Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$62,558

Total Budget for Operating Year	$346,062

Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency Shelter (ES) beds**	86%+
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Housing (PH) beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Monthly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	4
Transitional Housing	8
Safe Haven	7

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	4%	0%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	0%
Gender	0%	0%
Veteran status	0%	4%
Disabling condition	1%	5%
Residence prior to program entry	1%	7%
Zip Code of last permanent address	3%	7%
Housing status	1%	5%
Destination	2%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

Data quality for PSH and TH programs is conducted at least monthly. ESG and Emergency Shelter data is checked weekly, and sometimes twice weekly. HMIS staff will then pull data exceptions reports to identify null and missing values and examine if total served clients reconcile to basic UDE. A report is pulled, converted to excel, and is delivered to the agency HMIS Site Administrator that details the exact client(s) that have missing data. Data quality dash boards are provided to each agency Site Administrator to assist in self-regulating data quality internally. TCHC conducts monthly Intermediate/Site Administrator open labs and trainings to address emerging agency HMIS management issues.

How frequently does the CoC review the quality of client level data? At least Monthly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): None

Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts: At least Semi-annually

Point-in-time count of sheltered persons: At least Quarterly

Point-in-time count of unsheltered persons: At least Quarterly

Measuring the performance of participating housing and service providers: At least Monthly

Using data for program management: At least Monthly

Integration of HMIS data with data from mainstream resources: Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

*** Unique user name and password**	**At least Monthly**
*** Secure location for equipment**	At least Annually
*** Locking screen savers**	At least Annually
*** Virus protection with auto update**	At least Annually
*** Individual or network firewalls**	At least Annually
*** Restrictions on access to HMIS via public forums**	At least Annually
*** Compliance with HMIS policy and procedures manual**	At least Semi-annually
*** Validation of off-site storage of HMIS data**	At least Quarterly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC: 09/10/2012

If 'Yes', does the manual include a glossary of terms? Yes

If 'No', indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Training activity	Frequency
*** Privacy/Ethics training**	At least Monthly
*** Data security training**	At least Monthly
*** Data quality training**	At least Monthly
*** Using data locally**	At least Monthly
*** Using HMIS data for assessing program performance**	At least Monthly
*** Basic computer skills training**	At least Annually
*** HMIS software training**	At least Monthly
*** Policy and procedures**	At least Monthly
*** Training**	At least Monthly
*** HMIS data collection requirements**	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/26/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters				100%
Transitional Housing				100%
Safe Havens				100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The overall number change of sheltered homeless was statistically insignificant. The number of persons in ES was virtually unchanged, 1160 in 2011 and 1166 in 2011. The relatively significant data change was approximately 14 less households in transitional housing from 2011 (853) to 2012 (800). Occupancy reports analyzed after the PIT detailed one program with a slightly higher vacancy rate which is not uncommon for January because of the semester change for families moving into a new school setting. One HPRP program spent down there allocation by enrolling highly functional families into HPRP rapid rehousing programs rather than transitional housing which would account for 7 households.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	The proportion of women in emergency shelters has slightly increased. The main emergency shelter women's barracks consistently exceeds capacity requiring increased need for women overflow beds. Veterans that remain homeless are ineligible for VA and VASH benefits due to dishonorable discharge. The number of emergency family units is consistently at 100% capacity in Fort Worth.
* Services	Average length of time for emergency shelter clients to receive case management services has improved. Needs are for subsidized assisted living for elderly homeless and respite care beds after hospital stay because the ES does not have sufficient supervised day beds or attendant care. The CoC is pursuing a HRSA Health Care for the Homeless Grant to resolve respite concerns and creating a per diem contract rate with available assisted living facility to cover this need.
* Mainstream Resources	Substantial progress has been made to close the gap on access to critical documents such as state IDs, voter registration cards, social security cards and birth certificates necessary to successfully apply for mainstream benefits. To address the gap, a Direct Client Services Fund was centrally established within the CoC lead agency accessible by all agencies to expedite payment and processing of these small fees. Training on how to appeal SSI/SSDI benefit denials will be conducted twice a year to build the capacity of generalist case managers on how to advocate and assist in appeals processes.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Method	
Survey providers:	
HMIS:	X
Extrapolation:	
Other:	X

