

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** TX-601 - Fort Worth, Arlington/Tarrant County CoC

**1A-2. Collaborative Applicant Name:** Tarrant County Homeless Coalition

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Tarrant County Homeless Coalition

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	No	No	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	No	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
		Not Applicable	Not Applicable
		Not Applicable	Not Applicable
		Not Applicable	Not Applicable

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

TX601 covers both rural and urban counties. The CoC receives input from various groups located in Parker County and throughout Tarrant County. This includes, but is not limited to, groups and organizations such as the Fort Worth Advisory Commission to End Homelessness and the Center of Hope in Parker County. TX601 collaborates with the different organizations and groups to advise on CoC concerns and to receive input on CoC policy. TX601 partners with local ESG providers: City of Fort Worth, City of Arlington, and Tarrant County; meetings are held quarterly to discuss needs, gaps, and funding priorities to maximize coverage and meet the needs in both counties. In addition, to the ESG providers, the CoC collaborates with housing providers such as the Fort Worth Housing Authority and Arlington Housing Authority to discuss needs and services.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
ACH Child & Family Services	Yes	Yes	Yes
Arlington Housing Authority	No	Yes	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
SafeHaven of Tarrant County	Yes	Yes
Community Enrichment Center	Yes	Yes
DRC Solutions	Yes	Yes
YWCA	Yes	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)**

The TX601 CoC Board assists with identifying and assigning the individuals, committees, and organizations responsible for overseeing specific strategies. The CoC Board approves committee structures and appoints committee chairs, each committee is tasked with meeting a specific goal. For example, the Veteran Committee is currently working on ending veteran homelessness by the end of 2016. The CoC recruited veteran agencies that work with the veteran population to assist with this committee and to achieve its overall goal. The Street Outreach Committee is a committee of case managers who work collaboratively to assist the unsheltered population in an effort to prioritize and house the unsheltered homeless.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

TX601 holds monthly membership meetings open to providers, front line staff and the general community where funding announcements are made. TX601 also maintains up-to-date information on the Funding Opportunity page of the TCHC website and sends regular email notifications to all interested parties. TX601 submits an RFP, which is made publicly available through email, social media and web communications and allows for all eligible agencies to submit proposals. If the project meets all eligibility requirements, it will be included in the review process with the renewal proposals. The CoC actively works with agencies that represent the entire geographic region of the CoC to foster collaboration and partnership and who can submit future applications.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Annually

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	4	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	4	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	4	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

In accordance with TX-601 Policies, representatives from Fort Worth, Arlington, and Tarrant County serve on the TX-601 Board of Directors which meets 90 minutes/ month to operate the CoC, select the HMIS Administrator, plan for the CoC, and select the Collaborative Applicant. Staff from each of the local government Con-plan jurisdictions also participate in ad hoc committee work of the CoC as well as ESG-specific planning meetings. TX-601 consults with Texas Department of Housing and Community Affairs (TDHCA) through quarterly, 2-hr meetings of the Texas Interagency Council and through an annual ESG Survey of CoCs. TX-601 is in the second year of a pilot program with TDHCA to administer State ESG funds within the CoC geography, an effort that has involved extensive coordination and monthly data sharing.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

TX-601 policies guide consultation between CoCs and ESG recipients: 1) the Collaborative Applicant provides an annual "State of the Homeless Report" to ESG recipients that includes information on point-in-time count, housing inventory, needs and gaps analysis; 2) TX-601 collaborates with local government ESG recipients (Fort Worth, Arlington, and Tarrant County) to develop funding priorities and CoC-wide standard ESG performance metrics in the first quarter of the calendar year; 3) the Collaborative Applicant monitors ESG recipients to review timely expenditure of funds, and produce quarterly reports on subrecipient performance from the HMIS; and, 4) performance measures and funding priorities are approved by the CoC Board of Directors.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**



Scenario A: The TX-601 Coordinated Assessment System includes both helpline protocols and on-site screening tools to quickly identify households in need of victim services prior to the collection of data into the HMIS. Safety plans are developed, options are discussed, referrals to victim services are coordinated via telephone, and appropriate transportation assistance is provided. Scenario B: Victim services providers are housed with CoC- and non-CoC-funded housing providers in the Family Justice Center; thus, households seeking victim services are easily cross-referred and served in person and through the crisis hotline. Additionally, 4 of the 5 largest victim service providers (SafeHaven, YWCA, DRC, CEC) also provide both CoC- and non-CoC-funded housing services. The volume of services and dual expertise insures Fair Housing and consumer choice is upheld.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Fort Worth	8.00%	Yes-Both
Arlington Housing Authority	1.00%	No
Tarrant County Housing Assistance Office	1.00%	Yes-HCV
Weatherford Housing Authority		
Housing Authority of Grapevine		

