

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

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In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		606	468	330
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	770	770	844	868
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		138	276	368
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		85%	85%	85%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		14	24	24

3A-1.2 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. (limit 1000 characters)

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.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

During the 2013 CoC competition, each non-100% dedicated chronically homeless PSH project was asked to make a commitment of 85% of their beds to be made available through turnover. Fort Worth Housing Authority, Arlington Housing Authority, MHMR Addiction Services, MHMR Homeless Services, and Samaritan Housing of Tarrant County all provided written commitment letters. The implementation of these commitments will be monitored through the CoC Coordinated Assessment System prioritization and verification of targeted population process that will go live on April 1, 2014. Agencies will be required to receive CAS verification that at least 85% of beds made available are filled with chronically homeless individuals with the longest lengths of stay in homelessness. Additionally, non-CoC funded PSH beds funded by the City of Fort Worth Directions Home and TDHCA HHSP will utilize the TCHC COC CAS targeted population prioritization system for 85% of their beds.

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Objective 2: Increase Housing Stability

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3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1626	1640	1664
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	1509	1525	1548
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	93%	93%	93%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC has improved housing stability year after year. The 2014 CoC Service Providers Needs Assessment Survey identified poor budgeting, substance abuse and mental health crisis as primary reasons clients lose their housing. As the CoC greatly increases the number of chronically homeless in PSH beds these barriers the challenge is to sustain this level of stability. The CoC will provide training to address these barriers to housing stability through both case manager trainings and monthly agency to agency case staffing. The CoC will pursue funding sources to expand the successful MHMR Addiction Services Tenant Based Solutions Team that responds to PSH tenant crisis at the request of the general program case manager. The team can expedite access to inpatient and outpatient treatment needs. The TCHC Direct Client Services Fund can pay for the gap financing for the first five days of treatment until State funds kick in to assure no delay in treatment and stability of the patient.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Tarrant County Homeless Coalition will provide case manager trainings on SOAR, harm reduction, trauma informed care, motivational interviewing, budgeting, and life skills. TCHC will work with MHMR Addiction Services to seek funding for the expansion of the Tenant Based Solutions Group. Fort Worth Housing Authority, City of Fort Worth and TCHC will conduct monthly PSH case manager meetings to facilitate case staffing discussion, and eviction prevention. TCHC will be responsible for quarterly HMIS performance reporting to report out housing stability rates.

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Objective 3: Increase project participants income

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In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 2137

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	20%	22%	24%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	28%	38%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	548	25.64 %
Unemployment Insurance	19	0.89 %
SSI	390	18.25 %

SSDI	380	17.78	%
Veteran's disability	17	0.80	%
Private disability insurance	0		%
Worker's compensation	5	0.23	%
TANF or equivalent	68	3.18	%
General Assistance	0		%
Retirement (Social Security)	9	0.42	%
Veteran's pension	21	0.98	%
Pension from former job	4	0.19	%
Child support	138	6.46	%
Alimony (Spousal support)	2	0.09	%
Other Source	93	4.35	%
No sources	862	40.34	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC has secured two SOAR training dates with Texas Homeless Network in 2014 and will mandate CoC agencies to identify an internal SOAR lead that will be responsible for tracking all benefits applications and follow up. Tarrant County Homeless Coalition is contracting with North Texas Legal Aid to provide additional assistance in disability appeals. TCHC will conduct a mandatory HMIS training to review the income and exit assessment tools to assure all benefits are documented and part mid term and exit interviews. TCHC pulls APRs on a quarterly basis and will better scrutinize income and benefits at exit at the HMIS client by client level and work with agencies to improve the outcomes and address barriers to benefits. TCHC will add a stronger mainstream benefits section to its bi monthly new Case Manager Boot Camp. TCHC will build in the HMIS archival document uploads to client records for required benefit documentation to expedite client recertification or renewal applications.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC has secured funds to offer Certified Nurses Aid certification training for 15 candidates through the Fort Worth Housing Authority CAN program. These slots will be earmarked for unemployed heads of households in TH and RRH programs. Workforce Solutions for Tarrant County will be launching increased Transitional Employment Program opportunities that may serve as entry level employment. Tarrant County Homeless Coalition will launch a web based pilot project, I Will Work.org, in 2015 to conduct employment assessments of ES, TH and RRH unemployed and underemployed adults and identify candidates for marketing their employment skills to select employers. Cornerstone Assistance Network has created the Texas Reentry Initiative to address barriers to employment by ex offenders

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Tarrant County Homeless Coalition is responsible for tracking and reporting HMIS performance on a quarterly basis, provide SOAR training, draft CoC Board policy to require agencies to identify benefits specialist in their organization to track and follow up applications, provide continual main stream benefits training. MHMR Homeless Services and Addiction Services Qualified Mental Health Professionals will assist in improving processes in disability documentation an meet quarterly with agency SOAR specialists. The CoC will enter into a contract with the University of North Texas Health Science Center School of Public Health staff to conduct an evaluation of agency processes for benefits applications and offer recommendations for improvements to the CoC to improve rates.

