Why is ending homelessness the right thing to do?

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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%.

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

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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.

WHERE DO THEY SLEEP AT NIGHT?

Who is homeless?

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

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.

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

WHERE DO THEY SLEEP AT NIGHT?

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?**

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.

**How can we end homelessness?**

- **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 unhoused 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 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 overdose 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.

**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

**SERVICES**

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

**Techniques**

- Housing First
- Trauma-Informed Care
- System of Care

**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 principle for program and services development strategies.
- Consumer and family advocacy is a guiding principle for program and services development strategies.

**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.

**Systems Organization**

- Housing Prioritization
- Homeless Management Information System (HMIS)
**VISION**

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

**STRATEGIES**

1. Increase the Supply of Permanent Supportive Housing
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**SERVICES**

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**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.

**Housing First** 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, family, 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**

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**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 grantees.
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### 12-Month Assessment (Overall)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Pre-Housing</th>
<th>Post-Housing</th>
<th>24-Month Total</th>
<th>Difference</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospital Services</td>
<td>886</td>
<td>656</td>
<td>1,524</td>
<td>212</td>
<td>-24%</td>
</tr>
<tr>
<td>Public Hospital Charges</td>
<td>$1,756,197</td>
<td>$1,090,483</td>
<td>$2,846,680</td>
<td>$699,713</td>
<td>-46%</td>
</tr>
<tr>
<td>MHMR Services &amp; Rx</td>
<td>2,372</td>
<td>3,937</td>
<td>6,309</td>
<td>866</td>
<td>-29%</td>
</tr>
<tr>
<td>MHMR Charges &amp; Rx</td>
<td>$172,234</td>
<td>$182,179</td>
<td>$354,413</td>
<td>$14,243</td>
<td>8%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>80</td>
<td>57</td>
<td>137</td>
<td>23</td>
<td>-28%</td>
</tr>
<tr>
<td>Ambulance Charges</td>
<td>$111,762</td>
<td>$74,173</td>
<td>$185,935</td>
<td>$37,589</td>
<td>-34%</td>
</tr>
<tr>
<td>All Sectors: Services</td>
<td>3,220</td>
<td>3,650</td>
<td>6,870</td>
<td>430</td>
<td>13%</td>
</tr>
<tr>
<td>All Sectors: Charges</td>
<td>$2,034,192</td>
<td>$1,399,838</td>
<td>$3,431,028</td>
<td>$1,272,166</td>
<td>-38%</td>
</tr>
</tbody>
</table>

**IT’S BETTER FOR PEOPLE WHO ARE HOMELESS**

UNT HSC 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.

### Increase in Self-sufficiency

- 0% <6 mos
- 8% 6-12 mos
- 15% 12-24 mos
- 23% >24 mos

**Who is homeless?**

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

**IT’S BETTER FOR NEIGHBORHOODS**

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

- **Unsheltered** includes people living in places not intended for human habitation, such as in cars, vacant lots/buildings, under bridges, or in the woods.
- **Emergency Shelters** are intended for short-term lodging and crisis relief; examples include ACH Child and Family Services, Presbyterian Night Shelter, and Safe Haven of Tarrant County.
- **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.

**WHERE DO THEY SLEEP AT NIGHT?**

- **Unsheltered**: 35% of households in Fort Worth do not make enough to afford Fair Market Rent on a 2-bedroom apartment.
- **Emergency Shelters**: 35% of people are homeless.
- **Transitional Housing**: 35% of people are homeless.

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

**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.**

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.

**Who is homeless?**

<table>
<thead>
<tr>
<th>Homeless Population Point-in-Time Counts</th>
<th>2007</th>
<th>2014</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsheltered</td>
<td>201</td>
<td>184</td>
<td>-8%</td>
</tr>
<tr>
<td>Emergency Shelters</td>
<td>1,049</td>
<td>1,273</td>
<td>21%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>1,626</td>
<td>948</td>
<td>-42%</td>
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<tr>
<td>TOTAL</td>
<td>2,876</td>
<td>2,425</td>
<td>-16%</td>
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**AVERAGE LENGTHS OF STAYS**

- **Permanent Housing**: 3 years
- **Rapid Rehousing**: 3 months
- **Transitional Housing**: 13 months
- **Safe Haven**: 14 months
- **Unsheltered**: 2 years
- **Emergency Shelter**: 6 months

**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.**

**WHO IS HOMELESS?**

- 2,876 children
- 2,678 chronically homeless
- 2,181 domestic violence
- 2,169 veterans
- 2,123 severe mental illness
- 2,390 chronic substance abuse
- 2,425 people who are homeless

**TOP REASONS FOR HOMELESSNESS**

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

**IT’S BETTER FOR THE COMMUNITY**

- **Public Hospital Services**
- **Public Hospital Charges**
- **MHMR Services & Rx**
- **MHMR Charges & Rx**
- **Ambulance Services**
- **Ambulance Charges**
- **All Sectors: Services**
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