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

Arlington PHA utilizes HOME-funded Tenant-based Rental Assistance (TBRA) to serve 50 – 100 homeless households per year. The City of Fort Worth provides general revenue to fund 174 PSH vouchers for TX-601. In Fort Worth, a private developer has purchased an apartment complex and is working with TX-601 to house homeless tenants in 22 units. TX-601 also works with both Arlington and Fort Worth to administer the State-funded Homeless Housing & Services Program that provides rental assistance to (143 households per year), and with MHMR of Tarrant County to administer the State-funded Healthy Community Collaborative program that provides RRH assistance to 115 households. TX-601 worked extensively with the City of Fort Worth in 2015 to develop a set of PSH development guidelines that are now being used to guide City investment (HOME, CDBG, General Revenues, participation in LLC) in the creation of 16 additional, new PSH units within a mixed-income development.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

## 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)**

The Coordinated Assessment System (CAS) has two functions: prioritize clients with the highest level of need and operate a telephone based Helpline. CAS reviews homelessness, chronicity and severity of service need as submitted by case management staff and provides a priority status. Priority status levels align with appropriate housing types; and CAS maintains a centralized, by-name prioritization list to ensure vacancies are first allocated to those with the highest level of need. The Helpline serves as the front door to resources and information and is advertised via the TCHC website, Tarrant County 211, and bi-lingual printed materials distributed throughout the community. CAS staff attends resource sharing events and provides monthly and on-demand user training on CAS for service provider staff which involve education on the prioritization process. The CoC continuously incorporates community engagement strategies to assist the public and agencies in their utilization of CAS.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	34
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	31
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
<b>Performance outcomes from APR reports/HMIS</b>	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

TX601 references HUD and local priorities when determining project application priority. These priorities include Housing First, reducing barriers, and the project’s population and outcomes. Projects that meet these priorities receive additional consideration. Performance outcomes that are scored are considered in the ranking process. A project receives a higher score if it plans to serve target populations such as youth, family, and chronically homeless. A project that participates in Coordinated Assessment will receive additional consideration, as well. For example, the Arlington Nurse Family Partnership is a permanent housing project focusing on homeless, first-time pregnant youth that will be participating in CAS. As a result, it will be weighted more than a project that does not serve homeless youth or participate in CAS.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)**

The score cards for the local competition were approved by the CoC Board of Directors in June. TX601 held a public briefing on October 23, which was open to all project applicants and was used as an opportunity to train the Community Project Review Committee (CPRC) on the project ranking and selection process. The briefing reviewed scoring criteria and HUD and local priorities. The tiered ranking process and a copy of the briefing materials was posted online. The meeting was announced via email and on the TCHC website. Results were emailed and posted online on October 30 and were sent again after the CoC Board reviewed the list on November 5.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 11/05/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 11/05/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

TCHC Planning staff pull midyear APRs for each project from HMIS to review utilization rates, length of stay, exit destinations, income changes, and benefits enrollment. Findings are presented to project staff and performance findings are addressed at that time. Projects are required to submit financial data on a quarterly basis to ensure timely drawdown of funds. Within 15 days of the end of the operating year, TCHC runs an initial APR from HMIS and reviews for data accuracy and completeness and requires all corrections be made by program staff. Final APRs are reviewed and approved by TCHC before submission to eSNAPS to ensure consistency and timeliness. Continuum level performance is reviewed on a quarterly basis and evaluates systems level occupancy, length of stay, quality of life and exit destination data. Any significant issues found at the program or continuum level may be incorporated into future training opportunities to enhance community performance.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** Page 2, CoC HMIS MOU

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** ETO Efforts to Outcomes  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Social Solutions, Inc  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Single CoC

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$282,122
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$282,122</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$0
State	\$0
<b>State and Local - Total Amount</b>	<b>\$0</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$70,531
<b>Other - Total Amount</b>	<b>\$70,531</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$352,653</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/15/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,504	164	1,177	87.84%
Safe Haven (SH) beds	20	0	20	100.00%
Transitional Housing (TH) beds	498	98	400	100.00%
Rapid Re-Housing (RRH) beds	772	138	634	100.00%
Permanent Supportive Housing (PSH) beds	1,777	22	1,539	87.69%
Other Permanent Housing (OPH) beds	250	0	250	100.00%