If Other, specify:

DV agencies provide all needed PIT and subpopulation data in excel format, deidentified and in aggregate form.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

A month prior to the PIT/HIC date, all agencies attend a mandatory GoTo Webinar conducted by the HMIS and CoC Lead Agency. Complete instructions are provided on the purpose, measure and methodology of the HMIS Sheltered Count. Each agency is emailed a detailed data quality and housing inventory report with any mark ups on quality, errors, missing elements. Agencies are given client level detail reports to clear as many missing disability, zip code of last permanent record and Veteran status elements which are the most frequently missing. The CoC has uniform HUD Intake, Mid Term and Exit Assessments forms in the HMIS system to assure all agencies collect the same data for all clients. Agencies are expected to have case managers interview clients and complete the client record in the HMIS. The HMIS lead agency pulls multiple trial PITs prior to the PIT date and resolves any outstanding issues prior to the date and compares to the HIC to make sure agencies, especially TH, have properly enrolled/exited clients from the programs. All ES clients have a unique identifier and photo on a ID scan card that is scanned the night of the PIT to assure no duplication of clients in their barracks housing counts. The day after the PIT night, the PIT reports are pulled and verified. All ES clients have a unique identifier and scan card that is scanned the night of the PIT to assure no duplication of clients in their barracks housing counts.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

Method	
HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	
None:	
Other:	X

If Other, specify:

DV agencies provide aggregated client data for household and subpopulations in a separate, deindentified excel spreadsheet.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

Because the CoC uses uniform HUD Intake, Mid Term and Exit Assessments, all UDE and household information is captured at enrollment entry, and through systematic mid-term program assessments conducted every 90 days, and at exit. These assessments detail age, demographics, disability, Veteran, Gender, victimization, and HIV/AIDS status. Cross tabulations are conducted on clients with disability data to determine time and recidivism of homelessness to calculate chronic homeless numbers.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan 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 OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

A month prior to the PIT/HIC date, all agencies attend a mandatory GoTo Webinar conducted by the HMIS and CoC Lead Agency. Complete instructions are provided on the purpose, measure and methodology of the HMIS Sheltered Count. Each agency is emailed a detailed data quality and housing inventory report with any mark ups on quality, errors, missing elements. Agencies are given client level detail reports to clear as many missing disability, zip code of last permanent record and Veteran status elements which are the most frequently missing. The CoC has uniform HUD Intake, Mid Term and Exit Assessments forms in the HMIS system to assure all agencies collect the same data for all clients. Agencies are expected to have case managers interview clients and complete the client record in the HMIS. The HMIS lead agency pulls multiple trial PITs prior to the PIT date and resolves any outstanding issues prior to the date and compares to the HIC to make sure agencies, especially TH, have properly enrolled/exited clients from the programs. All ES clients have a unique identifier and photo on a ID scan card that is scanned the night of the PIT to assure no duplication of clients in their barracks housing counts. The day after the PIT night, the PIT reports are pulled and verified. All ES clients have a unique identifier and scan card that is scanned the night of the PIT to assure no duplication of clients in their barracks housing counts.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? biennially (every other year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/27/2011

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? No

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

CoC TX 601 did not conduct a point in time count of the unsheltered homeless in January 2012. The HDX contains the 1/27/2011 unsheltered PIT data.

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

CoC TX 601 did not conduct a point in time count of the unsheltered homeless in January 2012. The difference in the 2009 to 2011 unsheltered count revealed fewer unsheltered homeless, a 30% reduction in chronic unsheltered, and a reduction in female unsheltered.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Planning for the 2011 unsheltered count began three months prior to the count by compiling prior count locations, police, code compliance campsite locations and locations recorded in the HMIS by the new mobile outreach team. These known and suspected camp locations were plotted utilizing GIS mapping onto maps that were generated to define 86 distinct non-overlapping counting routes covering the entire area of the continuum accessible to volunteers. The data set represented the largest pre-count reconnaissance for a PIT to date. The survey instrument was designed with unique identifiers to allow for data entry queries of possible duplicate counts. Notification was not made to campers in advance of the PIT to avoid their abandoning campsites the night of the PIT, as occurred in 2009. 35 trainings and online trainings were conducted for 411 volunteers and 94 police officers reviewing the survey instrument, maps, safety and engagement strategies and protocols. The volunteers deployed from three sites in the county at 10 pm after emergency shelters closed intake. Volunteers canvassed the entirety of their routes, not just the known locations. The only limitations were those areas that were deemed to be too dangerous. The count was conducted over 4.5 hours. Data from the count and survey was entered centrally into Survey Monkey and results reviewed in excel for duplications, where none were found, and into SPSS format to conduct cross-tabulations for the subpopulation counts.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	Complete Coverage