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Objective 4: Increase the number of participants obtaining mainstream benefits

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3A-4.1 Number of adults who were in CoC- 2137
 funded projects as reported on APRs
 submitted during the period between October
 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	33%	40%	54%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	294	13.76 %
MEDICAID health insurance	92	4.31 %
MEDICARE health insurance	12	0.56 %
State children's health insurance	2	0.09 %
WIC	5	0.23 %

VA medical services	1	0.05 %
TANF child care services	7	0.33 %
TANF transportation services	0	%
Other TANF-funded services	3	0.14 %
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	88	4.12 %
Other Source	13	0.61 %
No sources	193	9.03 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Non cash benefits reported in APRs is lower than actuality and reflects a lack of completing exit assessments. Tarrant County Homeless Coalition will conduct a series of refresher trainings on HMIS mid-term and exit assessments reviewing documentation of non cash benefits. TCHC will monitor the quarterly APR reports and closely examine income and non cash benefit changes to make sure they balance to number of clients and improve the overall final APR data quality. TCHC will also add critical document attachment capacity in the HMIS for client records to expedite the recertification application process for SNAPs and TANF by having all relevant documentation at hand for the frequent recertification requirements. TCHC will expand training on non cash benefits and the Your Texas Benefits application at bimonthly case manager boot camp trainings. TCHC will provide bus passes to agencies to assure transportation barriers to recertification application are contributing to loss of benefits.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The Tarrant County Homeless Coalition will be responsible for all training including pre and post training tests to assure comprehensive understanding of Your Texas Benefits by attendees. TCHC will also secure CoC general meeting presentations by the Texas Department of Human Services to review the array of non cash benefits and the application and appeals processes. CoC and ESG funded agencies will be responsible to identify a benefits / SOAR specialists in their organization to participate in quarterly CoC benefits specialist meetings to improve application, appeals, and inter agency coordination. TCHC will include in all basic HMIS training on how to attach critical documents to client records.

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Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

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3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	33	47
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	21	56	74
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	17	20	20

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The 2014 ESG consultation with the CoC will include analysis of RRH programs for housing stability, expenditure of funds and returns to homelessness to identify successful local models and demonstrate need to increase RRH allocation from ESG resources. In 2014 this CoC pilot the TDHCA State process allowing the local CoC to make funding allocation decisions with State ESG funds. This will allow for an increase in RRH projects and expand RRH for families in Parker County. Currently 36% of ESG funds are RRH and will be increased to 44% by 2015. Catholic Charities is applying for renewal of the SSVF grant for short term RRH for Veterans. The CoC established an RRH rental subsidy policy that exceeds the ESG 30% AMI income cap to allow flexibility to house more underemployed families that need affordable housing to regain self-sufficiency. Prior to the 2014 CoC competition, analysis of the nature of family and chronic homelessness from the PIT will determine if new RRH projects are sought.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

CoC RRH providers are Community Enrichment Center, 10 Units, SafeHaven of Tarrant County 8 units for domestic violence victims and YWCA 15 units. All three will begin the first operating year in 2014. ESG RRH programs are provided by SafeHaven of Tarrant County for DV victims 21 units and The Salvation Army 33 units from 2012, and Arlington Housing Authority 10 units. The Coordinated Assessment System will go live on April 1, 2014 and will be managed by the Tarrant County Homeless Coalition and will lead in connecting priority homeless households to RRH resources. Catholic Charities is in its second renewal of the SSVF grant that supplies 17units of short term RRH for Veterans.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

ES families are prioritized over those at imminent risk. The CoC required CoC recipients to enter into an MOU with ES providers as part of the CoC application. The MOU confirms a working relationship to prioritize both families and chronic homeless in ES to housing resources. All CoC programs will be required to receive verification of homelessness and ES stays from the Coordinated Assessment System (CAS) managed by TCHC as a gatekeeper of CoC resources. The CAS resource specialists will maintain inventories of housing and services and work with agencies in the housing assessment process to identify a housing intervention. CoC RRH Rental Subsidy policy allows programs to choose one of two approved models: 30% income based or gradual declining subsidy of 100/50/25/0%. Income and Self Sufficiency Assessments must be completed at day 90 and again every 30 days until program completion. 90 day extensions are allowed for agencies that file extension criteria policies with the CoC.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

RRH programs provide weekly case management, at least one face to face, in the first six weeks of program enrollment, and every 30 days until program completion. A complete financial and self-sufficiency assessment must be done at 90 days, and every 30 days until the rental subsidy is complete. Case Management can continue monthly up to 24 months without subsidy to assure families retain housing stability. CoC RRH programs provide up to nine months of subsidy for families under the 30% income subsidy model and up to twelve months for the gradual declining subsidy model.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

The CoC RRH Policy allows for case management to continue for 12-15 months after the last rental subsidy to retain housing stability (total of 24 months). This case management may only require telephone conversations and linkages to smaller service resources as families gain self sufficiency. Families are given many tools to use other resources to supplement household income and make better budgeting decisions. The CoC RRH policy allows for applicants to use RRH resources (either ESG and or CoC funded) up to two different episodes over a 24 month period. The HMIS collects complete client service histories across all CoC / ESG programs allowing for identification of persons at risk of a return to homelessness.