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	6%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	1%
3.8 Disabling condition	0%	1%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

**2D-4. How frequently does the CoC review data quality in the HMIS?** Quarterly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/22/2015

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 05/15/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

TX601 utilizes HMIS to conduct its sheltered PIT count. The data is reviewed to the client record level to ensure de-duplication with personal identifiers. Additionally, bed stays, enrollments, and exit data is reviewed for accuracy for the PIT night. HMIS meets the 2014 HUD data standards and produces comprehensive PIT data. Non-HMIS participating providers were given templates to gather all required PIT data. Each non-CHO has HMIS equivalent data systems that provide UDE and de-duplication methods to ensure an accurate count. This methodology was selected due to its HUD compliance and reliability. Staff reviewed HUD guidance to ensure the data was at the highest quality and compared against prior year data to ensure consistency and accuracy.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

Not applicable

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

Not applicable

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

Not applicable



## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/22/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

During the unsheltered PIT count, TX601 canvassed the entire CoC geography. TX601 produced PIT count route-maps utilizing GIS software to cover each county. 300 volunteers in teams of 2-4 persons participated in the blitz count deploying at the same time from four locations after all shelters ceased intake. Duplications were prevented by personal identifying information, conducting a blitz count, and interviewing those who were willing to volunteer their information. All volunteers returned their results on the night of the count that ended at 2:00am. This methodology was chosen in order to obtain the highest quality of data. Staff reviewed HUD guidance and trainings to assist with this methodology and the data was compared to data from the prior year to ensure consistency and accuracy.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

Not Applicable

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

Not applicable

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,425	1,914	-511
Emergency Shelter Total	1,273	1,245	-28
Safe Haven Total	20	20	0
Transitional Housing Total	948	432	-516
Total Sheltered Count	2,241	1,697	-544
Total Unsheltered Count	184	217	33

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	7,883
Emergency Shelter Total	6,659
Safe Haven Total	34
Transitional Housing Total	1,190

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

TX601 has partnered with local universities to better understand the factors that lead to first time homelessness. Agencies have conducted surveys of unsheltered homeless to better understand the root cause of their homelessness. The CoC’s CAS process assists in the reduction of the number of individuals and families who become homeless for the first time. The Coordinated Assessment System (CAS) includes face-to-face interactions and a helpline that conducts a screening to identify potential homeless risk factors. The CAS process helps divert clients at imminent risk away from shelters and out of the homeless service system. The CoC collaborates with prevention assistance providers to coordinate the utilization of homeless prevention funds across the continuum. Additionally, TCHC administers a direct client fund that may be utilized to prevent individuals or families from becoming homeless.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

Coordinated Assessment prioritizes people based on length of time homeless, disability status, and severity of service needs. HMIS data is used to analyze the client length of stay in homelessness utilizing the VI-SPDAT. Through this process, clients with the longest stays in homelessness are given the highest priorities and will be targeted for Housing First. To easily identify those with the highest need and reduce the length of time individuals and families remain homeless, the CoC utilizes a real-time by-name list of prioritized clients waiting to be housed. This list is updated weekly and posted on a secure online database <www.basecamp.com> for case managers and agencies to access at any time. Once a client from the list has been housed, the CoC is notified and the client is removed from the list.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	408
Of the persons in the Universe above, how many of those exited to permanent destinations?	316
% Successful Exits	77.45%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	1,341
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,071
% Successful Retentions/Exits	79.87%

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

TX601 utilizes HMIS to identify returns to homelessness, implements housing first & low barrier housing models, and provides robust retention supports to tenants. The City-funded Housing Placement Services program has utilized HMIS to identify when someone who has been placed in PH returns to a shelter, enabling staff to intervene early and support retention. TX-601 has incentivized the adoption of housing first and low-barrier housing programs through its funding competition scoring criteria and facilitates case staffing to support field staff working on challenging situations. TX-601 has also fostered the growth of robust supports for tenants including twice monthly support groups hosted by MHMR and a Medicaid demonstration project focused on tenant wellness.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