If Other, specify:

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan 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 OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

The entire geographic area accessible for counting within the CoC was distinctly divided and mapped into 86 routes. The count was conducted beginning at 10 pm after the closure of emergency shelter intakes. A sufficient number of volunteers deployed simultaneously in teams over a 4.5 hour period to comprehensively cover the CoC area. GIS generated counting routes were distinctly marked and volunteers were instructed to count inside the boundaries of the map and street centerlines were defined as the boundary point. Routes were designed to avoid any obvious duplication probability points such as in the high concentration areas around emergency shelters. Volunteers were trained in dialogue prompts to assure that homeless had not already been counted. All homeless were asked if they had been surveyed that night before a count or survey was conducted. Homeless individuals that participated in the count were given water and an information card and asked to put on a sticker that indicated they had been counted providing some visual cues to counters of a possible duplicate count. Each survey also detailed the address where the interview was conducted, age, birth date, and other demographics recorded. All surveys were examined for any evidence of duplication. No duplications or suspected duplications were found in the unsheltered count.

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan
(limit 1500 characters)**

Only one unsheltered family with a dependent child was identified in the 2011 PIT, a 17 year old and a mother seeking a friend to stay with when counted. This represented the first time a minor child was identified on the street during a PIT, and they were transported to a shelter. The family emergency shelters have a policy that secures shelter for any household with a minor child that presents at the shelter or assures transport to another shelter. Any new homeless households with children are given priority for services if they present at the Day Resource Center. SafeHaven of Tarrant County, the primary domestic violence shelter in the CoC provides 24 hour hotline crisis screenings, lethality assessments and intakes for shelter admittance. All Fort Worth, and several outlying city law enforcement patrols, have needed contact information for all shelters and outreach services in their vehicles. What is more common in the CoC are households that are split up, parents in emergency shelters and children with relatives. Family reunification, where safe and appropriate, is made a part of case management client case plans.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation
(limit 1500 characters)**

The Catholic Charities SOS mobile outreach team provides services to unsheltered homeless within the City of Fort Worth. SOS provides outreach services of relationship-building, solution-focused assessment and safety planning, basic needs support, transportation assistance, resource referral and follow-up, counseling, substance abuse screening and assessment, screening for housing options, weekly case management appointments at camps or outreach locations, strengths-focused service planning, assistance obtaining vital documents, and housing search and placement. In the 2011/2012 operating year the SOS outreach teams successfully placed 38 unsheltered homeless into PSH and 59 persons in active case management. The MHMR PATH Outreach team provides regular outreach and treatment to unsheltered presenting with mental health or co-occurring disorders. PATH serves 450 persons per year, both ES and unsheltered with mental health screenings and assessments, on call crisis services, and referral and coordination of SSI applications, and substance abuse treatment. Many unsheltered homeless that do not engage within the emergency shelter areas seek services at two faith based missions. The outreach teams maintain regular service hours at these two locations conducting assessments, provide case management and build trusting relationship to encourage their participation in programs.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	789
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	820
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	880
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	975

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

The CoC has presented two projects for the Permanent Housing Bonus to create 26 beds for the chronic homeless with the longest histories of homelessness. Five new CH beds will be created through the “Project 19” MHMR / FWHA program from a special project based HCV voucher project. FWHA anticipates 20 new VASH vouchers in spring 2013.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

The Fort Worth Housing Authority anticipates creating 50 new project based beds for the homeless in 2013 through the HCV program. The CoC will request that 20% of these beds be dedicated to the Chronic Homeless. As clients successfully leave SPC programs, the CoC will work closely with the PHAs to dedicate an increased portion of their inventories to the chronic homeless. Currently, 44% of SPC beds are dedicated CH. As more intense supportive services are identified, the CoC seeks to bring the portion to 60% adding approximately 75 more units.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

