

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

TCHC pulls quarterly APRs for each project from the HMIS following the 4 established PIT dates in Jan, April, July and Oct to examine utilization rates, exit destinations, income changes, and stability. If concerns are identified, TCHC does a site visit with the agency to address issues. Within the first 15 days of the end of the operating year, TCHC pulls a trial APR and consults with the agency on accuracy with the Tech Sub and HMIS. TCHC must approve the final APR prior to submission. This assures agreement on COC competition scorecard data. Recipients are required to complete an HMIS Mid-Term Assessment for each client at least every 90 days allowing monitoring of income and benefits changes. TCHC will review a 10% sample size of program intake assessments to review outreach goals stated in applications are being achieved. The Coordinated Assessment System to begin April 2014 will strengthen access to housing for CH and ES families through mandated verification of homeless status.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

TCHC provides extensive training, at least 40 events per year, to all providers, and is required for CoC and ESG recipients. Training covers evidence based practices and models including trauma informed care, cultural competency, progressive engagement, motivational interviewing, peer services, cognitive behavioral therapy, medication management, 12-step recovery, transitional employment, community services, critical documents, psychosocial assessments, HMIS new and intermediate, CoC program requirements, documentation of homelessness and SOAR. TCHC conducts 6 new case manager half day boot camps per year to address annual turnover in agencies. TCHC conducts annual CoC debriefing, NOFA briefing and a State of the Homeless Address that provide progress reports on achievements and short falls, make suggested program, policy or funding strategies for improvement and offer a platform for all recipients, consumers and policy makers to discuss and prepare updates to the CoC Strategic Plan.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

TCHC is professionally staffed full time with a combined 26 years of CoC, ESG and HMIS expertise. TCHC has direct continual open dialogue with each recipient and subrecipient to create an effective environment to evaluate capacity and shortfalls. When programs show signs of stress or shortfall, usually from unexpected staff changes or other funding gaps in related or leveraged programs, TCHC or the agency will initiate one on one discussion to assess challenges and collaborate on a plan of action. Examples include missing reporting deadlines, negotiations with supportive service providers, over leasing, financial reporting or high client turnover. TCHC will step in as necessary to bridge the gap, identify a support resource such as technical assistance, HMIS management, or financial management assessments. The local CoC competition process also plays a role in identifying projects that should be eliminated and replaced with more effective project providers with greater capacity.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The HMIS provides client service history reports for each client that details stays, exits and services across the entire CoC. TCHC began pulling monthly length of stay reports of clients in emergency shelters over the past quarter to be analyzed to identify a length of stay threshold for prioritization of housing for CoC and ESG projects. The CoC Board of Directors will pass a housing prioritization policy on April 9, 2014 for the new Coordinated Assessment System (CAS). The policy will include criteria for families in shelter and those at imminent risk and target funds CoC, ESG and other emergency assistance resources strategically. The CoC Advisory Council and Unsheltered Outreach Committee will begin quarterly client case staffing meetings to review extreme outlier cases in ES and streets to collaboratively develop case management strategies. The CAS will include an expanded online housing inventory resource to include group, assisted living and other alternate housing options.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

The HMIS provides client service history reports for each client that details stays, exits, and services across the entire CoC except for one emergency shelter and domestic violence programs. TCHC is working with the HMIS vendor Social Solutions to develop an aggregated recidivism report to develop local benchmarks and performance measures. The CoC has developed a rental subsidy policy for CoC RRH that will allow up to 90 day extensions of subsidy for families. The CoC has monthly PSH staffing meetings that include case staffing to provide peer-to-peer recommendations for complex cases at risk of losing housing. The Coordinated Assessment System (CAS) will provide internal referrals to agency staff through the CoC Resource Specialist to assist in connection to resources for TH, RRH, and PSH at risk clients. TCHC will be providing CAS and progressive engagement training on a quarterly basis to provider agencies and 211 to assess at risk of return to homelessness at the earliest stage.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

CoC street outreach programs include Catholic Charities SOS, MHMR PATH, MedStar, Fort Worth and Arlington police, and ACH Youth Outreach. The CoC Unsheltered Outreach Committee meets monthly to improve outreach coordination, enhance coverage, and reduce duplication. MHMR and SOS have PSH programs to provide a housing first option. The Coordinated Assessment System (CAS) will include Information and Referral Services working with a CoC Resource Specialist to identify real-time inventories of housing, assistance, services, and health and mental health referrals. The CAS will improve outreach team capacity to connect those least likely to request assistance to housing and services. When police or EMS encounters homeless, they contact a homeless liaison officer who assess the situation and engage outreach teams or appropriate CoC agencies. Where possible, appointments are made with medical care, case management or housing intake and provided with bus passes and a pocket guide to services.