TX601 regularly provides employment and income related education to partner agency case management staff at regularly scheduled monthly meetings and through additional training opportunities scheduled throughout the year. Partner agencies are provided with the tools and skills to connect their clients to job skills training opportunities, resume building classes, GED prep courses, and career coaches. The CoC coordinates with nonprofit service providers as well as local colleges to gain access to subsidized career development curriculum. TCHC partnered with Leadership Fort Worth to develop a localized, employment website geared for homeless clients who can upload video resumes and be directly linked with local employers. In order to increase non-employment income, the CoC has required all TX601 program agencies to have, at a minimum, one SOAR certified staff member to enroll clients in SSI related programs.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

TX601 funds 6 RRH, 19 PSH, 6 TH, and 1 SH, for a total of 32 CoC funded projects, and all projects, 100%, have indicated a regular working partnership with local agencies who provide employment-related services to clients. These agencies include The Women's Center of Tarrant County, Workforce Solutions of Tarrant County, Ladder Alliance, the Goodwill Institute for Career Development, among others. These programs provide an array of services including employment skills training, GED preparation, employment coaching, and financial literacy education. Additionally, agencies have actively engaged with the YWCA's financial literacy class and a local university professor who offers six week long financial behavior workshops.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams? (limit 1000 characters)**



TX601 facilitates a bi-weekly case staffing meeting with local street outreach staff from Catholic Charities, the local Mental Health Authority, the local County Hospital, the VA, and faith based outreach providers. The group reviews a real-time, by-name list of known unsheltered clients, as generated from HMIS, in the geographic area and discuss strategies to connect clients to necessary medical care and PSH programs. The group seeks out opportunities to effectively partner with case management staff of housing providers to ensure a safe handoff and smooth transition for the client into a secure and stable housing environment. Additionally, the local day shelter and police departments also coordinate to assist in the identification of unsheltered clients and connect them to services throughout the continuum.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)**

Not applicable

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	278	128	-150
Sheltered Count of chronically homeless persons	224	101	-123
Unsheltered Count of chronically homeless persons	54	27	-27

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

The decrease in chronically homeless (CH) persons can be attributed to several factors including coordinated assessment, increased targeting, and rapid placement of chronically homeless into PH programs. The implementation of coordinated assessment has assisted the process of prioritizing the chronically homeless quickly and enabling agencies to rapidly house chronic homeless persons into PH programs. Improved identification strategies of who is chronically homeless through the process of documenting their priority status has helped decrease the overall total of CH, as well as unsheltered count in Tarrant and Parker counties. Furthermore, increased verification strategies such as those used in coordinated assessment and the PIT count, assisted with decreasing the total number of CH and change in the unsheltered count.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

On January 15, 2014 the CoC Board passed a prioritization of CH policy to commit 85% of CoC funded PSH beds to serve the chronically homeless. On February 26, 2014, TCHC will ask the Fort Worth Advisory Commission to End Homelessness to adopt the 85% policy for its approximate 136 City and TDHCA State funded PSH units; and upon funding announcement of the Healthy Community Collaborative Grant, ask MHMR to adopt the same policy for its approximate 150 units. The Coordinated Assessment System will serve as a verification system for allocation of available beds to documented chronically homeless and will maintain the official CH PSH inventory achievements through the CoC Resource Specialist and the HMIS. TCHC will pull monthly length of stay and CH subpopulation reports from unsheltered and ES programs to monitor achievements. As goals are achieved, TCHC will report to the CoC Board to amend any priority policies for CoC PSH beds as needed to end chronic homelessness by December 2015.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

The Coordinated Assessment System was implemented in April 2014 which prioritizes clients by length of time homeless, disability and severity of service need and ensure that the CH, those with the greatest level of need receive the highest priority and are the first to receive access to PSH beds. All projects in the CoC and ESG programs, the Healthy Community Collaborative and the City of Fort Worth's Director's Home program have adopted the utilization of Coordinated Assessment and require that all clients who are placed in PH beds have received a priority status to ensure that those with the highest level of need are the first to be housed.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	1,273	395	-878

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

While pulling the data for this measurement, an error was discovered in the 2015 HIC. TX601 experienced significant staff changes in 2015 which resulted in loss of continuity and institutional knowledge in regards to an accurate count of CH beds. Dedicated CH beds in non CoC funded programs were not included in the 2015 HIC which resulted in the loss of appx 447 CH beds, additionally, CoC funded CH beds were miscalculated and undercounted. TX601 remains committed to achieving the goal of designating 85% of PSH beds for the chronically homeless through dedication, turnover or prioritization. All CoC, ESG and other state and locally funded projects have signed on to participate in Coordinated Assessment which will require that those with the highest priority status, who are chronically homeless, receive PSH beds before others, which will ensure that beds are utilized by those experiencing chronic homelessness with the highest level of need.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** Pgs 23-47