The CoC has achieved dramatic success in reducing chronic homelessness among the unsheltered through aggressive street outreach. These efforts will continue with increased emphasis on accessing main stream benefits for persons with disability and increasing the inventory of in and outpatient treatment beds in order to stabilize and prepare for housing the most vulnerable chronic homelessness. The CoC will end chronic homelessness by addressing the underlying medical and behavioral health barriers as its top priority. The CoC and the medical community including JPS Health Network, MedStar, and MHMR have developed and applied for multiple programs addressing homeless needs through the Texas Medicaid 1115 Waiver program. The CoC is leading the effort through the Taskforce on Health Care for the Homeless to create a HRSA Health Care for the Homeless new access point clinical services for the unsheltered and emergency sheltered homeless with a primary focus on dual diagnosed, severely mentally ill and chronic substance abuse patients.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 86%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 91%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher
(limit 1000 characters)

The annual Case Managers Needs Assessment Survey revealed that the primary reason persons lost housing was due to addictions relapse and drug abuse. In response, in 2013 TCHC will increase the availability of gap funding for the first 5 days of in and outpatient treatment beds referred by the MHMR Addiction Services staff to expedite treatment funded through the Direct Client Services fund for at least 18 patients. The CoC will incentivize 30 PSH clients to participate in the MHMR / Recovery Resource Council Back to Basics: 12 Steps in One Day AA event to reinforce and support their sobriety. The CoC will develop a trial peer to peer Recovery Coach Program at one project based site to reinforce sobriety and connect them with AA resources near their homes.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher
(limit 1000 characters)

As an increased portion of PSH clients have chronic homeless backgrounds, housing stability will require better behavioral and medical healthcare. The CoC will consider a trial voluntary urinalysis program to be used as a compliance and self-discipline tool to reduce harm to the client. This has been identified as a best practice by the Tarrant County Family Drug Court to assist families impacted by addiction to maintain sobriety and retain housing. Positive UAs will be responded to not with disciplinary action or loss of housing, but as a tool to get the client back into treatment. The CoC will partner with Tarrant Challenge to pilot this project in select CoC PSH project. Lack of sound financial and budgetary decisions is the second most common reason persons lose their PSH housing. The CoC will partner with the United Way of Tarrant County and its Earn Well initiative to bring life skills, budgeting and financial management to clients during the first stages of housing.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	80%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	80%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	81%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	83%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more
(limit 1000 characters)

In 2013, the CoC will conduct two mini seminars by national TA consultants on the concepts and best practices of converting TH to Rapid Rehousing and Transition in Place models. TCHC will work directly with Workforce Solutions for Tarrant County in aggressively seeking additional workforce funding to expand employment readiness training to an additional 50 TH households. TCHC will provide child care gap funding from the Direct Client Services Fund to assist 10 families the opportunity to attend training and other job readiness classes to increase household income.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more
(limit 1000 characters)**

The CoC reallocated substantial funds from SSOs to Rapid Rehousing and will adopt many of these best practices to its 800+ TH housing unit programs. Modification of the term of TH from 24 months to a 30, 60 and 90 day self sufficiency measurement model will influence client behavior. Employability and skills assessments tools will be adopted by TH agencies to be conducted within the first 30 days of housing to establish employment as the primary strategy to permanent housing. TCHC will continue to add CEU training on access to non cash mainstream benefits for households with children to assist in producing household incomes capable of sustaining their housing after a housing subsidy. Credit repair is a critical need for TH families and TCHC will seek a collaboration with Legal Aid of North West Texas, United Way and Consumer Credit Counseling to establish a standardized curriculum for TH and RRH households.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	26%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	27%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	30%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	35%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

TCHC will lead an aggressive campaign to enroll 30% of all transitional housing and 10% of adult emergency shelter clients into the WorkInTexas.com Job Seeker website database. TCHC through the Direct Client Services Fund will provide 1,000 bus passes and 250 gas cards to close the gap on transportation barriers to seek employment. TCHC will seek to underwrite an effective strengths and skill-based assessment tool that can be administered by case managers and used across the CoC.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

