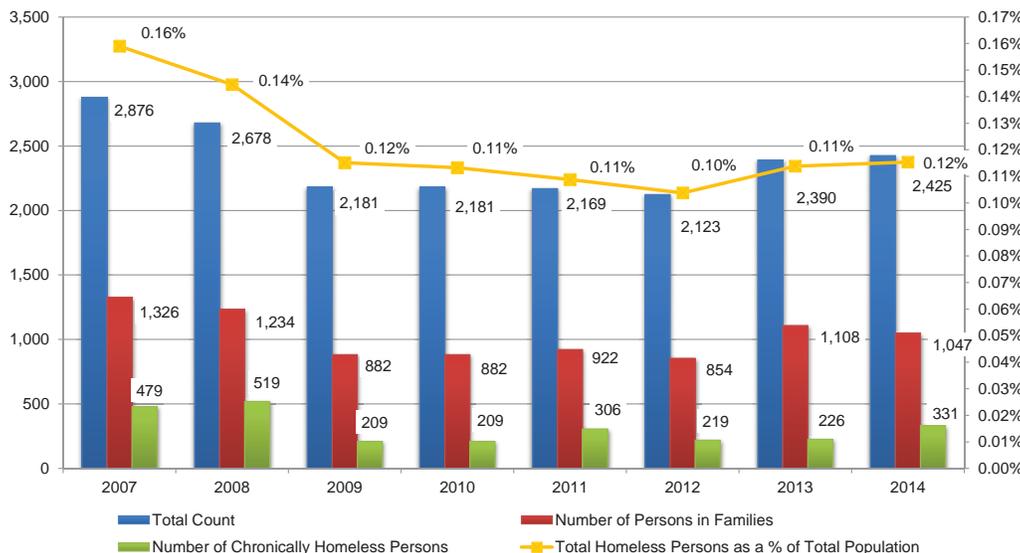


Who is homeless?

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.

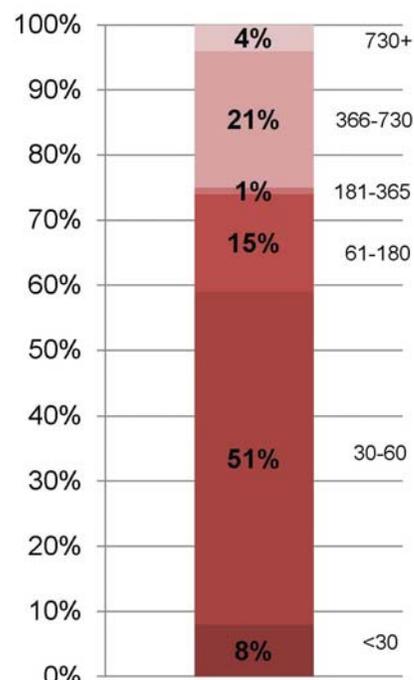
TOP REASONS FOR HOMELESSNESS

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?

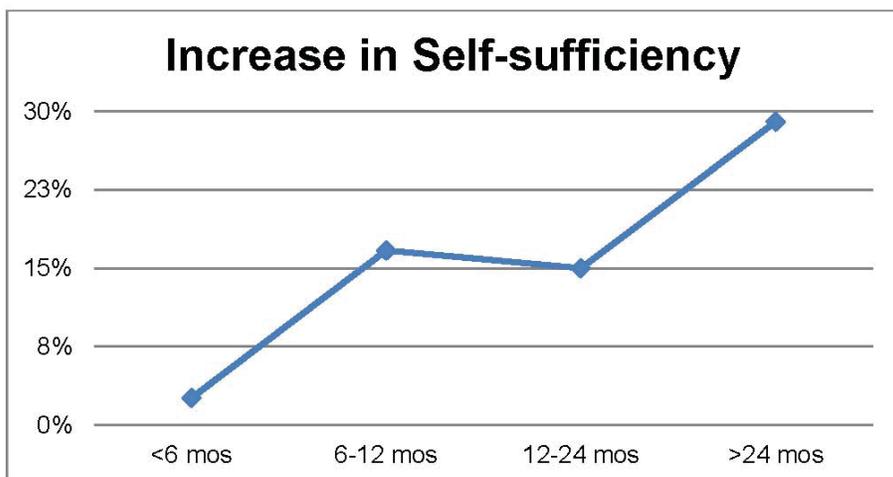
IT'S BETTER FOR THE COMMUNITY

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