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	588
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	79
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	74
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	93.67%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes**

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

TX601 meets bi-weekly to discuss current and future strategies that will assist in the overall goal of ending chronic homelessness by 2017. Real-time data is reviewed on a regular basis by the CoC to ensure that each vacancy that arises is quickly filled with a chronically homeless individual. This process is supplemented with a by-name list of chronically homeless that is accessible to the continuum. The CoC participates in Zero:2016 to end veteran homeless by the end of 2016. Case staffing groups are held on a regular basis to brainstorm methods of housing specific individuals. The CoC brings emergency shelters, unsheltered providers, and other housing providers to the table to encourage collaboration regarding approaches to ending chronic homeless by 2017.

## 3B. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

The use of coordinated assessment helps identify, verify, and prioritize families to efficiently place them into housing within 30 days of becoming homeless on the streets or entering a shelter. In our largest rapid re-housing (RRH) program operated by Tarrant County, families are assigned by the Coordinated Assessment System to RRH providers to help them obtain housing within 30 days of becoming homeless. The use of a RRH learning collaborative helps with the coordination of services and resources for these families. Identifying systems processes, gaps, needs, redundancies, and duplication of services will streamline solutions and rapidly rehouse families.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	47	209	162

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
CoC-ESG Funded Shelters comply with applicable Federal Law prohibiting involuntary separation. These laws are incorporated, for example, into ESG Contracts administered by the TX601 Collaborative Applicant	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	321	182	-139
Sheltered Count of homeless households with children:	321	182	-139
Unsheltered Count of homeless households with children:	0	0	0

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The implementation of the Coordinated Assessment System (CAS) and the conversion of transitional housing to rapid rehousing have played major roles in decreasing the total number of homeless households with children in the CoC. Coordinated assessment has helped to identify and prioritize households with children to make certain that they are housed as quickly as possible. Converting transitional housing to rapid rehousing has provided more opportunities for these households and gives them the opportunity to truly thrive and get back on their feet. The prioritization process of CAS and rapid placement of families since 2014 have proven to be effective housing strategies within the CoC. The CoC will continue to uphold these standards in an effort to prevent homeless households with children.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>



Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	1	2	1

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$93,489.00	\$166,353.00	\$72,864.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$36,432.00	\$36,432.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$93,489.00	\$129,921.00	\$36,432.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	24
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	38

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

TX601 maintains a strong and active relationship with local School District Homeless Liaisons. A Director with the Ft Worth ISD serves on the CoC Lead Agency's Board of Directors and actively participates in monthly meetings. CoC funded agencies actively collaborate with the Homeless Liaison Offices and conduct monthly planning sessions with the Ft worth & Arlington ISDs; agencies also regularly interact with the local Early Head Start program operated by the YWCA; and serve on boards that focus on homelessness within the school districts. Additionally, the local RHY provider serves as a member of the CoC Board of Directors and participates on the Advisory Council, which provides policy and procedural guidance to the Board. The RHY has also led the CoC Youth Committee which works to develop strategic planning activities geared toward homeless youth.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

TX601 has adopted the following Educational Access Policy, to be utilized by CoC & ESG funded programs: "The TX-601 Continuum of Care does not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and/or other laws pertaining to the provision of educational and related services to individuals and families experiencing homelessness. CoC and ESG funding recipients are required to inform families and unaccompanied youth of all rights as stated in the McKinney-Vento Act. Furthermore, programs shall collaborate with local school district homeless liaison(s) to allow for a smooth transition to continued service and support for educational needs. Project sponsors of CoC- and ESG-funded programs that provide housing or services to families will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under the HEARTH Act. The Collaborative Applicant will take the educational needs of children into account when families are placed in emergency or transitional shelter and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education." Additionally, eligible participants and families for CoC & ESG programs are identified through the utilization of the Coordinated Assessment System, which prioritizes and guides clients towards the most suitable housing type. Clients are referred to Coordinated Assessment via emergency shelters, outreach staff, education providers and the Homeless Helpline.