The CoC will realize a loss in funding in 2013 for an employment program targeting job development for the homeless. In response, the CoC has engaged Leadership Fort Worth and Steer Fort Worth to assist in the development of creative strategies to engage employers in job development opportunities for the homeless. Plans are developing for a web-based application called IWillWork.org to introduce ready to work ES and TH clients to employers in a safe and anonymous manner to break down the myths and assumptions about persons experiencing homelessness and present their skills and work readiness with the objective to make a match between job seekers and private employers.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit? 56%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 57%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 58%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 59%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

A member of the TCHC staff will be become a certified SOAR trainer in 2013. TCHC will also retain access to a Texas qualified benefit specialist as part of the central intake assessment process. TCHC will conduct at least three case manager trainings per year and produce an archived GoToWebinar on the uniform Texas benefit application. TCHC will also continue to provide funding for ID, irth certificate and similar critical document fees to reestablish needed household identifications in order to successfully apply for SCHIP, TANF, WIC and other family benefits. The fund will also expand its bus fare aid program to supplement bus passes for shelter and rapid rehsousing programs.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC will pursue a method to retain for the entire CoC a contract for benefits appeals processing including pursuit of pro-bono consideration through the local law school. TCHC will host family law and related seminars through the Tarrant County Bar association to improve the understanding and capacity of case managers and agency staff on aspects of the child support, family law, victim assistance and related benefits.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	326%
In 12 months, what will be the total number of homeless households with children?	300%
In 5 years, what will be the total number of homeless households with children?	224%
In 10 years, what will be the total number of homeless households with children?	140%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

In its 2013 project prioritization process, the CoC reallocated SSO and TH funds to create more permanent rapid rehousing for homeless families. Programs prioritized will create 33 new units of housing. The Fort Worth Housing Authority will develop an HCV project based RFP in 2013 to create 50 new units of housing for the homeless. TCHC will assist agencies responding to this RFP to generate 40 new units of permanent housing for homeless families. TCHC, in collaboration with the UNTHSC School of Public Health, is conducting a Women's Health and Victimization survey of unsheltered and emergency sheltered women. Results of this survey will be analyzed in the spring of 2013 and strategies developed to improve safe sheltering and rehousing services and opportunities for women and women heads of households over the next five years.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC will examine each CoC Program cycle the opportunities to reallocate low performing programs for new Permenant housing. TCHC will secure national TA on how to optimize the delivery of Rapid Rehousing and strengthen the supportive case management and employment opportunities to support family self sufficiency during the program and after housing subsidies have ended. TCHC will work with emergency shelters to consider alternative family emergency sheltering in areas outside of the downtown urban environment. Family sheltering is overcrowded and inefficient in the current emergency shelter environment. The CoC will commission a family study in 2014 to establish a baseline of family needs and utilize this study to assist homeless service providers in developing an emergency housing response system that minimizes trauma, family and education disruption and minimizes the length of stay in homelessness among families to less than 30 days.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	12
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	1
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	1
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	1

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

The CoC reallocated partial funds from SPC programs equivalent to sums that have been traditionally recaptured. This cut, coupled with the increases from FMR will not impact the number of PSH offered by these two PHA agencies. SSOs providing child care and employment services funded personnel that resulted in limited impact on national objectives. One agency is expanding to rapid rehousing services and the other is preparing its position to take on important tasks within the new central intake and assessmentsystem.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)**

Partial funds from TH proram TBLA 114 were offset by leasing dollars converting into rental assistance resulting in the project receiving an increase in funding from the prior year despite reallocation and no reduction in persons served. TH for reentry will be encouraged to respond as a subrecipient of a TBLA program to continue its 10 units.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

All Texas Department of Family and Protective Service (DFPS) agencies, including ACH Child and Family Services, provide discharge-planning services to youth who are within 1 year of aging out of foster care. Increased efforts will be made so that caseworkers coordinate with Preparation for Adult Living (PAL) staff more closely to ensure plans are in place prior to discharge. DFPS staff and PAL contractors will help youth develop individual self-sufficiency plans. Care providers, caseworkers, PAL contractors and program staff work together with other community members to plan a transition that is appropriate to each individual, particularly youth with developmental disabilities. Continued coordination occurs among Education Specialists, Developmental Disabilities Specialists, APS and PAL staff.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC follows state procedures for discharge from Foster Care. The CoC will be targeting transitional youth in 2013. The CoC has developed a separate PIT Count Survey for the January 24, 2013 homeess count for persons aged 18-24 to fully understand the incidence and experience of persons that may have come from the foster care system and into homelessness.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

