PY2013

Collaborative Applicant Comment:

QPR Data includes information entered into HMIS from the beginning of the CoC Performance Year through the end of the most recent quarter. This report includes APR data from October 1, 2013 – March 31, 2014. The PY2013 Data is pulled from HMIS reports dated October 1, 2012 – September 30, 2013. Point In Time data pulled from HMIS for April 23, 2014.

At the time APR reports were pulled, there were 556 missing data elements in the Quarterly reports and 271 missing data elements from the PY2013 reports. Exact performance numbers will be adjusted in the future, once all data is complete and accurate.

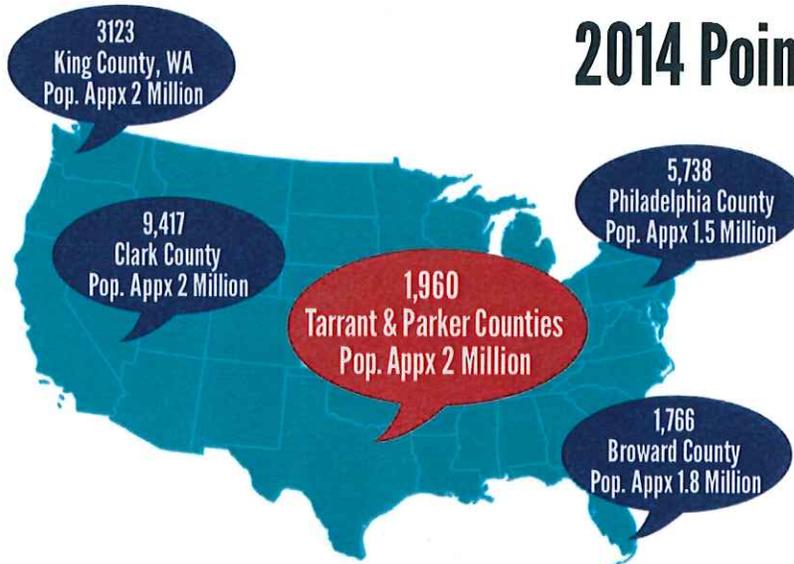
Rapid Rehousing data not included in aggregate level data; not enough data available to measure at this time.

Tarrant County Homeless Coalition Continuum of Care Quarterly Performance Report

June 11, 2014



2014 Point in Time Count



Tarrant & Parker County April PIT Count of 1,960 reflects a 13% decrease from the January PIT Count of 2,241 in the Sheltered Population

Tarrant & Parker County Rates derived from April 23, 2014 Point In Time and do not include Unsheltered Individuals
January Point In Time Total Count Includes 136 Unsheltered + 2,241 Sheltered Individuals for a Total of 2,425

Occupancy Rate Percentage



Special Populations

As Represented in the April PIT

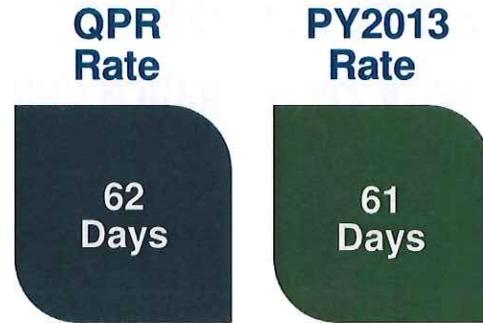


Based on April 23, 2014 PIT Count



LENGTH OF STAY

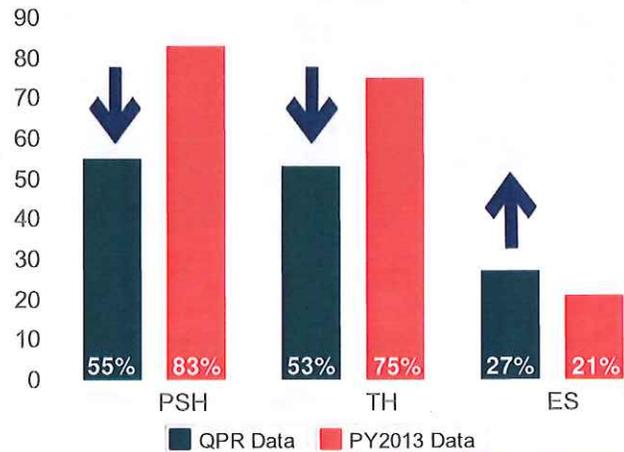
Leavers & Stayers Total



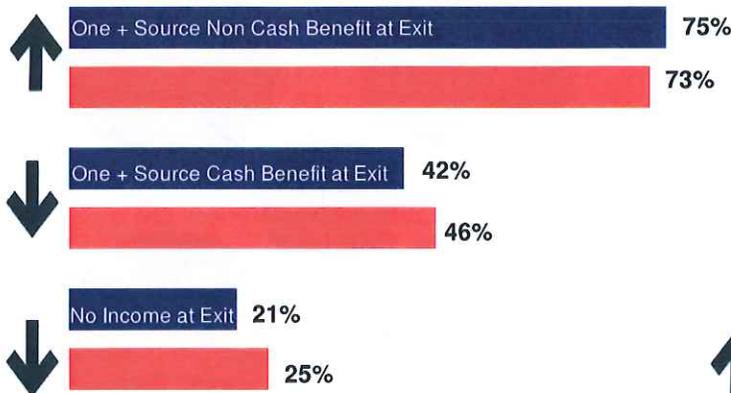
Emergency Shelter

Permanent Housing

Percentage of clients who exited programs into permanent housing



Income & Mainstream Benefits



Employment Income at Exit



■ QPR Rate ■ PY2013

QPR Dates: October 1, 2014 - March 31, 2014; PY2013 Dates: October 1, 2012 - September 30, 2013