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	252	193	-59
Sheltered count of homeless veterans:	217	174	-43
Unsheltered count of homeless veterans:	35	19	-16

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The decrease in the total number of homeless veterans in TX601 can be attributed to local veteran initiatives to target and streamline veterans into appropriate services. A veteran staffing committee that meets bi-weekly serves as an opportunity for veteran housing providers and veteran service agencies to review a by-name list of homeless veterans and provide updates on each veteran’s status and coordinate services to move the veteran towards housing. This process has been an effective method for ensuring no veteran falls through the cracks and stays connected with appropriate resources. As a member of the Zero:2016 initiative, the CoC is dedicated to reaching functional zero for homeless veterans as is expected to hit functional zero in early 2016.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

The Veteran Staffing Group contains a multitude of service providers that includes SSVF and VA staff. A by-name, real-time list is distributed at every meeting which allows the group to discuss eligibility statuses and appropriate resources for each listed individual. At the end of each bi-weekly meeting, the list is updated with the most up-to-date information via HMIS and meeting comments. A case conference helps ensure the eligibility of Veterans for VA services are identified and that they are referred to the appropriate resources.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

The Veteran Staffing Group holds regular meetings and reviews available resources not related to the VA. Non-VA eligible veterans are processed through the coordinated assessment system and are assigned a priority status; additionally, veterans are given priority in the coordinated assessment and their files are processed ahead of others. If the VA is not an appropriate resource, the Veteran may be considered for non-VA funded Veteran Housing programs, including services for those with a dishonorable discharge status, as well as all other resources and housing within the CoC. A City-funded Housing Placement Services program in Fort Worth provides incentives to organizations that house Veterans. As a member of the Zero:2016 community, the CoC strives to house every homeless Veteran, regardless of their eligibility status.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	301	193	-35.88%
Unsheltered count of homeless veterans:	102	19	-81.37%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** No

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

TX601 is on target to end Veteran Homelessness in early 2016. The CoC has ongoing discussions with and receives support from Community Solutions staff and the Zero:2016 initiative.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	37
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	37
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

The State of Texas is not a Medicare Expansion state, and must work within the confines of limited insurance coverage opportunities. In that light, TX601 works with various organizations to ensure health care opportunities for clients. The CoC partners with the following organizations: John Peter Smith county hospital provides street outreach, ACA eligibility screening and access to low or no cost medical care, the regional VA Medical Center screens and enrolls eligible clients in Health Care for Homeless Veterans, Amerigroup is the regional Medicaid enrollment broker and provides case management for eligible clients as well as partnering with CoC funded housing providers, the Community Council of Greater Dallas provides ACA Navigation and is available to screen clients for eligibility.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>



## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	34
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	30
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	88%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	34
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	29
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	85%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	58	407	349

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
(limit 1000 characters)**

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input checked="" type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	02/26/2015	1
Rapid Rehousing	04/30/2014	4

## **Attachment Details**

**Document Description:** CoC Communication to Rejected Projects

## **Attachment Details**

**Document Description:** CoC Communication Public Posting Evidence

## **Attachment Details**

**Document Description:** CoC Rating & Review Procedures

## **Attachment Details**

**Document Description:** Rating & Review Public Posting

## **Attachment Details**

**Document Description:** CoC Reallocation Process

## **Attachment Details**

**Document Description:** TX601CoC Governance Charter

## **Attachment Details**

**Document Description:** HMIS Policies and Procedures for TX601 with supporting

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA Administration Plan

## **Attachment Details**

**Document Description:** CoC-HMIS MOU

## **Attachment Details**

**Document Description:** CoC Policy & Procedure Manual

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/13/2015
<b>1B. CoC Engagement</b>	11/19/2015
<b>1C. Coordination</b>	11/18/2015
<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/18/2015
<b>1F. Project Review</b>	11/19/2015
<b>1G. Addressing Project Capacity</b>	11/19/2015
<b>2A. HMIS Implementation</b>	11/18/2015
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<b>2E. Sheltered PIT</b>	11/13/2015
<b>2F. Sheltered Data - Methods</b>	11/19/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/13/2015
<b>2I. Unsheltered Data - Methods</b>	11/19/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/19/2015
<b>3B. Objective 1</b>	11/19/2015
<b>3B. Objective 2</b>	11/19/2015
<b>3B. Objective 3</b>	11/19/2015
<b>4A. Benefits</b>	11/19/2015
<b>4B. Additional Policies</b>	11/13/2015
<b>4C. Attachments</b>	11/18/2015
<b>Submission Summary</b>	No Input Required