ACH Child and Family Services, Family Pathfinders, Texas Deparment of Family and Protective Services, YWCA of Fort Worth, Tarrant County Homeless Coalition.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

A new trial independence program allows a youth in DFPS custody to enter a transitional or independent living situation while remaining in DFPS custody. The trial period is up to 6 months. If at any time the placement is working, the youth can be moved to a foster home or other placement. The CPS worker will have limited involvement in order for youth to learn more independent living skills. The YWCA My Own Place program is specifically designed for women aging out of foster care providing 10 TH beds. The Family Unification Vouchers will provide additional housing opportunities for youth 18-21 aging out of foster care. Both PHAs administering FUP in the CoC are at 100% occupancy. ACH Child and Family services developed a project based program under HPRP for transitional youth that will continue through ESG rapid rehousing funding.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

There are no mandated adopted policies within the CoC. The CoC, in collaboration with the Tarrant County Commissioners Court, reconvened the Taskforce on Health Care for the Homeless do develop new resources to close the gap on health care needs and provide transition and long term care for the medically vulnerable. The publically funded county hospital, JPS Health Network, staffs a medical navigator within the emergency shelters, an eligibility clerk, and provides a medical clinic next to the largest emergency shelter.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

JPS discharge nurses and the medical navigator works directly with the CoC to identify a discharge plan and housing options through the housing and services network. Hospital staff are being trained in 2013 on HMIS to allow hospital staff, with the patient's permission, to record in the HMIS an alert message to agency staff and case managers detailed discharge instructions. MedStar EMS Advanced Practice Paramedic Community Health program (CHP) bridges the medical maintenance needs of discharged and recently housed homeless by providing an alternative to 911 and educating patients on how to maintain, manage and improve chronic health conditions. When homeless are identified as frequent users of emergency medical care, they are asked to enroll in CHP and preshedule medical, mental health and dental visits to prevent returns to homelessness due to lack of proper health care.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC does not have any dedicated transitional care or respite beds for persons who are homeless or at risk of homelessness. JPS Health Network works directly with shelter staff and discharged patients to establish a plan for care outside of the shelter system. The CoC is in the process of developing and applying for a Health Care for the Homeless HRSA New Access Point grant to develop transition and standardised patient centered care for medically vulnerable persons. JPS has lead the community in its application for Texas 1115 Medicaid waiver program funds and has designed multiple programs to address gaps in care, discharge and service delivery for the homeless.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

JPS Health Network. MedStar. MHMR of Tarrant County. Cook Children's Hospital. Day Resource Center for the Homeless. Catholic Charities SOS program. Tarrant County Homeless Coalition.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

Discharge Case Managers and nursing staff with JPS seek assisted living, rehabilitation and other staffed housing upon discharge. JPS provide a medical navigator that works with discharged patients in identifying transition care other than emergency shelters.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Discharge planning is initiated upon admission to the county funded JPS Trinity Springs Psychiatric Services Center in collaboration with MHMR of Tarrant County Homeless Services. Planning involves the treatment team, the patient and any other individual authorized by the patient such as family, personnel involved in the ongoing treatment of the patient, a community mental health agency, primary care physicians, or other after care agencies, an evolving process throughout the course of a patient's hospitalization. At discharge the final after care plan will be given to the patient and the next provider(s) of care. In the initial evaluation of discharge planning for patients with informal living arrangements, such as individuals that are staying with family/extended family/friends, are the most challenging and create a complex discharge planning process. Most patients will discharge from inpatient services within 3-5 days. Voluntary patients can demand discharge within 4 hours leaving the social work team without the necessary time to create a desirable plan.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The most complex components regarding mental health institutional discharge is at the emergency psychiatric services at JPS Health Network. Interventions are difficult if the client will not release information or allow for external service providers to advocate within their treatment plan. JPS and MHMR have collaborated on improving the system of care prior to the presentation of an emergency detention or emergency episode. JPS discharge staff will be trained in HMIS in order to, at the permission of the patient, allowed to document discharge instructions that can be viewable by an agency or case manager authorized by the patient to improve a continuum of mental health care, understand medication instruction or other group and transition therapy appointments.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

Mental Health Connection. MHMR of Tarrant County. JPS Health Network. Tarrant County Homeless Coalition.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

JPS has full time medical case management and patient advocate staff located in the emergency shelter area of Fort Worth that works directly with shelter and street outreach staff to assist with clients who were shelter clients prior to admission. MHMR of Tarrant County Homeless Services and Addiction Services divisions work directly with treatment facilities to place discharged patients and persons completing inpatient treatment into permanent supportive housing.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

A team of MHMR staff intervene with County Corrections and District Attorney staff to mitigate incarceration where psychiatric intervention is a best course of action. Partnerships between reentry services, Family Pathfinders and Community Services and Corrections Division provides mentoring and case management to women who have violated their county probation and are incarcerated in the Tarrant County Intensive Day Treatment program. The CoC has provided Tarrant County jail staff with resource cards and detailed information on service hours and resources for discharged inmates. The CoC works directly with the Texas Interagency Council for the Homeless Discharge Planning Committee to mitigate state policies that result in discharge to homelessness.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Inmates of the Tarrant County jail are released with time served and require no community supervision. The CoC wishes to collaborate with the County and the Tarrant County Reentry Council to pre-identify these individuals and provide some systematic resource direction. The Texas Interagency Council for the Homeless is working in the 2013 legislative session to mandate pre release housing placement planning.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Family Pathfinders,Texas ReEntry Services, Inc., Crime Victim's Council,Parents & Partners of Prisoners, Community Supervision and Corrections Department, Tarrant County Homeless Coalition, Tarrant County Sheriff's Department, Texas Department of Corrections, Texas Department of Criminal Justice

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Most individuals are released to family, friends and some faith-based housing / half way house programs connected through mentors that worked with inmates during incarceration.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan: Increase the supply of permanent supportive housing. Maintain funding of existing high performing homeless services programs. Increase homeless prevention programs. Fund rapid rehousing for families.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

ESG Grantees have added rapid rehousing to their funding priorities for the first time in the 2011 second allocation and 2012 allocations. The CoC provided analysis of HPRP data to assist ESG grantees in the design of new RRH programs and to development language for RFPs for the 2012 CoC Program grant local competition. Tarrant County Department of Human Services has utilized local funds to modify the Resident Independence Stabilization Program (RISP) to provide short term rental assistance up to three months to prevent eviction and stabilize families that are identified by the Justice of the Peace Courts. The CoC has reallocated funds in the 2013 cycle to create 33 units of rapid rehousing adopting methods developed from the HRRP model

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)

The CoC works directly with the VA and FWHA in the rapid deployment of VASH vouchers. TCHC provides data collection services into the HMIS. TCHC, through the Direct Client Service Fund provides VASH clients with transportation and critical documents assistance. HOPWA beds inventories are maintained in the CoC housing search online database. CDBG funds are used to support Emergency Shelters where the CoC provides HMIS reporting services. CDBG funds are also used for a TH Case Manager. TCHC provides free monthly trainings and CEUs for all case managers within the CoC. The CoC provides direct consultation with all four ESG grantees on reporting, defining, measuring and reporting performance measures, and reviewing RFPs. TCHC also provides ESG subrecipient training on income eligibility, client case management and provides all ESG tools, forms and other resources on its website. TCHC provides all ESG grantees with information on other ESG programs to assure that as a CoC all household and subpopulations are provided needed prevention and housing opportunities. In 2014, the Texas Department of Housing and Community Affairs will utilize CoCs to disseminate, coordinate, report and monitor state ESG recipients.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	All agencies are to appoint an education liaison within their agencies that will serve as the point of contact to each ISD homeless liaison. Within the local CoC Program Grant application, agencies must detail their plan to assure that households with children are systematically assisted to prevent disruptions in their education and connected to any supplemental assistance, tutoring , transportation or other educational need.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Agencies that serve homeless families and youth have strong relationships with homeless liaisons within their school district. ACH receives Title I funds for tutoring programming maintains an FWISD instructor onsite within the shelter. SafeHaven of Tarrant County maintains onsite ISD instruction and enrolls all children upon family intake. Case managers collaborate with teachers and school social workers to ensure all students' educational and transportation needs are met. ISDs identify homeless populations through completion of student residency questionnaire upon enrollment or through contact directly from dedicated agency staff. ISD and Agency staff conference to develop a family and child service plan to sustain consistent educational needs of the children. SafeHaven of Tarrant County also provides dedicated children's staff in the area of case management, play therapy, education, childcare, and recreation. All Agency staff are trained annually by the CoC on McKinney-Vento services, how to advocate for client rights as homeless students. The CoC maintains the official ISD homeless liaison list of the 28 ISDs within the CoC. TCHC works directly with the Texas Homeless Education Office to provide ongoing CEU and training on McKinney-Vento educational servcies for homeless services providers.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

ACH also provides emergency transitional housing for families, including single fathers with children under 18, where these families can remain intact. For families facing domestic violence SafeHaven of TC provides immediate assistance to shelter families together in a safe environment. When an unusual family setting exists, TCHC may provide hotel/motel vouchers through the Direct Client Services Fund until appropriate rapid rehousing or transitional housing is identified through intervention by the Catholic Charities mobile outreach services. The CoC collaborates with service providers to ensure that families seeking shelter or housing have appropriate referrals available and that those families are not denied admission to housing opportunities or separated when entering the emergency shelter programs at Presbyterian Night Shelter, Union Gospel Mission, Arlington Life Shelter and The Salvation Army Arlington Family Center. Households with children experience the shortest lengths of stays in homelessness as part of the CoC strategic plan to rapidly rehouse families. The majority of family housing is provided through scattered site TBLA voucher programs allowing families to remain intact, near schools of origin, existing childcare and extended family and to identify the appropriate unit size. The CoC has also set a goal of increasing the supply of FUP vouchers for the Tarrant County Housing Office.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The CoC has made great strides toward ending homelessness among veterans. The CoC collaborates with the VA North Texas Health Care System to provide a linkage between local nonprofit agencies that serve veterans and available programs through the VA. Existing GPD TH programs maintain full occupancy at the Presbyterian Night Shelter and MHMR Addiction Services of Tarrant County Patriot House which provides a site based TH facility for veterans suffering from chemical dependency, post traumatic stress disorder and other mental illnesses. The CoC tracks homeless veteran PIT on a quarterly basis and assists the VA and FWHA in maintaining veteran housing status data in the HMIS. The CoC provides veteran lists to VASH and SSVF and The Salvation Army to target outreach and encourage service engagement. The majority of veterans that remain homeless have been found to be ineligible for many existing programs due to dishonorable discharge. In response, the CoC funded a PSH program for veterans regardless of discharge status. The CoC participates in Stand Downs and CHALLENGE events throughout the year and assists in the dissemination of information to agency staff.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)**

ACH Child and Family Services is the primary provider of services for homeless youth. ACH provides shelter for children and youth that cannot live with their families and would otherwise be homeless and unaccompanied. ACH provides extensive street outreach for homeless youth ages 10 – 21 and provides community presentations at local schools to make children and youth aware of assistance available if they are in need of services or housing. The ACH outreach team works both with the local school systems as well as the single and family shelters within the CoC to identify, locate and outreach this population. Those individuals found to be in need of housing are provided immediate shelter in the ACH emergency youth shelter facility. In 2013 ACH plans to expand their services to provide an additional transitional living program designed to house young adult males ages 18-22 that are homeless or at risk of homelessness with a focus on youth exiting the foster care system. The CoC Planning Council has formed a youth committee that meets at least quarterly to discuss youth related issues and monitors and reinforces an effective system of care. This committee determines barriers to services, actions necessary to remove barriers, and recommends programs to fill gaps in services for homeless youth. In 2013, the CoC will develop an alternative plan to more accurately count youth homelessness who do not present in traditional homeless service agencies.

Has the CoC established a centralized or coordinated assessment system? Yes